An investigation into pharmacist professional formation

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Abstract

The University of Manchester
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In the professional formation of pharmacists, participation in real-life professional practice occurs mostly in pre-registration training, in the year after completion of the four-year undergraduate MPharm course. As such, development of professional identity and practice are likely to happen predominantly in the pre-registration year. The study is conducted against a background of a sparsity of knowledge about professional formation in pharmacy, particularly in the pre-registration year.

The aim of this study is to investigate the professional formation of pharmacy graduates in the pre-registration year. The research questions address what professional practice the graduate engages in during the pre-registration year, how they perceive their own identity and the reasons for this. Understanding professional formation requires a focus on the interplay between agency and structure. As such, Bourdieu’s conceptual tools are deployed to explore individual agency and relationships between key players, in a process named becoming a pharmacist. This process is further conceptualised as achieving a feel for the game in which recognising and repositioning in regard to hysteresis is central to success. Via this conceptualisation, Bourdieu’s thinking tools are used to describe and understand becoming a pharmacist, shaping the study through their use to inform data collection, analysis and interpretation.

Four community pharmacy pre-registration trainees working in the north-west of England were recruited to take part. A case study methodology was chosen to retain the holistic characteristics of real-life events, with qualitative methods used to collect data. Portraiture was chosen as a method of presenting and describing the study’s findings. Interview transcripts, observational data, self-selected records from trainee portfolios and researcher field notes were used to construct the portraits. Each portrait was subjected to a critical analysis to understand each trainee’s unique experience using the lens of Bourdieu’s conceptual thinking tools. A cross portrait analysis was then additionally carried out using key theories of identity and professional practice as well as Bourdieu’s conceptual tools. Key findings included that identity and practice were strongly influenced by cultural capital and the existence of a dyadic relationship with the pharmacist tutor. Legal and corporate restrictions on practice constrained the development of professional expertise, which contributed to a period of acute stress experienced immediately upon qualification. The identification of practices of assertion and practices of deference as a way to describe trainee practice and identity was proposed and explored. Conclusions include that practices of assertion and deference can be useful in allowing researchers to unpack the bundles of influences on identity and practice. Through its findings, the study therefore makes a contribution to what is known about professional formation in pharmacy but also more broadly through the use of Bourdieu’s conceptual tools to reveal complex relationships between structure and agency.
Declaration

I confirm that that no portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.
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1.1 Introduction

This study reports on research that is focused on what I term *becoming a pharmacist*. Becoming a pharmacist is the structured yet negotiated identity and practices of trainee pharmacists, experienced through the complex process of their professional formation in the pre-registration training year. The aim of this study is to investigate professional formation for pharmacy graduates through exploring their lived experiences, self-perceptions and the key influences upon their practice during the pre-registration training year (the 52 weeks of experiential training in the workplace required before registration as a pharmacist).

The study is conducted against a background of a sparsity of knowledge about professional formation in pharmacy, particularly around the importance of individual agency and inter-personal relationships. As such, I address the following research questions:

1. How and why does the trainee pharmacist perceive and express their identity as a pharmacist during the pre-registration year?
2. How and why does the trainee pharmacist engage in professional practice during the pre-registration year?
3. What factors have contextual significance in influencing the trainee pharmacist’s development during the pre-registration year?
4. In what ways can understanding how trainees become pharmacists during the pre-registration year inform improvements, and also contribute to the wider debate on the training of future professionals?

In addressing the research questions, I use a case study methodology whereby using the trainee pharmacist experience as the unit of analysis, I examine the experience of becoming a pharmacist in four pharmacy graduates. I use a range of qualitative methods, including interviews, observations and documents, to explore professional practice and identity in the setting of the workplace. I then present a multilayered analysis including four portraits, a critical analysis of each portrait and a thematically organised cross-portrait analysis. Using Bourdieu’s conceptual thinking tools of *habitus*, *capitals* and *hysteresis*, I systematically and critically analyse each portrait and the cross-portrait findings. In light of this analysis and through working with and beyond Bourdieu’s thinking tools, I suggest new ways of understanding professional formation. I then use this new understanding to think about the implications for pharmacy as well as broader professional fields.

1.2 Becoming a pharmacist

Becoming a pharmacist is built throughout this thesis, and is the study’s main contribution to knowledge on professional formation. Investigating becoming a pharmacist is about understanding and conceptualising the connections between identity and practice, and agency and structure in professional formation, but particularly individual agency and relationships between key players. In using this approach, I seek to conceptualise becoming a pharmacist
via understanding the context in which trainees are located during their professional formation, applying theoretical perspectives on identity and professional practice and by systematically deploying and evaluating Bourdieu’s conceptual tools, in order to bring new perspectives to knowledge about professional formation. This multi-layered approach is novel in using Bourdieu’s sociology, via the conceptualisation of becoming a pharmacist, to identify complex relationships between structure and agency, revealed through trainee practices of assertion and deference. Thus in this thesis, becoming a pharmacist is built through Chapters 2, 3 and 4, which establish it contextually and position it within theories of identity and practice. In Chapter 5 it is used to shape the methodology and methods before it is used to present, then critically analyse the trainee stories and offer new perspectives on professional formation.

I use Reid et al’s (2008) definition of professional formation of a process “including both the appropriation of a body of knowledge and of the history, social practices, skills and discourses that are part of the respective discipline or profession” (p730). This definition describes professional formation as a broader construct than just professional identity and character development, where many researchers locate their work (for example Kenny et al, 2003; Del Prato, 2013). I use this definition as a starting point in investigating and understanding becoming a pharmacist. The body of knowledge which underpins professional formation in pharmacy is well-defined by the pharmacy regulator, the General Pharmaceutical Council (GPhC), in their Standards for the initial education and training of pharmacists (GPhC, 2011a). However, how the process of professional formation is experienced, how the relevant social
practices, skills and discourses are identified, engaged with and appropriated and the significance of structure-agency relationships in the pre-registration training year are less well understood and as such, are the focus of becoming a pharmacist.

The use and evaluation of Bourdieu’s conceptual tools to understand becoming a pharmacist is both a key focus and research contribution of this study. As becoming a pharmacist is concerned with the processes of professional formation which requires an understanding of structure-agency relationships, Bourdieu’s sociology is an appropriate critical method to put to work. Bourdieu rejects a simple binary relationship between structure and agency and puts an emphasis on the influence of power, whilst recognising the potential for individual agency. I therefore put Bourdieu’s conceptual tools to work with the purpose of revealing and further understanding the complex relationships between structure and agency (or identity and professional practice) in professional formation.

1.3 Rationale
In this section, I provide a narrative on aspects of my own professional background that are relevant in shaping this study and identify why there is a need for research on professional formation in pharmacy, as well as more broadly within education.

Personal context
My current role involves leading the clinical education and training of both undergraduates and postgraduates in a pharmacy school at a higher education
Institute in the north of England (given the pseudonym Red City University). My background is in hospital pharmacy and I maintain an honorary position as a pharmacist in a local hospital. My clinical experience is very important in my academic role, through maintaining credibility with students and in developing authentic learning materials. Upon starting my academic career in 2007, I regularly considered how well prepared for being a pharmacist the graduates were. Having experienced my own pre-registration training in a large hospital surrounded by experienced multi-professional role models, I recognised my own need to understand how professional formation was experienced by graduates entering uni-professional community pharmacies.

In my current role, I have critically reviewed Red City University’s clinical pharmacy education provision in response to local need and national pharmacy education policy. The Department of Health (DH) white paper *Pharmacy in England – building on strengths, delivering the future* (Department of Health, 2008) commits pharmacy educators to provide meaningful clinical experience throughout the undergraduate programme. The DH formed a working group named the *Modernising Pharmacy Careers Programme Board*, who furthermore recommended two six-month practice placements in years four and five of a new integrated pharmacy degree (Smith and Darracott, 2011), the outcome of which has yet to be decided. Until 2012, clinical placement experience was only provided in a hospital environment in the final two years of the four-year pharmacy degree at Red City University (Hanning et al., 2002). New education standards for pharmacy were introduced by the GPhC in 2011 (General Pharmaceutical Council, 2011a) that for the first time were monitored using outcomes rather than an indicative syllabus, and which explicitly linked
undergraduate and pre-registration outcomes. In response to both the new standards and a perceived need for a modernised pharmacy programme, a revised pharmacy degree was developed and delivery began in my School in 2011, providing me the opportunity to transform the clinical education provision.

Undertaking a Doctorate in Education has iteratively helped enrich the clinical learning opportunities that I am responsible for organising. I have implemented a number of changes to the pharmacy degree programme in my school, informed by this research. In 2010 I carried out a literature review on role-models (Silverthorne, 2010); this provided evidence on the importance of practice experience in professional formation and informed the implementation of clinical placements into years 1 and 2 of the degree. Subsequently, I carried out empirical work piloting interviewing methods (Silverthorne, 2011) and observation (Silverthorne, 2012) to research professional formation in community pharmacy; these research papers informed the Bourdieusian conceptualisation of becoming a pharmacist and led to the implementation of a new experiential learning strand in the pharmacy degree named Integrated Professional Practice (Silkstone and Silverthorne, 2014). In developing a research plan and analysing my findings I re-conceptualised the pedagogy of pharmacy clinical placements and examined my own professional development, resulting in an institutional Teaching Excellence Award in 2015. Furthermore, I anticipate that my deeper understanding of professional formation will continue to enrich clinical pharmacy learning opportunities beyond the duration of this study.
Throughout this research, I have explored my own identity as a researcher. Through my diverse identities as postgraduate researcher, academic and pharmacist I have multiple overlapping perspectives. I simultaneously understand what it means to be a member of the pharmacy profession, have a comprehensive knowledge of pharmacy undergraduate training and have developed the critical, inquiring approach of a researcher. I recognise therefore that in conducting this research, I am both insider and outsider, but concordant with Hellawell (2006), I conceptualise my own researcher identity as constantly shifting along an insider-outsider continuum. Furthermore, using Thomson and Gunter’s (2011) mobilisation of the notion of fluid identities, I recognise the role of my shifting identities in the nature of my findings, the nuance in my analysis and in how I articulate and understand the validity and significance of my work. I also recognise that through my research, I have developed a deeper and more intimate understanding of my own identity and practice. In Chapter 5, I further describe and draw upon my own location and reflexivity in the design of the study and I discuss their significance in how I uncover, understand and conceptualise the findings.

Need for research

There is currently a lack of research on the early professional formation of pharmacists in the pre-registration training year. This is an especially important area for the profession because the majority of newly qualified pharmacists practise alone and because significant changes to the training of pharmacists are planned, with limited research available to inform practice. Furthermore, whilst Bourdieu’s conceptual thinking tools have had a significant impact in the fields of social theory and educational sociology as well as research methods in
social science, they are infrequently encountered in the health professions literature (Huppatz, 2006; Brown et al, 2008 and Rice, 2010 are notable exceptions).

Using Bourdieu’s conceptual tools to understand becoming a pharmacist will help educators and employers, as well as the pharmacy profession more broadly, develop more appropriate experiential training and assessment strategies. The timing of this research is such that it will contribute to the body of evidence used by policymakers to make decisions about the future training of pharmacists in England.

There is a substantial body of research on professional formation outlined in Chapter 2 which informs this study, in healthcare as well as in the field of education (Stronach et al, 2002; Kenny et al, 2003; Alsup, 2006; Day et al, 2006 Reid et al, 2008; Beauchamp and Thomas, 2009; Del Prato, 2013). However, in these broader fields, there are still further opportunities for researchers to enrich what is already known. This can be achieved through conceptualising professional formation in different ways and by applying novel research methods to explore individuals’ experiences. This study’s contribution is in using portraiture and Bourdieu’s thinking tools to critically understand the lived experience of the individual undergoing professional formation.

1.4 Thesis structure

This thesis is structured as follows:

Chapters 1 – 4 provide the theoretical background to my research. Following on from this introductory chapter, in Chapter 2 I outline the state of research on
professional formation and the relevance of a number of Bourdieu’s thinking
tools to the study. Using these thinking tools, I then present a conceptualisation
of becoming a pharmacist which draws predominantly upon *habitus, capitals*
and *hysteresis* to represent the dimension of power and exchange relationships.
In Chapter 3, I use Bourdieu’s thinking tools to evaluate theories of professional
identity to better understand the significance of agency in becoming a
pharmacist. In Chapter 4, I go on to evaluate theories of professional practice
and experiential learning using Bourdieu’s conceptual tools, to critically
understand the role of structure in becoming a pharmacist. Chapter 5 describes
the methodology, and methods, research subjects and settings of this study. In
chapters 6 – 9, I describe the portraits of four pre-registration trainee
pharmacists and I put Bourdieu’s conceptual tools of *habitus, capitals* and
*hysteresis* to work to critically evaluate the findings for each trainee individually.
Chapter 10 goes on to present a thematic cross-portrait analysis of research
findings, again using Bourdieu’s conceptual tools, and I discuss becoming a
pharmacist and professional formation more broadly in the context of the
findings and my analysis. Finally, in Chapter 11, I conclude by discussing the
significance of the findings presented, both for my own local practice and for
wider policy, and I propose opportunities for further research.
Chapter 2 Becoming a pharmacist - context

2.1 Introduction
In this chapter, I provide an introduction to the initial education and training of pharmacists and to community pharmacy as context. I then go on to outline the state of research on professional formation in the healthcare and educational fields and evaluate the research to date on professional formation in pharmacy. I finally explain how Bourdieu’s conceptual thinking tools can be put to work on professional formation in pharmacy and how they inform the conceptualisation of this study and its important focus on becoming a pharmacist.

2.2 Pharmacy context
In this section, I describe the education and training required in order to join the register of pharmacists and the nature of community pharmacy as a place of work.

The education and training of pharmacists
The GPhC is responsible for the regulation and accreditation of pharmacy degree programmes, pre-registration training and pharmacists in Great Britain (GB). For this reason, in the context of professional training and regulation, I focus on GB rather than the United Kingdom (UK) in this thesis. Northern Ireland has its own pharmacy regulator, the Pharmaceutical Society of Northern Ireland, whose procedures differ slightly to those of the GPhC.

Entry to the pharmacy profession in GB is predominantly via a four-year vocational undergraduate Master of Pharmacy (MPharm) programme, followed
by a year’s pre-registration training in the workplace. Pharmacy undergraduates are trained in clinical and scientific disciplines and develop technical, problem-solving and communication skills in what is perceived by academics and students alike, as a strongly scientific degree programme (Jesson et al, 2006). Significantly, the MPharm does not contain lengthy experiential placements that are common to other vocational programmes such as medicine, nursing and education. Instead, students are provided with short workplace visits that in a survey in 2006, varied between a few hours and 16 days over the four-year programme (Wilson et al, 2006). Whilst placement opportunities have increased since 2006, the positioning of the pre-registration training year at the end of the MPharm means that undergraduate placement durations are significantly shorter in pharmacy than in other professions. Thus, for pharmacists-in-training, formal opportunities to engage in real-life practice are almost exclusively in the pre-registration year. For this reason, professional formation in pharmacy may be experienced differently than in those professions with lengthy undergraduate experiential placements.

After completing an accredited MPharm programme, graduates (known as pre-registration trainee pharmacists and herein referred to as trainees) undertake 52 weeks of structured training in a pharmacy workplace, where they are required to meet 72 performance standards stipulated by the regulator (GPhC, 2011a). Towards the end of the training year, trainees undertake a professional examination as well as health and good character checks before joining the register of pharmacists. Pre-registration training is supervised by a tutor in an accredited workplace with quarterly documented progress assessments. Any pharmacy can apply to the GPhC to be an accredited training site for a trainee,
provided they develop an appropriate training plan and meet basic workplace suitability criteria. Pharmacist pre-registration tutors must have worked in their sector of practice for a minimum of three years and agree to abide by a set of standards of conduct, ethics and performance. As such, the GPhC do not accredit tutors but offer direction in the form of a guidance document and a tutor development resource (GPhC, 2014a). The training of pre-registration graduates is governed by the Pharmacy Order 2010 and the GPhC procedures for the initial education and training for pharmacists and pharmacy technicians (GPhC, 2011b).

Community pharmacy
The majority of pharmacists in GB practise in patient-facing roles in hospital, community or primary care settings. This study examines the experience of becoming a pharmacist in community pharmacy trainees. I chose to locate this study in community pharmacy because it is where most pharmacists practise. In the most recent workforce censuses reporting sectors of employment in GB, 71% of pharmacists worked in community pharmacy (Seston and Hassell, 2009) and 74% of graduates completed their pre-registration training in community pharmacy (GPhC, 2014b). The core business of community pharmacy is dispensing prescriptions, but other services including the sale of medicines to the public, health screening programmes and vaccinations are also routinely offered. Community pharmacies vary significantly in their size and type of business, for example large national corporations with shops in most town and city centres, pharmacies in out-of-town supermarkets and small independently owned pharmacies in villages and rural locations. However, community pharmacies rarely employ more than two
pharmacists and it is customary for the pharmacist to practise alone. The
pharmacist’s key roles are overseeing all sales and dispensing of medicines
and the provision of enhanced services (such as Medicines Use Reviews
[MURs] and health screening). A trainee is employed by approximately one in
six community pharmacies in England (calculated from GPhC, 2014b and
Prescribing and Medicines Team, 2015). Support staff work alongside the
pharmacist; usually comprising pharmacy technicians and medicines counter
assistants. Pharmacy technicians are qualified to dispense and provide advice
on medicines, and medicines counter assistants are trained to sell over-the-
counter medicines and provide advice on minor ailments, under the
pharmacist’s supervision. Dispensing assistants (“dispensers”) are roles also
encountered in community pharmacy; these staff members hold NVQ level
qualifications in dispensing but do not meet the criteria for registration as a
technician. Pharmacy technicians (but not dispensing or medicines counter
assistants) have been regulated pharmacy professionals since 2009 and share
the same fitness to practise obligations as pharmacists. A recent development
in community pharmacy is the employment of pharmacy technicians trained to
complete the final accuracy check on dispensed prescriptions (known as
Accuracy Checking Technicians / ACTs). This has meant that in some
pharmacies, the pharmacist conducts the initial (legal and clinical) check on all
prescriptions, but then is released from performing the accuracy check in order
to fulfill enhanced roles.
2.3 Professional formation

The concentration of professional requirements present in the pre-registration year during which trainees also develop their identities and accumulate the social practices of the profession suggests there is a need to examine this period of professional formation in pharmacy. In this section, I describe the literature on professional formation in undergraduates and early career professionals before evaluating those studies conducted in pharmacy in order to outline the evidence base on which this study is built.

The state of research on professional formation

Within the healthcare professions, professional formation is most frequently encountered in research in medicine and nursing. In medicine, there is a focus on role models and the hidden curriculum (for example Hafferty and Franks, 1994; Kenny et al, 2003) and the processes by which identities are developed (for example Monrouxe, 2010; Goldie, 2012). Several of these studies draw upon theories of identity, identity capital, communities of practice and reflection to understand professional formation, which are explored further in Chapters 3 and 4 in relation to becoming a pharmacist. In nursing, studies on professional formation focus upon socialisation (for example Bradby, 1990; Philpin, 1999) and nurse identity (for example Ohlen and Segesten 1998), with qualitative methods such as interviewing and observation encountered. However, there is also a substantial body of evidence in education, which explores the professional formation of teachers from a range of research perspectives relevant to this study. Beauchamp and Thomas (2009) categorise research on teacher identity into several areas which are relevant in informing this study. These include the continual renegotiation of self (Sachs, 2001; Day et al, 2006),
narratives and discourses that teachers create and engage in to explain themselves and their practice (Alsup, 2006), metaphors that influence teachers’ understanding of their role (Hunt, 2006) and the effect of contextual factors on teacher identity and practice (Flores & Day, 2006). This research field informs this study in pharmacy and is particularly relevant to becoming a pharmacist via the role of power, dialogic identities, emotions, reflective practice and the range of methodological approaches which are often more qualitative in nature than those used in healthcare.

2.3.1 Professional formation in pharmacy

There is contemporary research and debate on professional formation in pharmacy which I explore below as it is important in providing context. Whilst recognition of the discourses and social practices in pharmacy are almost absent in the research on pharmacy students and trainees, I draw upon the research and debate around pharmacy and pharmacists’ identity to apply to trainee professional formation and therefore becoming a pharmacist.

Professional formation of student and trainee pharmacists

The literature on professional formation in pharmacy students and trainees is focussed on professional identity, but there is a professionalism work-stream which includes research in the broader area of socialisation. I describe this research below.

There is long-standing debate in pharmacy on the unsatisfactory or incomplete professional socialisation of undergraduates. In the late 1970s and early 1980s Shuval and Gilbert (Shuval and Gilbert, 1978; Shuval, 1981) condemned the
finding that scientific roles dominated in pharmacy schools. This was expanded upon in the 1990s by Chalmers (1995) in the USA who suggested that mixed messages about the clinical identity of pharmacists were leading to student disenchantment with the profession. More recently in GB, researchers and academics have also articulated concerns about pharmacy student identity, in relation to the way in which the pharmacy curriculum is organised and delivered. In highlighting student concerns about the over-emphasis on science, Jesson et al (2006) suggested that the science-practice balance in the degree must change. Taylor and Harding (2007) furthermore decried that pharmacy students reach practice with an identity established on absolutist principles which is at odds with the complex decision-making skills needed in contemporary practice. They base their conclusions on qualitative research on the educational experiences of pharmacy undergraduates (Harding and Taylor, 2006). More recently, Noble et al (2014) conducted a qualitative ethnographic study exploring the role of curriculum in professional identity formation in pharmacy undergraduates in Australia. Sociocultural learning theory was used as the theoretical framework for this study. The authors reported that limited opportunities existed in the curriculum for students to observe role models, experiment with being a pharmacist or evaluate their own professional identity. The curriculum described in this Australian study is broadly similar to those delivered in GB. The authors concluded that the current pharmacy curriculum makes the transition to pharmacy practice challenging for graduates.

In recent years, there have also been a number of studies exploring professionalism in pharmacy students, which explore domains relevant to professional formation. In a multi-centre study, Schafheutle et al (2010)
explored how pharmacy students learn about professionalism. Key findings included that practice experience was very important for professional socialisation, however students relied upon experiences gained and role models encountered outside of the MPharm programme. Willis et al (2011) made similar conclusions in a later study exploring the ways in which professionalism is developed in the early years post-graduation. They reported that several professional attributes and skills were viewed by participants (early career pharmacists, pre-registration tutors and pharmacy support staff) as only developed in the practice setting, predominantly in the pre-registration year. Despite widespread recognition that the undergraduate experience could do more to facilitate professional formation, only one contemporary study is concerned with the implications for new pharmacy graduates. Jee et al (2013) report on the professional socialisation of GB pharmacy graduates in their first few weeks of pre-registration training using preliminary findings from a study on professionalism. Following interviews with trainees, they reported that socialisation was facilitated predominantly by staff in the pharmacy, with the pre-registration tutor being a central figure in this process. Concurring with Reid et al's (2008) definition of professional formation, activities described that enabled trainees to be socialised into the profession included working alongside pharmacy support staff and observing role models.

Thus in summary, research on professional formation in pharmacy is limited, with studies confirming the importance of exposure to practice environments and role models. Sociocultural learning theory is used in one study to understand the findings, but theoretical perspectives are largely absent from other research.
Pharmacy’s identity

In this section, I draw upon research and debate around pharmacy and pharmacists’ identity, in order to apply to trainee identity in the context of becoming a pharmacist. Traditionally, the pharmacist’s role was in the compounding and dispensing of medicines to the public. The pharmaceutical industry’s move to produce 28-day packs of medicines to speed up the dispensing process, and more recently, the use of robotic dispensing machines to pick the correct medicines, has eroded the traditional pharmacist role. Furthermore, the expansion of accuracy checking by technicians has resulted in a shift of the technician role into those traditionally occupied by pharmacists. In response to a feasibility study which suggested pharmacists were over-educated and a waste of public money (Davey, 1983), the Nuffield Report (Committee of Inquiry, 1986) recommended an extended role for pharmacists including minor ailment management, advice to general practitioners and clinical diagnostic testing.

For decades, there has been debate within the pharmacy profession on its identity and the factors which influence practice. Much of this is concerned with the sociology of the professions and pharmacy’s claim to professional status. Pharmacy’s “problems” remain a feature of everyday practice; the business and professional conflict and the ongoing lack of clarity about clinical extended roles. The research on professional identity in pharmacy reveals strong associations with the profession’s past. Qualitative studies carried out in Denmark (Sorensen, 1986; Norgaard et al, 2001) and France (Lasselain, 1991) sought to clarify pharmacists’ perceptions of their identities against a background of changes to the core roles of pharmacists in Europe, with a
technical role or identity being common to all studies. Recently, Elvey et al (2013) explored self-perceptions of professional identity through group and individual interviews with pharmacists working in community, hospital and primary care sectors in England. The study identified nine different identities, but the clearest with which most pharmacists associated themselves was “the scientist”. Significantly, concordant with other European researchers, Elvey et al (2013) reported pharmacists located their professional identity in the manufacture or compounding of medicines. This strong identity was found despite an increasingly clinical contemporary role in GB.

Against this background, there is a need to understand how this history and professional conflict is lived and experienced by novice practitioners in the context of becoming a pharmacist.

2.4 Thinking about professional formation in pharmacy

As outlined above, the pre-registration year in community pharmacy is an important location for research on professional formation; there is currently a lack of published research in this area and planned changes to the delivery of the training year provide a need for it. In order to focus on, and investigate becoming a pharmacist and in pursuance of the research questions in this study, there is a need to theorise the interplay between the trainee and the structuring context of the pharmacy as a site of their professional learning. This requires a theory of power and I have therefore chosen the sociology of Bourdieu to enable such a theorisation. In this section, I justify why using Bourdieu’s conceptual thinking tools is both appropriate and necessary in understanding the interplay of agency and structure and in contributing to
knowledge on professional formation. I go on to define Bourdieu’s concepts of capital, field, habitus, illusio, hysteresis, doxa, misrecognition, and pedagogic action which can be put to use to gain insights, meanings and explanations of becoming a pharmacist. I then present a conceptualisation which predominantly uses Bourdieu’s thinking tools of habitus, capitals and hysteresis to describe key concepts important in the process of becoming a pharmacist. These key conceptual tools are later deployed to inform the study’s methodology and to understand the findings. I conclude by summarising how thinking about professional formation using Bourdieu makes a contribution to current knowledge.

When thinking about becoming a pharmacist, the rich interactions of structure, agency and power in the trainee’s appropriation of professional discourses, practices and skills make Bourdieu’s sociology an appropriate critical method to put to work. Bourdieu’s social theory and his set of conceptual thinking tools provide a critical perspective for understanding the complex ways in which individuals engage with practice. His theory provides a powerful method to understand individuals’ different trajectories which, he would argue, are inherently unequal. This theoretical perspective is particularly pertinent in a profession where struggles for power and recognition are an important feature of recent history (Harding and Taylor, 1997). Bourdieu also emphasised a reflexive relationship between theory and empiric work (practice), where theory is a useful tool to think with and hence challenge practice and vice versa. The research questions posed in this study are underpinned by a need to understand pharmacy practice, with rich interactions between structure and agency, and the influences of power relations between the key players in pre-
registration training. Bathmaker (2015) is one of a number of researchers who identify that Bourdieu refined and adapted his conceptual tools over time, to respond to changes in society. Gale and Linguard (2015) describe this critical use of Bourdieu’s theory as both “evoking and provoking” Bourdieu. In the context of this study, Bourdieu’s theory is evoked or put to work in describing and understanding becoming a pharmacist, but is then provoked by the critical reflexive use of empirical findings to think beyond Bourdieu (Waquant 1992). In pharmacy, social theory is infrequently used to understand the actions of professionals. Whilst there has been a call for researchers to read and work with Foucauldian perspectives in pharmacy (Ryan et al, 2004), Bourdieu’s sociology is little encountered. Social capital has been utilised as a conceptual tool to present a methodology for community pharmacists to address health inequalities (Bissell, 2006), and habitus to understand workforce demographics (Willis, 2010), but Bourdieu’s other conceptual tools have not been put to work in pharmacy. Through evoking Bourdieu in the conceptualisation of the project and critically appraising or provoking Bourdieu through the findings and subsequent evaluation, this study demonstrates the ongoing relevance of Bourdieu in contemporary research.

Below, I outline each of Bourdieu’s conceptual thinking tools used in this study and explain their relevance to professional formation in pharmacy and hence becoming a pharmacist.

Field is a central concept of Bourdieu’s and is crucial for understanding the significance of, and the relationships between many of his other conceptual
tools (Bourdieu, 1977a). A field is an organised social system, for example a profession such as pharmacy, in which individuals are located and are positioned according to hierarchical relationships. The boundaries of fields exist where the field’s influence ends and consequently, multiple interactions can occur between fields. Bourdieu often uses the metaphor of “game” to explain the workings of a field; suggesting that the field is competitive, that there are strategies for playing the game and that it is presided over by a set of rules. Conceptualising healthcare professions and educational institutions as multiple fields in this way reveals the multiple interactions (and power relations) that exist. Activity in a field develops and operates broadly as a function of competition between individuals for the benefits defined within the field. Bourdieu’s “a feel for the game” metaphor (Bourdieu, 1990a) also assumes that there is an “immediate necessity” of the game; that while individuals choose their own actions, they do so in circumstances that they do not have control over (but they are an integral part of the circumstances they confront). Individuals having a feel for the game have developed mastery through accumulated experience, but this mastery is developed without conscious control or instruction.

*Habitus* is an individual's subjective system of social expectations and norms, developed through life experience and revealed through practice (Bourdieu, 1977a). *Habitus* is influenced by and through an individual's resources, or *capital*. The extent to which an individual participates and the influence they possess in their field is determined by their *habitus*. In the context of professional formation and becoming a pharmacist, the imbuement of the history, practices and discourses in pharmacy via the pharmacy school and
professional practice can be considered part of the life experience that contributes to a pharmacist's habitus.

*Capitals* are the resources which can be used to gain advantage within the field. Three fundamental types of *capital* are recognised; social, cultural and economic (Bourdieu, 1986). Social *capital* refers to those resources which are the product of group membership; cultural *capital* is resource from knowledge, skills and education which ultimately gives an individual a higher status in society and economic *capital* refers to economic resources (financial assets). In the context of this study, social *capital* is the custom and practice encountered in community pharmacies which enables staff to practise efficiently, and cultural *capital* is the accumulated knowledge and skills gained in the pharmacy school. Bourdieu later adds symbolic *capital* (Bourdieu, 1989) which in the simplest terms is a *capital* of prestige, but importantly, symbolic *capital* is the product of the legitimisation of other *capitals* (rather than a distinct form of *capital*). In the context of this study, the post-nominals associated with qualification as a pharmacist is a symbolic *capital* or a recognised form of cultural *capital*.

*Illusio* is Bourdieu's concept which links *habitus* and field; it is an individual's interest or investment in the game (Bourdieu and Waquant, 1992). It is the commitment of individuals in any field to invest in its *capitals*. *Illusio* enables individuals to mobilise their *habitus* via their engagement in the practices in the field. In pharmacy, *illusio* can be conceptualised as pharmacists’ or trainees’ commitment to engage in professional practices associated with perceived reward, for example clinical targets for financial gain or training objectives for professional recognition.
Doxa: Bourdieu refers to doxa or doxic experience as the phenomenon by which individuals take for granted and do not question their own surroundings in their field, as well as their position within them (Bourdieu, 1990b). An individual's illusio or investment in the game is dependent upon the extent to which they are taken in by the game (their doxa). Doxa can be conceptualised as the implicit counterpart of illusio. When used to think about pharmacy, doxic experience is the act of pharmacists or trainees taking themselves and their practice for granted, having acquired a mastery of it by experience. An important aspect of mastery of the game is Bourdieu's description of necessary improvisation (Bourdieu, 1977a). He depicts mastery of the game as an art in improvisation because it would not be possible to follow a procedure for every situation encountered in routine practice. When used to think about pharmacy, necessary improvisation is the expert practice of unconsciously dealing with the fluidity and indeterminacy of daily professional life.

Misrecognition: Bourdieu's (2000) concept of misrecognition originates from his portrayal of social practices within a field and is principally concerned with equity (or a lack of). Misrecognition is the frequently encountered social practice where a situation is not recognised for what it actually is, because the individual (or group of individuals) interpreting that situation does not consciously recognise the hierarchical structures and processes present in their field. Consequently, the situation encountered is given an alternative meaning in which the hierarchies remain concealed. Misrecognition is closely connected to habitus as an individual's internal construction of the social world in which they exist guides their interpretation of everyday social practices. In pharmacy, the
concept of *misrecognition* can be used to understand perspectives on Medicines Use Reviews (MURs). Community pharmacists are paid to conduct short medicines review consultations with patients in which they make recommendations to both the patient and their General Practitioner (GP). The *habitus* and *illusio* of the pharmacist will influence whether pharmacists perceive MURs to be recognition of their clinical skills and an opportunity to improve patient care, or as an additional income stream. Both views could be argued to be forms of *misrecognition* as it could be that MURs are an initiative to reduce the need for more GPs and to introduce competition into the traditional roles of doctors.

**Hysteresis:** Bourdieu’s (2000) concept of *hysteresis* is used to capture the divergence between *habitus* and field, most usually occurring when a field undergoes significant change. According to Bourdieu, the *habitus* has “critical moments when it misfires or is out of phase” (Bourdieu, 2000, p162) leaving individuals unable to recognise and act upon new positions in their field. The result of *hysteresis* is an individual whose actions perpetually leave them error prone and floundering in their field. This is usually a temporary state. There have been several significant practice changes in recent years in which pharmacists’ responses can be understood using Bourdieu’s concept of *hysteresis*. The up-skilling of pharmacy technicians which enabled them to be able to check dispensed prescriptions for their accuracy and the almost simultaneous introduction of MURs put many pharmacists in positions where their established performance and roles were no longer desirable. In the context of this study with its focus on becoming a pharmacist, the change in field experienced by graduates moving into the field of practice could leave new
trainees (or newly qualified pharmacists) unable to recognise and act upon their new positions.

**Pedagogic action:** Bourdieu’s early work with Passeron (Bourdieu and Passeron, 1977) on the theory of symbolic violence identifies “pedagogic action”, which is a conception of how society reproduces its cultural norms. Symbolic violence is the imposition of systems of symbolism (i.e. culture) upon individuals via a process of misrecognition such that power relations are obscured and systems are experienced as being valid and fair. Pedagogic action in society tends to reflect the interests of dominant, more powerful groups and therefore reproduces power hierarchies and unequal distribution of capitals. In the context of becoming a pharmacist, the MPharm degree provides capitals important for practising as a pharmacist, with the pedagogic action of the pharmacy school reflecting the interests of the profession in the graduates it produces.

In the next section, I put Bourdieu’s conceptual tools outlined above to work on the context of pharmacist education and training, and the pre-registration year in community pharmacy provided earlier in this chapter by describing the process of becoming a pharmacist.

### 2.4.1 Conceptualising becoming a pharmacist

In this section, I conceptualise becoming a pharmacist using Bourdieu’s thinking tools. This conceptualisation was developed in order to identify which thinking tools are most relevant to becoming a pharmacist, and to understand how they
might be deployed in order to illuminate agency-structure relationships in this study.

**Deploying Bourdieu to describe becoming a pharmacist**

Using Bourdieu’s thinking tools, becoming a pharmacist can be conceptualised as a process concerned with achieving a feel for the game where trainees are players in a game of professional practice. The trainee is a relative newcomer in this field, having spent a significant proportion of their training thus far in the field of education as a student. In the pharmacy school, the field of practice is transposed onto the field of education and when students graduate, they locate themselves wholly in the field of pharmacy practice for the first time. In preparation for entering the pharmacy field, the pedagogic action of the pharmacy school has instilled in trainees many of the rules of engagement and has provided significant capital that can be utilised to become proficient in the game. The *habitus* is revealed through the trainee’s participation and influence in the pharmacy field but in becoming a pharmacist, the *habitus* is still developing. As a result of structuring structures in the field of education, the *illusio*, or trainees’ investment in the two fields of education and pharmacy practice are different. The *habitus* is revealed when the *illusio* is located in the field of practice, and new social and cultural *capitals* are invested by the trainee in order to have influence. When compared with pharmacists, trainees have less influential *capital* to utilise in order to have influence in the pharmacy field. As part of their becoming, the trainee invests their *capitals* in new ways and these are given acclaim by the pharmacy team in order to maximise engagement and position. However, in their new field position, the process of
*misrecognition* is also influential in trainees’ understanding of the rules of the new game and hence their engagement and success.

There is a pedagogic action at work in the pharmacy field during professional formation in the training year which is positioned to reproduce the rules of the field of education. Whilst the result of this pedagogic action is new social and cultural *capital* for trainees to use to become successful, it is at the potential cost of *hysteresis* and numerous forms of *misrecognition*. *Hysteresis*, or misalignment of the trainee *habitus*, is experienced when the trainee changes field location upon graduation and then again upon qualification as a pharmacist. *Hysteresis* and structuring of the trainee *habitus* act to constrain professional practice and thus repositioning in regard to *hysteresis* is central to being successful. Becoming a pharmacist is therefore achieved via new symbolic *capital* and mobilisation of a pharmacist *habitus* that provide the newly qualified pharmacist with the ability to reposition with respect to *hysteresis* and structuring structures.

In summary, the conceptualisation above outlines a process in which Bourdieu’s key thinking tools of *hysteresis*, *habitus* and *capitals* are positioned to illuminate structure-agency relationships, which I go on to explore systematically throughout this study.

### 2.5 Summary

In this chapter, context was provided on the initial education and training of pharmacists and to community pharmacy. The contribution of research in the healthcare and educational fields was briefly acknowledged before the state of
research on professional formation in pharmacy was evaluated. Bourdieu’s conceptual thinking tools which are put to work later in this study were outlined and deployed in the conceptualisation of becoming a pharmacist which identifies *habitus, capitals* and *hysteresis* as important in understanding becoming a pharmacist.

Chapters 3 and 4 of this thesis go on to evaluate theories of identity and expert practice using Bourdieu’s thinking tools. Chapter 3 focusses on theory relating to identity or agency important in becoming a pharmacist. Chapter 4 then goes on to examine theories relating to professional practice or structures and their relevance to becoming a pharmacist. Bourdieu’s conceptual tools present “bundles of relations” between structure and agency and they are put to work in this context in both Chapters 3 and 4. However, in order to systematically address the significance of both agency and structure and in keeping with the work of other researchers, I present identity (agency) and practice (structure) as separate themes throughout this thesis, but in doing so, explicitly present and discuss the complex connections between them.
Chapter 3 Becoming a pharmacist - professional identity

3.1 Introduction

Investigating becoming a pharmacist requires a focus on identity, both at the individual and shared level; theories of which are further explored in this chapter. I deploy Bourdieu’s conceptual thinking tools of practice, *habitus*, field, *doxa*, *illusio*, *capitals* and *hysteresis* to understand several key theories of identity and I outline how they facilitate understanding becoming a pharmacist. Alongside this critique, and consistent with Bourdieu’s necessity to combine theory with empirical work, I use research findings on identity in the health professions to support my analysis. Finally, I outline how my use of Bourdieu’s thinking tools can make a contribution to what is already known about identity in professional formation.

3.2 Individual identity

This section outlines then contrasts two broadly similar sociological theories which focus on identity at the individual level. *Habitus* and *illusio* are then put to work in order to critically analyse and bring together these theories and place them in the wider context of field and practice. The significance of the critical analysis in understanding becoming a pharmacist is then discussed.

Symbolic interactionism is the perspective from which most sociological theories about identity are built (Thoits and Virshup, 1997). Briefly, symbolic interactionism views the self and society to be socially constructed. Agents’ actions are based upon meanings derived from social *interactions* and changed over time via the process of social communication. Thus, individual identity
emerges via shared meaningful symbols (Thoits and Virshup, 1997). The two theories of individual identity discussed below are role identity (McCall and Simmonds, 1978) and social identity (Stryker, 1980).

McCall and Simmonds (1978) summarise their theory of role identity via their definition; “the character and the role that an individual devises for himself as an occupant of a particular social position” (p65). Thus in role identity theory, there are two aspects which influence an agent’s actions; their role which is acted out through the obligations of social position and their identity which provides them with the ability or agency to improvise. As an individual is likely to have many roles, McCall and Simmonds (1978) use the “ideal self” as a concept with which to explain how a hierarchy of role identities is constructed. Those role identities towards the top of the hierarchy are most likely to be mobilised and hence are those which predominantly define the self.

Through his emphasis on the importance of social roles in identity, Stryker’s (1980) social identity has much in common with the role identity described by McCall and Simmonds, (1978). His definition is of “reflexively applied cognitions in the form of answers to the question ‘Who am I?’” (Stryker and Serpe, 1982, p206; cited in Thoits and Virshup, 1997).

For Stryker, social identities are positions in organised structures to which roles are attached. The importance of structure in society is acknowledged through Stryker’s conceptualisation of identity commitment. This is a hierarchy based upon the number and significance of social ties each identity possesses which acts to reflect the structure of social class and networks in society. Stryker’s
(1980) theory is therefore more deterministic, with McCall and Simmonds (1978) placing more emphasis on individual agency.

These notions of individual identity are supported by studies in nursing. In Ohlen and Segesten's (1998) interview study of qualified nurses, the experience of being a nurse and the feeling of being a nurse was central to nurses’ understanding of their professional identity. In Fagerberg and Kihlgren’s (2001) interview study, which followed nurses through nursing school and into practice, four nurse identities were identified, from which all nurses identified a dominant perspective or identity which did not change over time.

The theories of individual identities presented above are useful in the context of this study as they recognise the influence of status and hierarchies in society and their influence on identity, as well as the possibility for individual agency. In thinking about these theories, I put *habitus* to work to further develop and understand the significance of identities in the context of professional formation. The hidden but subjective system of social expectations and norms which make up the *habitus* is broadly congruent with symbolic interactionist perspectives on identity. However, the mobilisation of resources within an individual's field of practice, via the *habitus*, is where Bourdieu is helpful in providing a theory for how individual agency can operate in a society occupied with hierarchical structures. In the context of becoming a pharmacist, the potential for individual agency in the professional field is important and this is achieved using *capitals* (which are also explored in Chapter 4) and their relationship with the *habitus*. Thus in answering the question “Who am I?”, the hidden hierarchies and reward systems which act to position an individual in society underpin self-perception
and espoused articulations of self. However, as the *habitus* is both structured and structuring, not only is it the product of social structure, it shapes and is revealed through the individual’s practice. Bourdieu further conceptualises *illusio* as a link between *habitus* and field; the commitment of individuals to invest in the field’s *capitals*. Thus in understanding how identity influences professional practice and vice versa, theories of individual identity and Bourdieu’s linked concepts of *habitus*, *illusio*, *capitals* and field provide important insights into becoming a pharmacist. Thus in the field of pharmacy practice the *habitus* of the trainee is revealed through their engagement in professional practice. The influence of status on trainee identity can be understood using *capitals* while the trainee’s investment in the field of practice and its consequential influence on practice via *illusio*.

The concept of dialogic identities and how it applies to individual identity in the context of professional formation and becoming a pharmacist is considered next.

### 3.2.1 Dialogic identities

In thinking about McCall and Simmonds’s (1978) ideal self and Stryker’s (1980) identity commitment, the concept of dialogic identities or the interplay of multiple roles or identities is relevant to this study in which trainees are positioned in practice as both students and practitioners. Through their work on history in person, Holland and Lave (2001) explore the enduring struggles within individuals of which identity is the product. Within individuals, they write that there is conflict between multiple different individual identities for superiority. The result, “identities in practice”, is where one identity predominates while
others are suppressed, in any given situation. In developing this theory, Holland and Lave draw upon Holquist’s (1990) use of the term dialogism and his interpretation of Bakhtin’s (1981) work. Thus individuals are constantly making sense of and responding to unique situations which results in constantly shifting identities, or answers to the question “Who am I?”

Putting Bourdieu’s thinking tools to work, the notion of dialogic identities and identities in practice is congruent with the habitus and the staking of capitals. The extent to which an individual participates and the influence they possess in respective fields is determined by their habitus which is revealed through their practice. Individuals may practice across a number of differing fields and their staking of capitals to influence the game in each field can be viewed as theoretically similar to dialogic identities. Whilst other researchers have attempted to uncover the process by which individuals internally negotiate identity, for example Beech (2008), the application of illusio and its implicit partner doxa are enabling in facilitating understanding of how individuals position themselves in order to have influence. Hysteresis can also be mobilised here to understand why identity is particularly conflicted during transitions or times of change. In such situations, the habitus can be misaligned which leaves individuals unable to recognise and respond to new positions in their field, diluting their influence. Thus when considering professional formation and becoming a pharmacist, dialogic identities or the internal struggles which present when trainees enter a new field can be further understood through the use of hysteresis, and trainees’ investment in the different fields of education and pharmacy practice via capitals.
This section on individual identity outlined two theories of identity and the concept of dialogic identities. Bourdieu’s conceptual thinking tools were used to understand how individual identity might influence professional practice and how these tools might therefore be used to understand becoming a pharmacist was identified. In the next section, theories of shared identity are explored.

3.3 Shared identity

This section outlines the important features of theories which focus on identity beyond that of the individual. Habitus, doxa and illusio are then put to work in order to critique and bring together these theories and place them in the wider context of field and practice. The significance of the analysis of these theories in understanding becoming a pharmacist is then discussed.

The wider social context in which individuals interact is acknowledged by theories which focus on the collective facet of identity. In contrast to the individually focussed social identity described above, Tajfel (1981) defines social identity as “that part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance attached to that membership” (p255). In positioning social identity in this context, Tajfel (1981) argues that it is the value of social categories assigned by different societies which influences the self. He furthermore explains that in society, individuals need affirmative and distinctive group identities from which individual self-esteem and value can arise. For each of these group identities, there is a set of prescribed attributes such that under conditions when a single social identity is mobilised, the individual displays conduct stereotypical of that group. Jenkins (2008) describes how this type of
A shared identity has two dimensions; nominal and virtual. These dimensions are broadly similar to the sociocognitive processes labelled by other researchers as categorisation and self-enhancement. Nominal is how the group is defined by others in discourse and acts to categorise group members; through categorisation, group boundaries are sharpened and stereotypical norms further produced. The virtual dimension of collective identity is internal; it is distinguished by how group members behave or are treated, accentuating group norms (Jenkins, 2008). Whilst these dimensions are conceptually distinct, in practice, they are entangled and interact with each other (Jenkins, 2008).

Studies in nursing support the existence of shared identities in healthcare professions, revealed through stereotypical practice or enduring dispositions. For example, Smith (1998) longitudinally explored student nurses’ reflection on their learning via critical incidents. She found that student nurses were often surprised and dismayed by the actions of the nurses they met in practice who maintained the status quo by being complicit in the stereotyping of nurses and endorsing the views others held about nurses. Using semi-structured interviews with newly qualified nurses, Philpin (1999) found the existence of hierarchical relationships of medical dominance and a decreased emphasis on caring in certain areas of the hospital. This type of practice understood as social norms within a group is congruent with Bourdieu’s conceptualisation of social practice addressed below.

In thinking about the theories of shared identity presented above, habitus is again useful to put to work to further develop and understand their significance. When individuals display practices stereotypical of their group (or profession), a
habitus is revealed which is the product of both the structures present and the individual’s position in relation to the structures, within the group. Within groups, the acquisition and influence of social capital is important in the reproduction of group norms. Practices within the group are maintained or reproduced as the habitus is both structured and structuring. Furthermore, the habitus is defined as being enduring because it is developed over many years of socialisation and implicitly internalised. As a result, durable dispositions are created within social (or professional) groups, which act to maintain the status quo. In thinking about individual agency within social groups (or a lack of), Bourdieu’s concept of doxa is helpful in understanding why hierarchical structures and practices in groups are unquestioned (it’s how we do things round here). Whilst this appears to be a deterministic view on practice, opportunity for individual agency is presented, although within socially accepted conventions. Thus, in answering the question “Who are we?”, the hidden hierarchies and reward systems which act to position groups in society and individuals within groups are reproduced in the articulations and practices of belonging (I’m a pharmacist). In thinking about how identity influences professional practice and vice versa, the theories of collective identity and habitus, capitals, doxa and illusio discussed above contribute to understanding becoming a pharmacist via illuminating stereotypical practices as part of agency-structure relationships.

In summary, this section briefly outlined theories of shared identity and Bourdieu’s conceptual thinking tools were deployed to better understand how shared identity influences practice. In the next section, further theories related to those of shared identity are explored.
3.3.1 Institutional and corporate identity

This section introduces theories of signature pedagogy and corporate and institutional identity before Bourdieu’s thinking tools are deployed to understand their meaning further in the context of becoming a pharmacist.

**Pedagogies of formation and institutional *habitus***

Schulman’s (2005a) theory of signature pedagogies provides a conceptualisation of how individuals learn to take on the collective identity of their profession within an academic environment, such that they might “think like pharmacists” (Schulman, 2005b). Schulman’s (2005b) pedagogies of formation are relevant here, described as those being capable of building identity, character, dispositions and values of the professional. Thus the way in which students experience pharmacy education influences their shared professional identity formation from an early stage. Drawing on the work of Reay *et al* (2001), the concept of institutional *habitus* is a useful way in which to further understand pedagogies of formation. Reay *et al* (2001) describe institutional *habitus* as being the effect of a social class or group on an individual’s actions, mediated through an organisation. The use of *habitus* here acknowledges the importance of organisations, particularly the education system, which Bourdieu viewed was key in maintaining class order in society. As such, Bourdieu’s position was that educational institutions favour the knowledge and attributes of influential social groups such that social bias is played out in the education system among both students and staff. In relation to pharmacy education, as Thomas (2002) highlights, universities define success through awarding qualifications for which they determine what values, language and knowledge are legitimate. This becomes a socialising process which reinforces
professional identities aligned with the dominant social group. The role of the professional regulator in determining the educational standards for pharmacy can be viewed as part of this institutional *habitus*, in defining the legitimacy of student outcomes.

Reid *et al*'s (2008) large study of professional formation across a number of undergraduate subject disciplines demonstrated that characteristics of the students' future profession were integrally connected to their approach to learning and their engagement with their studies, supporting the notion of signature pedagogy and institutional *habitus*.

**Corporate culture and identity**

Recognising via Reay *et al*'s (2001) institutional *habitus* that pharmacy graduates will leave university with an already deeply engrained professional identity, they will then begin work for often very large corporate organisations in community pharmacy. The prevailing corporate culture in these organisations and the development of corporate identity are therefore further relevant concepts.

The term corporate culture is most frequently used when describing culture as a function of management and a method of achieving structural control over employees, where the employees have little or no agency. This is usually though reward systems (Ray, 1986; Kerr and Slocum, 1987; Alvesson and Wilmott, 2002). Similarly, corporate identity refers to the manipulation of image such that employees are moulded by the organisation (Casey, 1995; Hogg and Terry, 2000; Alvesson and Wilmott, 2002). Casey’s (1995) corporate
colonization of the self is furthermore a useful way to understand how employees (and hence trainees) might respond when they encounter corporate culture in their new professional workplace.

Casey (1995) argues that corporate culture influences the identity of individuals via the process of “corporate colonization of the self” (Casey, 1995, p138). From her empiric work, Casey (1995) describes three main ways in which corporate colonization manifests. Defensive responses result in employees being critical or resentful of the organisation and uncertain about their future. This is in contrast to employees whose response is one of collusion, complying with the corporate culture. These individuals aspire to and are mostly successful in being rewarded with promotion to senior positions. Finally, whilst resisting the option of collusion with the corporate culture, some employees capitulate, not having the energy to respond defensively. These employees know how to play the game, to present an image of themselves as the desirable employee, but retain their own agency.

In applying research data from healthcare, a systematic literature review of culture in community pharmacy organisations (Jacobs et al, 2011) highlighted the growing recognition of corporate culture as an important area for research in pharmacy. Grasha (2002, cited in Jacobs et al, 2011) explored job satisfaction, supervision and errors in community pharmacy in the USA using interviews, focus groups, a questionnaire and pharmacist diaries. This study reported a correlation between more controlling supervisors and a higher rate of errors and lower job satisfaction, in congruence with Casey’s (1995) defensive responses. Research from the USA has also explored themes around ethical conflicts in the
business environment via studies of moral reasoning. Latif (2000a; 2000b; 2001) used quantitative methods in a number of studies in the 1990s, coming to the conclusion that pharmacists’ moral reasoning skills diminish over time (Latif, 2001). He found that pharmacy students had higher moral reasoning scores than pharmacists (Latif, 2000a) and that pharmacists working for large employers were more likely to have higher scores than those employed by independent pharmacies (Latif, 2000b). These findings suggest the existence of a corporate identity or culture where reproduced practice is aligned more closely with business priorities than with ethical professional practice.

The theories of pedagogies of formation, institutional *habitus* and corporate culture and identity presented above can contribute to understanding becoming a pharmacist via the importance of the social hierarchy of groups in which the dominant group implicitly determines the characteristics and actions of successful members. This influence acts to reproduce stereotypical norms, and most likely happens from an early stage in professional formation in the academic field. In thinking about these theories, *habitus, doxa, illusio* and *capitals* are again useful to put to work. Thus within the social group of pharmacy students or employees, the acquisition and influence of social and cultural *capital* is important in the reproduction of group norms, as influenced by implicit and explicit articulations by the dominant group about what successful practice looks like. Practices within the pharmacy school or organisation are therefore maintained or reproduced as the *habitus* is both structured and structuring and hence durable dispositions are created. The student *habitus* is structured via experiences in the familiar field of education. However, the separate field of pharmacy practice which is located in the pharmacy workplace
is new to students. The pharmacy school is where these two fields overlap, and where students learn to practise pharmacy according to the dominant group (academic pharmacists). Several problems arise here; having achieved a feel for the game, students invested in the field of education engage in educational practice in the pharmacy school in the context of structuring structures of assessments and learning outcomes. Upon encountering the field of practice, the habitus is misaligned such that practice is ineffectual; students fail to effectively stake their cultural and social capital from pharmacy school to have an influence. Structuring structures constrain practice as trainees’ understanding of their new game is influenced by the social norms and actions viewed as desirable at pharmacy school, which are not all recognised and given acclaim in the workplace. The illusio, not invested in the field of pharmacy practice but in the field of pharmacy education, may also give rise to reproduced practice misaligned with the norms of the workplace. This resultant hysteresis effect may leave trainees bewildered by the field of practice as they encounter it for only brief periods during the pharmacy undergraduate degree before their pre-registration training. In the context of dialogic identities explored earlier in this chapter, the separate identities of student and pharmacist are conflicted in pharmacy school and in repositioning to overcome hysteresis, students eventually learn when each identity should dominate, in which field they should invest at any given time and how their capitals should be staked to be successful in games of both pharmacy practice and education. Through thinking about how shared identity and reproduced practice influence professional formation, habitus, capitals, doxa and illusio are useful in illuminating internalised struggles during career transitions. Using this understanding, pedagogies of formation, institutional habitus and corporate culture and identity
theories therefore present structuring effects which contribute to *hysteresis* and *misrecognition* upon field changes.

### 3.4 Summary

In this chapter, theories of both individual and shared identity were used to understand becoming a pharmacist. Research evidence from the healthcare professions was used to both support and challenge the theories presented, before Bourdieu’s conceptual thinking tools were used to critically appraise them. This analysis contributed to understanding becoming a pharmacist through providing insight into hierarchical structures and the staking and recognition of *capitals*. 
Chapter 4 Becoming a pharmacist - professional practice

4.1 Introduction
Investigating becoming a pharmacist requires a focus on professional practice, pedagogy and expertise, and so in this chapter I draw on Bourdieu’s conceptual thinking tools of practice, *habitus*, field, *doxa*, *illusio*, *hysteresis*, *capitals*, *misrecognition*, *codification* and *pedagogic action* to evaluate theories in these areas. Alongside this critique, and consistent with Bourdieusian necessity to combine theory with empirical work, I draw upon research evidence from within the health professions on professional practice. I then outline their contribution to my understanding of becoming a pharmacist and how my use of Bourdieu’s thinking tools make a contribution to what is already known about the development of practice expertise in professional formation.

4.2 Expert practice
Developing expert practice is important in professional formation and becoming a pharmacist. As developed in Chapter 2 using Bourdieu’s conceptual thinking tools, this can be understood as the acquisition and staking of *capitals* in repositioning to overcome *hysteresis*. An understanding of how the *capitals* of expert practice might be developed and used is therefore needed. In this section, I use Bourdieu’s thinking tools to critically analyse how other researchers have conceptualised the complex nature of expert practice, and I outline how this contributes to understanding becoming a pharmacist. I then draw upon empirical work in healthcare to understand where there is congruence and divergence within the theories I have presented and therefore how this study and its use of Bourdieu’s thinking tools may make a contribution to research in this area.
4.2.1 Conceptualisations of expert practice

Argyris and Schon (1975) conceptualise that expert professionals describe their actions to others using “espoused theories” but actually utilise “theories in use” when practising. Thus, when practice is taught in the classroom, espoused theories are used and therefore remembered by the novice practitioner. When practice is transferred out of the classroom into the workplace, the practitioner’s actions differ, but they cannot explain how their newly developed theories in use relate to the espoused theories they used in the classroom. They can therefore only articulate the learnt espoused theories. Eraut (2000) names this phenomenon tacit knowledge and elsewhere it is described as intuition (Eraut et al, 1995). Schon (1983) furthermore termed the deliberative actions of novices described above “reflection on action” and the practice of experts as “reflection in action”. Reflection in action describes professional artistry (Schon 1983) or expert practice, where professionals intuitively respond to practice situations but find it difficult to explain how this happens to novices.

Learning professional expertise has been studied extensively (but far from exhaustively) and from a variety of perspectives in many professions, including medicine and nursing. In healthcare, conceptualisations of expert practice are encountered in studies on professional socialisation (Wilson and Startup 1991; Philpin, 1999) and learning from role models via early clinical experience (Walsh et al, 1999; Wyber and Egan, 2007). Some key examples include Wilson and Startup’s (1991) research on socialisation in nursing where noticeable differences between espoused and theories in use were reported. Interview and observational methodologies were used with first year students in three hospitals in Wales where students noted there was a “school way” and a
“ward way” to perform practical skills. In Philpin’s (1999) study of newly qualified nurses, there was a similar dissonance between clinical practice on the wards and simulated practice in the classroom.

Bourdieu’s thinking tools are particularly useful in understanding why expert practitioners might not be able to explain their practice to novices. Bourdieu’s “a feel for the game” metaphor for social practice or “practical sense” (Bourdieu, 1990a) can be put to work here to further understand expert professional practice, where professional practice is the game. Individuals having a feel for the game have developed mastery through significant experience of the game, but this mastery is developed without conscious control or instruction. This social phenomenon is complex and Bourdieu’s concepts of habitus and doxa can also be used to understand it. Bourdieu likens the interaction of the habitus with its social world to “a fish in water” (Bourdieu, 1989 p45 in James, 2015). Related to this, Bourdieu’s concept of doxa is the phenomenon by which people take for granted and do not question their own surroundings and their position within them (Bourdieu, 1990b). Thus used to understand the theories in use, reflection in action and tacit knowledge conceptualisations of professional practice, pharmacists take themselves and their practice for granted, having acquired a mastery of it by experience. If professional practice is conceptualised as a doxic experience, then by definition, it would be almost impossible to explain it to a novice. An important aspect of mastery of the game is Bourdieu’s description of necessary improvisation (Bourdieu, 1977a). He depicts mastery of the game as an art in improvisation (because it would not be possible to follow a procedure for every situation encountered in routine practice) which captures the practice of unconsciously dealing with the fluidity and
indeterminacy of professional life. Thus in becoming a pharmacist, the development of expertise can be understood as achieving a feel for the game, experienced as a doxic phenomenon.

In summary, the difference between novice and expert practice articulated as intuition or tacit knowledge are concordant with Bourdieu’s conceptualisation of social practice as implicit and improvised. This can be used to understand the significance of expert practice in becoming a pharmacist as capital which trainees must acquire and stake in order to achieve a feel for the game.

4.2.2 Communities of practice

Some researchers have attempted to unpack the processes by which engagement in a field can lead to mastery. By conceptualising expert practice as situated, Lave and Wenger (1991) acknowledge the complex relationship between the student and their learning environment and they propose a “language” by which experts pass on their knowledge. In the communities of practice termed by Lave and Wenger (1991), it is legitimate peripheral participation and reification of shared practice that brings about learning. Lave and Wenger (1991) developed the concept of “communities of practice” (CoP) and its underpinning principles when studying apprenticeship as a learning model. According to Wenger there are three distinct characteristics of CoP that distinguish them from other groups; a domain, community and shared practice (Wenger-Trayner and Wenger-Trayner, 2015). Learning in CoP is not conceptualised as the traditional acquisition of knowledge but as a process of social participation, with “knowledge” embedded in the practice of the group. The implicit is made explicit through a process termed “reification” (Wenger,
1999: p55) where shared experiences encountered in CoP are turned into concepts, rules or procedures by its members. Lave and Wenger (1991) also propose a process by which new members learn termed “legitimate peripheral participation” (Wenger, 1999: p11); novices are accepted as potential members of the community but practise at the periphery and learn through their participation. As the novice learns and becomes more competent, they are involved in the more important tasks of the community and gradually progress to full participation.

Applied to community pharmacy, the domain is the shared competence required to deliver services such as dispensing, the community is where staff collaborate and engage in discussions about the services they provide, and the shared practice common resources such as standard operating procedures. Using this distinction, it is apparent that pharmacy students have few opportunities to learn in a workplace CoP before they graduate, but predominantly engage in one community during their pre-registration training. CoP as a theory for learning situated professional expertise has been applied to a large number of professions including nursing and pharmacy (Burkitt *et al*, 2001; Duncan-Hewitt and Austin, 2005; White, 2010) and there appears to be some agreement that CoP exist in practice and are an appropriate way to conceptualise continuing professional development. The existence and operation of CoP and legitimate peripheral participation has been identified and explored through empiric work in nursing (Burkitt *et al*, 2001) but in general, is under-researched in healthcare. In a study commissioned by the nursing regulator, Burkitt *et al* (2001) explored the processes by which nurses developed expertise in the workplace using observational and critical incident interview methods. The findings indicated the
presence of nursing CoP and all learning identified was situated and acquired through embodied performance.

However, whilst CoP is a very useful conceptual tool in understanding the development of situated professional practice, it does not capture the effect of power relationships between members of the group or controlling structural influences. Whilst Wenger’s (1999) depiction of the duality of participation and reification in CoP provides a convenient conceptualisation of what happens when one is a more dominant influence, there is little acknowledgement that negotiation and meaning might be significantly influenced by both the “world” and experiences within the CoP. Fuller et al (2005) used Lave and Wenger’s theory of legitimate peripheral participation to understand learning by engineering apprentices and in departmental CoP in schools. They identify two flaws in Lave and Wenger’s theory that are relevant to becoming a pharmacist; power affects learning and newcomers have something to contribute. Thus whilst CoP has been used as a concept to understand professional formation in healthcare, its value in this study is limited due to its lack of recognition of hierarchy and power in the development of learnt practices.

A significant contribution of Bourdieu’s theory of social practice to knowledge in this area is his recognition of the powerful implicit role of social hierarchies and reproduced practice in social groups. Thus using Bourdieu’s conceptual tools, CoP can be understood as social groups engaged in the game in defined fields. Shared practice can be conceptualised as reproduced actions realised via the staking of capitals whose value is determined within the social group. Whilst newcomers into the field need to achieve a feel for the game, they may bring
with them capitals which are given acclaim within the group, which makes Wenger’s (1999) legitimate peripheral practice appear problematic and an oversimplified concept. As discussed above, if practice is conceptualised as a doxic experience then the hierarchy of the group is accepted as legitimate and while there is opportunity for individual agency, it is within the context of powerful implicit structures which determine the characteristic actions of group members. This is concordant with the durable, stereotypical practice observed in professional groups or CoP. Wenger does not offer a theoretical explanation for why some individuals never become experts in their field but Bourdieu’s concept of illusio offers some illumination. Illusio, Bourdieu’s link between habitus and field, may explain why individuals do not go on to practice at an expert level. Illusio enables the habitus to be mobilised via engagement in practice in the professional field; it represents an individual’s investment or their commitment to make use of their capitals. Where players are not committed or invested in the game, their influence will be reduced and this will be revealed in their practice. Bourdieu’s conceptual tools of misrecognition and hysteresis may also explain how the development of expert practice is constrained, and are discussed later in this chapter. Considering becoming a pharmacist, using habitus and illusio can reveal the relationship between the trainee and the field of pharmacy practice whilst the possession and staking of capitals can be used to understand the trainee’s position in the hierarchy of the pharmacy.

4.2.3 Signature pedagogy

In the development of professional practice, schools of pharmacy have been defined as expert CoP (Duncan-Hewitt and Austin, 2005). Whilst this does not fall within Lave and Wenger’s (1991) definition, Schulman’s theory of signature
pedagogies can be conceptualised as the step before novices reach practice, whereby the meaning of professional practice is learnt in the classroom.

Schulman (2005a) defines signature pedagogies as “types of teaching that organise the fundamental ways in which future practitioners are educated for their new professions” (p52). Clinical medical education is used by Schulman (2005a) as an example of signature pedagogy; where routine use of case presentations and probing questions, consideration of alternative diagnoses and treatment plans directs learning. Schulman (2005b) further defines signature pedagogy as having three domains; he names them pedagogies of uncertainty, engagement and formation. Schulman's pedagogies of uncertainty and formation are relevant here. Pedagogies of uncertainty are those which socialise students to the unavoidable uncertainties present in their future practice and pedagogies of formation are those being capable of building identity, character, dispositions and values. Whilst signature pedagogies are not a prominent feature in research on professional formation in healthcare (despite Schulman using medicine as an example), conceptually, they are similar to the “hidden curriculum” which has been explored in medicine, for example by Lempp and Seale (2004). Interestingly in this interview study of medical students, while the influence of role models in exemplifying valued characteristics and passing on practical skills was identified and valued by students, teaching practices of humiliation which acted to establish hierarchical structures, and the identification of the white, male medic as knowledgeable and powerful were also embedded in the hidden curriculum (Lempp and Seale, 2004).
Given that signature pedagogies are likely to be used predominantly by those very professionals who engage or who have at one time engaged in expert practice, conceptually, this is a useful way to connect theory and situated practice. Furthermore, using Bourdieu and Passeron’s (1977) theory of symbolic violence and its important processes of misrecognition and pedagogic action, signature pedagogies can also be understood as the imposition of a professional culture upon novices who experience it in a way that appears legitimate. Thus power relations (and their subsequent effects on practice) within and between healthcare professionals are produced in the university classrooms as well as reproduced in the clinic.

In summary, using Bourdieu’s thinking tools, the development of professional expertise in becoming a pharmacist can be conceptualised as situated, unquestioned and improvised. This understanding of professional practice is valuable, because it captures its nuance and complexity to help explain why passing on professional expertise might be so difficult. The influence of power in producing professional hierarchies and shaping practice is also important and is revealed via the pedagogic action of the training programme and the recognition and endorsement of capitals.

4.2.4 Models of novice to expert practice

Bourdieu suggests that individuals learn almost entirely experientially and implicitly in practice (Jenkins, 2002). This is problematic in its application to professional practice because it mostly ignores the role of explicit teaching in learning. Bourdieu and Passeron’s (1977) modes of diffuse and institutionalised education provide a theoretical starting point with which to understand the role
of instruction in the development of professional practice. However, since the 1970s, other researchers have attempted to make implicit learning processes in the development of professional practice more explicit, through defining stepwise pathways or methods of instruction that outline how the improvisation that defines practice is developed.

**Cognitive apprenticeships**

By conceptualising expert practice as situated, Collins *et al* (1989) propose a “language” of highly contextualised coaching by which experts pass on their knowledge to novices in cognitive apprenticeships. In cognitive apprenticeships, the expert guides the apprentice using corrective feedback, reminders and demonstrations. The apprentice observes, practises and gradually takes on more responsibilities as their learning increases. Through the expert’s demonstrations and explanations, the apprentice develops a conceptual framework of the processes involved in the expert's artistry. Thus as the apprentice becomes more skilled, the coaching gradually fades until performance becomes close to that of the expert’s (Brown *et al*, 1989). Collins *et al*'s (1989) framework consists of four dimensions that make up the ideal learning environment; content (subject knowledge), method (teaching strategies), sequence (order in which learners experience practice) and sociology (culture of practice). Within the method dimension, Collins *et al* (1989) furthermore identify six specific teaching strategies used by the expert to facilitate learning; modelling, coaching, scaffolding, articulation, reflection and exploration. Other researchers have further developed the cognitive apprenticeship framework to theorise how expertise is developed, drawing upon Kolb’s (1984) experiential learning theory. For example, Anderson (2005)
conceives skill acquisition in cognitive apprenticeships in three stages; cognitive, associative and autonomous. Initially, the cognitive conceptual framework is developed before associations between key elements required for a particular skill are built. Mistakes and misinterpretations learned in the cognitive stage are detected and eliminated in the associative stage before in the autonomous stage, the apprentice perfects their skill until they can competently practise unsupervised (Anderson, 2005). With the pre-registration year in community pharmacy being an apprenticeship training model, cognitive apprenticeships provide some insight into how teaching and learning of professional practice might happen. A weakness of cognitive apprenticeships is that the sociology dimension is underdeveloped such that the professional culture that forms an important part of the situated learning is largely unexplored. Cognitive apprenticeship theory also assumes that novices learn from working alongside experts only and does not recognise that workplace learning might occur alongside other staff.

Cognitive apprenticeships have been used in both undergraduate medicine and nursing research for understanding how learning is facilitated in practice (Taylor and Care, 1999; Stalmeijer et al, 2009). The expert nurse in Taylor and Care’s (1999) case study is used as an exemplar who models the four elements of the cognitive apprenticeship framework. In medicine, Stalmeijer et al (2009) established that all six of Collins et al’s (1989) teaching methods were encountered by medical students in clinical practice but that modelling, coaching and articulation dominated.
Cognitive apprenticeships appear useful in making the implicit explicit, but this is on the part of the teacher and does not make clear to students what the expert practice is that they are ultimately aiming for. Using Bourdiesian sociology, this may be a construction in order to protect the privileged practices of professionals, which is implicitly acted out. In his critique of the education system, Bourdieu (1977b) stated that “By doing away with giving explicitly to everyone what it implicitly demands of everyone, the educational system demands of everyone alike that they have what it does not give” (p494). In the context of becoming a pharmacist, the lack of cultural capital to which Bourdieu refers above may offer insight into the struggles novices experience when tasked with learning expert practice. Whilst this is a simplistic view in the context of Bourdieu’s wider social theory of practice, field and habitus, it brings into focus the business of making implicit rules explicit to all. Thus cognitive apprenticeships can be conceptualised as a set of optimal conditions and teaching tools that facilitate development of expertise, albeit it without the social influence of power and hierarchies properly accounted for.

Novice to expert models
In attempting to explain the developmental gap between espoused theories and theories in use, Eraut et al (1995) adapted the Dreyfus and Dreyfus (1985) model of skills acquisition to describe a stepwise progression from reliance on taught rules (espoused theories) to no reliance on taught rules (theories in use). They proposed that the novice differs from the expert in situational perception, reliance on rules and hence decision making. Eraut et al’s (1995) model, depicted in Figure 1, outlines five developmental levels that separate the novice from the expert.
In Benner’s (1984) significant work in nursing, she applied the Dreyfus and Dreyfus model (1985) to intuition in nursing practice. In her application, she observed that workplace or situational experience was vital for progression from the novice stage. She explained the “advanced beginner is one who has coped with enough real situations to note the recurrent meaningful situational components” (Benner, 1984: p403). Interestingly and in agreement with Bourdieu, Benner suggests that expertise cannot be taught, but is developed implicitly through experience. Putting Bourdieu’s conceptual tools to work on models of expert practice is challenging as Bourdieu appears to reject analytical models used to explain practice (Jenkins, 2002). This is through Bourdieu’s use of the concept of strategising, which captures the duality of freedom and constraint, or agency and structure which characterise social interaction (or indeed professional practice). What this model of expert practice might offer is a method by which to monitor or categorise progress rather than a means of understanding why or how it is developed. As such, the role of understanding professional norms, the scope of one’s influence and the relative importance of
the situation to the individual’s position and reputation are socially-derived influences on decision-making which are underestimated in this model. When Bourdieu’s conceptual tools of capital and illusio are put to work, they offer further theoretical insights into the facilitation of the development of expertise. Bourdieu asserts that possession of cultural capital is necessary to successfully navigate through the education system, to which the pharmacy school can be argued to belong. Thus cultural capital further accumulated at pharmacy school provides graduates with the building blocks for developing expertise; it establishes them in a position of power in the hierarchy of the pharmacy and equips them with competence through exposure to the dominant culture of pharmacists. Structuring of the habitus of the pharmacy student is likely to be part of this process which will facilitate professional development as a doxic experience via the group norms acted out. However, structuring structures may present various forms of misrecognition which conversely act to inhibit the development of professional expertise. Importantly, therefore, trainees must also invest in the game and its capitals in order to gain professional expertise.

In summary, the model of skills acquisition presented above can be conceptualised as a checklist of actions or practice which indicate progression towards expertise or mastery. Instruction or a pedagogy which might facilitate movement through the checklist is absent and significant characteristics of social positioning and social practice which influence the development of expertise are not recognised.
Reflection

The theories of Kolb (1984), Boud et al (1985) and Moon (1999) describe processes involving the act of reflection that enable novices to gradually take on the practice behaviours of experts. They all take a constructivist approach to propose that reflection facilitates the cognitive action of organising and constructing learning, bringing about new or modified behaviours.

Kolb’s (1984) theory of experiential learning consists of a cycle of four stages and places reflection after experience. This reflection takes the form of reviewing the experience, which then promotes a new understanding, which furthermore informs experimentation with the new learning (see Figure 2).

**Figure 2. Kolb’s (1984) Experiential Learning Cycle**

down into a number of steps where the new experience is integrated with prior experiences before it becomes new knowledge. This model of reflection is helpful as it provides some explanation of how individuals might utilise observations or interactions made in practice. Boud et al (1985) additionally suggest that reflection is not a natural skill and that consequently some students can find it difficult, in contrast to Kolb whose model assumes that learning from observation is a fundamental human characteristic. Boud et al (1985) propose that to maximise learning, reflection should be directed in three stages (preparation, engagement and processing). Through explicitly defining and engaging in a stepwise process, practitioners might be more readily able to explain how their espoused theories are changing into theories in use as they move towards expert practice. Moon (1999) concurs; the novice professional is likely to have drawn heavily on espoused theories in their early practice experiences in the formation of their theories in use with each behavioural reiteration further informing future modifications (but with the espoused theories remaining unchanged in the professional’s memory).

Reflective practice is widely used in the education of healthcare professionals. Furthermore the GPhC mandates reflective practice as a professional development activity in their education standards for undergraduate programmes (GPhC, 2011a). Much empirical evidence on the effects of reflection on practice comes from nursing, for example Smith (1998) and Clarke (2014), although there are also notable studies in medicine. Wyber and Egan’s (2007) study in medical students confirmed the use of reflection at Boud et al’s (1985) processing stage as a learning strategy, for example when dealing with difficult events.
Through viewing reflection as a purposeful and holistic act of reflexivity, which is closest to Boud et al’s (1985) interpretation, the act of reflection is congruent with Bourdieu’s (Bourdieu and Wacquant, 1992) position on reflexivity; “For Bourdieu reflexivity is precisely what enables us to escape such delusions by uncovering the social at the heart of the individual, the impersonal beneath the intimate, the universal buried deep within the particular” (p44). Through being reflexive in questioning what influences their actions, individuals might reveal those structures which influence and constrain their practice. Thus in summary, when reflection is conceived of as a deliberate rather than a doxic phenomenon, its use as a tool in understanding and influencing practice is revealed.

4.3 Summary

Chapters 3 and 4 presented a range of theories concerned with identity and the development of professional expertise. This chapter focussed on professional practice and Bourdieu’s conceptual thinking tools were put to work to provide a theory of power in understanding the probable influence of social practice upon professional practice. These theories and their subsequent analysis using the lens of Bourdieu’s thinking tools can contribute to understanding becoming a pharmacist through illuminating the numerous connections between agency and structure and revealing the consequential corollary of practice. In facilitating further inquiry, Bourdieu’s conceptual tools are put to use in Chapter 5 when the research questions are overlaid, informing what methodology and methods can reveal practical and theoretical insights into trainees’ becoming.
Chapter 5 Research design

5.1 Introduction

In this chapter I describe and justify my research design and methodology, and I consider my own identity as a researcher. Each of the methods employed is explained and a research timeline is presented. Finally, I discuss relevant ethical considerations and how each was addressed.

The aim of this study was to investigate professional formation via becoming a pharmacist, with its necessary focus on professional identity and practice, conceptualised using Bourdieu’s thinking tools, as interactions between agency and structure. The research questions consequently focus on exploring the identity of trainees as well as the professional practice in which they engage over the course of their training year. Thus, I clarify how the research questions and Bourdieu’s conceptual tools both shaped the methodology and influenced the methods used.

5.2 Ontological and epistemological position

In relation to this research, my ontological position is that the social reality of becoming a pharmacist is the result of individual cognition rather than an objective reality. This position is termed nominalist by Burrell and Morgan (1979 cited in Cohen et al, 2011). Furthermore, my epistemological position is that knowledge about becoming a pharmacist is subjective and unique to the individual experiencing it. I have also made the assumption that trainees do not respond deterministically to their training and that their agency in their professional development allows them to act with some independence. This is
termed voluntarism by Burrell and Morgan (1979 cited in Cohen et al, 2011). As Cohen et al (2011) go on to explain, if the subjective experience of individuals is important, then the research approach becomes predominantly qualitative. Thus in my choice of methodology and methods, I have considered qualitative approaches which will enable me to explore the individual experience.

5.3 Justification of methodology

I chose a case study methodology as I conceptualised becoming a pharmacist as a process defined by the interplay between professional identity and practice experienced over time. As such, my research questions required descriptions and explanations of how trainees developed. A case study methodology is appropriate when research questions seek to discover why or how a social phenomenon occurs (Yin, 2009). My pilot work suggested that much learning in the pre-registration year is context-specific (Silverthorne, 2011). As case studies allow researchers to retain the holistic characteristics of real-life events (Yin, 2009), this methodology would allow me to explore trainee development in the environment in which it was occurring. Whilst my assumptions about knowledge suggested an ethnographic methodology might be appropriate, problematic issues of access and ethics prevented this. Ethnographic studies involve observation where the researcher immerses themselves in a culture or subculture over a prolonged period (Silverman, 2010). Community pharmacies are businesses that protect sensitive information about their practices. The unrestricted access required to carry out an ethnographic study would not have been permitted by the majority of community pharmacy businesses. However, by employing a number of qualitative methods, the holistic nature of events could be retained without being intrusive for participants. I chose the student
training experience as the unit of analysis to address my research questions in exploring the lived experiences of trainees (which may extend beyond the confines of their training site) and to avoid access problems associated with using the pharmacy as the unit of analysis.

5.4 Subjects and settings
In this section, I provide a short biographical outline of each of the study’s participants and their tutors as well as a description of the pharmacies in which the participants completed their training. I then go on to give an account of how participants were selected then recruited into the study.

5.4.1 The participants
Four trainees took part in the research for the duration of their year’s training and into the first six months after qualification as pharmacists. The remaining participants in this study included pre-registration tutors, who were also the pharmacy managers in three of the pharmacies, and the pharmacies’ other staff members. The four trainees and their respective tutors are described below.

Lauren
Lauren is a white British female in her early 20s. She had little experience of pharmacy before university but worked for her pre-registration employer throughout the summer holidays as an undergraduate.

Paul
Paul, Lauren’s tutor, is a white British male in his early forties. He has held a number of positions within community pharmacy for a variety of employers and
two pharmacy practice teaching positions at a nearby college and university. He has been a pre-registration tutor almost continuously for ten years.

**Abdullah**

Abdullah is an Asian British male in his early twenties. He was unsuccessful in applying for a place on a Dentistry programme before choosing pharmacy, of which he had no experience of before starting university. He worked in a variety of different pharmacies throughout his summer holidays as an undergraduate.

**Abbir**

Abbir, Abdullah’s tutor, is an Asian British male in his late twenties. He has worked for three different employers since qualifying as a pharmacist and has been a pre-registration tutor for one year.

**Meilin**

Meilin is a Chinese heritage female in her early twenties. Originally from Singapore, she moved to the UK with her family when she was 14. Meilin had some experience of the pharmaceutical industry via her father, when she was at school and college. She worked for her current employer during her final year at university.

**Ian**

Ian, Meilin's tutor, is a white British male in his early forties. He has held a number of positions within two large community pharmacy multiples and has been a pre-registration tutor almost continuously for eight years.
Jen

Jen is a white British female in her early 20s. Jen worked in a community pharmacy close to home throughout her university vacations and completed a placement with her current employer in the summer before her final year at university.

Cath

Cath, Jen's tutor, is a white British female in her early fifties. Cath spent most of her career to date working in a rural village community pharmacy before a recent career move into supermarket pharmacy. Jen is her second trainee.

5.4.2 The pharmacies

The study sites were all community pharmacies providing pre-registration training in the north west of England. For ease of reference, they are named Pharmacy 1 – 4 and their respective owner companies named Company A – D.

Pharmacy 1 is a small shop located in a parade containing a GP surgery, on the edge of a large town. Lauren, her tutor Paul and five other members of staff work for Company A in this pharmacy. The pharmacy has not always employed trainees, but has done so for the last three years. Company A is a very large national pharmacy chain.

Pharmacy 2 is a large, modern shop located in a health centre that houses a GP surgery and several other small healthcare service providers. Pharmacy 2 is on a busy road a few miles outside a large town. Abdullah, his tutor Abbir and nine other members of staff work for Company B in this pharmacy. Abdullah is
the second trainee this pharmacy has employed, with the first being the previous year. Company B is a large pharmacy chain whose pharmacies are located predominantly in the north of England.

Pharmacy 3 is a small pharmacy located inside a very busy city-centre health and beauty store. The store also houses a private travel clinic. Meilin, her tutor Ian and three other members of staff work for Company C in this pharmacy. The pharmacy has employed a trainee in each of the eight years that Ian has worked there. The pharmacy employs no dispensers or technicians and pharmacy student volunteers undertake work-experience in the pharmacy all year-round. Company C is a very large national chain of health and beauty stores.

Pharmacy 4 is a compact department located within a large supermarket in the centre of a small, affluent town. Jen, her tutor Cath, their pharmacist manager and nine other staff members work in this pharmacy for Company D. The pharmacy is open seven days a week. Company D is a very large international supermarket chain.
5.4.3 Recruitment of participants

The participants, their tutors and training sites are presented in Table 1.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Tutor</th>
<th>Training site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauren</td>
<td>Paul</td>
<td>Pharmacy 1</td>
</tr>
<tr>
<td>Abdullah</td>
<td>Abbir</td>
<td>Pharmacy 2</td>
</tr>
<tr>
<td>Meilin</td>
<td>Ian</td>
<td>Pharmacy 3</td>
</tr>
<tr>
<td>Jen</td>
<td>Cath</td>
<td>Pharmacy 4</td>
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The process of recruitment described below is focused on the participants. This process consequently relates to the tutor and the associated pharmacy, as detailed in Table 1.

Participants were recruited from Red City University. This ensured that all respondent trainees were graduates of the same institution and as such, that variations in undergraduate education (and the subsequent influence this might have had) were minimised. I identified the need for four trainees to participate. My conceptualisation of becoming a pharmacist justified a longitudinal study such that recruiting multiple participants was desirable to minimise the effect of participant attrition. Using multiple cases would also permit cross participant comparisons so that a range of experiences could be compared and contrasted. However, as using multiple cases would limit the depth in which each participant experience could be examined, four participants was a pragmatic decision based upon achieving a balance between depth and range. I recognised that my findings would not be generalisable to a wider population, but in understanding four participants’ experiences through the lens Bourdieu’s
conceptual tools, the study could contribute new theoretical perspectives on professional formation.

A purposive sample of two trainees were recruited in August 2013 and a further two in July 2014. These four trainees were chosen from nine who expressed an interest in taking part, as they represented some of the diversity present in the pharmacy profession and their respective training sites represented some of the diversity present in community pharmacy. Trainees were contacted via an administrative colleague acting as my agent whilst they were in their final year at university, and then recruited into the study after they had successfully graduated (see Appendix 1-5 for recruitment material). All final year students were sent an email containing an attached advert by my administrative colleague (Appendix 1-2), requesting a reply from eligible volunteers with an interest in the study. Five students responded to the initial email in 2013; two of whom were not eligible for the study as they were based in London and in a hospital pharmacy respectively. The three eligible students who responded were sent a study information sheet (Appendix 3) by my colleague and were asked to respond if they were still interested in taking part. All three replied and at this point, their details were passed on to me. With the students' permission, I subsequently approached their respective employers (Appendix 4) and pre-registration tutors (Appendix 5) to obtain permission to carry out research in the pharmacies. One student's pre-registration tutor did not give consent at this stage, but the remaining two students, Lauren and Abdullah, were recruited into the study. Several reminder emails to recruit further participants in 2013 did not receive any response. In 2014, my administrative colleague sent out the same recruitment emails to a new cohort of final year students. Four eligible students
responded and two (Meilin and Jen) were subsequently selected and recruited into the study using the same method described above.

5.5 Methods

I used interviews, observations, documents and research diary entries as data collection methods, portraiture to present the findings and Bourdieu’s conceptual tools to understand the findings. A multi-layered approach to analysis was taken. Initially, data from each method was analysed separately for each participant, before being triangulated to provide valid findings at the individual participant level (intra-participants analysis), alongside which the portraits were presented. The next layer was subjecting findings from individual participants to further analysis using the Bourdieu’s conceptual tools. The final layers of analysis involved combining and triangulating the data for all participants (inter-participants analysis) and subjecting these findings to further analysis using Bourdieu’s conceptual tools and theories of identity and professional practice.

Figure 4 shows the timeline for each method and its preliminary analysis, detailing the research activities undertaken between January 2013 and March 2016, which culminated in participant interviews concerning the portraits. In order to minimise disruption to the pharmacies, I made all site visits at dates and times chosen by the research participants. As indicated in Figure 3, I visited the research sites once every 13 weeks, coinciding with GPhC’s fixed progress reports for trainees.
The qualitative methods justified and described in the following sections were selected for their combined ability to capture the trainees' unique experiences balanced with pragmatic considerations associated with access to participants and data.

**Figure 3. Timeline of recruitment, data collection and analysis**

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</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Checking of observation tool. Begin portrait context.</td>
<td>Observat'n 2</td>
<td>Enter data into tables. Participant recruitment via agent</td>
<td>Observat'n 2</td>
<td>Observat'n 2</td>
<td>Enter data into tables. and plan portraits</td>
<td>Pharmacy recruitment and arrange site visits</td>
</tr>
<tr>
<td>Location</td>
<td>University / Skype</td>
<td>Pharmacy sites 3 &amp; 4</td>
<td>Pharmacy site 1</td>
<td>Pharmacy site 2</td>
<td>Pharmacy site 3 &amp; 4</td>
<td>University / Skype</td>
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<tbody>
<tr>
<td>Activity</td>
<td>Interview 2</td>
<td>Interview 1</td>
<td>Transcribe interviews.</td>
<td>Finalise portraits 1 &amp; 2</td>
<td>Observat'n 1</td>
<td>Interview 3</td>
<td>Start portraits 3 &amp; 4</td>
</tr>
<tr>
<td>Location</td>
<td>University / Skype</td>
<td>Pharmacy sites 3 &amp; 4</td>
<td>Further develop portraits</td>
<td>Pharmacy sites 3 &amp; 4</td>
<td>University / Skype</td>
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</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Observat'n 2</td>
<td>Develop portraits 3 &amp; 4</td>
<td>Interview 2</td>
<td>Transcribe interviews; develop portraits 3 &amp; 4</td>
<td>Finalise portraits 3 &amp; 4</td>
<td>Interview 3</td>
</tr>
<tr>
<td>Location</td>
<td>Pharmacy site 3 &amp; 4</td>
<td>University / Skype</td>
<td>University / Skype</td>
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<tr>
<td>Duration / number</td>
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**Key**

- Recruitment
- Data collection
- Data analysis
5.6 Interviews
I utilised interviews to address research questions 1 to 3; to obtain the participants’ descriptions of their identity and practice and the context in which the training year was experienced. This would also serve to reveal the trainee *habitus*, experiences of *hysteresis* and structuring structures in the training year.

Interviews are a flexible research method that can enable researchers to collect data on specific pre-determined issues with the benefits of being able to probe for complete answers but allowing for participants to be spontaneous in their responses (Cohen *et al*, 2011). In the context of my research questions, I chose interviews because they would be able to yield rich data on identity and professional practice through participants’ own descriptions and explanations. As part of the case study design, I chose to employ an interpretive interview approach (Wragg, 2002), to gather data which could then be explored further using an observational method. In making the decision to use interviews, I was aware of the constraints of this method, especially the influence my position as researcher might have and how it would shape the findings. I conceptualised interviews as a social encounter between researcher and participant as this aligned well with my epistemological position. As such, I justified that through describing my interviews as social encounters and systematically identifying factors that would influence them, I would be able to understand the limitations of my findings and the context in which they were generated. I reflect further on my position as researcher in Chapter 11, but when deciding to use interviews, I became aware that complex factors including mutual trust (Cicourel, 1964 cited in Cohen *et al*, 2011), the location of the interview and my demeanor (Wragg, 2002) would ultimately influence what information was divulged, regardless of
any steps I took to keep the interviews free of bias. Instead I worked within this understanding, explicitly identifying those aspects of our social encounter that were likely to shape the findings.

Balancing the qualitative nature of my research design with the relative inexperience of both researcher and research subjects, I chose to use a semi-structured (Wragg, 2002) or standardised open-ended (Paton, 1908 cited in Cohen et al, 2011) interviewing approach. Whilst I intended for the interviews to be as conversational as possible and to build on themes as they arose, this approach demands experience on the part of the researcher. The semi-structured interview approach ensures the participants are asked the same basic questions in the same order (Patton, 1980 cited in Cohen et al, 2011) but it does allow participants to express themselves at length through the appropriate use of probing questions (Wragg, 2002).

As my unit of analysis for the case studies was the trainee experience, I interviewed tutors as well as trainees to glean information about the training programme and the structures in place to support trainee development. I developed interview schedules that were piloted on two trainees and their respective tutors (Silverthorne, 2011). These were informed by literatures on role models, professional identity, socialisation and expert practice models. Open questions were developed which, aligned with the research questions, explored participants perceptions of their identity as pharmacists, their transition from student to trainee, their current roles, tasks and their perceptions on what they were learning. Specific questions on the schedule were followed up with prompts which I might use if the answer provided by the participant needed
further exploration. In light of further reading on corporate culture and
performativity and the findings from my early work, the trainee and tutor
schedules were amended to include questions regarding workplace routines
and training delivery which could be probed to explore the company’s influence.
The interview schedules can be found in Appendix 6 -8 (trainee interview 1,
tutor interview, trainee interview 2 respectively).

5.6.1 The interviews
I carried out one individual interview with each trainee and each respective tutor
at their workplaces around week 13 of the training year. Participants were
provided with information sheets by email in advance and signed a consent
form immediately before the interview (see Appendix 9 to 12 for trainee and
tutor information sheets and consent forms). I then conducted one further
interview with each trainee at the university or via Skype®. This took place
around six weeks after the trainees qualified as pharmacists. I used the same
interview schedule each time but used probing questions to encourage
participants to expand and provide more complete explanations to my
questions. I used the interviewing style advocated by Radnor (2002) of “the
listening interview”. Specifically, I used active listening techniques such as
asking neutral questions when probing, asking for examples and repeating my
understanding of the points that had been made. As emphasised by Radnor
(2002), I also tried to avoid providing my own anecdotes from practice and
putting my own interpretation on what my participants said. However, I found
this difficult as I was also trying to gain the trust and build rapport with my
participants and sharing anecdotes is something I routinely do. Instead, using
Platt’s (1981) paper on interviewing one’s peers as a starting point, upon
reading my transcripts, I considered my position relative to my interviewees to better understand what I said during interviews, and how this contributed to the gathering of data. Whilst I am an outsider in community pharmacy, I shared considerable knowledge and cultural understandings of pharmacy with the participants and this was apparent in the absence of lay language used in discussions around professional practice. Platt (1981) outlines that the traditional researcher-interviewee relationship is one where the participant is not a member of the same community as the researcher and is a social inferior. This assumption makes the research interview sterile and free from bias. In my study, via the interview transcripts, I found that I implicitly made attempts to make the researcher-interviewee relationship more equal. In the case of the trainees, I provided longer explanations to attempt to emphasise that I viewed them as graduates (not undergraduates), that I was not checking up on them and that explanations of their experiences were important. In the case of the tutors, I down-played my role as academic and used anecdotes of my own time in practice as a tutor. I recognised these actions as valuable in building relationships to access meaningful data in pursuance of the research questions. Thus, I was reflective in my approach and when transcribing, I identified parts of the interviews where I perhaps did not give participants enough time to answer questions, where I strategically used anecdotes and where my interpretation was shaped by my own practice rather than by what the participants had verbalised. I amended my interviewing practice through this iterative, reflective approach as the study progressed, accepting longer periods of silence, using fewer anecdotes and checking my understanding with the participants.
5.6.2 Analysis of interviews

All interviews were audio-recorded with the participants’ written consent, stored as digital audio files on a password-protected university computer network and then transcribed verbatim. Whilst this process was lengthy, it allowed me to become familiar with my participants and to begin to identify themes, which aided data analysis. All transcripts were analysed iteratively to inform data collection later in the study and thus the process of transcribing was enabling. The analysis of transcripts consisted of two phases of identifying both intra and inter-interview themes. I initially highlighted emerging themes and tabulated them under headings relating to my research questions, using illustrative quotes (an example is provided in Appendix 13). As I became more familiar with the data, I was able to connect themes, refine them and ultimately propose a theoretical conceptualisation of the findings. I used this intra-interview analysis to provide a framework to structure the portraits, which I discuss later in this chapter. Through concurrently analysing interviews, I was able to construct a further table of inter-interview themes which informed my cross-portrait analysis (an example is provided in Appendix 14), also described later in this chapter. I also began to describe the context of each trainee’s experience in another document (an example is provided in Appendix 15). As Lawrence-Lightfoot and Hoffman Davis (1997) stress, this provides the framework for the portrait so it was important to begin this early.

5.7 Documents

I utilised documents from the trainee portfolio to address research questions 1 to 3; to access data pertaining to trainee identities and practice using self-reported accounts of progress. This would also serve to reveal the trainee
habitus, what capitals were staked, experiences of hysteresis and structuring structures present in the training year.

Documents have the advantage of having little or no reactivity on the part of the writer, especially where they are not written for the purpose of being research data (Bailey, 1994, cited in Cohen et al., 2011). I chose to use documents from the trainee portfolio for this reason. The trainee portfolio consists of multiple individual records of self-reported achievement of one or more of the GPhC’s performance standards. There are 76 performance standards that span a broad range of competencies in interpersonal skills, medicines and health. Trainees demonstrate their competence through being directly observed by their tutor and documenting their progress in their portfolio of evidence. The portfolio is written by the trainee for the purpose of assessment and as such, the raw data would be independent of my influence.

In the context of my research, using narratives from the portfolio documents was important as it would focus on trainees’ experiences and their personal interpretation of these events. I wanted to understand what events trainees chose to record and the language they used when recording, as well as how these events changed over time. As Cortazzi (2002) explains, through exploring trainee perceptions, personal histories and the construction of professional identities would be revealed. I would therefore be able to use this data to address the research questions about identity and professional practice as well as to add validity to the interview and observation findings. I used portfolio documents in my pilot work (Silverthorne, 2011) and reflected that whilst the information recorded by trainees can be highly variable, it is of value in
understanding perceptions about developing practice and validates interview findings.

5.7.1 Collecting portfolio entries
In advance of each site visit, I asked trainees to select between five and ten pieces of evidence from the preceding 13 weeks that they believed demonstrated their progress well. I did not define what I perceived progress to be, but allowed the trainees to select their own entries. I made three site visits to each pharmacy and trainees provided me with between five and 12 anonymised copies of portfolio evidence at each visit. I did not ask for records from the final 13 weeks of training as I was aware from my own experience that during this period, trainees are focused on preparing for the registration examination and have already completed most of the performance standards. I stored the records in a locked filing cabinet in a university office.

5.7.2 Analysis of portfolio data
Initially, I numbered each portfolio item to identify its author and chronological position. I then used the initial themes from my interviews to categorise the events and narratives present in each entry, iteratively amending and adding new themes as I was able to make connections between the data sets. I then highlighted relevant narratives on the portfolio entries and entered these into coded tables that related to my emergent themes. The themes became increasing inferential as I collected more data and iteratively analysed it. Through concurrently analysing interviews and documents, I was able to add to my tables of intra and inter-interview themes to form larger case study tables.
(an excerpt is provided in Appendix 16), which informed my cross-portrait analysis, described later in this chapter.

5.8 Observational method

I utilised observation to address research questions 1 and 3; to obtain data on the professional practice of trainees and what influenced it. This would also serve to reveal much about the field in which the trainee was located and how and what capitals were staked.

Bailey (1994, cited in Cohen et al, 2011) identifies some advantages associated with observation such as more intimate and developed relationships with participants and the ability to discern ongoing behaviour as it occurs. I chose to use an observational method to address the research questions about professional practice and the training environment and to triangulate the findings from interviews and documents, adding validity. Observation is a holistic approach where everyday events are observed, ultimately leading to the construction of meanings rather than simple reproduction of events (Robson, 1993 cited in Moyles, 2002). In keeping with my qualitative approach and my understanding of becoming a pharmacist, I required data on the trainees in their working environment, to develop an understanding of the context in which they were developing. I understood that as a practising pharmacist myself, I would need to recognise and articulate issues around my own identity and how they might influence my interpretation of the findings. However ultimately, it was my position as a both a pharmacist and an outsider that would afford me the privilege to be able to collect data in a work environment where patient confidentiality and business interests are well protected.
5.8.1 The observational data collection tool

Decisions about what to observe were derived from my research questions and my conceptualisation of becoming a pharmacist. Thus professional practice, expressions of identity and the structure provided by the training environment were important foci. I decided to use a systematic observation tool (Moyles, 2002) to predetermine the focus of my observations, but to combine this with field notes to expand upon those predetermined topics.

5.8.2 Observations

I made two site visits to observe trainees, at around 26 and 39 weeks into their training year. When I arrived at each pharmacy, I was able to gather the staff round, to provide them with a brief description of who I was and what I would be doing. All staff had access to an information leaflet (Appendix 17) before the visit, via their manager, and all consented at each visit (consent form in Appendix 18). I remained in one position during all visits, locating myself centrally at the rear of the dispensary where I could see all parts of the pharmacy, but where I would not encroach upon consultations, nor on the daily activities of staff. I used my pre-piloted form (Appendix 19; Silverthorne, 2013) during each three-hour visit and made field notes during and immediately after each visit. Collected data was predominantly the location of the trainee, the tasks they performed and who they performed them with, and their interactions with other staff. I did not record any conversations verbatim as I was often not in a position to hear them fully but mainly because I felt it was not appropriate due to patient confidentiality concerns. I also wrote field notes on context, drawing a pharmacy plan and describing the layout and appearance of each pharmacy.
5.8.3 Analysis of observational data

Whilst my data collection tool allowed for the quantitative analysis of observations, I carried out little of this type of analysis. I used coding to initially analyse the forms and field notes, in the same way I analysed the portfolio entries before adding relevant findings to a single coded table for each trainee, in which the data from all three sources (interviews, documents and observations) was collated (see Appendix 20 for example). I used the themes from my interviews to categorise the findings, iteratively amending and adding new themes as I was able to make connections between the data sets. Through concurrently analysing interviews, documents and then observations, I was able to add to my tables of intra and inter-interview themes to form larger triangulated case study tables (an excerpt is provided in Appendix 21) which informed my cross-portrait analysis, described later in this chapter.

5.9 Research diary method

Throughout this study, I systematically recorded my reflections, theorising, emerging research themes and reasons behind the decisions I made. As Burgess (1981) describes, I used both substantive accounts after each data collection event and analytic accounts at various stages in the study to aid my theorisation. This served not only as a vital reference point on which emerging conceptualisations were built, but also as a data-source with which to triangulate findings from other methods. After each site-visit, I completed a research diary entry, which described how well I thought the data collection had gone, concerns I’d had about my own influence and reflections on what the data might mean or reveal. An example research diary entry following data collection is provided in Appendix 22. Nadin and Cassell (2006) describe how through
reflexive engagement, a research diary can prompt insights which inform methodological and theoretical decision-making. As such, I recognised that using a research diary would coherently link the research design, data collection, analysis and interpretation stages of the study, providing further data but also a record which I could return to in order to understand and justify all the decisions made. An example research diary entry where I conceptualised the structure of the portraits is provided in Appendix 23.

The research diary entries recorded after each site visit or interview were used as data in this study. Each diary entry was read through and the emerging themes identified using those from the initial intra-trainee analyses. Relevant comments were highlighted with a note added to the intra-trainee data tables.

5.10 Portraits
Portraits or biographies are frequently encountered with ethnographic research (Cohen et al, 2011) and their use in this study is justified as they are consistent with my assumptions about knowledge generation. In keeping with the research questions, the rich data required in order to deploy Bourdieu's conceptual tools and in order to preserve the chronology and complexity of the trainee experiences, I selected portraiture to present the intra-trainee data. For each trainee, the data collected consisted of tutor and trainee interviews, documents from the trainee portfolio, observations of the trainee at their training site and records from my research diary. With this variety of data collected over the course of a year, there was a need to link themes within and across the data in order to triangulate the various sources over time. Portraits would therefore address research questions 1 – 3, whilst capturing and retaining the uniqueness
of each trainee’s experiences. In the context of Bourdieu’s conceptual tools, this method of presenting the data would provide rich narratives capable of revealing the trainee *habitus*, *capital* staked and experiences of *hysteresis* important in the each trainee’s becoming. The act of portrait writing would also be enabling in iteratively informing the Bourdieusian analysis which would follow.

5.10.1 Constructing the portraits

I started writing the portraits for Lauren and Abdullah after the final site visits when I had data from interviews, documents, observations and my research diary to draw upon, and then after the first interviews with Meilin and Jen. I wrote each portrait iteratively, building my developing interpretations of the findings into the portraits over time. As Lawrence-Lightfoot and Hoffman Davis (1997) identify, once I had started writing the portraits, I was constantly engaged in a discourse between data collection and shaping the portraits. Collecting and analysing data was a process that was developed further through my writing. Constructing the portraits forced me to think about my data in different ways and this process ultimately shaped both my data collection from this point onwards and my final portraits. I constructed the portraits using quotes from interviews and documents and included both objective observations and reflective accounts from my research diary. From this data, via a process of triangulation, I was able to interpret events in order to build a rich description of each trainee’s experiences of becoming.

I used Lawrence-Lightfoot and Hoffman Davis’s (1997) text on the methodology of portraiture as my guide to constructing the portraits. Both my perception that
the creation of portraits is an artistic process and the process I used of drafting and redrafting the portraits was influenced by regular reference to this. As Lawrence-Lightfoot and Hoffman Davis (1997) suggest, four dimensions of the portrait were developed to create a coherent whole. Firstly, the overarching trainee story was constructed using my emergent themes, before a framework for sequencing these was developed. I then elaborated further upon each emergent theme by adding evidence, ensuring the narrative flowed and providing “texture, nuance and emotion” (Lawrence-Lightfoot and Hoffman Davis, 1997: p259). Lastly, the themes and events were sequenced appropriately to provide a beginning, middle and end. Prior to developing these four dimensions, I spent time gaining an understanding of the context in which my case studies were situated before “framing this terrain” (Lawrence-Lightfoot and Hoffman Davis, 1997: p41) in my writing. Finally, once the portrait drafts were complete, I went through a process of editing to shape them into an aesthetic whole; ensuring that each part of the portrait was necessary, framed appropriately and in the correct position. Each of these stages is described below in more detail.

5.10.2 Context

Lawrence-Lightfoot and Hoffman Davis (1997) explain the crucial nature of context in portraiture by describing it as a resource for understanding what people say and do. They elaborate that interpreting human experiences cannot be attempted without appreciating the context in which those experiences are embedded. In experiencing the context of the trainees’ training environments, as Lawrence-Lightfoot and Hoffman Davis (1997) discuss, I was constantly adapting the themed findings to match the realities of the data. I further identify
some of these issues below when discussing my position as a researcher in the pharmacies, but in the context of developing the portraits, I used my unfamiliarity with this environment as an opportunity to record descriptive accounts and my own reflections on what I was observing. I also carefully recorded decisions made when interpreting data, my developing theorisation and reflections on my own learning as a researcher.

I wrote a contextual piece about each of the trainees and the research sites as the first stage (example provided in Appendix 15). This included developing the key players (the trainee and their tutor) and their histories. In order convey the relative significance of the individuals in each portrait, I chose to employ rich, descriptions of the key players and brief factual outlines of all others. This approach was informed by Geertz’s (1973) notion of thick versus thin descriptions in social anthropology. I further included descriptions of the pharmacy locations, their internal appearance and other significant sensory context such as the smell of fresh bread in Pharmacy 4.

5.10.3 Voice
Lawrence-Lightfoot and Hoffman Davis (1997) identify the researcher voice as a necessary part to the portrait. As described in other sections of this chapter, I have acknowledged my influence upon the data I was collecting but also that the data was only accessible because of my own positioning. Thus adding my voice was important in understanding my overall position in relation to the data, but also in signposting clearly what was objective information embedded in the data, and what was my more subjective, but professionally informed
interpretation. Via the portraits, I was able to capture a valuable part of the researcher-participant relationship and how I became part of their stories.

5.10.4 Emergent themes

In constructing the first of the portrait dimensions, emergent themes together with a single defining theme for each participant were chosen. The four complete data analysis tables for each trainee provided the emergent themes which were ordered under two headings of identity and practice. During my iterative development of themes, I found that for each trainee, there was a dominant theme in the domain of identity which I chose to make reference to in the portraits, to demonstrate its unique personal importance to each trainee (for example confidence for Lauren).

5.10.5 The framework

In constructing the second portrait dimension (Lawrence-Lightfoot and Hoffman Davis, 1997), I developed a coherent structure through which I could sequence all four trainee stories. In summary, each portrait consists of an introduction, a section on professional identity then professional practice before a concluding section. Each portrait refers to the respective dominant theme throughout and there is a similar chronology presented within each.

Thus, each portrait begins by describing the context of each trainee story, during which characters are introduced and the dominant theme established. The trainee is then encountered as a pharmacist before the reader is taken back to key events which shaped the trainee’s identity and professional practice. The portrait concludes with a brief summary of the dominant theme’s
relevance to the trainee’s practice as a pharmacist. In using the dominant theme as texture weaved throughout the portrait, each story retains a uniqueness within the structured portrait framework.

5.10.6 The narrative and sequencing
In the third portrait dimension (Lawrence-Lightfoot and Hoffman Davis, 1997), evidence was added under each emergent theme within the structure of the portrait framework, and a narrative constructed which contained appropriate nuance and emotion for the reader to engage in the story. Quotes were initially copied from the data tables before being refined to those which best illustrated the events being described with consideration given to the trainee-tutor relationship. At this stage, I gained retrospective verbal consent from Paul and Abbir for quotes from their interviews to be used in the portraits, which their respective trainees would see. When I interviewed Cath and Ian, I gained verbal consent for selected interview quotes to be read by their trainees and explained I would contact them to gain explicit consent if I thought it necessary (I did not need to do this). The narrative was then written to guide the reader through each event and to substantiate how inferences made were evidenced in the data. Finally, the themes and events were sequenced in an appropriate order to provide a beginning, middle and end to the stories.

5.10.7 The aesthetic whole
In the last stage, as described by Lawrence-Lightfoot and Hoffman Davis (1997), I revisited the four dimensions repeatedly and iteratively, ensuring the narrative flowed, that events were appropriately evidenced and that each sentence was necessary and in the correct place. Once this process was
complete, as Lawrence-Lightfoot and Hoffman Davis (1997) explain, I knew they were complete. Importantly, at each of the stages of portrait development described above, the study’s research questions and my understanding of becoming a pharmacist via Bourdieu’s conceptual tools were used to guide decisions made about what data to include or exclude, and these decisions were documented as part of keeping my research diary. With each finalised portrait, I mapped the contents against the research questions to ensure that all contents were relevant (an example of this is provided in Appendix 24).

5.10.8 The finalised portraits

The final portraits are presented in Appendix 29 to 32. I met with each trainee at the university or via Skype® for a final time six months after they qualified as pharmacists to discuss the finalised portrait. The ex-trainees were given this opportunity to express their opinions on my interpretation of their professional development. All ex-trainees agreed that their portraits were an accurate portrayal of their experiences as trainees, therefore further validating my findings. The final interviews also acted as an additional data source with which to triangulate the findings, which I draw upon in Chapters 6-9. The trainee interview narratives were transcribed and organised under the themes of identity or practice. Whilst a potential disadvantage of conducting this final interview was that participants could have disputed events evidenced in the data, the potential beneficial contributions outweighed this risk.

5.11 Thinking with Bourdieu

Bourdieu’s conceptual tools of habitus, capitals and hysteresis were used to understand the data, and this analysis is presented in Chapters 6-9.
Investigating becoming a pharmacist requires a focus on identity and practice, agency and structure, but particularly the importance of individual agency and relationships between key players. Bourdieu’s conceptual thinking tools were therefore appropriate to deploy as they are concerned with the relationships between structure and agency and the influence of power within fields. Thinking with Bourdieu about becoming a pharmacist was enabled by the conceptualisation presented in Chapter 2 which describes the process of becoming using the key conceptual tools of *hysteresis*, *habitus* and *capitals*. As outlined in the conceptualisation, the trainee’s becoming is signified by achieving a feel for the game and *hysteresis* captures the dissonance overcome as part of becoming. *Habitus* illuminates the trainee identity and their agency, revealed through trainee practice conceptualised as the acquisition and staking of *capitals*. Through focussing on these key elements of the Bourdieusian conceptualisation of becoming a pharmacist, the structure of each chapter was determined. The preceding intra-trainee analysis (presented as the portrait) was overlaid such that overcoming *hysteresis* was concentrated upon periods of transition; *habitus* was aligned with themes of identity and *capitals* with themes around practice, with their complex relationships acknowledged. An example of how each conceptual tool was put to work to understand the interplay between structure and agency in the context of becoming a pharmacist is provided in Appendix 25 – 27 (*habitus, capitals, hysteresis* respectively). The data was read through using each of these three tools, focussing on the key areas outlined in the conceptualisation of becoming a pharmacist (e.g. for *habitus*, focussing on how it is revealed and misalignment of the *habitus*). The findings of this analysis were documented and supporting evidence from the data noted. This process of analysing the study’s findings was performed for each trainee portrait, drawing
upon additional data from the final ex-trainee interviews. A summary of what this analysis revealed about becoming a pharmacist was then produced for each trainee before its potential contribution to current knowledge outlined.

5.11.1 Cross-portrait analysis

I finally conducted an inter-trainee critical analysis of the four trainee stories, using Bourdieu’s conceptual tools and theories of identity and professional practice. The purpose of this analysis was to bring together the key findings from each of the portraits, read them through using Bourdieu’s conceptual tools and understand them in the context of theories of identity and practice. Firstly the key findings were identified and evidenced using the inter-trainee analysis of data (Appendix 22). The key findings were then read through using Bourdieu’s conceptual tools of habitus, hysteresis and capitals; similarities and divergence in the trainee experiences were identified and Bourdieu’s conceptual tools were used to understand potential reasons for this. Consistent with Bourdieu’s necessity to combine theory with empirical work, the final layer of analysis involved critically evaluating the study’s key findings by concurrently drawing upon theories of identity and professional practice and deploying Bourdieu’s thinking tools (Appendix 28 demonstrates how this analysis was organised). Initially, the key findings from the inter-trainee analysis of themes were read through. I then further considered their meaning by thinking about the objective relations between the key people in the stories, particularly focusing on the interplay between structure and agency in order to produce a set of key findings across all the trainee stories. I then engaged in a theorisation of what becoming a pharmacist meant for the trainees in this study, subjecting the key findings to an analysis using theories of identity and professional practice overlaid with
Bourdieu’s conceptual tools. In performing this final layer of analysis, I was able to propose new understandings and interpretations of the findings, which I then used to challenge and develop my understanding of becoming a pharmacist and of professional formation more broadly. In doing this, I hope to contribute to the body of work on professional formation.

5.12 Ethical considerations
The main ethical issues were ensuring participants gave informed consent, ensuring confidentiality and monitoring for the disclosure of sensitive or distressing information.

Potential participants were provided with a participant information sheet and were given up to two weeks to confirm that they were interested in taking part. Participants were encouraged to ask questions before site visits and were then again asked in person immediately before interviews or observations took place. All participants signed a consent form before data collection took place. It was always a possibility that experiences of an unpleasant nature could be raised by the trainees during the interviews and as such I was prepared to interrupt or stop data collection if any participants became distressed.

Information about participants was treated confidentially in accordance with the Data Protection Act 1998. Trainees were referred to as trainee 1, 2 etc. until they chose a pseudonym with which they were referred to from that point of the study onwards. Other participants were assigned a pseudonym at the point of recruitment into the study. Pseudonyms were used throughout the study and no participant identifiable information was recorded on data collection forms, data
analyses or reports. Signed consent forms were kept separate from all other research material. The study was granted ethical approval by the Manchester Institute of Education before it began.

5.13 Researcher reflexivity and identity

My position in relation to the research was integral in shaping my findings, data interpretation and identifying emergent themes. Following the conventions from within the research field (e.g. Mason 2002) my positioning with respect to knowledge generation enabled me to recognise my own unique and privileged circumstances and their importance in gaining access to, building relationships with and ultimately developing the trainee stories.

The activities of external visitors into the staff areas of pharmacies are strictly controlled due to the presence of risks such as confidential patient documents and medicines. It is usual practice for these visits to be kept as short as possible and for visitors to be supervised by a member of staff at all times. As a registered, practising pharmacist, I was privileged to be given access to staff for several hours over the course of the study. This was not the only consideration for the pharmacies taking part; all pharmacies were part of large, successful organisations whose businesses protect sensitive practices. As a hospital pharmacist by background and a student researcher employed by a Pharmacy School, I was uniquely positioned to be able to gain access to the study sites without being perceived as a significant threat to business practices. Having this background in pharmacy also provided me with the ability to understand acronyms and routine professional practice without being so immersed in community pharmacy practice that I was oblivious to what I was seeing.
Recognising and describing this was important in recording and understanding the data I was collecting.

Throughout the study, my own identity as a researcher developed. I introduced this in Chapter 1, I have further reflected upon it here and I revisit it in Chapter 11. There were situations throughout the study where I was forced to confront my own identity as a pharmacist, academic and researcher and both reflect upon and describe how I dealt with these. For example, all trainee participants in this study knew me as a member of academic staff as I chose to recruit graduates from my own institution. I also found that I knew many of the pharmacists and other staff members through colleagues or professional networks. In observing and interviewing these individuals, I was constantly balancing the need to build relationships with the participants against the potential influence I was having; negotiating my own identity as a researcher, but also a pharmacist.

5.14 Summary
In this chapter I have outlined my nominalist and interpretive positioning, systematically described my research tools, the data collection and analysis, and considered my own reflexivity in this research. I now go on to present the findings of this study, starting with the critical analysis of the four trainee stories, undertaken using Bourdieu’s conceptual tools.
Chapter 6 Lauren

6.1 Introduction

In this chapter I present a critical analysis of the individual portrait for Lauren (see Appendix 29), undertaken using Bourdieu’s tools of *habitus, capitals* and *hysteresis* which were identified in Chapter 2 as most relevant in understanding becoming a pharmacist. As such, the bundles of relations between structure and agency that make up Lauren’s unique experience of becoming are explored further through reading the data and thinking about her identity and practice.

I begin by providing contextual information about Lauren. The main themes and events in Lauren’s portrait are then described and augmented with her own personal reflections, taken from the final research interview. Following this introduction, I then engage with a theorisation of what becoming a pharmacist means for Lauren, using *hysteresis, habitus* and *capitals*. Finally, I present a summary of what the preceding analysis reveals and what it can therefore contribute to current knowledge about professional formation.

6.2 Lauren

Lauren is a white British female in her early 20s, undertaking her pre-registration training in Pharmacy 1, owned by Company A. Company A is a very large national pharmacy chain. Pharmacy 1 is a compact shop located just outside the centre of a large town in the north of England. Lauren is the first full-time trainee the pharmacy has employed in the last five years.
Lauren began her undergraduate pharmacy studies in the same year she completed her A-levels. She decided to study pharmacy because of her interest in science and healthcare. Lauren gained work experience through employment with Company A during each of her summer holidays as an undergraduate, working in different pharmacies each year. Lauren applied for pre-registration training positions with a variety of employers, receiving several job offers before deciding to stay with Company A.

Lauren’s pre-registration tutor is Paul, a white British male in his mid-40s. He has held a number of positions within community pharmacy, and two teaching positions at a nearby college and university. He has been a pre-registration tutor almost continuously for the last ten years. Lauren, Paul and four other (female) members of staff work in Pharmacy 1. These staff members include a pharmacy counter assistant and three technicians.

When Lauren joined the register of pharmacists, she remained with Company A, working as a relief pharmacist. She was allocated two geographical areas in north England (including her old training site) and was sent to different pharmacies each day to cover for pharmacists on annual leave etc.

Using the portrait-writing method described in Chapter 5, Lauren’s portrait (Appendix 29) was constructed using data collected from two interviews with Lauren, one interview with Paul, two site visits and the associated field notes, 19 pieces of evidence from Lauren’s portfolio and a series of five reflective entries in my research diary. An outline of Lauren’s portrait using the themes of
identity and practice is provided below, where I add to this with further evidence from the interview with Paul and final interview with Lauren.

6.3 Lauren’s story

Lauren’s pre-registration training year was characterised by the need to develop confidence in her ability to be able to practise independently and to manage her anxiety about “what-if” situations.

Lauren’s professional identity

As a consequence of her lack of confidence, Lauren spent much of her training year needlessly questioning herself and worrying about practising on her own, which influenced her own self-perception:

“I still don’t feel like a pharmacist. I feel like I’ve not got the confidence level yet.” (Lauren, interview, site visit 1)

However, despite Lauren’s narratives about her perceived need to have confidence and its effect upon her identity, evidence from field note entries shows there were changes in Lauren’s outward projection of her confidence:

“Lauren loitering at back of dispensary, looks unsure what to do next.” (Observation notes, site visit 2)

“Lauren walks round pharmacy with a sense of purpose; there is less hanging around than in my first observation.” (Observation notes, site visit 3)

Whilst Lauren’s self-confidence and hence her identity shaped her practice, there were other key influences.
Lauren’s professional practice

Lauren’s practice as a trainee was influenced by the effect of her self-confidence. I concluded that it manifested itself in her deference to Paul and the construction of a conceptual safety-net using Paul’s presence to protect her from responsibility:

“It [responsibility] makes me a bit nervous sometimes, I still like to get everything double checked even though I know it’s right. (Lauren, interview, site visit 1)

Paul’s training style also had a noticeable effect on Lauren’s practice. Paul gave Lauren some responsibility early on and he made sure she felt the pressure of what practising as a pharmacist might be like:

“I would say I would take more of a step back as the confidence builds, and I guess it’s a bit like raising a child I guess, when they’re on the bike for the first time, you’re running at the side and then as the confidence builds you have to step back to the point where they’ll have to take over on the big day… So it’s confidence building really, and experience, learning how things are going to be. I mean, my tutor took ill when I was doing my pre-reg so I got dropped in the deep end with a locum every day, so it was sink or swim. I do bring an element of that in, you know apply, let them feel the pressure sometimes.” (Paul, interview)

In developing her practice as a pharmacist, Lauren therefore had to gain experience in dealing with the responsibilities Paul delegated to her.

Lauren’s identity and practice as a pharmacist

When Lauren qualified as a pharmacist, the data suggests that her lack of self-confidence was still present, manifested as her reluctance to recognise herself as a manager:

“Other times you go in and like you’ve got to be the manager as well which makes you feel a bit weird because people are saying ‘can I go for lunch now’ and I don’t really know about that, go for lunch when you like type of thing.” (Lauren, interview 2)
However, beyond a short acute period of stress in her new role, I concluded that Lauren did have self-confidence in her ability to practise as a pharmacist and her previous anxieties were misplaced:

“I think it was all the unknown, like what will I do when this happens? What will I do when that happens? And you’ve just got to deal with it and then I think, when you think like that, it’s well, it’s all fine then.” (Lauren, interview 2)

As a newly-qualified pharmacist, Lauren was required to undertake new roles and answer unusual questions for the first time. Whilst Lauren may have shied away from these tasks as a trainee, she explained that she dealt with them as a pharmacist, because there was no-one else to refer to:

“It’s just like whenever someone comes into the shop and they have a question, it’s automatically sent through to you, and sometimes you’re like I don’t have a clue what the answer is, but like there’s nobody else in the shop, everyone’s looking at me to know the answer”. (Lauren, interview 2)

Looking back on her portrait, Lauren expressed some surprise that the word confidence appeared so many times in her evidence but agreed that the portrait captured her training year with accuracy:

“I think I’d agree with those points; confidence was a big thing. When I was reading, you know where you have the quotes, that I did mention the word confidence a lot!” (Lauren, interview 3)

“Yeah it was a little bit strange, being the focus of it all, but yeah, I agreed with what you said really. It was pretty accurate.” (Lauren, interview 3)

Thus in summary, following a period of acute stress after qualification, Lauren practised alone with confidence. Her identity and confidence as a manager were however, still developing.
6.4 Thinking about Lauren’s becoming

In this section, I consider Lauren’s experience of becoming a pharmacist by thinking about her professional practice and her identity, putting Bourdieu’s conceptual tools of *hysteresis*, *habitus* and *capitals* to work.

As I describe in Chapter 2, professional formation for trainee pharmacists is conceptualised via Bourdieu’s conceptual tools as achieving a feel for the game. Their position in the pre-registration year is one where the field of education is transposed onto the field of practice. Against a background of structured structures in both fields, trainees learn to use their *capitals* to influence the game. The trainee *habitus* is revealed through the trainee’s participation and influence, in which the pedagogic action of pharmacy school has provided cultural *capital*. However, the trainee’s influence is affected by misrecognition and structuring structures which occur upon moving to a new field. Becoming a pharmacist therefore involves repositioning in regard to *hysteresis* to achieve a feel for the game, using new cultural and social *capital* associated with training as a pharmacist. Ultimately, the trainee becomes a pharmacist when they finally engage in the game of pharmacy practice using the symbolic *capital* associated with qualification.

6.4.1 *Hysteresis* in Lauren’s training year

Through conceptualising the pre-registration year and then qualification as a pharmacist as field location changes, significant parts of Lauren’s subsequent learning can be viewed as her repositioning to overcome the resultant *hysteresis*. In the following section, I discuss Lauren’s two field location
changes and how *hysteresis* manifested in her practice as a new trainee and then again as a newly qualified pharmacist.

**Change in field location as a trainee**

When Lauren left university, located in the field of pharmacy education, she graduated immediately into the field of pharmacy practice as a trainee. After four years at university, Lauren was likely to be very familiar with *capitals* in academia and how they applied to her role. The pre-registration year (as presented by the GPhC in their guidance and regulations (GPhC, 2011a; 2011b)), with its *capitals* and structures of performance standards, exam syllabus and final registration assessment has much in common with the academic field in which Lauren developed expertise. However, its delivery in the workplace meant that the rules of the pre-registration game and hence the *capitals* and their value were not immediately clear to Lauren. This is the *hysteresis* effect.

Lauren was familiar with the field of pharmacy as she gained work experience as an undergraduate with Company A and upon graduating, transitioned into her role quickly, after she re-acquainted herself with the pharmacy’s procedures:

“But on the first day I literally got given the SOP [Standard Operating Procedures] file and it was like, ‘read those’ which was a bit boring. But then in the first week it was just getting back into things and getting in the mindset of how everything works again.” (Lauren, interview, site visit 1)

Through Paul’s actions as pre-registration tutor and pharmacy manager, he established Lauren in the pharmacy into a position of influence as his trainee. Lauren’s articulations of Paul’s actions demonstrate that Paul saw Lauren as
more than another technician and also that Lauren was accepting of her relative position in the pharmacy:

“We all do similar things I’d say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that.” (Lauren, interview, site visit 1)

As described in her portrait, Lauren was comfortable with her status and position as Paul’s trainee but her discomfort in perceiving herself as a pharmacist defined her practice and her trainee identity. Thus Paul’s training style of occasionally letting Lauren feel the pressure was incongruent with her trainee identity and she experienced anxiety as a result. Paul’s approach to training Lauren was focussed on gradually withdrawing support so that Lauren was able to practise independently:

“I would say I would take more of a step back as the confidence builds, and I guess it’s a bit like raising a child I guess, when they’re on the bike for the first time, you’re running at the side and then as the confidence builds you have to step back to the point where they’ll have to take over on the big day… So it’s confidence building really, and experience, learning how things are going to be. I mean, my tutor took ill when I was doing my pre-reg so I got dropped in the deep end with a locum every day, so it was sink or swim. I do bring an element of that in, you know apply, let them feel the pressure sometimes.” (Paul, interview)

By further conceptualising Paul’s training approach as structuring structures which structured Lauren’s identity as a trainee, the experience of becoming a pharmacist for Lauren can be understood as the development of professional practice against the background of an identity conflicted by the responsibilities of a pharmacist. Thus Lauren did not experience a significant initial hysteresis as a trainee due to her construction of a trainee identity and the effect of structuring structures carried from the field of pharmacy education. However, the approaching day of qualification made this identity untenable and the
tension between Lauren’s trainee identity with its conceptual safety net and the increasing expectations upon her, resulted in Lauren’s experiences of anxiety.

Change in field location as a newly qualified pharmacist

When Lauren qualified as a pharmacist, Paul’s guidance was removed and Lauren had to practise without him. This scenario was expected, but upon which all Lauren’s anxieties were focussed. Unsurprisingly, Lauren’s first few days of practice were very stressful as she experienced an acute period of adjustment, or *hysteresis*.

“They sent me to this really, really busy branch, as double cover, but it was still really, really busy. And I got there and ….. they were like, ‘you look scared’. And I was; terrified! It flew by and I was nervous all day.” (Lauren, interview 2)

“The stress of that first week, it was like I’ve never been so stressed in my life!” (Lauren, interview 2)

Lauren’s identity and practice, structured through the action of structuring structures in her training year, revealed a *habitus* which was misaligned with her new symbolic *capital* in the field of pharmacy practice. However, the presence of structuring structures which functioned in her new position in the game as pharmacist, further structured Lauren’s identity such that she adjusted her self-perception to accept her new role and position. Therefore, she found she was able to stake new symbolic *capital* in order to practise independently and overcome her anxiety. She reflected that her fear of the unknown was disproportionate to the reality:

“I think it was all the unknown, like what will I do when this happens? What will I do when that happens? And you’ve just got to deal with it and then I think, when you think like that, it’s well, it’s all fine then”. (Lauren, interview 2)"
“Now if someone wants a word with the pharmacist, it's not like I don't want to go out, I don't know what they are going to ask. It's like, I'll be out in a minute.” (Lauren, interview 3)

In Lauren’s first few weeks as a pharmacist, she found herself slipping back into her old trainee identity and practice when she worked alongside another pharmacist. Lauren therefore preferred to practise alone while she repositioned in regard to the *hysteresis* and the remaining structuring structures of her trainee identity, while transitioning into her new role:

“It’s weird because I don’t really like being double cover, like second pharmacist, because you find yourself going back into the pre-reg role, a bit like ‘what do I do now? What do you want me to do?’ Whereas when I’m the only one, I’m like, right I know what needs doing here.” (Lauren, interview 2)

In her new role as relief pharmacist, Lauren appeared to have developed a clearer identity as a pharmacist. However, the boundaries of Lauren’s identity were conflicted when she also assumed the role of acting manager. Her early descriptions of managing others suggested she preferred to avoid conflict and was not comfortable in this role:

“Other times you go in and like you’ve got to be the manager as well which makes you feel a bit weird because people are saying “can I go for lunch now” and I don’t really know about that, go for lunch when you like type of thing.” (Lauren, interview 2)

“It’s weird cause you’re there for a day so you’re not their real manager but you’ve got to make sure that people are doing their jobs because I find that a lot of people think of it as a bit of a holiday when the regular manager’s not there, so I just make sure things get done.” (Lauren, interview 2)

I concluded that Lauren saw herself as a pharmacist and not a manager and as such, if Lauren chose to pursue a post of pharmacy manager in future, she would most likely experience another period of *hysteresis* while she incorporated manager into her pharmacist identity.
In summary, Lauren’s identity as a pharmacist was mobilised when she was forced to practise alone using her new symbolic capital, and after a few very stressful days, she was able to practise independently and with confidence. Lauren’s identity both as a trainee and newly qualified pharmacist is explored further below, using Bourdieu’s conceptual tool of habitus.

6.4.2 Habitus and Lauren’s identity

In this section, I consider findings from Lauren’s portrait and subsequent interview data which provide insight into her identity as a trainee and how this developed over time. I use habitus to understand Lauren’s identity and its complex relationship with her practice and I also briefly address the hysteresis Lauren experienced as a pharmacist, in the context of habitus.

I regularly refer to Lauren’s focus on her self-confidence in her portrait and this manifested in many of her actions. The most significant of these was the conceptual safety net Lauren constructed to manage her self-confidence.

Lauren’s need to feel more confident was a feature of her practice throughout her training year:

“To become MUR [medicines use review] accredited and to feel confident to be able to conduct the service upon qualification.” (Evidence sheet 2.1)

“Increase my confidence in being able to help others learn.” (Evidence sheet 2.8)
Despite her lack of confidence, Lauren located her identity as a trainee closer to that of a pharmacist and this was clear when Lauren and Paul discussed her role:

“Yeah, yeah. I think they respect her and they’re always winding me up that she knows more than me, things like that. So she’s getting the respect and I think from day one.” (Paul, interview)

“We all do similar things I’d say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that.’ (Lauren, interview, site visit 1)

However, I argued that the combination of Lauren’s perceived need to be more confident, Paul and Lauren’s dyadic relationship as trainee and tutor and Paul’s expertise and physical presence in the pharmacy led to Lauren’s construction of a conceptual safety net as part of her trainee identity.

Through conceptualising her identity as that of an apprentice under supervision, Lauren was able to feel more secure in her practice. Whilst this may have helped Lauren develop more confidence, it also had the effect of making her more anxious about how she would deal with practice when Paul was not there:

“After our interview at the start of the training year, I note in my research diary that Lauren seems to be appreciative of the protection she is afforded by Paul’s age and presence, recognising that customers will turn to her tutor if they are both present in the pharmacy together.

‘When customers come in and they’re looking over at you sort of thing, they might think I’m the pharmacist because I’m wearing my own clothes, if Paul is not visible.’ (Lauren, interview, site visit 1)

(Lauren portrait, p6)

Lauren’s first few weeks as a pharmacist were stressful as she established her identity in the context of her new role and was forced to function without her pre-registration safety net. Using Bourdieu’s conceptual thinking tool of
hysteresis, in Lauren’s first few weeks as a pharmacist, the trainee habitus was misaligned and it took her a little time for her to express her pharmacist identity. Lauren’s eventual independent practice revealed the habitus of a pharmacist.

As a pharmacist, Lauren was afforded much responsibility and influence in the pharmacy, something she initially found bizarre given that many of the technicians she worked with had much more experience than her:

“It’s just like whenever someone comes into the shop and they have a question, it’s automatically sent through to you, and sometimes you’re like I don’t have a clue what the answer is, but like there’s nobody else in the shop, everyone’s looking at me to know the answer.” (Lauren, interview 2)

However, Lauren quickly accepted this responsibility and it exemplified the difference between her identity as a pharmacist and her trainee identity.

Lauren’s actions as a trainee provide some insight into the trainee illusio and doxa. Lauren expressed the need to have more confidence and there is much evidence of her using her trainee identity and its associated capitals to achieve this. As a trainee, Lauren appeared to be heavily invested in the game of pharmacy practice and she mobilised her capitals to influence her practice, her progression and her relationship with Paul. Lauren’s narratives around her actions suggest that many were implicit and that her adoption of a trainee habitus was a doxic experience tightly bound to her inhibited trainee identity.

What this meant for Lauren was that she spent her training year worrying about what the responsibility of being a pharmacist would be like by positioning herself at a safe distance from the pharmacist in the game, using her most powerful symbolic capital, her trainee status. Lauren appeared to be unable to break free from her trainee identity until the rules of the game changed or she found
herself the recipient of more valuable capitals; her experiences and the trainee doxa were rooted in this identity as her focus was permanently upon further responsibilities in which she needed to gain confidence.

When Lauren qualified as a pharmacist, she appeared to quickly readjust her identity, but the structured trainee habitus was revealed in her uncertainty about engaging in practice as a manager. Lauren’s narratives suggest her rejection of the manager role was a doxic experience which I infer might indicate that further acute periods of hysteresis could define Lauren’s career with each status change.

Thus Lauren’s trainee identity was a significant influence upon her practice. Her accumulated capitals and how she staked them also revealed much about her developing practice.

6.4.3 Capitals in Lauren’s practice

In this section, I explore the influence of power on Lauren’s practice; how she was empowered through her possession of capitals and constrained via the structures in the profession that exist to protect the position of pharmacists.

Lauren’s most empowering capitals that shaped her practice were the symbolic capital of her status as pre-registration trainee, the cultural capital accumulated at pharmacy school and social capital she gained while working in Pharmacy 1. As a trainee, Lauren was automatically set apart from her co-workers and was treated differently by her tutor, who held the position of most influence. She was
afforded privileges not given to other staff members, for example not having to wear uniform and being permitted her own study time.

Lauren staked this symbolic and cultural *capital* through her actions and narratives with her co-workers; this is evidenced in her positioning in Pharmacy 1 alongside Paul and her articulation of low status tasks as “I don’t do things like that”. Paul recognised and gave acclaim to Lauren’s *capitals* through assigning her responsibilities beyond those given to the technicians. However, Lauren’s trainee status also hindered her development. There were many structural constraints which exist predominantly to distinguish between pharmacist and non-pharmacist in the observance of patient safety. Despite Paul providing Lauren with much of her social *capital* in the pharmacy, he was also responsible for enforcing pharmacy law and company policy to constrain Lauren’s practice. For example Paul had to conduct all MUR consultations; Lauren could only observe them when the pharmacy was quiet enough for both Paul and Lauren to leave the dispensary. Company policy also prevented Lauren from being able to perform the accuracy check on prescriptions dispensed by technicians, which meant she could only practise this skill under Paul’s supervision. Accuracy checking was Paul’s main role in Pharmacy 1 and despite Lauren regularly engaging in a small amount under Paul’s supervision, she had to wait until she was a pharmacist to check alone, something she built up as a defining moment:

“When I checked my very first item, it was like, wow, the worst part’s over now.”(Lauren, interview 2)
In addition to the constraints Company A policy had upon Lauren’s practice, she was exposed to corporate messages about what success meant as an employee, which also influenced her practice.

Company A’s corporate influence on Lauren’s practice increased throughout her training year as she became increasingly aware of performance objectives and the culture of performance in her workplace:

I read the company ‘Great Feedback – How to Guide’ and observed my tutor giving feedback to others. With the help of my tutor I then identified a performance gap – NMS [New Medicine Service] sign ups by counter staff – and made a plan to close the gap using the SMART objective feedback framework. I then delivered the feedback in a constructive way and worked with the colleague to set objectives.” (Evidence sheet 3.4)

When Lauren qualified as a pharmacist, much of the corporate cultural and social capital she gained as a trainee could be put to use immediately as she remained with Company A and as such, was not a feature of her hysteresis upon qualification.

In summary, Lauren’s practice was both enhanced and constrained by capitals including the symbolic capital of her status and identity as a trainee, the cultural capital of knowledge and skills from the field of education and social capital accumulated during her employment with Company A. In the concluding section of this chapter, I identify what this analysis reveals about the experience of becoming a pharmacist for Lauren, and what it therefore contributes to current knowledge about professional formation.
6.5 Summary

In this section I use Bourdieu’s conceptual thinking tools to summarise how becoming a pharmacist is experienced by Lauren. I then go on to outline what this might contribute to current knowledge about professional formation.

As I describe in Chapter 2, I use Bourdieu’s thinking tools to conceptualise becoming a pharmacist as achieving a feel for the game in which repositioning to overcome the effect of *hysteresis* is central to being successful. The trainee *habitus* determines their participation and influence, and the pedagogic action of pharmacy school provides significant *capital*.

**Lauren’s becoming**

Lauren’s experience of becoming is defined by *capitals* invested into the pharmacy including the symbolic *capital of her status as a trainee and her mobilisation of a trainee identity, conceptualised as a safety net. Lauren’s practice, as observed through her use of *capitals*, was influenced by her understanding of her position in the game. Lauren’s trainee identity and her accumulated *capital* provided her with the agency (used implicitly as a *doxic* experience) to deal with the impending responsibilities of being a pharmacist. The conceptual safety net constructed by Lauren allowed her to progress her practice, but always with the anxiety of what it might be like without it. Lauren ultimately overcame *hysteresis* through implicitly restructuring her identity as a pharmacist and staking the *capitals* she gained during her training in new ways to become proficient in the game without a safety net.
Thinking beyond Lauren

The analysis of Lauren’s experience presented in this chapter contributes to knowledge about professional formation though the use of *habitus* to understand the bundles of relations between identity and practice (Lauren’s trainee identity) and the use of *hysteresis* to understand the acute stress experienced by newly qualified practitioners.

Through conceptualising the relationship between identity and practice using Bourdieu’s conceptual tool of *habitus*, Lauren’s construction of a trainee identity and its associated safety net were identified and their influence explored. This conceptualisation of identity in professional formation is useful as it allows researchers to unpack complex related influences on practice.

Through understanding how the trainee *habitus* revealed through the data collection might give insights into how Lauren’s dispositions could be misaligned with a new field of practice, Bourdieu’s concept of *hysteresis* is helpful in exploring why acute periods of stress are experienced during professional formation and how they are engaged with as a structuring structure. Lauren experienced *hysteresis* predominantly upon qualification as a pharmacist with the removal of her conceptual safety net. Her trainee identity was not congruent with her new field of practice and a shift in her self-perception was needed. This method of understanding acute status changes in professional formation provides researchers with theoretical tools to further explore the relationships between practitioners’ actions, identity and field location.
Studying the apprenticeship dyad between Lauren and Paul in the context of Bourdieu’s conceptualisation of social practice provides new perspectives upon the effects of this training relationship. For Lauren, practice as a trainee was defined by Paul’s influence and her deference to him. This contributed to Lauren’s period of *hysteresis* as a newly qualified pharmacist and Lauren explicitly rejected this type of working arrangement in her first few months of practice in order to overcome it. Examining apprenticeships using Bourdieusian conceptual thinking tools contributes to the body of work on professional formation through acknowledging the complex relationships between agency and structure.
Chapter 7 Abdullah

7.1 Introduction

In this chapter I present a critical analysis of the individual portrait for Abdullah (see Appendix 30), undertaken using Bourdieu’s tools of *habitus*, *capitals* and *hysteresis*. As such, the bundles of relations between structure and agency that make up Abdullah’s unique experience of becoming are explored further through reading the data and thinking about his identity and practice.

I begin by providing contextual information about Abdullah. The main themes and events in Abdullah’s portrait are then described, augmented with his own personal reflections, taken from the final research interview. Following this introduction, I then engage with a theorisation of what becoming a pharmacist means for Abdullah, using *hysteresis*, *habitus* and *capitals*. Finally, I present a summary of what the preceding analysis reveals and what it can therefore contribute to current knowledge about professional formation.

7.2 Abdullah

Abdullah is an Asian British male in his early twenties, undertaking his pre-registration training in Pharmacy 2, owned by Company B. Pharmacy 2 is a large, modern shop located in an urban health centre. Abdullah is the second pre-registration trainee the pharmacy has employed, with the first being the previous year. Company B is a large pharmacy chain whose pharmacies are located predominantly in the north of England.
Abdullah began his undergraduate pharmacy studies in the same year he completed his A-levels. He was initially unsuccessful in applying for a place on a dentistry programme before he chose pharmacy. Abdullah gained work experience via employment in a variety of different pharmacies throughout his undergraduate summer holidays, before securing his pre-registration post with Company B.

Abdullah’s pre-registration tutor is Abbir, an Asian British male in his late twenties. Whilst relatively recently qualified himself, Abbir has worked for several different employers and has already been a tutor for one year. Abdullah, Abbir and nine other (female) members of staff work in Pharmacy 2. These staff members notably include an accuracy-checking pharmacy technician (ACT) in addition to the more frequently encountered pharmacy assistants (or counter staff) and technicians. When Abdullah joins the register of pharmacists, he leaves the employment of Company B and works as a locum pharmacist. He joins a number of locum agencies and is sent to unfamiliar pharmacies all over the north of England and Wales.

Using the portrait-writing method described in Chapter 5, Abdullah’s portrait (Appendix 30) was constructed using data collected from two interviews with Abdullah, one interview with Abbir, two site visits and the associated field notes, 24 pieces of evidence from Abdullah’s portfolio and a series of five reflective entries in my research diary. An outline of Abdullah’s portrait using the themes of identity and practice is provided below, where I add to this with further evidence from the final interview with Abdullah.
7.3 Abdullah’s story

Abdullah’s pre-registration training year was characterised by his desire to practise independently and his consequent expression of a clinical identity.

Abdullah’s professional identity

Abdullah’s identity as a trainee was shaped around his expectations that his practice would emulate that of his pharmacist tutor. This was established early on in his training year, on which he later reflected:

“When I first walked in, my expectations were basically someone who mostly does the pharmacist’s roles. So I guess I kind of found that a little bit frustrating.” (Abdullah, interview 2)

Abdullah consequently spent much of his training year feeling frustrated about the scope of his role which manifested itself in his construction of a clinical identity. Abdullah’s clinical identity was a means of expression to describe and understand his position as different from others in order to gain some influence over his role:

“Like the checking thing if I hadn’t discussed that with my tutor and my supervisor, I wouldn’t have been doing it until January. Because there’s a checking module you have to do for 500 prescriptions you have to check, but I’ve been given that opportunity from now. It’s just every week, I mean it’s basically to cater for me as well, because I’m more clinically minded, hopefully it should help me out for both the pre-reg exam and my future as well.” (Abdullah, interview, site visit 1)

Whilst Abdullah’s clinical aptitude and hence his identity shaped his practice as a trainee, there were other key influences.

Abdullah’s professional practice

Abdullah’s professional practice was tightly controlled by numerous structures (pharmacy law, company policy and training syllabus as well as workplace
practices) and his role was negotiated with Abbir against this background. Abdullah used his clinical identity to influence Abbir in order to engage in roles he found more interesting, which were generally those performed by the pharmacist or more senior members of pharmacy staff. His narratives about learning referred to his self-directed approach, learning from Abbir or the local GPs:

“I received a prescription for dexamethasone oral suspension for a 1 year old child to treat croup. Upon carefully recalculating the dose using the weight provided by the doctor on the prescription and using ratios to obtain the correct dose, I had realised the doctor made an error in the amount which the child should be given. I flagged this urgently with my tutor who also recalculated the dose and we agreed that the child was being prescribed an overdose. I took the prescription to the relevant doctor and informed them of the dose prescribed and the calculation we used. The doctor apologised profusely and amended the prescription to the correct dose.” (Evidence sheet 2.1)

When Abdullah qualified as a pharmacist, his clinical identity appeared to be of less use to him and in his first interview after qualifying, he did not refer to it without prompting. Interestingly, he regularly engaged in low status jobs in his role as locum as he perceived that this type of assistance would be rewarded with repeat bookings. He also conceded that his pre-registration training prepared him well for this:

“Now that I look back on my pre-reg year, I actually realise I was quite wrong in you know, a good number of things. For example, like back then, Abbir always asked me to help with the delivery order. At that time, I hated doing it. But now, I actually realise, like on Saturday I asked if they needed any help with their order. And she said to me we actually don’t get many people ask us if they can help. So I realise I was actually wrong back then and that things I was taught in the pre-reg year were very, very good.” (Abdullah, interview 3)

After qualifying as a pharmacist, Abdullah reported that he enjoyed the respect his new role afforded:

“But I am sort of treated as the manager. It’s like one branch I went to in Wigan, they sent us to company E, although they did have a beauty
section, they did have an opticians, they had all the other sections, they couldn't open up until the pharmacist comes, so that, I guess it puts that sort of thing on you that you're the manager of everything.” (Abdullah, interview 2)

Abdullah summed up that he thought his portrait was an accurate portrayal of events in his training year:

“To be honest, your portrait was pretty much; it was actually spot on to be honest. I think it was a very fair and true reflection on how I actually was and how I feel I am now.” (Abdullah, interview 3)

Thus in summary, Abdullah was glad to be a pharmacist and whilst he recognised the limitations of his locum position, he practised alone with confidence and some autonomy.

7.4 Thinking about Abdullah’s becoming

In this section, I consider Abdullah’s experience of becoming a pharmacist by thinking about his professional practice and identity, putting Bourdieu’s conceptual tools of *hysteresis, habitus* and *capitals* to work.

7.4.1 Hysteresis in Abdullah’s training year

Through conceptualising the pre-registration year and qualification as a pharmacist as field location changes, significant parts of Abdullah’s subsequent learning can be viewed as him repositioning to overcome the resultant *hysteresis*. In the following section, I describe Abdullah’s two field location changes and how *hysteresis* manifested in his practice as a new trainee and then how it was largely absent when he qualified as a pharmacist.
Change in field location as pre-registration trainee

When Abdullah left university and the familiar field of pharmacy education, he graduated immediately into the field of practice as a trainee. After four years at university, Abdullah was familiar with capitals in the field of education and how they applied to his role. The pre-registration year with its capitals and structures has much in common with the field of education in which Abdullah developed expertise. However, its delivery in the workplace meant that the rules of the game and hence the capitals and their value were not immediately clear to Abdullah. This is the hysteresis effect. As described in his portrait, Abdullah left university expecting to enter the workplace as a pharmacist but his lower status of trainee left him faltering while he learnt to use his symbolic and cultural capital to influence his progression and practice. In dealing with this hysteresis effect, evidence from the data suggests that Abdullah’s desire to practise like a pharmacist continued to shape his trainee identity and practice until he was one. Key examples included his construction of a clinical identity used as cultural capital which he staked to influence his roles to be more like a pharmacist’s and his rejection of low status tasks not performed by the pharmacist:

“Like the checking thing if I hadn’t discussed that with my tutor and my supervisor, I wouldn’t have been doing it until January. Because there’s a checking module you have to do for 500 prescriptions you have to check, but I’ve been given that opportunity from now. It’s just every week, I mean it’s basically to cater for me as well, because I’m more clinically minded, hopefully it should help me out for both the pre-reg exam and my future as well.” (Abdullah, interview, site visit 1)

“At the moment, my tutor, he wants me to focus on the over the counter stuff. The BNF still, like checking the doses; I try to do that on a daily basis.” (Abdullah, interview, site visit 1)

Structured structures of assessment encountered in the field of education further contributed to the hysteresis effect for Abdullah. Early on in his training,
Abdullah invested in comparing his progress with his peers and Company B’s training programme, but ultimately misunderstood the negligible value of this social and cultural capital in his workplace:

“We do regularly discuss our pre-reg year. I mean I do feel that they’ve [peers] learnt more than me, because they work in smaller pharmacy chains, you get to pick up on these sorts of things more quickly. There some skills which I’ve learnt which, for example, shouldn’t have been learnt until December or something; I’ve just managed to pick it up.” (Abdullah, interview, site visit 1)

Furthermore, in the field of education, Abdullah was trained to take the role of the pharmacist, especially in simulated assessments. This structured structure became a structuring structure in his training year as his developing identity and practice were positioned to emulate a pharmacist’s. Whilst Abdullah explained that he eventually accepted that as a trainee, he would have to participate in all the tasks in the pharmacy (including those not performed by pharmacists), the hysteresis effect was enduring:

“I think it was mostly my pre-reg, I thought I was being treated differently and I wasn’t, the truth is I felt like I wasn’t being given the respect that I should be given. But things start to change and I started to realise that’s not the way of doing things and I’m going to have to do everything” (Abdullah, interview 2)

As a trainee, Abdullah positioned himself as a pharmacist in the game, staking his capitals and working within the structures presented by Company B and the pharmacy regulator to have an influence. Thus his hysteresis was only overcome when he gained the symbolic capital of registered pharmacist status.
Change in field location as a newly qualified pharmacist

Upon qualifying as a pharmacist, another period of *hysteresis* would perhaps be expected coinciding with the transition to practising alone in the field of pharmacy. Abdullah did not appear to experience this as evidenced by references to his laid back approach:

"Because I didn't, because I wasn't accredited then, to offer the repeat dispensing service, but because I actually studied it, I did have an idea of what it was about. So I guess for that I was okay, but for the minor ailment scheme I just had to ask the staff 'how do you normally deal with these?' And because I've got that relaxed sort of thing, I basically just take it on board; I try not to get stressed out basically." (Abdullah, interview 2)

Abdullah’s pharmacist identity was mobilised quickly and he revealed the *habitus* of a pharmacist by adjusting to autonomous practice with his new symbolic *capital* of registered pharmacist status. *Habitus* and Abdullah’s identity during the pre-registration year are further explored below.

### 7.4.2 Habitus and Abdullah’s identity

In this section, I report on those aspects of the data which provide insight into Abdullah’s identity and how this developed over time, revealing the *habitus* of a pharmacist.

From the start of his training, Abdullah revealed an identity which was already closely aligned to that of a pharmacist:

"I mean it's a bit hard to explain but generally the fitting in; I feel like I have, but it's just, because the pharmacist and the pre-reg, because their roles are quite different, you're more geared towards the pharmacist type of thinking.” (Abdullah, interview, site visit 1)

Abdullah also expressed frustration at not being engaged in a pharmacist’s practice and this led to the construction of his clinical identity. Abdullah’s
previous career aspiration in dentistry may have underpinned his clinical identity, but regardless, within pharmacy, possessing clinical knowledge and skills is associated with cultural *capital*. As a trainee, Abdullah used his clinical identity and staked his associated cultural *capital*, to negotiate tasks with clinical content:

“I’m more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff. Which is why I now spend an hour a week with my tutor, checking and stuff.” (Abdullah, interview, site visit 1)

Abdullah’s clinical identity also influenced his learning, demonstrated by his narratives and portfolio evidence which he gave a clinical focus:

“I mean, when the Doctors come in and discuss with my tutor, I’m quite eager to listen in to what they’re discussing about.”
(Abdullah, interview, site visit 1)

“I answered a telephone query from a patient who wanted to know why captopril should be taken on an empty stomach.... I would like to deal with these types of queries on a regular basis....”
(Evidence sheet 3.7)

Abdullah’s actions as a trainee, as influenced by his clinical identity, provide some insight into the trainee *illusio* and *doxa*. As a trainee, Abdullah appeared to be heavily invested in the game of pharmacy practice and he mobilised his clinical identity using cultural *capital* to influence his practice, his progression and his relationships with co-workers. Abdullah’s narratives around his actions suggest that many were implicit and that his adoption of a clinical identity was a *doxic* experience tightly bound to the *habitus* of a pharmacist and heavy investment in the game of clinical pharmacy. Interestingly, Abdullah’s *hysteresis* as a trainee could be argued to be a function of his adoption of an identity much more closely aligned to that of a pharmacist. Whilst Abdullah had to acquire the
new social *capitals* of his workplace, it was his lack of possession of symbolic *capital* associated with being a pharmacist which caused him the greatest problems. What this meant for Abdullah was that he spent his training year heavily invested in influencing his position in the game to be closer to that of a pharmacist, using his most influential clinical cultural *capital*. The data suggest that Abdullah appeared to take for granted that he was almost a pharmacist; his experiences and the trainee *doxa* were rooted in this belief:

“When I first walked in, my expectations were basically someone who mostly does the pharmacist’s roles. So I guess I kind of found that a little bit frustrating, how I’m being treated. I’m not trying to be insulting or anything, but obviously because a person’s spent four years, I think I should be treated, not treated differently, but I should be given more of the roles of the actual pharmacist.” (Abdullah, interview 2)

“I’m trying to take more responsibilities on, so, hopefully for next year…. But I mean it’s getting there, slowly, slowly.” (Abdullah, interview, site visit 1)

When Abdullah qualified as a pharmacist, he appeared to be aware of his clinical identity yet its influence on his practice became more internalised:

“I’ve not changed that much, because you know I still do try to read you know, Rang and Dale, every so often to refresh. I mean yesterday was quite good, because it was clinically based, so I was basically checking, making sure. Although the manager, he did mention to me that you don’t have to do the clinical check because it’s already been done, obviously you still have to do it. So I was doing that as well. So I’ve not changed all that much to be honest.” (Abdullah, interview 3)

This suggests that he was less invested in the game as a locum pharmacist and mobilised his clinical identity to distract himself from boredom or introduce autonomy, rather than to advance his career.

In summary, Abdullah’s identity as a trainee was very close to that of a pharmacist, however his practice was not. His associated feelings of resentment disappeared when he qualified as a pharmacist. In the next section,
I focus on Abdullah’s professional practice as a trainee and how it was shaped by structures in the training year and his staking of *capitals*.

### 7.4.3 *Capitals* in Abdullah’s practice

In this section, I further explore the staking of *capitals* in Abdullah’s practice; how he was empowered through his possession of symbolic, cultural and social *capitals* and constrained via the structures in the profession that exist to protect the position of pharmacists.

In his workplace, Abdullah found himself introduced into a group of regular pharmacy staff who were in possession of social *capital* valued highly in the pharmacy via their local customs and practices. There were workplace practices with which Abdullah was not familiar and in which he did not have an established role, denying him of social *capital* in his new workplace. There were also staff members who had undertaken training courses to permit them to carry out additional duties (for example accuracy checking) which at the start of the year, Abdullah had little experience of. As Abdullah’s experience grew, the overlap in his role with others created conflict. This is supported in the data with observations of the ACT intervening when Abdullah attempted to deal with situations which were associated with her role:

> “Discussion re: log-in problem, ACT gets involved to repeat what pre-reg just said”. (Observation notes, site visit 3)

In the field of education, the cultural and symbolic *capital* of educational qualifications is well established. Whilst Abdullah’s MPharm degree was important, he appeared to overestimate its value in his new field. The symbolic and cultural *capital* of Abdullah’s degree stood him apart from most of the staff
members in his pharmacy, but without the additional symbolic *capital* of being registered with the GPhC, he found that he was not permitted to carry out aspects of the role he trained for at university:

“In terms of the things I can do, it’s for example if you get a prescription for a controlled drug, then I am allowed to work in the CD cupboard to carry that out, but there are some members of staff who can’t do that. I think it’s mainly counter assistants who can’t. In terms of checking the prescriptions, it’s just my tutor and the accuracy checking technician.” (Abdullah, interview, site visit 1)

Despite Abdullah articulating he did not get the respect he believed his MPharm warranted, the cultural *capital* it provided him with in the pharmacy was significant. Abdullah enjoyed many of the privileges afforded only to pharmacists, for example he did not have to wear a uniform, he attended regular external training days with Company B, he worked side by side with Abbir and his name did not appear on the weekly staff rota. However, Abdullah’s social *capital* as a newcomer was limited. His name not appearing on the weekly rota meant he was unable to engage in some of the custom and practice of the pharmacy which damaged his accumulation of social *capital*. In Pharmacy 2, there were distinct professional groups; pharmacists, technicians and counter assistants. As a trainee, Abdullah was closest to the pharmacist group, but frustratingly for him, he found that his day to day role was closer to that of a technician. Abbir explained Abdullah’s role to him at the start of the year but even so, as described above, it did not meet Abdullah’s expectations, with acceptance coming only after he became a pharmacist:

“He basically said to me, your job is to take the tension off from me. So I’m basically just rotating and doing the jobs the dispensers do and counter assistants and stuff.” (Abdullah, interview, site visit 1)

“So my weakness was you know, not really liking the counter and things like that. So he didn’t focus on the clinical stuff too much, he left that to the side for a bit, he tried to focus more on the counter and I have to say
that did help. So he just had to get me out of my comfort zone which was
very, very good.” (Abdullah, interview 3)

Abbir recognised and gave acclaim to Abdullah’s capitals through his treatment of Abdullah as a “mini-pharmacist”:

“I see him as a mini-pharmacist and I think because of that, I put more pressure on him than I do everyone else. I expect higher standards from him than anyone else, so if one of the dispensers who have been here for a number of years makes a mistake, obviously I’ll let them know, but if he makes a mistake I think I’m a little more harsh on him because I expect him to know better, so I do tend to treat him more as a mini-pharmacist.” (Abbir, interview)

He was furthermore recognised by other co-workers as holding a position of influence through their automatic referral of queries to him in Abbir’s absence:

“Dispenser asks about insulin; ACT intervenes – they don’t keep it. Note dispenser approaches pre-reg in pharmacist’s absence.” (Observation notes, site visit 3)

In Abdullah’s case, there may also have been social capitals related to gender which functioned in the pharmacy. Whilst there is no specific evidence to support this, at Pharmacy 2, it was notable that the positions of most influence were held by males; the area manager and pharmacy manager.

Despite Abdullah’s staking of capitals to make his practice closer to a pharmacist’s there were many structural constraints which existed predominantly to distinguish between pharmacist and non-pharmacist. Despite Abbir providing Abdullah with much social capital in the pharmacy, Abbir was also responsible for enforcing pharmacy law and custom and practice to constrain Abdullah’s practice. For example, Abbir had to conduct all MUR consultations; Abdullah could only observe these taking place. Custom and practice in the pharmacy also prevented Abdullah from being able to perform the accuracy check on prescriptions dispensed by technicians, despite him
completing the company training. Accepted practice was for the ACT or Abbir to accuracy check which meant Abdullah had to wait until he was a pharmacist to routinely perform this task.

Thus in summary, Abdullah’s practice as a pharmacist was both facilitated and constrained by *capitals* in the pharmacy including the symbolic *capital* of his status, the cultural *capital* of his clinical skills and the social *capital* of customs in Pharmacy B. In the concluding section of this chapter, I identify what this analysis reveals about the experience of becoming a pharmacist for Abdullah, and what it therefore contributes to current knowledge about professional formation.

### 7.5 Summary

In this section I use Bourdieu’s conceptual thinking tools to summarise how becoming a pharmacist is experienced by Abdullah. I then go on to outline what this might contribute to current knowledge about professional formation.

**Abdullah’s becoming**

Abdullah’s experience of becoming a pharmacist is defined by *capitals* invested including the symbolic *capital* of his status as trainee and his mobilisation of a clinical identity borne out of his expectation to engage in pharmacists’ practice. Abdullah’s practice, as observed through his staking of *capitals*, is influenced by his understanding of his position in the game. Abdullah’s clinical trainee identity provides him with the agency (used implicitly as a *doxic* experience) to negotiate engagement in tasks associated with being a pharmacist. Abdullah is ultimately able to overcome the *hysteresis* effect of his training year when he
gains the symbolic capital of registration as a pharmacist. Without the structural constraints and the presence of his tutor, he is quickly able to become proficient in the game.

Thinking beyond Abdullah

The analysis of Abdullah’s experience presented in this chapter contributes to knowledge about professional formation though the use of habitus to understand the bundles of relations between identity and practice (Abdullah’s clinical identity), capitals to examine the trainee’s influence upon their practice and hysteresis to understand adjustment problems experienced by graduates leaving the field of education.

Through conceptualising the relationship between identity and practice using Bourdieu’s conceptual tool of habitus, Abdullah’s construction of a clinical trainee identity and its associated cultural capital was identified and its influence on his practice and self-perception explored. This conceptualisation of identity in professional formation is useful as it allows researchers to unpack the complex influences of individual agency on practice.

Through conceptualising practice as a game in which capitals are staked in order to maximise influence, Abdullah’s construction of a clinical trainee identity and its associated cultural capital was identified and its influence on his practice and self-perception explored. The importance of custom and practice as social capital and registration as a pharmacist providing symbolic capital was furthermore identified and explored. This conceptualisation of the influences on
practice in professional formation is useful as it allows researchers to unpack complex related influences on practice.

Through understanding how the trainee *habitus*, revealed through the data collection, might give insights into how Abdullah’s dispositions could be misaligned with a new field of practice, Bourdieu’s concept of *hysteresis* is helpful in exploring why acute periods of stress are experienced during professional formation, and how they are engaged with as a structuring structure. Abdullah experienced *hysteresis* predominantly upon beginning his pre-registration training. His trainee identity was not congruent with his new field of practice and a shift in his expectations was needed to overcome the resultant *hysteresis*. This method of understanding acute status changes in professional formation provides researchers with theoretical tools to further explore the relationships between practitioners’ actions, identity and field location.

Studying the apprenticeship dyad between Abdullah and Abbir in the context of Bourdieu’s conceptualisation of social practice provides new perspectives upon the effects of this training relationship on new practitioners. For Abdullah, his practice as a trainee was defined by Abbir’s actions which involved him in decisions about the content of his training, Abbir’s treatment of him as a “mini-pharmacist” but also by Abbir’s overall control of practice in the pharmacy. This relationship contributed to but facilitated the surmounting of Abdullah’s *hysteresis* as a new trainee and Abdullah eventually accepted the benefits of this relationship after he qualified as a pharmacist. Examining apprenticeships using Bourdieusian conceptual thinking tools contributes to the body of work on
professional formation through acknowledging the complex relationships between individual agency and structure.
Chapter 8 Meilin

8.1 Introduction

In this chapter I present a critical analysis of the individual portrait for Meilin (see Appendix 31), undertaken using Bourdieu’s tools of habitus, capitals and hysteresis. As such, the bundles of relations between structure and agency that make up Meilin’s unique experience of becoming are explored further through reading the data and thinking about her identity and practice.

I begin by providing contextual information about Meilin. The main themes and events in Meilin’s portrait are then described, augmented with her own personal reflections, taken from the final research interview. Following this introduction, I then engage with a theorisation of what becoming a pharmacist means for Meilin using hysteresis, habitus and capitals. Finally, I present a summary of what the preceding analysis reveals and what it can therefore contribute to current knowledge about professional formation.

8.2 Meilin

Meilin is a female of Chinese heritage in her early 20s, undertaking her training in Pharmacy 3, owned by Company C. Company C is a very large national health and beauty retailer. Pharmacy 3 is situated in a health and beauty store, located in a busy retail area of a northern English city centre. Pharmacy 3 has employed a trainee for the last eight years.

Meilin moved to England from Singapore when she was 14 and subsequently completed her GCSE and A-level studies before progressing straight to
university to study pharmacy. She decided to study pharmacy predominantly through the influence of her father who worked in the pharmaceutical industry. Meilin gained work experience by becoming a regular student volunteer in Pharmacy 3 in her third year of the MPharm. She applied for a pre-registration training position with a variety of employers and was offered a position with Company C.

Meilin’s tutor is Ian, a white British male in his mid-40s. His career has so far been in community pharmacy working for two large national chains. He has been a pre-registration tutor continuously for the last eight years. Meilin, Ian and three female pharmacy counter assistants work in Pharmacy 3.

When Meilin joined the register of pharmacists, she relocated to the South East of England and undertook a few shifts as a locum pharmacist before securing a relief pharmacist position with Company E. She is allocated a geographical area surrounding a large city and is sent to different pharmacies each day to cover for pharmacists who are on their day off or on annual leave etc.

Using the portrait-writing method described in Chapter 5, Meilin’s portrait (Appendix 31) was constructed using data collected from two interviews with Meilin, one interview with Ian, two site visits and the associated field notes, 16 pieces of evidence from Meilin’s portfolio and a series of five reflective entries in my own research diary. Meilin’s portrait describes her experience of becoming a pharmacist, using her developing identity and professional practice as the main foci. An outline of Meilin’s portrait is provided below, where I add to this with further evidence from the final interview with Meilin.
8.3 Meilin’s story

Meilin’s training year was characterised by her need to double-check decisions contrasted with the professional way in which she dealt with people.

Meilin’s identity

Meilin checked clinical and legal decisions with Ian throughout her training year:

“She’s very keen to know that she’s understood me correctly which is good, but she checks her understanding more than I would expect, which for me, is quite difficult to deal with, but it’s either part of her personality or it’s a habit she’s picked up, but she wants to be sure.” (Ian, interview)

Whilst the extent of Meilin’s checking reduced, I concluded that this action was a function of Meilin’s deference to Ian as her manager and tutor, rather than a lack of ability:

“Her identity as a trainee is also defined by a need to double check clinical and legal decisions with a pharmacist. I write that this is what predominantly distinguishes her as a trainee and I perceive that it is an act of deference to her senior colleagues rather than a lack of confidence in her own capability.” (Meilin portrait, p7)

These acts of deference protected Meilin from the responsibilities of being a pharmacist. However, her actions when locum pharmacists covered for Ian demonstrated an identity closely aligned with that of a pharmacist; Meilin worked confidently alongside the locum as a colleague:

“Despite counter assistant chatting to locum pharmacist, pre-reg takes lead in answering many queries coming in from counter staff. Turns to check clinical queries with pharmacist but they chat more like colleagues during this checking process” (Observation field notes, site visit 2)

The systematic way in which Meilin approached interactions with others such as locums contrasted with her need to check her decisions with a pharmacist. This not only revealed her identity as a trainee, but significantly influenced her professional practice.
Meilin's professional practice

Whilst Meilin's practice as a trainee was influenced by her need to check decisions, Ian's training style also had a noticeable effect. Ian began the year by putting Meilin on the front counter:

“We always put the pre-reg on the counter doing OTC for the first couple of months which is good because I think OTC is quite daunting because you're stood there and you haven't got a clue what the next person's going to ask you.” (Ian, interview)

Part of Meilin's adaptation to practising was a proactive and systematic approach to dealing with people. Ian was impressed with her lack of hesitancy to offer help and I commented in my field notes and research diary on both her proactive approach and her interactions with a very wide range of customers:

“Things that have impressed me. When a patient asks can I speak to the pharmacist and she'll say well I'm a trainee pharmacist, can I help?” (Ian, interview)

“Pre-reg moves mainly along dispensing bench but can see customers down below and proactively goes down to serve when needed and to give out prescriptions.” (Observation field notes, site visit 2)

Thus with the exception of her constant checking, Meilin's practice was very close to that of a pharmacist and I concluded that a significant influence upon this was the lack of pharmacy technicians in Pharmacy 3:

“I do think I cover quite a lot of work, because you know if there's no-one on the tills or a customer needs to speak to someone then I'll do it. And like dispensing, I can't do accuracy checking yet, but sometimes I'll prepare the methadone and I'll write them up as well, and counting scripts and if I need to I can also do ordering of stock.” (Meilin, interview, site visit 1)

In developing her practice as a pharmacist, Meilin therefore quickly stepped up to deal with “real world” situations and the responsibilities Ian delegated to her, but had to find the independence to practise without checking her decisions.
Meilin’s identity and practice as a pharmacist

When Meilin qualified as a pharmacist, her need to check decisions left her feeling uncomfortable during her first day, but it left no lasting influence on her practice:

“By the end of the first day I was comfortable being on my own, but definitely the first half of the day I was thinking I would be more comfortable if there was someone else with me.” (Meilin, interview 2)

Looking back on her portrait which she thought was a fair representation of her experiences, Meilin reflected upon her habitual checking:

“I thought was quite fair; it might be that I didn’t notice before, but I did confirm quite a lot of things with Ian before I went, but I think towards the end, quite a lot of it, I had the answer in my head but I just wanted to make sure it’s the right thing before it goes out, so yeah I think that’s quite fair.” (Meilin, interview 3)

Thus Meilin concluded that her checking turned out to be a routine, whereby she had already made a decision but habitually ran her decisions past someone.

8.4 Thinking about Meilin’s becoming

In this section, I think about Meilin’s professional practice, her identity and her transition from trainee to pharmacist putting Bourdieu’s conceptual tools of *hysteresis, habitus* and *capitals* to work.

8.4.1 Hysteresis in Meilin’s training year

Through conceptualising the pre-registration year and then qualification as a pharmacist as field location changes, parts of Meilin’s subsequent learning can be viewed as her repositioning in order to overcome the resultant *hysteresis*. In
the following section, I discuss Meilin’s two field location changes and how *hysteresis* manifested in her practice as a new trainee and then again as a newly qualified pharmacist.

Change in field location as pre-registration trainee

When Meilin left university located in the field of pharmacy education, she graduated immediately into the field of practice as a trainee. After four years at university, Meilin was very familiar with social and cultural *capitals* in pharmacy education and how they applied to her role. The pre-registration year, with its codified structures of performance standards and final registration assessment had much in common with the pharmacy education field in which she developed expertise. However, its delivery in the new field of practice meant that the rules of the pre-registration game were not immediately clear to her. *Capitals* in Meilin’s new field, their value and how she might stake them were unfamiliar and as such, her practice was inhibited at the start of her training. This is the *hysteresis* effect.

Early in Meilin’s training year, there was evidence that the trainee *habitus*, revealed through Meilin’s practice, was misaligned with her new field. This was largely revealed through Meilin’s practice on the pharmacy front counter. Whilst Meilin was an undergraduate, she undertook consultation role-plays and practical examinations however, when this practice was transferred into a new field, Meilin was uncomfortable. Some of the main reasons she identified for this were not knowing where familiar products were kept on the shelves and not being familiar with what the counter assistants normally recommended:

“I was really nervous and I had no idea where things are on the wall, so if people asked me something, I’d be standing there for a bit and then I had
to ask the assistants, ‘oh do you know where this is’, and everything. But now I think I’ve got to grips with where things are.” (Meilin, interview, site visit 1)

“I think I’m more confident about that now. Because it is like an experience thing as well, because I’ve learnt about what people normally recommend for a symptom, and I would like normally go for the same if it’s the best treatment.” (Meilin, interview, site visit 1)

Thus upon moving into the field of practice from pharmacy education, Meilin lacked the social *capital* of knowing “how things work around here” with respect to the location of products and the custom and practice of the counter staff. Whilst at university, Meilin would have made her own formulary of products. Instead of keeping her previous practice (her formulary of products) and learning where they were located, Meilin’s actions and explanation suggest that she rejected this *capital* gained at university, understanding that the social norms on the counter were of more value. Whilst Meilin saw herself as more senior in the pharmacy than the counter staff, her actions suggest that the social *capital* on the pharmacy counter was also recognised and legitimised. Thus in quickly understanding the value of *capitals* in Pharmacy 3, Meilin was able to overcome *hysteresis* to practise on the front counter.

Meilin’s initial difficulties on the front counter were also associated with her new accountability for products she sold to customers:

“I had to stay on the counter for my first six weeks, so it was all about “I’ve got these symptoms” and it’s about seeing the things you learn on paper in real life. And you’re more hesitant about how to deal with things because in uni those cases aren’t real. And here it’s real and you have to take responsibility for like, your decisions. So that was quite difficult for me in the first few weeks.” (Meilin, interview, site visit 1)

Upon moving to the field of pharmacy practice, Meilin recognised that her decisions would have real consequences which changed her approach to
practice. The structures present in the MPharm which allow students to safely engage in practice are likely to have had a structuring effect on the trainee habitus which was revealed through Meilin’s difficulty in taking responsibility. Thus in the field of pharmacy practice, the trainee habitus is initially misaligned, and in overcoming the hysteresis effect Meilin had to reconceptualise her understanding of her own role and identity in order to accept the increased responsibilities. However for Meilin, this aspect of her practice was problematic for some time, suggesting hysteresis was a reproduced trait in Meilin’s early trainee practice. The resultant defining feature of Meilin’s early practice was her need to double check with Ian. There is evidence that Meilin reduced the frequency with which she checked her decisions with Ian, but during my final site visit, I noted that this practice still occurred:

“I think in terms of the OTC, she’s now at the stage where she will be able to answer queries herself. Or she will be able to use the packs or look in the BNF to find out is this a symptom or is it a side effect of medication. I mean she will still sometimes say am I along the right track, is this alright, but there’s been a development away from that, from every occasion I’ll just check with the pharmacist to now where she’s quite happy to deal with some on her own.” (Ian, interview)

“Still asking a lot when tutor present (is this perceived by both as team-working?). How will pre-reg adapt if she doesn’t stay in her current pharmacy?” (Observation field notes, site visit 3)

Thinking with Bourdieu, Meilin’s practice appears to be evidence of the structuring effect of structures in both her undergraduate and pre-registration training. The safety net of the MPharm allowed Meilin to become competent in over-the-counter consultations, without having to consider the potential consequences to the patient. Whilst Meilin recognised this when she practised as a trainee and adjusted her practice, the presence of Ian as a new structure, meant that she was able to defer part of her decision-making process via
checking with Ian. These actions were then reproduced and ultimately came to define Meilin’s practice.

**Change in field location as a newly qualified pharmacist**

When Meilin qualified as a pharmacist, Ian’s absence meant that she had to approach decision-making alone. Given that Meilin’s practice of checking her decisions with Ian had defined her trainee practice, a resultant *hysteresis* effect would be expected. However, Meilin described her first day as uncomfortable but beyond this she appeared to overcome her initial difficulties quickly:

“I sort of just remember walking into the pharmacy and they were really short staffed that day because apparently everyone was away at a conference. And I just remember that day being really frantic, checking of prescriptions and catching up sort of stuff. But I think the first time I tried to check something, my mind was saying I needed Ian there to check it. So that took a little bit of a reaction but now I’m a lot more used to it.”

(Meilin, interview 2)

After spending a year in the field of pharmacy practice, the field change to a new pharmacy upon qualification was less significant for Meilin than the one she experienced when she left university. Without technicians in Pharmacy 3, Meilin was exposed to many more roles with responsibility, and engaging in this practice probably prepared her well. There was also evidence in narratives from Meilin’s training year that she had previously had to come to terms with taking responsibility for her own actions:

“And here it’s real and you have to take responsibility for like, your decisions. So that was quite difficult for me in the first few weeks.”

(Meilin, interview, site visit 1)

The social and cultural *capital* Meilin gained in Pharmacy 3 through learning to be accountable for her own decisions is likely to have helped her overcome a brief *hysteresis* effect upon qualification. Thus in overcoming *hysteresis* as part
of her becoming, Meilin acquired and then invested social and cultural capital in order to change her practice.

8.4.2 Habitus and Meilin’s identity

In this section, I consider findings from Meilin’s portrait and subsequent interview data which provide insight into her agency and identity as a trainee and how this developed over time. I put Bourdieu’s conceptual thinking tool of habitus to work to understand Meilin’s identity and its complex relationship with her practice.

Meilin was familiar with the field of practice in Pharmacy 3 as she gained work experience there as an undergraduate volunteer. When she began her training year, she articulated her understanding of her position in the pharmacy clearly and without reference to the student volunteers who worked in the pharmacy:

“Because Ian is definitely at the top. I’m probably in-between Ian and the assistants really. It’s quite a small team, so there’s not like a proper hierarchy.” (Meilin, interview, site visit 1)

Thus in thinking about Meilin’s becoming in relation to her identity and Bourdieu’s conceptual tools, Meilin brought cultural and social capital with her from university and her volunteering experience which was recognised by the staff in Pharmacy 3. In revealing the habitus of a trainee, Meilin practised alongside Ian very early in her training, staking social and cultural capitals which were given acclaim by Ian. Without technicians in the pharmacy, the hierarchy of roles was clear to Meilin and she understood her position to be Ian’s apprentice. Meilin later articulated further insight into her position as trainee, as she explained that trainees who viewed themselves as pharmacists at the start of their training were likely to create tension in the pharmacy team:
“I think it’s about having the right mind-set as well, because I did notice in the same year of pre-reg, some of them, straight away saw themselves as more of a pharmacist, and that really would rub some people up the wrong way and create tension during their pre-reg and that would end up with them not enjoying it as much.” (Meilin, interview 3)

Thus Meilin developed a feel for the game as a trainee very quickly via her understanding of her role and influence.

As Meilin progressed, the *habitus* of a pharmacist emerged, revealed through her actions when locum pharmacists covered for Ian and in her teamwork with Ian as they worked together. In Pharmacy 3, the routinised daily practice of staff was important in ensuring the pharmacy service was consistently delivered. Ian stressed its importance to Meilin, who became responsible for implementing it when Ian was absent. Meilin readily accepted this responsibility and after a few attempts, found ways to make sure the pharmacy’s customs and practices were continued:

“It took a few practises with a few locum pharmacists to do that really but that eventually took place. Because at first, the first time Ian was away and there was another locum pharmacist there, the next day when he came back and apparently things were a mess, so it was an eventual progress of knowing what needs doing in the pharmacy and then eventually knowing what tasks need to be done for the day and what needs to be solved.” (Meilin, interview 2)

“I’ll just sort of like keep an eye on them really [locum pharmacists], and if they’re doing fine then I’ll just not really say anything but if they’re sort of like straying into different places then I’ll just like remind them ‘oh, we do this a bit differently here’”. (Meilin, interview, site visit 1)

I carried out an observation visit when there was a locum pharmacist covering Ian’s shift and I noted that Meilin assumed Ian’s role of manager when he was absent, answering many of the queries from the counter staff that the pharmacist would normally answer:
"Acts assertively when tutor not present (assumes role of manager)"
(Observation field notes, site visit 2)

"Despite counter assistant chatting to locum pharmacist, pre-reg takes lead in answering many queries coming in from counter staff."
(Observation field notes, site visit 2)

Thus in Meilin’s actions, the habitus of a pharmacist was revealed through her assertiveness. Meilin’s investment of social capital acquired through practising with Ian is likely to have allowed her to perform this role. Meilin’s actions also revealed her investment in the game of pharmacy (illusio) and her acceptance and performance of the role of manager as a doxic experience. These were further revealed in Meilin’s practice alongside Ian, as their roles interchanged implicitly:

“More fluid / less variation between pharmacist and pre-reg roles today. Reminder note no dispensers. 1 computer for everything; pre-reg and pharmacist use it equally. Pre-reg has confidence to chuck pharmacist off it if needed.” (Observation field notes, site visit 3)

Meilin’s identity as a future pharmacist was revealed further in her ability to deal with difficult customers. This was a defining aspect of Meilin’s practice and again, it revealed the habitus of a pharmacist. When Meilin began her training year, she described some of the pharmacy’s customers as scary, however, mobilising social capital acquired through colleagues in Pharmacy 3, Meilin was able to deal with customers in a professional manner:

“In Meilin’s verbal accounts, her written evidence and in my observations, Meilin’s ability to confidently deal with potential conflict is evident and is part of her proactive approach. She describes in our interview that at the very start of her training year she found some of the more impatient customers quite scary. However, when I observe her dealing with a large variety of customers, I write that she uses a non-judgemental and neutral approach which I name ‘street-wise’.” (Meilin portrait, p 9)

Meilin’s street-wise identity again, reveals her investment in the game, and this trait was present when she qualified as a pharmacist.
When Meilin started work as a pharmacist, she described that the main
difference was gaining her independence. After a short period of stress, upon
making decisions alone and undertaking new roles, Meilin acclimatised to her
new autonomy and independence:

“So that’s something I’ve learnt; sort of like, to try to figure things out by
myself and be more independent.” (Meilin, interview 2)

“It’s making the same decisions but without someone to back you up.”
(Meilin, interview 2)

In Meilin’s practice as a pharmacist, the need to check decisions quickly
disappeared, but her street-wise, proactive approach remained, and was
something she was able to utilise in her new role:

“Yeah, so I feel like after I’ve moved here that customers are nicer than
what I had in Pharmacy 3. So when other people are struggling to deal
with them, to me it’s a lot nicer than what I had to deal with, so I’m more
used to it.” (Meilin, interview 2)

In becoming a pharmacist, Meilin understood her position in the pharmacy and
what the expectations were of her; she had gained a feel for the game.

In summary, Meilin’s identity as a trainee was very close to that of a pharmacist
and in the absence of technicians in Pharmacy 3, Meilin was heavily invested in
this identity and the game of pharmacy practice. When Meilin qualified as a
pharmacist, she quickly adapted to the responsibilities of her new role,
understanding that her position in the pharmacy demanded this from her.
Meilin’s accumulated capitals and how she staked them also revealed much
about her developing practice as a pharmacist which I discuss in the next
section.
8.4.3 *Capitals* in Meilin’s practice

In this section, I explore the influence of power on Meilin’s practice; how she was empowered through her possession of *capitals* and constrained via the structures in the profession that exist to protect the position of pharmacists.

Meilin’s most influential *capitals* that shaped her practice as a trainee were the symbolic *capital* of her status as Ian’s trainee, the cultural *capital* accumulated at pharmacy school and social *capital* she gained while working in Pharmacy 3 as a volunteer and then later as a trainee.

Meilin’s staking of symbolic and cultural *capital* is evidenced through her actions with her co-workers. This includes her positioning alongside Ian in the dispensary and her practice of answering their queries:

“Despite counter assistant chatting to locum pharmacist, pre-reg takes lead in answering many queries coming in from counter staff. Turns to check clinical queries with pharmacist but they chat more like colleagues during this checking process” (Observation field notes, site visit 2)

As a trainee, Meilin was automatically set apart from her co-workers and was treated differently by her tutor, who held the position of most influence. Through company policy and local practice, she was afforded privileges not given to other staff members, for example not having to wear uniform and her location alongside Ian. Without the presence of technicians, the difference in status, roles and location between Meilin and Ian and the counter assistants was a clear identification of the power afforded to the pharmacist and his trainee. Thus in achieving a feel for the game as Ian’s apprentice, Meilin had few colleagues competing for rewards and had uncontested access to Ian’s expertise to acquire
cultural and social capital. This ultimately allowed her to rapidly develop the identity and practice of a pharmacist.

Despite Meilin’s practice aligning with the pharmacist’s by her staking of capitals acquired via Ian, there were many structural constraints in the training year which existed predominantly to distinguish between pharmacist and non-pharmacist in the observance of patient safety. Despite Ian providing Meilin with much social capital, he was also responsible for enforcing pharmacy law and company policy to constrain Meilin’s practice. For example by law, Ian had to conduct all MUR consultations; Meilin signed many patients up to have MURs with Ian but was unable to even observe them without leaving Pharmacy 3 understaffed. She reflected upon this after she was able to conduct them by herself as a pharmacist:

“It kind of feels quite good to meet targets rather than just telling Ian there’s an MUR he could do and then not being able to do it myself”. (Meilin, interview 2)

Thus for Meilin, qualification as a pharmacist and the resultant symbolic capital it brought was enabling. The habitus of a pharmacist was revealed when Meilin used her agency to quickly mobilise new capitals to influence the game. Her narratives demonstrated that her new colleagues gave acclaim to this capital through their immediate trust and respect for her:

“Yeah it’s sort of quite nice to just go into a place and people trust you automatically because you are a pharmacist….. I feel like it’s five years of hard work finally having a result.” (Meilin, interview 2)

Thus in summary, Meilin’s practice as a pharmacist was both facilitated and constrained by capitals in Pharmacy 3 including the symbolic capital of her status, the cultural capital of her clinical skills and the social capital of customs
in the workplace. In gaining a feel for the game, Meilin revealed the *habitus* of a pharmacist in her staking of symbolic *capital* and its recognition by her new colleagues. In the concluding section of this chapter, I identify what this analysis reveals about the experience of becoming a pharmacist for Meilin, and what it therefore contributes to current knowledge about professional formation.

8.5 Summary

In this section I use Bourdieu’s conceptual thinking tools to summarise how becoming a pharmacist is experienced by Meilin. I then go on to outline what this might contribute to current knowledge about professional formation.

**Meilin’s becoming**

Meilin’s experience of becoming a pharmacist is shaped by *capitals* invested into the pharmacy including the symbolic *capital* of her status as Ian’s trainee and her mobilisation of a trainee identity characterised by a need to check her decisions. Meilin’s practice as observed through her use of *capitals* is influenced by her understanding of her position in the game. Meilin’s trainee identity and her accumulated *capital* provide her with the agency (used implicitly as a *doxic* experience) to deal with many of the responsibilities of being a pharmacist. Her habitual checking with Ian which began as a *hysteresis* effect, became reproduced practice. Meilin ultimately overcame the *hysteresis* effect through implicitly restructuring her identity as a pharmacist and staking the *capital* she gained upon qualification, to become proficient in the game without the habitual need to double check decisions.
Thinking beyond Meilin

The analysis of Meilin’s experience of becoming a pharmacist presented in this chapter contributes to knowledge about professional formation though the use of *habitus* to understand the bundles of relations between identity and practice (Meilin’s trainee identity), the use of *hysteresis* to understand the acute pressure experienced by new practitioners and its resultant corollary of improvised actions, and the influence of dyadic training relationships upon the practice and identity of future professionals.

Through understanding how the trainee *habitus* revealed through the data collection might give insights into how Meilin’s dispositions could be misaligned with a new field of practice, Bourdieu’s concept of *hysteresis* is helpful in exploring why acute periods of stress are experienced during professional formation and how they are engaged with as a structuring structure. Meilin experienced *hysteresis* predominantly upon starting her training year with its associated responsibilities. Her trainee identity was not congruent with her new field of practice and a shift in her self-perception was needed to eventually overcome the resultant *hysteresis*. This method of understanding acute status changes in professional formation provides researchers with theoretical tools to further explore the relationships between practitioners’ actions, identity and practice location.

Studying the apprenticeship dyad between Meilin and Ian in the context of Bourdieu’s conceptualisation of social practice provides new perspectives upon the effects of this relationship on new practitioners. For Meilin, her practice was defined by Ian’s influence and the acquisition of influential *capitals* but also her
deference to him in playing the game as a trainee. Examining apprenticeships using Bourdieusian conceptual thinking tools contributes to the body of work on professional formation through acknowledging the complex relationships between agency and structure.
Chapter 9 Jen

9.1 Introduction

In this chapter I present a critical analysis of the individual portrait for Jen (see Appendix 32), undertaken using Bourdieu’s tools of *habitus*, *capitals* and *hysteresis*. As such, the bundles of relations between structure and agency that make up Jen’s becoming are explored further through reading the data and thinking about her identity and practice.

I begin by providing contextual information about Jen. The main themes and events in Jen’s portrait are then described, augmented with her own personal reflections on the portrait, taken from the final research interview. Following this introduction, I then engage with a theorisation of what becoming a pharmacist means for Jen, using *hysteresis*, *habitus* and *capitals*. Finally, I present a summary of what the preceding analysis reveals and what it can therefore contribute to current knowledge about professional formation.

9.2 Jen

Jen is a white British female in her early 20s, undertaking her pre-registration training in Pharmacy 4, owned by Company D. Company D is a very large international supermarket chain. Pharmacy 4 is a compact department at the back of a large supermarket located in a prosperous northern English town. Jen is the second trainee her tutor Cath has trained, but the pharmacy had employed trainees for a number of years before Cath arrived.
Jen began her undergraduate pharmacy studies in the same year she completed her A-levels. She decided to study pharmacy after gaining work experience in a number of health-related careers. Jen then gained extensive experience of community pharmacy through working as a dispensing assistant during her university vacations. Jen chose to broaden her experience through working for Company D as a trainee.

Jen’s pre-registration tutor is Cath, a white British female in her late 40s. Cath spent most of her career as the manager of a rural community pharmacy before moving to supermarket pharmacy for a new challenge. Pharmacy 4 employs two pharmacists; Cath (the duty manager and pre-registration tutor) and Steph, who is the overall pharmacy manager. Steph, Cath, Jen and seven other (female) members of staff work for in Pharmacy 4, which is a 100-hour pharmacy (it is open for 100 hours a week). These staff members include three pharmacy counter assistants and four technicians (three of whom are trained accuracy checkers).

When Jen joined the register of pharmacists, she remained with Company D and worked as a second pharmacist in a quieter 100-hour pharmacy, covering evening shifts with a two-hour crossover with the pharmacy’s manager.

Using the portrait-writing method described in Chapter 5, Jen’s portrait (Appendix 32) was constructed using data collected from two interviews with Jen, one interview with Cath, two site visits and the associated field notes, 13 pieces of evidence from Jen’s portfolio and a series of five reflective entries in my own research diary. Jen’s portrait describes her experience of becoming a
pharmacist, using her developing identity and professional practice as the main foci. A description of Jen’s portrait is provided below, where I add to this with further evidence from the interview with Cath, and the final interview with Jen.

9.3 Jen's story

Jen’s training year was characterised by a reluctance to view herself as a pharmacist and by her dislike of unpredictable situations.

Jen’s identity

The defining feature of Jen’s identity was her reluctance to recognise herself as a pharmacist and her early narratives referenced this frequently. A significant part of this identity was Jen’s decision to wear a company tunic and trousers instead of the pharmacist’s suit.

“I think I’ll just wait until I’m a pharmacist [to wear the suit]. But I’m not bothered about what people, if they think ‘she’s not a pharmacist’, it doesn’t really bother me. I think it will [affect how customers see me], yes, but I’ve got my badge and it says I’m a pre-registration pharmacist and things.” (Jen, interview, site visit 1)

However, at the start of her training year, Jen explained that being a trainee did make her feel more like a pharmacist and that she was treated differently by her colleagues:

“I think they give me more respect than when I was a student because essentially, I don’t know, I’ve graduated and I’m nearly a pharmacist now.” (Jen, interview, site visit 1)

Whilst Jen explained that she felt she was treated with respect upon starting work as a trainee, she also outlined her perceived position in the pharmacy as similar to the accuracy checking technicians (ACTs), perhaps because her role was similar to theirs:
“To be honest I don’t see the ACTs seeing me as lower down, we’re all sort of the same level and stuff. I think the counter staff see me more as the pharmacist than the ACTs see me kind of thing.” (Jen, interview, site visit 1)

Whilst significant in Jen’s expression of her identity, her reluctance to recognise herself as a pharmacist and the training styles of the pharmacists in Pharmacy 4 also influenced Jen’s practice.

Jen’s professional practice

Jen’s prior experience allowed her to dispense medicines from a very early stage and complex tasks delegated to her by Steph were evidence of the manager’s judgement of Jen’s ability. When I observed Jen halfway through her training, she had taken on the pharmacist’s practice of picking up on activity around her in order to intervene:

“Jen stands confidently at bench; staff members frequently converse and ask her advice. Jen listens to many of the conversations going on around her and helps / intervenes where she can.” (Field notes, site visit 2)

Jen articulated on a number of occasions that she did not like the way her manager delegated tasks to her without adequate training. Jen explained her preferred method of learning was to observe the task first:

“The manager will just say Jen do this and to be honest I don’t like things like that. I like to watch someone and then learn from what they’ve done. So like I knew on my second or third day I had to open up. I didn’t have a clue what I was doing, so I came in early on the day before to watch someone else open up and I think that’s just the way I learn. So I’ve just been like doing that constantly, watching someone and then doing it.” (Jen, interview, site visit 1)

Jen’s reluctance to see herself as a pharmacist also manifested in her practice under Cath’s supervision. Cath explained that she had to remind Jen not to revert to low status and technician’s roles, but engage in learning new skills:
“And I keep on having to say to Jen, you are extra and you need to learn all these different things. And yes, there’s going to be times when you’ll be pulled here and there and it’s very easy to get slotted in here. But I’ve said you’re not going to keep on learning from sitting labelling and putting the order away. Yes, obviously you have to fit in and help out, but you have to think, I’ve done this batch of labels; time for something else. So I have to keep checking that she’s not getting dragged in doing the same old things.” (Cath, interview)

Thus Jen’s practice as a pharmacist was influenced by her previous work experience and Steph’s delegation of complex new tasks. Whilst Jen demonstrated skills congruent with practice as a pharmacist, she also articulated that she hated new tasks being thrust upon her, and she had to be persuaded to stop performing technicians’ tasks.

In developing her practice as a pharmacist, Jen therefore had to learn to deal with unfamiliar and unpredictable situations.

Jen’s identity and practice as a pharmacist

When Jen qualified as a pharmacist, she experienced a few stressful days which she put down to a lack of a safety net and increased work pressure. Jen’s first day was particularly stressful as she was sent to Pharmacy 4 where it was very busy; this was compounded by her need to check every decision:

“Like on the first day I was literally checking everything I gave out; even the most simple of things but it’s just being cautious isn’t it?” (Jen, interview 2)

Despite Jen having significant experience in pharmacy, one of the most noticeable changes upon qualification was the pressure she felt:

“I was kind of prepared; I’d had work experience so I kind of did know what it was like, but it’s more the pressure of all those kinds of things, you don’t experience any of that as an undergrad or pre-reg. That’s the main difference really.” (Jen, interview 2)
However, a significant influence on Jen’s experience of her new role was the support she received from her manager. Jen’s new manager explained new roles to her in a way that suited Jen:

“My manager is like the best manager you can imagine, she’s so supportive. I mean she did an induction at the start and went through everything with me and flu jabs I was just so scared of doing them because I did my training in June so I couldn’t remember anything. So I watched a couple of hers and things like that, she just runs through things I don’t understand straightaway with me.” (Jen, interview 2)

Looking back on her portrait, Jen acknowledged that at the start of her training year, she did not feel like, or want to be a pharmacist:

“I feel that you have really picked up on how I have developed throughout the training year. I particularly think the fact that I did not feel like or want to be a pharmacist at the start of the training year.” (Jen, interview 3)

However, despite her early lack of engagement, Jen’s autonomy in her position as pharmacist combined with a supportive manager made early practice as a pharmacist an enjoyable experience.

9.4 Thinking about Jen’s becoming

In this section, I think about Jen’s professional practice, her identity and her transition from trainee to pharmacist, putting Bourdieu’s conceptual tools of hysteresis, habitus and capitals to work.

9.4.1 Hysteresis in Jen’s training year

Through conceptualising the pre-registration year and then qualification as a pharmacist as field location changes, significant parts of Jen’s subsequent learning can be viewed as her repositioning to overcome the resultant hysteresis. In the following section, I discuss Jen’s two field location changes
and how *hysteresis* manifested in her practice as a new trainee and then again as a newly qualified pharmacist.

**Change in field location as pre-registration trainee**

When Jen left university located in the field of pharmacy education, she began her training position in the field of pharmacy practice as a trainee. After four years at university, Jen was familiar with social and cultural **capital**s in pharmacy education and how they applied to her role. However, after having worked throughout her university vacations as a dispensing assistant, Jen was also familiar with social **capital**s and how they were invested in community pharmacy. The pre-registration year, with its codified structures of performance standards and final registration assessment had much in common with the pharmacy education field in which she developed expertise. However, its delivery in the workplace meant that the rules of the pre-registration game and hence **capital**s, their value and how Jen might stake them were not immediately clear to her in her new field. The **habitus** of a trainee, structured by the field of education and revealed through Jen’s practice was misaligned in the field of pharmacy practice. This is the *hysteresis* effect.

In Jen’s training year, there was evidence that her identity was conflicted, which revealed a **habitus** misaligned in her new field. This was largely revealed through Jen’s reluctance to see herself as a pharmacist and her preference for familiar custom and practice. Jen’s previous role as a dispensing assistant appears to have shaped her identity and practice upon starting her training, thus when Jen graduated from the field of education, she failed to understand her new influence and reverted to her previous dispensing role and identity.
Evidence in the data which supports this is Jen’s decision not to wear the same uniform as the pharmacists, her articulation that she’d not yet reached the “pharmacist” part of her training yet and her tutor’s interventions to encourage Jen away from the dispensing bench:

“To be honest, I essentially wasn’t supposed to be wearing uniform. In the end they asked if I wanted the pharmacist [suit] or the tunic and I chose the tunic.” (Jen, interview, site visit 1)

“To be honest at the moment I don’t do that kind of thing [pharmacist’s roles]; I haven’t gone to the pharmacist stage yet, I’ve just been getting used to the pharmacy.” (Jen, interview, site visit 1)

Thus upon moving into the field of practice, Jen did not invest her new cultural and symbolic capital, reverting to her understanding of the rules of the game as a dispensing assistant. Instead of making use of her considerable cultural capital acquired at university, on starting work, Jen’s identity and practice as a dispenser were mobilised and reproduced, leaving her feeling stressed when asked to undertake roles more closely aligned with that of a pharmacist. This tension for Jen was a doxic experience and she did not recognise until after she qualified that she felt this way:

“I feel that you have really picked up on how I have developed throughout the training year. I particularly think the fact that I did not feel like or want to be a pharmacist at the start of the training year.” (Jen, interview 3)

Structures in the training year may have made it harder for Jen to overcome the hysteresis of starting her training. As a trainee, Jen was prevented from engaging in much of the practice of a pharmacist such that her role was very similar to that of a technician. Despite the acquisition of cultural capital from her undergraduate course, the structures of pre-registration training (such as performance standards, study days and exam syllabus) positioned the training year closely to the MPharm degree. For Jen, experiencing these two fields as
separate entities, as she did at university, is likely to have been her implicit action, acting like “a fish out of water” when positioned in the workplace as a trainee.

Jen’s reluctance to participate in new or unpredictable tasks was also evidence of hysteresis. As a dispensing assistant, Jen did not work on the front counter and in Pharmacy 4, it was not a role occupied by the technicians. While custom and practice was for trainees to work on the front counter at the start of their training, Jen rejected this, negotiating a compromise instead:

“I hate counter sales, so I do mainly dispensing so I cover a couple of hours a day on the counter so just covering lunches and things. Like I spoke to my tutor and she said I need to do counter sales there’s no getting around it and I said I’d rather spend a couple of hours rather than a whole week or something.” (Jen, interview, site visit 1)

Jen also disliked being given tasks with additional responsibility by her manager Steph. Whilst Jen acknowledged their benefit upon her practice, she did not agree with the manner in which they were delegated to her:

“To be honest it’s probably the pharmacy manager [I learn most from] because she’s very hectic and running round and she’ll say Jen do this and so I’ll have to…… She’ll go through it to start with and then I’ll just do it and it is really good the way she does it. It’s very daunting when she just throws things at me but I do really learn from it. Because she’s really busy so it does help her, me doing a lot of these things.” (Jen, interview, site visit 1)

Jen’s actions suggest that she was conflicted in her understanding of her position in the pharmacy and as a result, that she was not fully invested in the game of practice. As Jen acquired further cultural and social capital through working alongside Cath and Steph, her implicit practice started to look more like that of a pharmacist:
“Jen stands confidently at bench; staff members frequently converse and ask her advice. Jen listens to many of the conversations going on around her and helps / intervenes where she can.” (Field notes, site visit 2)

These actions indicated an investment of new capitals and re-alignment of the habitus to overcome hysteresis; Jen was becoming a pharmacist.

Change in field location as a newly qualified pharmacist

When Jen qualified as a pharmacist, Cath’s absence meant that she had to approach unfamiliar tasks alone. Given that Jen’s reluctance to see herself as a pharmacist and her avoidance of the unfamiliar had defined her trainee practice, a resultant hysteresis effect would be expected. However, whilst Jen experienced a stressful first day as a pharmacist and an initial discomfort from not being able to check her recommendations with a pharmacist, the autonomy Jen felt upon practising alone, enabled her to accept her identity as a pharmacist:

“’The main difference for me was not having that safety net. So when I was doing over the counter consultations I couldn’t go and ask the pharmacist. Erm, I hated it to start with.’ (Jen, interview 2)

“To be honest I find it [my job] better [than I expected]. It might be because I’m at this particular store, I’m doing all the services, all the flu jabs, all the MURs, I’m doing those. That’s what I want. So obviously when I’m looking for new jobs, I’ll make sure they’re heavily that way, if you see what I mean. I thought it was going to be more checking prescriptions and that kind of thing.” (Jen, interview 2)

Thus for Jen, the presence of Cath, engaged with as a structuring structure in her training, resulted in a hysteresis effect upon qualification. The habitus of a trainee, misaligned with a new field of practice was revealed in Jen’s dislike of not being able to check decisions with a pharmacist. However, via her staking of new symbolic capital associated with qualification as a pharmacist, Jen achieved a feel for the game. Her identity as a pharmacist started to emerge
and the *habitus* of a pharmacist was revealed through her narratives of her new practice:

“You’re kind of jumped into it. I had to do the malaria one [extended service] on my second day and I was worried about what I was doing but I just went through it methodically and it worked.” (Jen, interview 2)

As a pharmacist, Jen found that she was able to practise in unfamiliar contexts, drawing upon *capitals* gained in Pharmacy 4. Thus in repositioning to overcome *hysteresis* as part of her becoming, Jen acquired and then invested new symbolic *capital* as well as social and cultural *capital* gained via her training, to transform her practice.

### 9.4.2 Habitus and Jen’s identity

In this section, I consider findings from Jen’s portrait and subsequent interview data which provide insight into her identity as a trainee and how this developed over time. I use Bourdieu’s conceptual thinking tool of *habitus* to understand Jen’s identity and its complex relationship with her practice. I also briefly address the *hysteresis* Jen experienced on transition to a new field of practice as a pharmacist, in the context of *habitus*.

When Jen graduated, her trainee identity was located closer to a technician’s than a pharmacist’s. There is evidence in the data which suggests that the trainee *habitus*, revealed through Jen’s practice, was structured through Jen’s previous work experience as a dispensing assistant. Not being a qualified pharmacist set Jen apart from Pharmacy 4’s two pharmacists, and her established identity as a dispensing assistant positioned her more closely to the technicians. This is evidenced in Jen’s decision to wear the same uniform as the technicians and her narratives about the similarity of their roles:
“I pretty much do the same as them [accuracy checking technicians] but they have their set roles. So one does the blisters, one does the methadone, one does the owings and stuff like that. I help them do each thing but I obviously can’t check. So I do similar things to them.” (Jen, interview, site visit 1)

Jen’s practice also suggested that at the start of her training year, she was not invested in her position as trainee, locating herself in the game in her familiar position as dispensing assistant. Thus the trainee habitus, revealed through Jen’s reluctance, also revealed a trainee illusio in Jen’s conflicted feelings about new roles. This is supported in the data via Jen’s struggle with her manager Steph. Jen did not approve of the way Steph delegated pharmacist’s tasks to her but found she enjoyed the tasks and the autonomy they provided:

“The manager will just say Jen do this and to be honest I don’t like things like that. I like to watch someone and then learn from what they’ve done.” (Jen, interview, site visit 1)

“The first one [health check customer] I had, he’d recently had a stroke, his blood pressure was dead high, it was just really daunting; he was on aspirin and I was just like ‘oh my God’. But then I don’t know, it just worked. I got like a dead nice rapport with him and I told him to come back in a couple of weeks. He came back last week and I did his blood pressure again, and he’d given up alcohol completely after me speaking to him and he was trying to exercise and things like that.” (Jen, interview, site visit 1)

As a trainee, Jen found it difficult to justify why she chose not to wear the pharmacist’s suit or why she disliked new roles being delegated to her. It took some time after Jen qualified as a pharmacist for her to recognise that there were times that she didn’t want to be a pharmacist and that her training year had been helpful:

“Although I probably didn’t recognise it at the time, the training year definitely did prepare me well for being a pharmacist”. (Jen, interview 3).

This suggests Jen’s struggles with a conflicted identity were a doxic experience, revealing a trainee habitus structured by Jen’s previous identity as
a dispensing assistant. However, with time, Jen acquired both social and cultural capital from working alongside Cath and Steph. In investing these capitals which were given acclaim by the pharmacy’s managers, Jen’s identity as a pharmacist emerged, evidenced in her increasingly autonomous practice. Jen’s possession and staking of capitals are discussed in the following section.

9.4.3 Capitals in Jen’s practice

In this section, I explore the influence of power on Jen’s practice; how she is empowered through her possession of capitals, and constrained via the structured habitus of a trainee, and the structures in the profession that exist to protect the position of pharmacists.

Jen’s most empowering capitals that shaped her practice were the symbolic and cultural capital associated with being a trainee, but also the social capital acquired as a dispensing assistant. Thus Jen was empowered by Cath, but more significantly Steph, to engage in the privileged practice of a pharmacist. However, her trainee identity, located in the social group of the technicians, was conflicted via her fear of unfamiliar roles but her unexpected enjoyment of them.

As a trainee, Jen was automatically set apart from her co-workers and was treated differently by her tutor and pharmacy manager. She was afforded privileges not given to other staff members, for example not having to wear uniform (although she rejected this privilege) and being given additional tasks of responsibility by Steph. The symbolic and cultural capitals afforded by her status were given acclaim by others in the pharmacy, notably the counter staff and the two pharmacists, evidenced by their actions:
“...if the pharmacist is away, doing a flu jab or something, the counter staff will come to me and ask me questions; it just makes me feel a bit more wanted and I don’t know, a bit more respect.” (Jen, interview, site visit 1)

“To be honest it’s probably the pharmacy manager [I learn most from] because she’s very hectic and running round and she’ll say Jen do this and so I’ll have to……” (Jen, interview, site visit 1)

Jen’s possession of cultural capital in the way of clinical skills was recognised and given acclaim by Steph. There is evidence in the data that’s Jen’s accumulation and then staking of this capital increased during her training year, as she took on more complex clinical roles:

“I’ve done quite a lot [ringing GPs] to be honest, because we get quite a lot of things [prescriptions, that are] wrong. We do so many scripts, they’re always going to have errors and stuff. Get quite a lot of hospital ones and they’re the ones generally that we have issues with.” (Jen, interview, site visit 1)

At the start of her training, Jen’s conflicted actions revealed a trainee habitus misaligned with her new field position. However, through investing cultural capital in her practice and via Steph’s recognition of it, Jen was able to overcome hysteresis as a trainee and in so doing, mobilise a pharmacist identity. Upon qualification as a pharmacist and after the resultant acquisition of new symbolic capital, Jen quickly overcame the hysteresis effect associated with another change in her field position. Via the structuring effect of Steph’s influence in her training year and the reproduction of this clinical practice, Jen was empowered to practise alone.

9.5 Summary
In this section I discuss how becoming a pharmacist is experienced by Jen, using Bourdieu’s conceptual thinking tools. I then go on to briefly discuss what this might contribute to current knowledge about professional formation.
Jen’s experience of becoming a pharmacist was defined by her difficulty in mobilising a pharmacist identity, juxtaposed against a growing aptitude for clinical practice. Jen’s practice as observed through her use of capitals, was influenced by her understanding of her position in the game. Jen’s trainee identity and practice were close to that of a technician, which allowed Jen to invest her social capital acquired as a dispensing assistant into Pharmacy 4, revealing the trainee habitus. This identity allowed Jen to have more control over her practice, but always with an anxiety about performing unfamiliar or unpredictable tasks. Jen ultimately overcame the hysteresis effect through implicitly reconceptualising her identity as a pharmacist and drawing upon the cultural clinical capital she gained during her training to become proficient in the game.

The analysis of Jen’s experience of becoming a pharmacist presented in this chapter contributes to knowledge about professional formation though the use of habitus to understand the bundles of relations between identity and practice (Jen’s trainee identity), the use of hysteresis to understand the acute stress experienced by new practitioners and the influence of social groups in the workplace upon the practice and identity of future professionals.

Through conceptualising the relationship between identity and practice using Bourdieu’s conceptual tool of habitus, Jen’s construction of a trainee identity similar to that of a technician was identified and its influence on her practice and self-perception explored. This conceptualisation of identity in professional formation is useful as it allows researchers to unpack complex related influences on practice.
Through understanding how the *habitus* of a trainee might be misaligned with a new field of practice, Bourdieu’s concept of *hysteresis* is helpful in exploring why acute periods of stress are experienced during professional formation and how they are overcome. Jen experienced *hysteresis* predominantly upon graduation, after locating herself in a familiar field but in an unfamiliar, more powerful position. Her trainee identity was not congruent with her new position and a shift in her self-perception via her staking of *capitals* was needed. This method of understanding acute status changes in professional formation provides researchers with theoretical tools to further explore the relationships between practitioners’ actions, identity and hierarchical position.

Studying the training relationships between Jen, Cath and Steph (as well as the technicians) in the context of Bourdieu’s conceptualisation of social practice provides new perspectives upon the effects of training relationships on new practitioners. For Jen, her practice was defined by Steph’s influence and her preference to see herself as a technician. This contributed to Jen’s period of *hysteresis* as a new trainee and in order to overcome it, Jen had to invest in the game as a pharmacist and mobilise new *capitals*. Examining training relationships using Bourdieu’s conceptual thinking tools contributes to the body of work on professional formation through acknowledging the complex relationships between agency and structure.

In Chapter 10, I go on to combine findings from all four trainee stories and again deploy Bourdieu’s conceptual tools to understand and further theorise what
becoming a pharmacist means for pharmacy trainees and how this can make a contribution to knowledge on professional formation.
Chapter 10 Conceptualising becoming a pharmacist

10.1 Introduction
In this chapter I present a multi-layered critical analysis of the four trainee stories, undertaken using theories of identity and professional practice and Bourdieu’s conceptual tools. The purpose of this analysis is to bring together the key findings from each of the preceding chapters (6-9) and critically analyse them in order to illuminate the interplay of structure and individual agency in professional formation. I begin by summarising the key findings of this study to provide context to the discussion which then follows. I then draw upon the theories of identity, experiential learning, expert practice and corporate culture in order to further understand the findings. I then go on to further consider their meaning by thinking about the objective relations between the key people in the stories, particularly focusing on the interplay between structure and agency using Bourdieu’s conceptual tools. Finally, I engage in a theorisation of what becoming a pharmacist means for the trainees in this research, predominantly using *hysteresis, habitus* and *capitals*, and summarise what it might therefore contribute to current knowledge about professional formation.

10.2 Summary of findings
In this section I present the key findings from this research, which are drawn and evidenced from the four individual trainee stories discussed in Chapters 6-9. Aligned with previous chapters in this thesis, the key findings are presented in the two areas of identity and professional practice. They are supported by selected quotes from the portraits which are utilised to demonstrate both connections and divergence in the findings.
10.2.1 Professional identity

Below, I present the key findings related to professional identity which are supplemented with supporting evidence from the data.

There is a distinct trainee identity

Whilst the trainee identity can be understood as transitional in the development of a pharmacist identity, there were features of the trainees’ practices which were articulated specifically in response to the training year. In this study, the trainee identity was expressed where roles were negotiated in the pharmacy and in trainees’ perceptions about their roles.

Abdullah mobilised his trainee identity to maximise his engagement in pharmacists’ roles and responsibilities; I name this a “practice of assertion”. However, whilst the other three trainees engaged in practices of assertion by using their trainee status selectively to participate in pharmacists’ roles, they also used their trainee identity to deflect attention and decision making, which I name “practices of deference”. As such, their developing identity as pharmacists was conflicted and the trainee identity facilitated participation from a safe distance.

Abdullah expressed a clinically focussed trainee identity which allowed him to feel more like a pharmacist whilst practising within the constraints of the training year. He described himself as clinically minded and used this attribute to influence a number of role changes:

“I’m more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular
problems with the prescriptions and stuff.” (Abdullah, interview, site visit 1)

Whilst Lauren, Meilin and Jen also expressed their trainee identities when negotiating their participation in higher status tasks in the pharmacy, their trainee identities also played an important role in the construction of a conceptual safety net. All three trainees engaged in practices of deference consistent with using their trainee status to protect them from the full responsibilities of a pharmacist.

For example, Meilin’s trainee identity manifested in her double-checking decisions. This practice was not likely to be due to her lack of confidence, but was probably influenced by her deference to her tutor Ian when she was in his presence:

“She’s very keen to know that she’s understood me correctly which is good, but she checks her understanding more than I would expect, which for me, is quite difficult to deal with, but it’s either part of her personality or it’s a habit she’s picked up, but she wants to be sure. And it’s sort of at a level where it’s not conscious. So I’ll say something and she’ll want to repeat it back to me. So initially I just repeated back what I’d said, but now I say do you really need to ask me that question again? So it’s really hard for her to break that because that’s obviously ingrained in her; it’s hard for me because I find it, this is really weird because it’s a really quite a simple question and answer.” (Ian, interview)

Jen’s trainee identity was expressed in her agency to influence her role and tasks. Jen was uncomfortable about being put in situations where she might not know the answer and was able to use her trainee status as a reason. Jen therefore mobilised her trainee identity to avoid some of the pharmacist’s roles:

“The manager will just say Jen do this and to be honest I don’t like things like that. I like to watch someone and then learn from what they’ve done.” (Jen, interview, site visit 1)
“I hate counter sales, so I do mainly dispensing so I cover a couple of hours a day on the counter so just covering lunches and things.” (Jen, interview, site visit 1)

Whilst recognising the trainee identity functioned to position the trainee close to the pharmacist, it was perhaps also important in role differentiation from the pharmacy technicians.

The trainee identity is influenced by competition for status with pharmacy technicians.

All trainees who worked with pharmacy technicians articulated that their roles were very similar. However, the small differences and the trainees’ explanations of these reveal the influence of competition upon their identities.

Abdullah expressed the most dissatisfaction with his role as a trainee in Pharmacy 2 and he later explained that he expected to be shown more respect through being given more of the pharmacists’ roles:

“When I first walked in, my expectations were basically someone who mostly does the pharmacist’s roles. So I guess I kind of found that a little bit frustrating. I’m not trying to be insulting or anything, but obviously because a person’s spent four years, I think I should be treated, not treated differently, but I should be given more of the roles of the actual pharmacist. I thought I was being treated differently and the truth is I felt like I wasn’t being given the respect that I should be given.” (Abdullah, interview 2)

Abdullah’s dissatisfaction and the desire to perform more of the pharmacist’s roles shaped his approach to his training, from which his clinical trainee identity emerged. Abdullah’s clinical knowledge was excellent which made him different from other staff. As a newcomer in a pharmacy where there was an implicit staff hierarchy, Abdullah was able to use his clinical knowledge and agency to
demonstrate his worth in order to influence those around him, particularly the

ACT with whom he competed for roles:

“Discussion re: log-in problem, ACT gets involved to repeat what pre-reg just said.” (Observation notes, site visit 3).

“Dispenser asks about insulin; ACT intervenes – they don’t keep it. Note dispenser approaches pre-reg in pharmacist’s absence.” (Observation notes, site visit 3).”

The influence of competition with technicians was also seen in other pharmacies in this study. For example, Lauren revealed her trainee identity in her comparison of roles in Pharmacy 1:

“We all do similar things I’d say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that.” (Lauren, interview, site visit 1)

Lauren appeared to disassociate herself from the technicians via her tutor’s reinforcement of her status as a trainee.

Whilst the similarity in trainee and technician roles was a source of tension for trainees, which ultimately shaped their identities, aspects of their role which made them different from other employees were also influential.

The trainee identity is influenced by the uniqueness of their post in the pharmacy

All training sites in this study had employed trainees before, and as such, there was a pre-determined role aligned with the customs and practices in each pharmacy. Examples of differences common to all trainees were the fixed-term contract of employment and study leave approved by the companies’ head offices. In addition, regulatory structures such as the need to produce a portfolio
of evidence were present for all trainees. As the only trainee in each of the pharmacies, their markedly different terms of employment, the need for their role to change over the training year and the necessity of meeting regulatory requirements made the trainees feel they were different. The trainee identities were influenced by perceptions of difference and when expressed, this was often in order to shape their practice.

Abdullah’s identity as a trainee was significantly influenced by his perception of his differences, and he used these to influence the tasks he was asked to perform and to conceptualise a role for himself:

“Like the checking thing if I hadn’t discussed that with my tutor and my supervisor, I wouldn’t have been doing it until January. Because there’s a checking module you have to do for 500 prescriptions you have to check, but I’ve been given that opportunity from now. It’s just every week, I mean it’s basically to cater for me as well, because I’m more clinically minded, hopefully it should help me out for both the pre-reg exam and my future as well. So I basically have catered the programme to my needs and Company B are fine with that.” (Abdullah, interview, site visit 1)

Abdullah’s clinical knowledge was the difference which most noticeably shaped his identity, however his self-perception of being different was also present in his decision to design his own evidence sheets rather than use those provided by the regulator.

Jen’s expression of her trainee identity was also shaped by the differences she felt in her role and she too used them to influence her practice. Jen was able to negotiate a small daily slot on the front counter rather than having to spend a prolonged stretch working there.

“Like I spoke to my tutor and she said I need to do counter sales there’s no getting around it and I said I’d rather spend a couple of hours rather than a whole week or something.” (Jen, interview, site visit 1)
As part of her trainee identity, Jen’s decision to wear a tunic to be different from the pharmacists also reflected her use of difference to influence her practice. However, upon qualifying as a pharmacist, this distinction was no longer possible nor necessary.

The distinct trainee identity has no purpose once trainees qualify as pharmacists

When the trainees joined the register of pharmacists and engaged in professional practice, they found that aspects of their trainee identities were incompatible with their new roles and were quickly adapted, as a pharmacist identity emerged. However, a legacy of the trainee identity remained, as identified below.

Lauren and Meilin recognised that they engaged in practices of deference to the pharmacist as trainees and both explained that after qualification, they liked to work alone. After qualification, Lauren occasionally found herself working alongside another pharmacist and expressed that she preferred to work alone specifically to avoid reproducing her trainee practice:

“It’s weird because I don’t really like being double cover, like second pharmacist, because you find yourself going back into the pre-reg role, a bit like ‘what do I do now? What do you want me to do?’ Whereas when I’m the only one, I’m like, right I know what needs doing here.” (Lauren, interview 2)

However, the legacy of Lauren’s trainee identity was revealed through her reluctant role as manager:

“Other times you go in and like you’ve got to be the manager as well which makes you feel a bit weird because people are saying “can I go for
lunch now” and I don’t really know about that, go for lunch when you like type of thing.” (Lauren, interview 2)

Similarly, after some initial difficulties, Jen moved on from her trainee practice of avoiding unpredictable situations, with her identity aligning with a new role where dealing with the unknown was part of her practice:

“I’m doing services and things like that which I couldn’t do any before, but I think the main difference for me was not having that safety net. So when I was doing over the counter consultations I couldn’t go and ask the pharmacist. Erm, I hated it to start with. But now I’m used to it and now if I don’t know the answer I’m just honest and I say I’m just going to have a quick look. I find it alright now.” (Jen, interview 2)

Abdullah’s distinct clinical identity was also less of a feature of his pharmacist self and he described how he engaged in low status tasks as a pharmacist which he was reluctant to engage in as a trainee:

“Putting the deliveries on the shelf, and things like that. I generally tend to, the things I’ve picked up from pre-reg, like helping to put the stock away, I try to basically take that forward, so I can get some good feedback from the staff and to the locum agency.” (Abdullah, interview 2)

As a pharmacist, the legacy of Abdullah’s trainee identity was revealed in his use of his clinical interest to provide him with control over his work:

“So the manager tells me that I don’t need to do the clinical check because it’s already been done from the pharmacy, [but] obviously I like to do that for each one.” (Abdullah, interview 3)

In different ways, all trainees therefore revealed their developing pharmacist identities through the loss of distinctive trainee practices.

These key findings demonstrate the close and complex relationship between identity and practice, and hence agency and structure in the training year. Trainees were able to work within significant structural constraint to develop
their own distinctive professional identities and in expressing these, shape their professional practice. The abrupt change in status upon qualification led trainees to align more closely with a pharmacist’s identity through leaving practices which defined their trainee identity behind. In the next part of this section I present the key findings related to the professional practice of trainees.

10.2.2 Professional practice

Below, I present the key findings related to professional identity which are again supplemented with supporting evidence from the data.

Pharmacy legislation and company policy are significant influences upon practice

Pharmacy legislation regarding the personnel who must be present in the pharmacy and who can perform enhanced roles such as MURs affected the practice of all trainees in this study. Unfortunately, when pharmacists were undertaking enhanced roles, shadowing opportunities were furthermore limited to prevent understaffing in the dispensary. Company policy regarding the clinical and accuracy checking of prescriptions as well as the employment of ACTs in two pharmacies also prevented trainees from engaging in these activities. As such, trainees performed these pharmacist roles under close supervision for a relatively small part of their time. Therefore towards the end of the training year, the daily routine of trainees was still very different from the pharmacist’s.
In her practice in Pharmacy 1, Lauren engaged in clinical and accuracy checks alongside Paul who would always check her work, even if it was a less thorough check later in her training:

“By the end he was like check that but I’m only going to glance at it so it had better be right.” (Lauren, interview 2)

Whilst she engaged in this checking practice regularly towards the end of her training, her construction of a conceptual safety net, through the structure of Paul’s constant presence, meant that clinical and accuracy checking alone as a pharmacist was a stressful experience. When Lauren qualified as a pharmacist, her habitual practice under Paul’s supervision also meant that she reverted to her constrained practice in the presence of the safety net of other pharmacists:

“It’s weird because I don’t really like being double cover, like second pharmacist, because you find yourself going back into the pre-reg role, a bit like ‘what do I do now? What do you want me to do?’ Whereas when I’m the only one, I’m like, right I know what needs doing here.” (Lauren, interview 2)

Lauren reported that she preferred to work alone as a pharmacist to avoid falling back into this practice.

Abdullah’s trainee practice was also constrained by the company policy on checking prescriptions but he negotiated an earlier start date to complete his company’s accuracy checking training. Frustration with his lack of involvement in pharmacists’ roles resulted in him entering this negotiation:

“Like the checking thing if I hadn’t discussed that with my tutor and my supervisor, I wouldn’t have been doing it until January. Because there’s a checking module you have to do for 500 prescriptions you have to check, but I’ve been given that opportunity from now.” (Abdullah, interview, site visit 1)
The outcome was that Abdullah was trained to accuracy check at an earlier stage in the year, although with Abbir and the ACT present in Pharmacy 2, his involvement in accuracy checking was still small.

In contrast to the other trainees, Meilin engaged in checking prescriptions from early on in her training as there were no technicians in Pharmacy 3. Whenever Ian dispensed a prescription, Meilin checked it and they worked closely together in overlapping roles:

“Pre-reg takes in prescription and asks pharmacist to find product. They begin to dispense and check together – discussion re cheaper to buy. Pre-reg explains this to patient while pharmacist works out individual costs. Pre-reg charges patient. Seamless teamwork.” (Field notes, site visit 3, pharmacy 3.)

This gave Meilin significant experience, but in the context of an apprentice relationship where her deference to Ian and need to check clinical decisions were prominent features. As a trainee, Meilin also signed patients up for MURs but was not able to carry any of them out, something she only appreciated after qualifying as a pharmacist:

“It kind of feels quite good to meet targets rather than just telling Ian there’s an MUR he could do and then not being able to do it myself.” (Meilin, interview 2)

Thus for all trainees, practice was constrained by legal and corporate structures. However, the presence of technicians in the pharmacies with their well-established roles and practices was also a significant influence.

**Pharmacy technicians influence the practice in which trainees engage**

In three of the four pharmacies in this study, pharmacy technicians were the largest staff group. In these three pharmacies, dispensing prescriptions was the
pharmacy’s main business activity, which was carried out predominantly by the technicians. This included all the practical and administrative steps involved in a dispensing service such as the ordering of stock, the procedures for labelling, dispensing and giving out prescriptions and the sorting of prescriptions for reimbursement. Thus in order to develop expertise in dispensing, trainees were trained by and then worked alongside technicians. Whilst each pharmacy is expected by law to have a standard operating procedure for dispensing, the customs and practices of the pharmacies were also part of the expertise trainees needed to master. The presence of multiple pharmacy technicians combined with structures which prevented trainees from participating in pharmacists’ roles meant that trainees engaged in practice close to that of the technicians for a significant part of their training year. This was especially so at the beginning of the year when they needed to become familiar with their pharmacy’s core business.

Abdullah was frequently placed working alongside the technicians by his tutor and engaged in similar practice to them:

“He basically said to me, your job is to take the tension off from me. So I’m basically just rotating and doing the jobs the dispensers do and counter assistants and stuff.” (Abdullah, interview, site visit 1)

Abdullah engaged in some of these tasks with reluctance. He felt his position as a trainee would have freed him up from technician and assistant roles. Once qualified as a pharmacist however, he reflected that he eventually accepted that he would have to become competent in all areas of the pharmacy business:

“I started to realise that’s not the way of doing things and I’m going to have to do everything.” (Abdullah, interview 2)
Abdullah was able to draw upon the skills learnt from working with technicians once he qualified however, using them to secure further work.

Competition with technicians was not described so distinctly by other trainees and their practice in the training year was influenced to a greater extent by them. Lauren and Jen positioned themselves alongside the technicians early in the training year and described fitting in with them. Observations also revealed practice which mimicked technicians. For example, at the start of her training year, Lauren described re-familiarising herself with shortcuts on the computer to speed up the labelling of dispensed items and later on I observed her stick prescription forms to the computer monitor when producing labels, imitating the technicians’ practice:

“Just putting the order away to remind myself where everything was, doing the computer and getting back into the shortcuts… just re-familiarising myself with how everything works really.” (Lauren, interview, site visit 1)

“Customs and practices – everyone except Paul dispenses in colour-coded baskets; prescriptions stuck to the side of computer screen with blu-tak when producing labels”. (Observation notes, site visit 2)

Similarly, Jen helped the ACTs with their tasks early in her training and rationalised this as not having got to the pharmacist part of her training:

“I pretty much do the same as them but they have their set roles. So one does the blisters, one does the methadone, one does the owings and stuff like that. I help them do each thing but I obviously can’t check. So I do similar things to them…. I haven’t gone to the pharmacist stage yet, I’ve just been getting used to the pharmacy.”(Jen, interview, site visit 1)

Jen had previously worked in her vacations as a dispenser and so was likely to be comfortable with developing further expertise alongside the technicians.
In summary, trainees’ practice was both similar to, and influenced by the significant numbers of pharmacy technicians present in pharmacies 1, 2 and 4. As well as the technicians’ influence, the trainees’ participation in lower status tasks also defined their early practice.

**Participation in tasks perceived as low status is a feature of early trainee practice**

In order for trainees to settle into their new role, tutors frequently described tasks they used to facilitate this, such as working on the front counter or till or putting away stock. This practice is often performed by assistants and was perceived by trainees to be of a lower status. It was regularly articulated by both trainee and tutor as practice in which competence must be gained before roles with additional responsibility were given.

Whilst Lauren’s tutor Paul freed her up from many of the technicians “jobs”, Lauren worked on the front counter at the start of her training year. Similarly, Meilin spent her first six weeks on the front counter before being permitted to base herself in the dispensary. In contrast, whilst the custom in Pharmacy 4 was for trainees to work on the counter for a set duration at the start of the year, Jen was able to negotiate a short daily slot to cover lunches instead.

Whilst Abdullah was not able to negotiate a change in his participation in work on the front counter, he drew upon his clinical identity to disengage from low status tasks. His tutor Abbir therefore reconceptualised working on the front counter to encourage Abdullah’s participation through giving it a clinical application:
“...to get him a bit more happy with OTC, to get him more into it, I’ve asked him more clinical questions... I’m going to basically adopt more of an OTC approach and make sure he learns all of that and holds back on the BNF [British National Formulary], so to speak, because his knowledge is really good. There’s no point reading more and more and not knowing how to sell a cough bottle to anyone.” (Abbir, interview, site visit 1)

Later on in his training year, Abdullah recorded in his portfolio evidence how he delegated this type of task to other staff and helped only when it was “necessary”:

“... as my tutor was busy checking prescriptions and dealing with other queries, there were times when for example the counter was unmanned and patients were at the till, so I had to politely tell staff that may have been less busy to see the patients to which they agreed. I myself went over to help at the counter when it was necessary.” (Abdullah, Evidence sheet 2.5)

In summary, whilst trainees engaged in lower status tasks throughout the year, such as putting stock away, this practice was concentrated at the start of the year. Whilst trainee practice was influenced by the roles and presence of technicians and assistants, it was the pharmacist tutor who largely determined what trainees would do and when they would do it.

The tutor-trainee apprenticeship dyad influences practice

In three of the four pharmacies, there was only one permanent pharmacist who was also the pre-registration tutor. In Pharmacy 4, there was an additional pharmacy manager who worked with Jen, covering the shifts her tutor did not work. Thus for three of the four trainees in this study, learning about practising as a pharmacist was achieved through observing, receiving feedback from and emulating their tutor. As the line manager of the trainee, the tutor also influenced what practice was engaged in, when this happened and what form it took. Age and gender were probable influences on the dyadic relationship and
hence practice, but there was insufficient evidence to come to any kind of conclusion about their impact. In the observational data from this study, there are many references to the practice of tutors and how the trainees gradually took this on, from which pertinent extracts are presented below.

Paul described his tutoring style with Lauren as a parent-child relationship where he gradually gave her independence. Paul situated himself at the checking bench in the pharmacy and he was able to perform most of his tasks from this position. Lauren situated herself next to Paul and they worked closely together for long periods of the day towards the end of Lauren’s training:

“I note that she establishes her location in the pharmacy during busy periods early on in her training year; she predominantly stands next to the pharmacist in the dispensary and they dispense and check side by side.” (Lauren portrait, p10)

Paul’s presence as an experienced male pharmacist and his parenting approach to training were probable influences on Lauren’s practice but the data does not substantively support this.

Similarly, Jen’s tutor Cath approached her relationship with Jen through nurturing her practice and she felt a strong desire to protect her trainee, which she gradually had to reduce:

“So I’m learning as the year goes by, to let go.” (Cath, interview)

The presence of Steph in the pharmacy, who had greater authority than Cath as manager, had an opposing effect on Jen’s practice. Steph repeatedly took Jen out of her comfort zone, engaging her in new and advanced practice. This did not allow Jen the space to learn using her preferred style of observation.
However, Jen recognised the beneficial effects upon her practice but at the cost of finding it a stressful experience:

“It’s very daunting when she just throws things at me but I do really learn from it. Because she’s really busy so it does help her, me doing a lot of these things.” (Jen, interview, site visit 1)

Jen’s practice was therefore different in the presence of the two different pharmacists; influenced by their differing expectations and responsibilities.

Abbir’s apprenticeship dyad with his trainee shaped Abdullah’s practice. Abbir described himself as a control freak and this is further evidenced through observational data on his alertness and frequent interventions in the pharmacy. Against this background, Abbir rejected the training schedule provided by head office and described how he empowered Abdullah through allowing him to tailor his training:

“I’m a bit of a control freak to be honest with you, I like doing things my own way and how I think is right. So they [Company B] give us the rough guide, things he should be covering, but we do it as he sees, when he wants, which is what I prefer.” (Abbir, interview, site visit 1)

Abdullah and Abbir’s closeness in age may have fostered competitiveness in their relationship which influenced Abdullah’s practice. There is a little evidence in the data that Abdullah’s clinical identity is mobilised to provide him with feelings of power over Abbir, but insufficient to draw any firm conclusions from it.

Without any other staff members in the dispensary, Meilin and Ian developed a teamwork approach to practice, with interchanging roles by the end of her training year. Ian’s tutoring philosophy was to give Meilin the confidence she
could do his job and this is evidenced in the shared roles and her confidence in giving Ian instructions by the end of the year:

“More fluid / less variation between pharmacist and pre-reg roles today. Reminder note no dispensers. 1 computer for everything; pre-reg and pharmacist use it equally. Pre-reg has confidence to chuck pharmacist off it if needed.” (Observation field notes, site visit 3)

Meilin’s deference to Ian as her teacher and a senior colleague may be cultural in its origins but there is no evidence on which to base this as a conclusion.

In summary, trainees’ practice was determined by and shaped through practising closely alongside their tutor. Via developing close working relationships with their tutors, the trainees adopted practices which emulated their tutors. In adopting these practices, trainees slowly developed their expertise over time.

**Expertise in practice is developed slowly and iteratively**

Trainees in this study articulated that real-life practice was different from the simulated practice at university. They also encountered new tasks in which they were required to demonstrate competence. Evidence from the data in this study reveals narratives about gaining more confidence and about slow progression to becoming competent.

Abdullah described his learning as happening “slowly, slowly” and that after practising new tasks, they soon became second nature:

> It’s helped in the sense that I feel more confident doing it, the more you do something. I mean it’s like hand endorsing a prescription. I think it’s like November time that the NPA expect you to have picked up that skill but I’ve had to be doing it for the special items. So I guess it’s made me, so for example if I see a prescription I’ve forgotten endorse or is a bit
difficult to hand endorse, I don’t really think that much about doing it, it’s just second nature, you’re just doing it.” (Abdullah, interview, site visit 1)

“I mean it’s getting there, slowly, slowly.” (Abdullah, interview, site visit 1)

Similarly, Lauren’s practice developed slowly over time, but in contrast to Abdullah and revealing practices of deference, Lauren’s narratives were concentrated around her developing more confidence:

“To become MUR accredited and to feel confident to be able to conduct the service upon qualification” (Lauren, Evidence sheet 2.1)

Whilst Lauren’s lack of confidence defined her practice, she became competent in many tasks and revealed her mastery through her description of once daunting tasks as mundane, for example the pharmacy’s ambulance service:

“We also do the controlled drugs for the ambulance. I do that every time an ambulance comes in. And I do the weekly CD count and things. I was quite like chuffed at first but now I’m like ‘oh there’s an ambulance again.’” (Lauren, interview, site visit 1)

In summary, expertise and confidence in practice were developed over time. However, despite significant time spent practising as trainees, when they practised alone as pharmacists for the first time, they found the experience stressful.

**Early practice as a pharmacist is stressful**

Trainees all reported feeling uncomfortable or stressed when they practised alone as pharmacists for the first time, to varying degrees.

Perhaps not surprisingly, Lauren’s descriptions of this stressful time indicate that she experienced it most acutely and for the longest period of time:

“The stress of that first week, it was like I’ve never been so stressed in my life!” (Lauren, interview 2)
“It’s just like whenever someone comes into the shop and they have a question, it’s automatically sent through to you, and sometimes you’re like I don’t have a clue what the answer is, but like there’s nobody else in the shop, everyone’s looking at me to know the answer.” (Lauren, interview 2)

It took time for Lauren to get used to the expectations of her new colleagues in relation to decision-making and holding significant responsibility.

Jen similarly found the step up in responsibility stressful especially when she could not avoid situations where she did not know the answer:

“I’m doing services and things like that which I couldn’t do any before, but I think the main difference for me was not having that safety net. So when I was doing over the counter consultations I couldn’t go and ask the pharmacist. Erm, I hated it to start with. But now I’m used to it and now if I don’t know the answer I’m just honest and I say I’m just going to have a quick look. I find it alright now.” (Jen, interview 2)

After overcoming her initial feelings of stress, Jen enjoyed practice in her new role more than she expected she would, with a clinical emphasis and professional autonomy contributing to this:

“To be honest I find it better. It might be because I’m at this particular store, I’m doing all the services, all the flu jabs, all the MURs, I’m doing those. That’s what I want. So obviously when I’m looking for new jobs, I’ll make sure they’re heavily that way, if you see what I mean. I thought it was going to be more checking prescriptions and that kind of thing.” (Jen, interview 2)

In contrast to Jen and Lauren’s early experiences, Meilin and Abdullah’s explanations suggest they experienced much less stress, with just some feelings of unease and a period of adjustment to new customs and practices which technicians explained to them:

“...for the minor ailment scheme I just had to ask the staff ‘how do you normally deal with these?’”, “And because I’ve got that relaxed sort of thing, I basically just take it on board; I try not to get stressed out basically.” (Abdullah, interview 2).
“By the end of the first day I was comfortable being on my own, but definitely the first half of the day I was thinking I would be more comfortable if there was someone else with me.” (Meilin, interview 2)

For Meilin, she described this process as gaining her independence and in a similar way to Jen, enjoyed the increased responsibility and decision making she was involved in:

“Because you’re not really a pharmacist [as a trainee] and there’s limits to what you can do and what you can’t do. But now I feel like I’m a lot more independent and a lot more like a pharmacist rather than a pre-reg. Rather more independent and not needing any or much support anymore. I think that’s the main difference.” (Meilin, interview 2)

Thus whilst trainees experienced acute periods of stress upon starting their new positions as pharmacists, this was short lived and led to greater satisfaction with their roles. The data supports the notion that practices of assertion (Abdullah’s clinical identity and Meilin’s streetwise approach) are facilitators in overcoming the acute stress experienced upon qualification as a pharmacist.

In summary, the key findings presented above demonstrate the important influences upon practice, which further reveal the close and complex relationship between identity and practice, and hence agency and structure in the training year. Trainees were able to work within significant structural constraint to develop professional practice they would need when pharmacists.

In the next section, I analyse the key findings using Bourdieu’s conceptual tools.

10.3 Becoming a pharmacist - identity

In this section, after briefly reiterating how Bourdieu’s conceptual tools can be used to think about becoming a pharmacist, I draw upon theories of identity and put hysteresis, habitus and capitals to work to critically understand the key
findings presented above. I further develop my theorisation of how identity is revealed through practices of assertion and deference and how it contributes to trainees’ becoming.

As I describe in Chapter 2, using Bourdieu’s thinking tools, becoming a pharmacist can be conceptualised as achieving a feel for the game. The trainee’s position in the pre-registration year is one where the field of education is transposed onto the field of practice. Against a background of structured structures in both fields trainees learn to use their capitals to influence the game. The trainee habitus is revealed through the trainee’s participation and influence, and the pedagogic action of pharmacy school provides significant capital. However, the trainee’s influence in the game is affected by misrecognition and structuring structures which occur on moving to the field of pharmacy practice from the field of education. Becoming a pharmacist therefore involves repositioning in regard to the hysteresis effect and structuring structures to play the game using new capitals associated with qualification as a pharmacist.

The trainee identity
The trainee identity revealed through this study is consistent in many respects with what would be expected for a trainee close to qualifying. In congruence with the collective identity described by Jenkins (2008), much was shared with the pharmacist tutor in this study and this is demonstrated through the trainees’ positioning next to the pharmacist, their dress code and the trainee-tutor practice dyad. However, in addition to this collective identity, trainees revealed aspects of their identities which functioned in a different way from that which
might be expected. Specific examples included Abdullah’s clinical focus which he used as a negotiation tool, Lauren and Meilin’s conceptual safety nets which functioned to protect them from taking on the full responsibility of a pharmacist and Jen’s preference to locate her identity and practice closer to the ACTs. These findings which indicate the existence of a distinct trainee identity can be understood when the Bourdieu’s conceptual tool of *capitals* is put to work. In the field of pharmacy practice, *capitals* gained through the pharmacy degree help trainees establish a position and identity close to that of the pharmacist. These include the symbolic *capital* of the MPharm degree and its cultural *capital* of knowledge gained. However, legislative and corporate structures prevent trainees from participating in high status practice as they do not possess the symbolic *capital* of membership of the GPhC. Thus the rules of the game for trainees are different from pharmacists and necessarily, trainees develop their own individual ways to mobilise *capitals* to play the game, as exemplified by Abdullah’s clinical (cultural) *capital*. In thinking about the rules of the game in which the trainees are engaged, the concept of dialogic identities is also helpful in unpacking the trainee identity. Trainees mobilise their student identity to engage in exam preparation and evidence collection but their pharmacist identity when practising in the workplace. During the training year, trainees may be conflicted in their expression of their student and pharmacist identities, resulting in constrained practice. This conceptualisation may also facilitate understanding of when trainees engage in practices of deference and assertion; trainees may be more likely to engage in practices of deference when mobilising their student identity.
Habitus and the associated doxa can also be used to think about the conceptual safety net or practices of deference utilised by Lauren, Meilin and Jen. As trainees who have a feel for the game in the field of education, a habitus is revealed which exhibits structuring structures derived the MPharm degree. Despite practice in the training year involving real patients, their doxic experiences appear to be shaped by the simulated practice of the MPharm where actions had no real effect upon patient care. Subsequently, the conceptual safety net or practices of deference are barriers to the development of a pharmacist's identity as they prevent trainees experiencing independent practice.

In summary, the findings discussed above confirm that agency exerted via capitals staked by the trainee facilitate development of a pharmacist identity. However the finding of a distinct trainee and its associated practices of assertion and deference are potentially the result of structured structures in the MPharm, which manifest as structuring structures revealed in the trainee habitus and ultimately the doxic use of clinical capital (assertion) or the conceptual safety net (deference). The trainee identity is further influenced by the position the trainee holds within the field of pharmacy practice.

The trainee’s position in the field of pharmacy practice

In addition to the similarities in position the trainees shared with pharmacists, the differences between the pharmacy technicians and trainees was revealed. This influence acted to align the trainee identity with that of a pharmacist. In this study, whilst trainee practice was similar to that of the pharmacy technicians, small differences in their roles and the trainee’s position in the field were
important in the expression of their trainee identities. These identities and the trainee habitus were revealed via their interactions with and narratives about their colleagues. The capital of the MPharm degree and the job title of trainee pharmacist allowed them to position themselves alongside the pharmacist. This positioning was most clearly demonstrated in observations of Lauren and Meilin. In addition, trainee narratives indicated they often perceived their position in the hierarchy to be higher than the technicians (and other support staff). Lauren’s articulation about not doing “things like that” and Abdullah’s lack of engagement in “jobs” is evidence of this. In understanding becoming a pharmacist, this positioning contributes to how the trainee habitus is revealed.

The trainee identity was also influenced by the terms of their employment and status as trainee, and the capitals acquired as a result. Structures put in place by the pharmacy regulator and the employer functioned to gradually introduce trainees to roles of increasing responsibility as they progressed. The GPhC’s performance standards provide a framework which all employers in this study utilised to inform targets in their own training programmes. Achievement of these targets (monitored by both the tutor and company head offices) was used by trainees as symbolic capital, most likely perceived as evidence of their closeness to achieving registration. The need to be on target was a feature of the trainee practice and all trainees articulated at some point that they were ahead of company targets. Using the conceptual tool of capitals, this staking of capitals is likely to be a form of misrecognition precipitated by trainees’ previous use of capitals in the academic field. In the field of education, trainees were familiar with capital acquired through success measured using objective indicators such as exam grades. The pedagogic action in the training year,
positioned by the GPhC to reproduce the rules of the field of education, used performance standards, evidence portfolios and a final registration examination as success measures. However, progress and position in the pharmacy field were determined by the staff and the social capitals embedded in the customs and practices of the pharmacy. As such, trainees may have inappropriately attached meaning to accelerated progress against GPhC or company training standards. In this situation, the trainee habitus was misaligned in the context of their new field.

In summary, the findings above confirm that the presence of a trainee post in the pharmacy as well as company and regulatory training structures facilitate development of a trainee identity. Symbolic capital gained upon qualification as a pharmacist positions them without the need to stake less influential capitals to mimic the pharmacist. The trainee identity is therefore transitional and serves to enable trainees to compete for rewards.

**Transition to pharmacist identity**

In this study, when the trainees qualified as pharmacists, the distinct features of their trainee identities largely disappeared, with the legacy of these revealed through their pharmacist practice. These trainee practices predominantly included the conceptual safety net, the use of progress against “educational” targets and clinical knowledge as capital. Whilst the trainee identity can be conceptualised as transitional in the development of a pharmacist identity, its distinct features are more likely a product of the positioning of the pre-registration year rather than true intermediate stages in developing a feel for the game.
For Jen, Meilin and Lauren, the absence of a supervising pharmacist once qualified was instrumental in the disappearance of the conceptual safety net and their practices of deference. Its development as a structuring structure of their identity during the training year was likely to have directly led to the *hysteresis* effect experienced when trainees began practice as pharmacists. For Lauren, this lasted a little longer than for other trainees, as she aligned her previously ritualised practice of deference with her new field and status change.

Abdullah’s clinical identity and its associated *capital* was a practice of assertion constructed to facilitate a position of influence from which he could negotiate a role more aligned with that of a pharmacist. Upon qualification, Abdullah’s new symbolic *capital* of registered pharmacist status placed him in an automatic position of influence over all other staff and there was no need for him to mobilise his clinical identity via this practice.

Thinking with Bourdieu to understand these findings, the trainee identity is transformed through alignment of the trainee *habitus* with a new field of practice. In achieving a feel for the game, the trainee repositions in regards to *hysteresis* to reveal the *habitus* and identity of a pharmacist.

In summary, the findings above confirm the trainee identity and its associated practices of assertion and deference as an intermediary stage in the development of a pharmacist identity; its distinctive features being a product of the positioning of the training year. Symbolic *capital* gained upon qualification as a pharmacist positions them at the top of the pharmacy hierarchy thus newly
qualified pharmacists must quickly learn to invest their new \textit{capitals} in order to have influence and be successful in the game.

\textbf{10.4 Becoming a pharmacist - professional practice}

In this section I draw upon theories of experiential learning, expert practice and corporate culture in order to further understand the key findings. I also put Bourdieu’s’ conceptual thinking tools of \textit{codification}, \textit{hysteresis}, \textit{habitus} (and the associated \textit{illusio}) and \textit{capitals} to work to construct a theorisation of how engaging in professional practice contributes to trainees’ becoming.

\textbf{Practice is bound by legal structures and company policy}

In this study, legal structures constrained trainee practice because trainees had to practise under the supervision of a pharmacist. Company policy further constrained practice through a layer of structures assigning staff to roles of responsibility. Consequently, trainee practice was not well aligned to a pharmacist’s.

Casey’s (1995) research evidence and theoretical work around corporate culture can be applied to understand the structures employed by the companies in this study. The prevailing corporate cultures influenced the trainees’ practice through encouragement to engage in tasks performed by the technicians, via reward systems present in completion of the respective training manual. Monthly targets were aligned to the desirable traits of the designer trainee, with roles emulating the pharmacist gradually introduced throughout the year. Putting Bourdieu’s conceptual thinking tools to work, his concept of \textit{codification} can be used to further understand how the company training manual and the
GPhC training standards are presented. The existence of systematically ordered training manuals and performance standards can be understood as a symbolic operation to make those practices in which trainees must engage appear official and undisputed. They may practically be used as a form of control or discipline by, or over the pharmacist tutor or manager in shaping what practice trainees can legitimately engage in. Furthermore the purpose of the training manual and evidencing performance standards may be variously understood by trainees. Whilst the purpose of the training year is ultimately to prepare trainees to practise as pharmacists, or to obtain a feel for the game, the completion of the training manual or performance standards may be recognised as success by trainees. The reproduction of the field of education through the codified syllabus of these training devices (and the presence of an examination at the end of the year) leads to misrecognition of the purpose of both. Whilst this ultimately produces a more homogenous group of trainees, newly qualified pharmacists and tutors, it may not serve the trainees well in their ability to practise effectively as pharmacists.

The prevailing corporate culture and the regulator’s standards can also be conceptualised as structures which exist to protect the pharmacist’s privileged role and position. Once trainees successfully complete their pre-registration year, they acquire the cultural capital which gives them access to the protected practice of a pharmacist. Whilst trainees have gained social and cultural capital as pharmacy undergraduates and they invest this capital to emulate their tutors closely, they find that they are prevented from having the kind of influence they expect or desire.
The influence of pharmacy technicians upon practice

Being the largest staff group, responsible for carrying out the main business of the pharmacies in this study, technicians influenced what practice trainees engaged in and how they became proficient. However, despite providing valuable instruction for trainees, there was tension around position and influence.

As described above, the prevailing corporate culture is positioned to control trainees’ practice and it instructs trainees to become proficient in many of the roles of the technicians as well as those of the pharmacist. Using Bourdieu’s conceptual tool of capitals, whilst the trainees have cultural capital from pharmacy school, they lack the social capital which is shared by the technicians. Thus when the trainees articulate that they expect to be respected because they have spent four years studying pharmacy, they fail to recognise that this cultural capital is not valued by the technicians. Once the trainees engage less in the practices owned by the technicians and more in those of the pharmacist, the tensions over power and position diminish, with the trainees occupying new roles in which they can be helpful to the technicians. Notably the trainee habitus and illusio influence the degree to which tension is experienced, via the practice trainees engage in and in the tutor’s recognition of capitals invested by the trainee.

The predominance of low status tasks in early practice

The findings of this study suggest that trainees engage in tasks perceived as low status before being permitted to take on roles with additional responsibility.
Although trainees continue to participate in these tasks throughout their training, they are concentrated at the start.

Lave and Wenger’s (1991) legitimate peripheral participation in communities of practice (CoP) appears to describe the practice described above. Newcomers participate on the periphery of the CoP through engaging in simple but necessary tasks to bring about learning and eventually expertise. Whilst trainees did engage in this type of practice at the start of their training year, they collectively expressed a reluctance and sometimes refusal to participate. The role of power in CoP is neither fully recognised nor explored but is a feature in the findings of this study. Thinking with Bourdieu, trainees who are invested in the game reveal the habitus of a trainee through their participation in low status tasks. Actions of trainees included acceptance of tasks recognising their necessity in order to play the game, negotiation to minimise involvement and reconceptualisation of the task to assign importance to it.

Thus while practice was defined by engagement in low status tasks at the start of the training year, trainees questioned the relevance of these roles and in mobilising the trainee habitus, used their agency to influence their participation.

The influence of the apprenticeship dyad on practice
The pre-registration tutor decided what practice the trainee engaged in, when and how they engaged in it and with whom. In each of the pharmacies the pharmacist was also the most influential person present during the working day and all activity was overseen (by law) by them. The trainee-tutor dyad strongly shaped the trainee identity and their understanding of professional practice. In
this study, Jen’s working relationship with more than one regular pharmacist revealed conflicts in her identity as a result of the opposite training strategies of her two managers, yet effectively progressed her practice. In examining the importance of this relationship and its influence, findings also suggest that age and gender influences probably exist, but were beyond the scope of this study to fully explore.

Using Bourdieu’s conceptual tool of capitals, the apprenticeship dyad was the only way in which trainees could acquire the cultural and social capitals required for practice as a pharmacist. It was also predominantly via the pharmacist that capitals staked by the trainee were given acclaim. However the staking of symbolic and cultural capitals by the pharmacist also acted to limit the scope of the trainee’s influence. This was via the structuring effect of the tutors’ reinforcement of structures put in place by their employing organisation and the pharmacy regulator.

The gradual development of expertise in practice

The findings from this study broadly support theories of expert practice that learning is implicit and develops slowly over time, with accumulated experience. The methods used in this study allowed trainee progress to be tracked over time and progression was congruent with the Dreyfus and Dreyfus (1985) model of skills acquisition. Tutor actions in this study as evidenced by interview data and observations were consistent with the modelling and coaching domains of Collins et al’s (1989) teaching methods in cognitive apprenticeship. Trainees were furthermore required to engage in reflective practice via completion of their portfolio of evidence, but the role of reflection in developing expertise was not a
feature of the key findings in this study. When trainees qualified as pharmacists, they all had sufficient expertise to practise alone.

Thinking with Bourdieu, *capitals* acquired over time by trainees were staked and recognised upon qualification. Improvised nuanced practice was evident as the newly qualified pharmacists revealed the *habitus* and *doxa* of a pharmacist in taking on new roles with implicit competence.

**The acute change in practice upon qualification**

Upon qualification as a pharmacist, trainees experienced a significant change in both their status and practice, however this was expected. A short-lived period of acute stress was experienced by trainees during their first few days of practice, associated with the step-up in responsibility and accountability. This is in contrast to the change in status and practice experienced at the start of the training year where the effects were felt for longer by trainees. This finding may support the existence of Schulman’s (2005b) pedagogies of uncertainty which are largely absent in the MPharm course, such that dealing with the unpredictable nature of professional practice was initially difficult.

Thinking with Bourdieu, structuring structures present in the training year, such as the tutor’s presence, positioned trainees to experience *hysteresis* upon qualification but the *habitus* of a pharmacist was revealed through independent practice and the ultimate achievement of a feel for the game. The symbolic *capital* of registration as a pharmacist, the accumulated social and cultural *capitals* acquired during the MPharm and training year and an investment in the game of pharmacy practice enabled trainees to overcome the *hysteresis* effect.
In summary, in this section, Bourdieu’s conceptual tools were used to understand the main findings of this study in the context of theories of experiential learning, expert practice and corporate culture. Trainee practice was transformed through the acquisition and then the staking of capitals gained through participation and investment in the field of professional practice. In achieving a feel for the game, trainees learnt to stake further symbolic capital gained upon qualification as a pharmacist to influence in their new positions and overcome hysteresis.

10.5 Understanding the findings

In this section, drawing upon the theorisation from the preceding sections, I summarise what it might contribute to current knowledge about professional formation.

**Contribution to current knowledge**

This section concludes the chapter through discussing how the findings can contribute to current knowledge on professional formation.

The analysis of the trainees’ experiences presented in this chapter contributes to knowledge about professional formation though the use of habitus to understand the bundles of relations between identity and practice (including the corollary of practices of assertion and deference), the use of hysteresis to understand the acute stress experienced by newly qualified practitioners and the influence of dyadic training relationships upon the practice and identity of future professionals.
Through conceptualising the relationship between identity and practice using *habitus*, the participants’ construction of trainee identities and the associated practice of assertion and deference were identified and their influence explored. Through understanding how the trainee *habitus* might be misaligned with a new field, *hysteresis* is helpful in exploring why acute periods of stress are experienced during professional formation and how they are overcome. Similarly, by conceptualising the field of education as containing structured structures, the constrained practice of trainees can be understood through the effect of structuring structures in the training year. Studying the apprenticeship dyads between trainee and tutor in the context of Bourdieu’s conceptualisation of social practice provides new perspectives upon the effects of training relationships. The training dyad shaped trainee identities and their practice, contributing to *hysteresis*, the presence of structuring structures, but also different ways to use *capitals* to influence practice.

These conceptualisations of identity, status and field in professional formation provide researchers with theoretical tools to further explore the complex relationships between new practitioners’ identity and practice, or agency and structure.

### 10.6 Summary

In this chapter the key findings were presented and critically appraised using theories of identity and professional practice. The resultant theorisation and conclusions can make a contribution to the knowledge about professional formation through the theoretically distinct concepts of practices of deference and assertion and the enabling effect of Bourdieu’s conceptual tools. In the final
chapter, I revisit the research questions, identify opportunities for further research and consider the implications of this study for researchers and educators.
Chapter 11 Conclusion

11.1 Introduction

In this concluding chapter, I revisit my research questions and outline the study’s key findings and its contribution to knowledge about professional formation. I then discuss how this study can be taken forward and reflect upon the implications of the study, beginning with my own professional practice and pharmacy education before considering the broader implications for researchers and educators.

11.2 Findings of this study

This study was about becoming a pharmacist; via a Bourdieusian conceptualisation, I have identified structure-agency relationships revealed through trainee “practices of assertion” and “deference”. The aim of this study was to investigate the professional formation of pharmacy graduates through exploring their lived experiences, self-perceptions and the key influences upon their practice during the pre-registration training year. Bourdieusian conceptual tools were deployed in order to reveal the complex relationships between structure and agency. The following research questions were addressed to meet the study’s aim:

1. How and why does the trainee pharmacist perceive and express their identity as a pharmacist during the pre-registration year?
2. How and why does the trainee pharmacist engage in professional practice during the pre-registration year?
3. What factors have contextual significance in influencing the trainee pharmacist’s development during the pre-registration year?

4. In what ways can understanding how trainees become pharmacists during the pre-registration year inform improvements, and also contribute to inform the wider debate on the training of future professionals?

The study was conducted against a background of a lack of research on professional formation in pharmacy graduates, but a substantial body of knowledge across the fields of medicine, nursing and teaching. The study therefore began with an outline of the research evidence in medicine, nursing and teaching before a brief review of the literature on professional formation in pharmacy, revealing the importance of exposure to pharmacy practice and role models, and historical identity problems within the pharmacy profession. In pursuance of the research questions, an examination of theories of identity and expert practice was undertaken, using Bourdieusian social theory to critically understand these theories. Three of Bourdieu’s most recognised thinking tools, habitus, capitals and hysteresis, were identified as being most relevant to becoming a pharmacist and these were put to work to enable investigation of the complex relationships between agency and structure.

A case study methodology was employed to examine the professional formation of four pharmacy graduates. Qualitative methods including interviews, observation and documents were used to explore professional practice and identity in the setting of the trainees’ workplaces, before the study’s findings were presented as four trainee portraits. A multilayered analysis was undertaken which put the Bourdieu’s conceptual tools to work on each of the
four sets of trainee data before a thematically organised cross-portrait analysis was presented and critically analysed. In addressing the research questions, the key findings included:

1. A distinct trainee identity, influenced by training structures and competition for status with pharmacy technicians which was little needed once trainees qualified as pharmacists. This finding was proposed to be the result of the lack of symbolic *capital* possessed by trainees when compared with pharmacists and structured structures in the MPharm degree, manifesting as structuring structures. The trainee *habitus* was revealed through the doxic use of a conceptual safety net (practices of deference) and in the strategic staking of *capitals* to increase influence and to compete with pharmacists for rewards (practices of assertion). Symbolic *capital* gained upon qualification as a pharmacist then positioned trainees without the need to stake less influential *capitals* and without a safety net, thus becoming a pharmacist was defined by the loss of the trainee practices of deference and assertion.

2. Participation in tasks perceived as low status was a feature of early practice until expertise was developed slowly and iteratively. Upon qualification, early practice was stressful as the unsupervised pharmacists encountered both new and familiar roles alone for the first time. Trainee practice was transformed through the staking of social and cultural *capital* gained through engagement in the field of professional practice. In achieving a feel for the game, the trainees learnt to stake
further symbolic *capital* gained upon qualification as a pharmacist to influence in their new positions.

3. Pharmacy law, company policy, pharmacy technicians and the tutor-trainee apprenticeship dyad were significant influences upon the practice in which trainees engaged.

4. This study’s main contribution is through the conceptualisation of a distinct trainee identity and the associated practices of deference and assertion as a new way of understanding professional formation in broader professional contexts.

The study’s impact in other areas, including my own professional development and implications for pharmacy is discussed below.

**11.3 Implications of this study (personal)**

From the outset in this study, I have worked to engage in thinking about my own identity and position. At points in the study, I have variously been researcher, student, pharmacist and colleague and throughout, I have recorded my reflections in my research diary and it is present in my observational data.

These have been a rich source of data and facilitated deeper engagement with the theoretical tools. In thinking about professional formation while conducting this study, I have engaged in a parallel conceptualisation of my own “becoming” as a researcher and considered how my practice has been influenced by my investment in my studies and positioning in the field, my dialogic identities as research student, pharmacist and academic, and my staking of *capitals* to
access the research participants and their data. Through putting Bourdieu’s conceptual thinking tools to work while considering my own professional development, I have engaged with my study’s conceptualisation at a theoretical level which has resulted in a deeper understanding of my findings and their implications, and through the production of this thesis, ultimately revealing the *habitus* of a researcher via my own becoming.

The lens of Bourdieu’s conceptual thinking tools has furthermore given me a framework to critically explore research questions present in my daily practice, which will be a rich source for inquiry in future. Examples include using *misrecognition* and *hysteresis* to understand early undergraduate identities and student perceptions of competency-based assessments.

**11.4 Implications of this study (professional)**

The four trainees in this study followed similar paths to qualifying yet their lived experiences and how they used their agency revealed four different stories. In the context of pharmacy education, findings with significant potential implications include the existence of a distinct trainee identity, the intensity of the tutor-trainee relationship, the contribution of technicians to the training experience and the responsibility gap between trainee and pharmacist. Implications for pharmacy educators and for the profession in each of these areas are discussed below.

**The trainee identity**

The trainees in this study expressed distinct trainee identities. Of relevance to pharmacy educators is the potential origins in the MPharm programme and the
ways in which it might make early practice more challenging. The focus for learning in the MPharm is practice as a pharmacist, which is not fully realised upon graduation; this can ultimately set trainees up for dissatisfaction with their trainee roles. Practising safely in mock consultations as part of the MPharm may also act as a structuring structure in the habitus of new trainees, revealed through practices of deference and their associated anxieties about practising alone. Trainees invested in the assessment structures of the field of education will struggle to find a feel for the game of pharmacy practice where social capital and the prevalent corporate culture have greater influence. Finally, assessments positioned to uphold patient safety (students fail if act or omission has potential to cause patient harm) are utilised on the MPharm. Thus the MPharm is positioned to produce graduates who are risk averse, perceiving the rewards of practice to be associated with strict adherence to procedures which is at odds with the nuanced, implicit, expert professional practice they will need to engage in as pharmacists.

The findings of this study therefore support the recommendations of the Modernising Pharmacy Careers Board (Smith and Darracott, 2011) of making meaningful practice experiences occur from an early stage. Meaningful experiences are likely to consist of engagement in delivery of the front-line pharmacy service to patients. However, the proposed change to a five-year undergraduate MPharm degree with integrated pre-registration training (6 months in year four and 6 months in year five) may do little to better prepare trainees unless undergraduate engagement with real-life practice is expanded. However, there are significant areas of a pharmacist’s practice governed by company policies where trainees could contribute. For example, the training
undertaken by ACTs could be delivered in order for trainees to accuracy check during their training year; trainees could also be trained to perform many of the enhanced service health checks.

The tutor-trainee dyad

Tutors were the most important influence for trainees in learning what professional practice as a pharmacist meant. This finding is congruent with Jee’s (2014) study in the training year and the GPhC’s trainee survey (GPhC, 2014b). In three of the study sites, the tutor was the only pharmacist with whom trainees had sustained experience of working alongside. As such, social and cultural capital gained in these small workplaces may not set newly qualified pharmacists up well for their future careers. The GPhC’s requirements for tutors are minimal and some trainees may therefore not experience competent professional practice. The additional influence of corporate and legal structures may also further constrain and shape early practice which is a contemporary concern for the profession (Torjesen, 2015). What this means is that newly qualified pharmacists may practice within a limited set of professional norms but lack the resources to readily effect change. The 5-year MPharm would ensure trainees were exposed to six months of experience in two different workplaces and systems for monitoring the quality of training could be put in place by education providers.

Pharmacy technicians

Whilst pharmacy technicians were the largest staff group in this study, in GB, trainees only work alongside technicians before graduation through organising their own work experience. Contact with pharmacy technicians is not mandated
by the regulator and students of both professions do not meet one another as part of their curricula. Lack of opportunities to work alongside pharmacy technicians during the MPharm denies trainees the opportunity to develop social capital and understand their position and potential for influence in the context of their future careers. What this means is a generation of newly qualified pharmacists whose relationships with their closest professional colleagues is underdeveloped. Pharmacy’s historical identity problems and the encroachment of technicians into pharmacists’ roles may be hidden influences on this agenda.

Preparation for practising as a pharmacist

Trainees in this study reported that their MPharm degree and pre-registration training prepared them for practice. However, the data reveals many practical roles which do not have a presence in the MPharm nor the pre-registration training year. Whilst the hidden curriculum and its role in professional socialisation is well-identified in the health professions (Hafferty and Franks, 1994; Cribb and Bignold, 1999), the competency-based performance standards or even corporate training schemes in the pre-registration year could do more to address this short-fall. Significant areas of omission experienced by the trainees in this study are decision-making in the management of the pharmacy including dealing with employment law, the provision of enhanced pharmacy services (such as influenza vaccination and health checks) and to a certain extent, accuracy checking. Whilst pharmacy educators can do more to embed these topics in the MPharm (despite them only featuring superficially in the GPhC’s education standards), there is a need for the profession to reflect upon whether not permitting trainees to engage in this practice is helpful. As it is likely that
operating systems present in community pharmacy are sufficiently robust to allow novice practitioners to participate, these structures in pharmacy appear to exist predominantly to protect the position of the pharmacist.

11.5 Future research

Whilst there is a growing body of research findings on pharmacist identity, the research on trainee identity and professional formation is lacking, to which this study makes a contribution. Thus, there are opportunities to further this study to inform both pharmacy educators and the profession, and this is especially important against a background of potential changes to the pre-registration training year. Key areas which need to be addressed include the role of the MPharm degree and undergraduate identity in the development of the trainee (and pharmacist) identity, perhaps using theories of signature pedagogy and dialogic identity; the influence of corporate identity and culture as structures in the professional formation and practice of early-career pharmacists and further exploration of the tutor’s role, their conceptions of the training year and the influence of the apprenticeship dyad on early practice (observation of newly qualified pharmacists was not possible in this study).

This study also makes a contribution to research on professional formation more broadly, through the mixed-methods qualitative approach taken (including the use of portraits) and the use of Bourdieu’s conceptual tools to reveal practices of deference and assertion. Whilst the findings are not generalisable (nor were they ever intended to be), the rich data focused on four stories provides helpful (but limited) insights. These could be investigated further through a larger funded study involving a greater range of trainee experiences,
tutors and practice settings. The investigation of a trainee identity (and its associated practices of deference and assertion) in trainees in other professions also provides further opportunities. Finally, the findings of this study could lead onto the development and testing of a conceptual framework for becoming a professional, in which Bourdieu’s conceptual tools are overlaid onto relevant theories of identity and practice.

This study contributes to the knowledge in pharmacy about professional formation at a critical time for trainees; the pre-registration training year. Furthermore, it has contributed to research on professional formation through conceptualising the transition from trainee to professional as a process in which agency and structure result in complex interactions.
References


Jee, S. D. (2014) The process of professional socialisation and development of professionalism during pre-registration training in pharmacy, PhD thesis, Faculty of Medical and Human Sciences, University of Manchester.


Willis, S. (2010) *Understanding pharmacy careers: from undergraduate education to future career plans,* PhD thesis, Faculty of Medical and Human Sciences, University of Manchester.


Appendix 1

Student email invitations

Email 1
Text from email 1 is reproduced below, with anonymised names of staff members (“agent 1” and “agent 2”):

Subject: Invitation to take part in a research study

Dear 4th year students

Please see the attached poster about a research study you may be interested in taking part in next year during your pre-registration training. If you would like more information, please let me or Agent 2 (Agent2email address) know by (insert date) and we will forward it to you.

Best wishes

Agent 1

Email 2
Text from email 2 is reproduced below, with anonymised names of staff members (“agent 1” and “agent 2”):

Subject: Further information about research study

Dear 4th year students

Please find an information sheet about the research study you may be interested in taking part in next year. If you think you would like to take part, please let me or Agent 2 (Agent2email address) know by (insert date) and forward us details of the pharmacy where you will be doing your pre-registration training.

Thanks and best wishes

Agent 1
Appendix 2

Student poster advert (anonymised)

Calling all 4th years with a community pharmacy pre-reg place in North West England

Ever wondered how you go from this... ... to this in Just a year?

You’re not alone! We’d like to invite you to join a research study exploring how graduates become pharmacists; what you learn and how you view yourself over the course of your pre-registration year.

Interested? Then email Agent 1 in the Pharmacy Office for more information.

Agent 1 email address

This study has been granted ethical approval by the Manchester Institute of Education
Appendix 3

Becoming a pharmacist

Pharmacy Student Information Sheet (anonymised)

Would you like to take part in a research study exploring how pre-registration pharmacy trainees make the transition from student to pharmacist? Please take time to read the following information. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the aim of the study?
The study aims to explore the journey from student to pharmacist through identifying the roles pre-registration trainees perform during their training year, how they view themselves and their new role in the pharmacy and what has helped or hindered them make this transition. How pre-registration trainees become pharmacists is not well understood in pharmacy and it is hoped this study will help generate more research in this area.

Why have I been asked?
You have been asked because you will be a community pharmacy pre-registration trainee in the Manchester area and you responded to an invitation from the School of Pharmacy administration team. If you think you would like to take part, your new pre-registration tutor and employer will be contacted. Four pre-registration tutors and their trainees will be chosen from those who express an interest in taking part in the study.

What would I be asked to do if I took part?
If you take part in this study, you will be interviewed twice about your experiences as a pre-registration trainee and newly qualified pharmacist. The first will take place around the time of your first appraisal and the second shortly after you have qualified as a pharmacist. The researcher will also visit your workplace on two occasions to observe you in your daily work as a trainee. At each visit, you will be asked to bring along between 5 and 10 pieces of evidence from your Performance Standards portfolio that you think demonstrate your progress well. The researcher will also meet with you one final time once you have been qualified for between 6 and 9 months for you to read the “portrait” written about you and to agree its contents.

How is confidentiality maintained?
Your name will not be recorded on any of the interview transcripts, observation forms or reports and all data will be kept securely in an office at the University of Manchester or on a secure university computer network.

Will I be paid for participating in the study?
No payment will be offered for taking part in this study although if you employer allows, the research will take place during your normal working day.

What happens now?
It is up to you to decide whether or not to take part. If you decide to take part you are still free to withdraw at any time without giving a reason. If you are still interested and would like to take part, please email Agent 1 or Agent 2 in the Pharmacy Office with details of where you will be undertaking your pre-registration training.

Agent 1 email address
Agent 2 email address
Appendix 4

Email request to manager for consent to carry out research

Subject: Permission to carry out research in (insert name and location) pharmacy

Dear (enter manager’s name)

I have been given your contact details by (enter trainee or tutor name), who will be carrying out pre-registration training in your pharmacy in 2013-14. (Enter trainee or tutor name) has expressed an interest in taking part in my research and I wish to seek your permission to carry out this research in (insert name and location) pharmacy. I am a registered pharmacist undertaking a Doctorate in Education at the University of Manchester. I plan to explore how pharmacy graduates become pharmacists by observing pre-registration trainees as they go about their daily work, through interviewing trainees and their tutors and by analysing evidence from the trainee portfolio. I intend to carry out two 3-hour observations in the pharmacy and a 1-hour interview with the trainee and their tutor. I will be seeking written consent from all members of staff who I plan to observe and from the trainee and tutor I will interview; I will record interviews and make notes with their permission. I will not identify the pharmacy or any of its employees on any of the notes I take or in reports I write and all data I collect will be kept securely in my office at the University of Manchester. This research has been granted ethical approval by Manchester Institute of Education’s Research Ethics Committee. Please do contact me if you have any questions or require further information. I would be grateful if you could confirm in writing (by return of email or to the address below) that you are happy for this research to take place. If you do not give your consent for me to visit (insert name and location) pharmacy, you do not need to give me a reason.

Many thanks and kind regards

Jenny

Jennifer Silverthorne
Clinical Senior Lecturer
School of Pharmacy and Pharmaceutical Sciences
Faculty of Medical and Human Sciences
The University of Manchester
Stopford Building, 1st Floor
Oxford Road

Becoming a pharmacist

I give / do not give (delete as appropriate) my permission for Jennifer Silverthorne to conduct research in (insert name and location) pharmacy.

Signed ………………………………………………… Date ……………………………

Name and position…………………………………………………………………………

Please return to Jennifer Silverthorne at the address above.
Email invitation to Pre-registration Tutor

Subject: Invitation to take part in a research study

Dear (enter pre-reg tutor first name)

I wonder if you might be interested in taking part in a research study I am conducting as part of my Doctoral studies. (Insert student name), who will be undertaking pre-registration training with you next year is one of several students at the University of Manchester who has expressed an interest in taking part. I’ve attached a Participant Information Sheet that contains details of my planned study which will explore how pharmacy graduates become pharmacists. If you agree to take part, I’ll initially visit your pharmacy to interview you and your trainee individually for a maximum of an hour each. I will then visit your pharmacy on two occasions later in the year for 3 hours to observe your trainee working in the pharmacy. I will also ask your trainee to share a small number of items from their pre-registration performance standards portfolio with me during each visit. If you are interested in taking part, I’d be grateful if you could reply to this email before (enter date t+ 14 days) to let me know, and to provide me with details of any manager or superintendent pharmacist I will also need to seek permission from. If you choose not to take part, you do not need to give me a reason. If you would like to take part, and your employer also agrees, I will contact you again to arrange my visits. Please do feel free to contact me if you have any questions.

Many thanks and best wishes

Jenny

Jennifer Silverthorne
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School of Pharmacy and Pharmaceutical Sciences
Faculty of Medical and Human Sciences
The University of Manchester
Stopford Building, 1st Floor
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Manchester, M13 9PT
Tel: 0161 306 0601
Appendix 6
Pre-registration Trainee Interview 1 Schedule

Background info
Gender, age
Education so far; path to university
Reasons for studying pharmacy – inc exploring parents, relatives in pharmacy?
Previous work experience in pharmacy – paid & voluntary
Your current workplace – how did you secure this pre-reg place?

Identity
What is your role in the pharmacy at the moment; how do you see it developing?
How does your role compare with others in the pharmacy?
Do you feel more like a pharmacist now you have your degree? What else is contributing to you feeling more (or less) like a pharmacist?

Socialisation
How did you feel on your first day as a pre-reg? How have you settled into the pharmacy here? Describe fitting into workplace team.
Explore feelings
What is your place in the team, how does that make you feel?
What does a typical day in the pharmacy for you consist of? Explore tasks and routines and how student has adapted to them

Learning
Reflections on MPharm training – how well has it prepared you for becoming a pharmacist? What were the most useful things you learnt?
What are you learning about most at the moment? Who do you learn this from and how?
How did / do you expect your pre-reg placement to pan out?
What’s been easy? Not a problem / better compared with being a student? In contact with peers? How does your training compare? Shared feelings / experiences?

Let’s look at some of your portfolio evidence. Talk me through what happened and what you learnt.

Status passage / transition
Big change from being an undergraduate. What are the main differences & how have you managed to cope / adapt?
Explore feelings about transition
What’s helped you settle into your new role?
Could anything have been done differently to make your transition easier?

Conclusion
Anything you’d like to ask me?
Appendix 7

Pre-registration Tutor Interview Schedule

Background info
Gender, age
Current role in pharmacy
Previous positions held / experience gained
Experience as tutor (no. years & trainees)

Identity
What is the role of your trainee in the pharmacy; how do you see it developing throughout the training programme?
How do you view your trainee? As a student, a dispenser or more as a mini-pharmacis?

Socialisation
What tasks do you get your pre-reg to do when they start work and how does this change over time? Probe re changes in responsibility & supervision
How do your staff feel about having a pre-reg in the pharmacy?
How has your trainee settled into the pharmacy? How do they perform in the role now compared with when they started?

Learning
How do you deliver your training programme and tailor it to individual trainees?
How well do you think the MPharm prepared your trainee for their pre-reg?
What about their previous work experience?
Who delivers the training to your trainee? Have you / your staff had any training on how to train a pre-reg?
What is your approach to using the Performance Standards and collecting evidence? Observation & testimonials? Do you require a specific number of items to sign off?

Status passage / transition
How do you help trainees settle into their job?
Is there anything you think can be done to make the transition easier for students?

Conclusion
Anything you’d like to ask me?
Appendix 8

Pre-registration Trainee Interview 2 Schedule

Background info
Where are you working now & current role
Background on how they came to be in this post

Identity
What is your role in the pharmacy you are working in? How is it different from your role the week before you qualified?
Do you feel like a pharmacist now you are one? What is different from 3 months ago when you were still a pre-reg? What else is contributing to you feeling more (or less) like a pharmacist?

Socialisation
How did you feel on your first day as a pharmacist? How have you settled into the pharmacy here? Describe fitting into workplace team and reflect back on differences with pre-reg.
Explore feelings
What was your place in the team immediately before you qualified? How did that make you feel?
What is your place in the team now, how does that make you feel?
What does a typical day in the pharmacy for you consist of? Explore routines and how student has adapted to them & compare with end of pre-reg

Learning
Reflections on MPharm & pre-reg training – ultimately, how well prepared were you for becoming a pharmacist? What were the most useful things you learnt?
How did you expect your pre-reg placement to pan out & did it meet expectations?
What were the hardest parts about being a pre-reg?
In contact with peers? How did your training compare in preparing you for being a pharmacist?

Status passage / transition
Big change from being a pre-reg? What are the main differences & how have you managed to cope / adapt?
Explore feelings about transition
What’s helped you settle into your new role?
Could anything have been done differently to make your transition easier?

Conclusion
Anything you’d like to ask me?
Appendix 9

Becoming a pharmacist

Pre-registration Trainee Participant Information Sheet

I would like to invite you to take part in a research study exploring how pre-registration pharmacy trainees make the transition from student to pharmacist. I am a registered pharmacist but also a student in the School of Education at the University of Manchester and this study will contribute towards my degree of Doctor of Education. Before you decide it is important for you to understand why the study is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the study?

Jennifer Silverthorne, Manchester Institute of Education

Title of the study

An investigation into pharmacist identity formation

What is the aim of the study?

The study aims to explore the journey from student to pharmacist through identifying the roles pre-registration trainees perform during their training year, how they view themselves and their new role in the pharmacy and what has helped or hindered them make this transition. How pre-registration trainees become pharmacists is not well understood in pharmacy and it is hoped this study will help generate more research in this area.

Why have I been chosen?

You have been chosen because you will be a community pharmacy pre-registration trainee in the Manchester area and you responded to an invitation from the School of Pharmacy administration team at the University of Manchester. Your new pre-registration tutor and employer have also been contacted and have also shown an interest in participating in this study. Four pre-registration tutors and their trainees will be chosen from those who express an interest in taking part in the study.

What would I be asked to do if I took part?

If you take part in this study, I will interview you about your experiences as a pre-registration trainee and newly qualified pharmacist. With your permission, I will record the two interviews on audio-tape. The interviews will last no longer than one hour and will take place at a convenient time for you. The first will take place in your workplace around the time of your first 13-week appraisal and the second at The University of Manchester shortly after you have qualified as a pharmacist. I will also visit your workplace on two occasions to observe you in your daily work as a trainee. These visits will last around 3 hours and will take place at a convenient date around your 26 and 39-week appraisals. At each visit, I will ask you to bring along between 5 and 10 pieces of evidence from your Performance Standards portfolio that you think demonstrate your progress well. I appreciate that you are busy and I will try to minimise your inconvenience by arranging times that are most convenient. If, for any reason, you need to stop my data collection at any time, I will respect your wishes and immediately stop. I would also like to meet with you one final time at The University of Manchester once you have been qualified for between 6 and 9 months for you to read the “portrait” I have written about you and for us to agree its contents.
What happens to the data collected?
The audio-recorded interviews will be transcribed and I will take notes during my observations. I will use these, along with the Performance Standards portfolio items to produce a “portrait” of the ways in which you have developed during your pre-registration year – how you have become a pharmacist.

How is confidentiality maintained?
I will not use your name on any of the interview transcripts, observation forms or reports I write and all data will be kept securely in my office at the University of Manchester or on a secure university computer network. Your signed consent form will be kept separately from all other study data so that it is not possible to link you with your responses. Digital audio-files from the interview will be deleted from my computer one year after I complete my EdD which will be in 2016 at the earliest.

What happens if I do not want to take part or if I change my mind?
It is up to you to decide whether or not to take part. If you do decide to take part you should keep this information sheet and you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time before your interview without giving a reason.

Will I be paid for participating in the study?
No payment will be offered for taking part in this study although if you employer allows, the research will take place during your normal working day.

What is the duration of the study?
You will need to take part in three interviews that will last up to an hour around week 13 of your training year as well as 2 and 8 months after you have qualified as a pharmacist. You will also need to take part in two observations lasting 3 hours around weeks 26 and 39 of your training year.

Where will the study be conducted?
The first interview and observations will be conducted in your workplace. The remaining two interviews will take place at the University of Manchester.

Will the outcomes of the study be published?
The study findings will be included in my thesis and will also be submitted to a journal for publication.

Contact for further information
Thank you for taking the time to read this information sheet. If you have any questions please feel free to contact me using my work contact details below.

Contact details
Jennifer Silverthorne
School of Pharmacy and Pharmaceutical Sciences
First floor, Stopford Building
University of Manchester, Oxford Road
Manchester M13 9PT
Telephone: 0161 306 0601 Email: jennifer.silverthorne@manchester.ac.uk

What if something goes wrong?
If after taking part in the study, you have any concerns you would like to discuss, please do not hesitate to contact me using the contact details above.

If you wish to make a formal complaint about the conduct of this study you should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.
Appendix 10

Becoming a pharmacist

Pre-registration Tutor Participant Information Sheet

I would like to invite you to take part in a research study exploring how pre-registration pharmacy trainees make the transition from student to pharmacist. I am a registered pharmacist but also a student in the Manchester Institute of Education and this study will contribute towards my degree of Doctor of Education. Before you decide it is important for you to understand why the study is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the study?
Jennifer Silverthorne, Manchester Institute of Education

Title of the study
An investigation into pharmacist identity formation

What is the aim of the study?
The study aims to explore the journey from student to pharmacist through identifying the roles pre-registration trainees perform during their training year, how they view themselves and their new role in the pharmacy and what has helped or hindered them make this transition. How pre-registration trainees become pharmacists is not well understood in pharmacy and it is hoped this study will help generate more research in this area.

Why have I been chosen?
You have been contacted because you are a community pharmacist pre-registration tutor in the Manchester area and your new tutee at the University of Manchester has expressed an interest in taking part. If you are interested in taking part in this study, please read the rest of this information sheet and then discuss with your employer (who has also been contacted). Four pre-registration tutors and their trainees will be chosen from those who express an interest in taking part in the study.

What would I be asked to do if I took part?
If you take part in this study, I will interview you about your experiences as a pre-registration tutor. With your permission, I will record the interview on audio-tape. The interview will last no longer than one hour and will take place at a convenient time for you in your workplace. I appreciate that you are busy and I will try to minimise your inconvenience by arranging a date and time for the interview that is most convenient. If, for any reason, you need to stop the interview at any time, I will respect your wishes and immediately stop the interview. I will also visit your pharmacy to observe your trainee in practice on two occasions for 3 hours. Again, I will try to minimise your inconvenience by arranging a date and time that is most convenient.

What happens to the data collected?
The audio-recorded interviews will be transcribed and I will record my observations on paper. I will use them to help identify the ways in which trainees develop during their pre-registration year and what helps or hinders them in their journey to becoming a pharmacist.

How is confidentiality maintained?
I will not use your name on any of the interview transcripts, observation forms or reports I write and all data will be kept securely in my office at the University of Manchester or on a secure university computer network. Your signed consent form will be kept separately from all other study data so that it is not possible to link you with your responses. Digital audio-files from the interview will be deleted form my computer one year after I complete my EdD which will be in 2016 at the earliest.
What happens if I do not want to take part or if I change my mind?
It is up to you to decide whether or not to take part. If you do decide to take part you should keep this information sheet and you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time before your interview without giving a reason.

Will I be paid for participating in the study?
No payment will be offered for taking part in this study although if you employer allows, the research will take place during your normal working day.

What is the duration of the study?
You will need to take part in one interview that will last up to an hour around week 13 of the training year and two observations lasting 3 hours around weeks 26 and 39 of the training year.

Where will the study be conducted?
The interview and observations will be conducted in your workplace, with your employer’s permission.

Will the outcomes of the study be published?
The study findings will be included in my thesis and will also be submitted to a journal for publication.

Contact for further information
Thank you for taking the time to read this information sheet. If you have any questions please feel free to contact me using my work contact details below.

Contact details
Jennifer Silverthorne
School of Pharmacy and Pharmaceutical Sciences
First floor, Stopford Building
University of Manchester
Oxford Road
Manchester M13 9PT
Telephone: 0161 306 0601
Email: jennifer.silverthorne@manchester.ac.uk

What if something goes wrong?
If after taking part in the study, you have any concerns you would like to discuss, please do not hesitate to contact me using the contact details above.

If you wish to make a formal complaint about the conduct of this study you should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.
PRE-REGISTRATION TRAINEE CONSENT FORM

If you are happy to participate please complete and sign the consent form below

Please initial box

1. I confirm that I have read the information sheet on the above study and have had the opportunity to consider the information, ask questions and had these answered.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I agree to the interviews being audio-recorded.

4. I agree to the use of selected items from my Performance Standards portfolio.

5. I agree to being observed carrying out my duties when I am working.

6. I agree to the use of anonymous quotes.

7. I agree to any data collected being shared with the research supervisor.

8. I agree that any data collected may be published in anonymous form in academic books or journals.

9. I agree to take part in the above study.

Name of participant ___________________________ Date ___________ Signature ___________________________

Name of person taking consent ___________________________ Date ___________ Signature ___________________________
PRE-REGISTRATION TUTOR CONSENT FORM

If you are happy to participate please complete and sign the consent form below

1. I confirm that I have read the information sheet on the above study and have had the opportunity to consider the information, ask questions and had these answered.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I agree to the interview being audio-recorded

4. I agree to being observed carrying out my duties when I am working alongside the pre-registration trainee

5. I agree to the use of anonymous quotes

6. I agree to any data collected being shared with the research supervisor

7. I agree that any data collected may be published in anonymous form in academic books or journals

8. I agree to take part in the above study

______________________________  ______________________  ______________________
Name of participant               Date                        Signature

______________________________  ______________________  ______________________
Name of person taking consent     Date                        Signature
### Appendix 13

**Themes from Interview 1: Lauren**

An example table is shown, which shows the initial identification of themes in an individual interview, in the study’s key areas of identity, practice and influences:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Pre-reg 1 - Lauren</th>
<th>Tutor 1 - Paul</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IDENTITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainee identity</td>
<td>When customers come in and they’re looking over at you sort of thing, they might think I’m the pharmacist because I’m wearing my own clothes, if Paul is not visible. I still don’t feel like a pharmacist. I feel like I’ve not got the confidence level yet. But I feel like I’ve stepped up a bit more since summer, because I’m a pre-reg now, I’ve got to do these things and I’ve started paying more attention to like the drugs that are on the prescriptions and thinking more about them than just putting it on the computer. I think in here, they treat me a bit like the pharmacist. When tutor 1’s in an MUR, they’ll be like, “what does this do?” they’ll ask me the questions and stuff. And just not being at uni I think is making me feel more like a pharmacist. Having to come to work every day and all that business. It makes me a bit nervous sometimes, I still like to get everything double checked even though I know it’s right. I’ll be like I don’t like this, but I’ve kind of stopped doing that, well obviously when it’s appropriate; to have confidence more is my main thing. When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she’s still developing that with customers. And it’s just about building that rapport and people skills, you know, you pick it up. She, I think she’s perfectly capable and it’s going well, you can see the transition.</td>
<td></td>
</tr>
<tr>
<td>Hierarchical position wrt techs</td>
<td>We all do similar things I’d say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that. Erm well I don’t think they really understood at first. Some of them were like “are you still at uni?” “No, I’ve finished now”. Them ones I explained and they were like, yeah. I feel like I fitted in quite quickly though cause like most of them were here when I was here before.</td>
<td>Yeah, yeah. I think they respect her and they’re always winding me up that she knows more than me, things like that. So she’s getting the respect and I think from day one I mean Lauren’s fine, she gets on with everyone; they’re a good team. They’re all very positive people. You do get in some of the other branches a lot of negativity against Company A, they’re a big company, especially in the current economic climate and what not. But, they’re a good bunch here, everybody mucks in, and I think everybody sees the pre-reg as a bit of a positive thing.</td>
</tr>
<tr>
<td><strong>PRACTICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning</td>
<td>Erm well the Company A book has a lot of information in it, but I’ve been using my uni notes and the BNF to answer the</td>
<td></td>
</tr>
</tbody>
</table>
questions in there. But in terms of clinical stuff obviously I ask my tutor a question but if there’s not time, I tend to keep a piece of paper and write it down and then look it up when I get home. But I ask the dispensing staff quite a lot as well; simple things like “does this come in an MR form?”, “where will it be” or “how do we order this special?”. They tell me all that type of thing.

Ern, sometimes, my tutor will be like “what’s this for”, “what does that do?” “What couldn't they have that with?”. While we’re dispensing, he’ll ask those type of things, but only if we’re quiet; not if we’re mad busy.

Yeah, whenever I do something new I write it up as evidence but recently I’ve not been doing that much new, it’s just been going over the same stuff really.

I do what I can on my own but then the other staff and my tutor show me some things like, there’s all the things like opening up the store and closing the store, and it covers all the paperwork you have to fill in for the enhanced services and stuff and how to claim, so it’s all the claiming and things really.

LPP at start
I’m doing a bit of everything right now but I’m not spending a lot of time on the counter. So Jane who works on the counter is on holiday next week, so we’ve sort of said that while she’s on holiday I’ll do it.

Just putting the order away to remind myself where everything was, doing the computer and getting back into the shortcuts... just re-familiarising myself with how everything works really.

I was a bit nervous on my first day because I’d worked here before, but only in first year so it was three years since I’d been so I was a bit like nervous. But on the first day I literally got given the SOP file and it was like, “read those” which was a bit boring. But then in the first week it was just getting back into things and getting in the mindset of how everything works again.

Expertise development
Er well, I come in and then I have a look through the baskets that were from the day before and see if I can do anything, but most of the time it has to wait until the order comes in. So it’s a bit slow in the morning, until, but the order normally

When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she’s still developing that with customers. And it’s just about
comes within half an hour. Then we put that away and do all the things that weren’t done the day before. And then just labelling on the computer and stuff. And then if any ambulances or needle exchange come in I’ll do them, but pretty standard things really.

We also do the controlled drugs for the ambulance. I do that every time an ambulance comes in. And I do the weekly CD count and things. I was quite like chuffed at first but now I’m like ‘oh there’s an ambulance again’

I think sometimes, like when we had the dispensing classes and things, they weren’t true to life enough, because all time I’m going “this is a black dot interaction” and my tutor’s like “who cares, it doesn’t really matter”. It’s just things like, it all seemed to be a bit like artificial at university and focussing on different issues to ones that actually come up in community.

| Management roles | And like other times you go in and like you’ve got to be the manager as well which makes you feel a bit weird because people are saying “can I go for lunch now” and I don’t really know about that, go for lunch when you like type of thing.

It’s weird cause you’re there for a day so you’re not their real manager but you’ve got to make sure that people are doing their jobs because I find that a lot of people think of it as a bit of a holiday when the regular manager’s not there, so I just make sure things get done. |
| Early tension / stress as pharmacist | They sent me to this really, really busy branch, as double cover, but it was still really, really busy. And I got there and ..... they were like, ‘you look scared’. And I was; terrified! It flew by and I was nervous all day.

It’s weird because I don’t really like being double cover, like second pharmacist, because you find yourself going back into the pre-reg role, a bit like ‘what do I do now? What do you want me to do?’ Whereas when I’m the only one, I’m like, right I know what needs doing here.

The stress of that first week, it was like I’ve never been so stressed in my life!

It’s just like whenever someone comes into the shop and they have a question, it’s automatically sent through to you, and building that rapport and people skills, you know, you pick it up. She, I think she’s perfectly capable and it’s going well, you can see the transition. |
sometimes you’re like I don’t have a clue what the answer is, but like there’s nobody else in the shop, everyone’s looking at me to know the answer.

Well they gave me a pile of hub prescriptions to clinically check and they were like, ‘we need them done in 15 minutes’. And then they had six people waiting in the shop who’ve been told there’s a 10 minute wait and they’ve got someone in the consultation room waiting for an MUR. And I was like, ‘which of these is most important? I really can’t do all three at once.’

**INFLUENCES**

| Tutor-trainee dyad | I would say I would take more of a step back as the confidence builds, and I guess it’s a bit like raising a child I guess, when they’re on the bike for the first time, you’re running at the side and then as the confidence builds you have to step back to the point where they’ll have to take over on the big day... So it’s confidence building really, learning how things are going to be. I mean, my tutor took ill when I was doing my pre-reg so I got dropped in the deep end with a locum every day, so it was sink or swim. I do bring an element of that in, you know apply, let them feel the pressure sometimes.

So I develop it as time goes on, so a lot of the time when I have a pre-reg fresh out of university, they’ve a lot of skills to develop and erm, and not essentially got a great deal of common sense, so it’s starting with the basics. But Trainee 1’s been a vacation student for a couple years, she was here a few years back, she did some, a summer over in Tydlesley, so she’s got all that under her belt. She’s working with me in the dispensing programme, we’ve shown her the basics about prescription ordering and all that and she’s capable so there’s no point her ordering prescriptions all day, we’ve got her customer facing and then she’ll do customer interactions and what not under my supervision and I can interject if need be, and er just to build her confidence really. Let her come up with the ideas and I’ll agree or discuss some other options with her and just give her the confidence to.. when she finds herself stood there on her own, to be able to recommend the right thing, know when to refer and things like that. |
Appendix 14

Inter-interview themes example: Lauren, Abdullah, Paul and Abbir

An example table is shown, which shows the initial identification of themes between interviews, in the study’s key areas of identity, practice and influences:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Pre-reg 1 - Lauren</th>
<th>Pre-reg 2 - Abdullah</th>
<th>Tutor 1 - Paul</th>
<th>Tutor 2 - Abbir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee identity</td>
<td>When customers come in and they’re looking over at you sort of thing, they might think I’m the pharmacist because I’m wearing my own clothes, if Paul is not visible. I still don’t feel like a pharmacist. I feel like I’ve not got the confidence level yet. But I feel like I’ve stepped up a bit more since summer, because I’m a pre-reg now, I’ve got to do these things and I’ve started paying more attention to like the drugs that are on the prescriptions and thinking more about them than just putting it on the computer. I think in here, they treat me a bit like the pharmacist. When tutor 1’s in an MUR, they’ll be like, “what does this do?”; they’ll ask me the questions and stuff. And just not being at uni I think is making me feel more like a pharmacist. Having to come to work every day and all that business.</td>
<td>I’m more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff. I mean it’s a bit hard to explain but generally the fitting in; I feel like I have, but it’s just, because the pharmacist and the pre-reg, because their roles are quite different, you’re more geared towards the pharmacist type of thinking. But, the thing is, the clinical side of it, I’m still not there, but I think I do like to check the BNF, a lot.</td>
<td>When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she’s still developing that with customers. And it’s just about building that rapport and people skills, you know, you pick it up. She, I think she’s perfectly capable and it’s going well, you can see the transition.</td>
<td>I’ve never seen another pre-reg with such clinical knowledge. So his clinical side is really good, he’s really motivated in that, so to get him a bit more happy with OTC [over the counter], to get him more into it, I’ve asked him more clinical questions... I’m going to basically adopt more of an OTC approach and make sure he learns all of that and holds back on the BNF [British National Formulary], so to speak, because his knowledge is really good. I see him as a mini-pharmacist and I think because of that, I put more pressure on him than I do everyone else. I expect higher standards from him than anyone else, so if one of the dispensers who have been here for a number of years makes a mistake, obviously I’ll let them know, but if he makes a mistake I think I’m a little more harsh on him.</td>
</tr>
</tbody>
</table>
It makes me a bit nervous sometimes, I still like to get everything double checked even though I know it’s right. It’ll be like I don’t like this, but I’ve kind of stopped doing that, well obviously when it’s appropriate; to have confidence more is my main thing.

because I expect him to know better, so I do tend to treat him more as a mini-pharmacist.

Hierarchical position / competition with techs

We all do similar things I’d say, I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that.

Erm well I don’t think they really understood at first. Some of them were like “are you still at uni?” “No, I’ve finished now”. Them ones I explained and they were like, yeah. I feel like I fitted in quite quickly though cause like most of them were here when I was here before.

When I first walked in, my expectations were basically someone who mostly does the pharmacist’s roles. So I guess I kind of found that a little bit frustrating. I’m not trying to be insulting or anything, but obviously because a person’s spent four years, I think I should be treated, not treated differently, but I should be given more of the roles of the actual pharmacist. I thought I was being treated differently and the truth is I felt like I wasn’t being given the respect that I should be given.

He basically said to me, your job is to take the tension off from me. So I’m basically just rotating and doing the jobs the dispensers do and counter assistants and stuff

In terms of the things I can do, it’s for example if you get a prescription Yeah, yeah. I think they respect her and they’re always winding me up that she knows more than me, things like that. So she’s getting the respect and I think from day one

I mean Lauren’s fine, she gets on with everyone; they’re a good team. They’re all very positive people. You do get in some of the other branches a lot of negativity against Company A, they’re a big company, especially in the current economic climate and what not. But, they’re a good bunch here, everybody mucks in, and I think everybody sees the pre-reg as a bit of a positive thing.
for a controlled drug, then I am allowed to work in the CD cupboard to carry that out, but there are some members of staff who can’t do that. I think it’s mainly counter assistants who can’t. In terms of checking the prescriptions, it’s just my tutor and the accuracy checking technician.

<table>
<thead>
<tr>
<th>PRACTICE</th>
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</thead>
<tbody>
<tr>
<td>Learning</td>
</tr>
</tbody>
</table>
| Erm well the Company A book has a lot of information in it, but I’ve been using my uni notes and the BNF to answer the questions in there. But in terms of clinical stuff obviously I ask my tutor a question but if there’s not time, I tend to keep a piece of paper and write it down and then look it up when I get home. But I ask the dispensing staff quite a lot as well; simple things like “does this come in an MR form?”, or “where will it be” or “how do we order this special?”. They tell me all that type of thing.

Erm, sometimes, my tutor will be like “what’s this for”, “what does that do?” “What couldn’t they have that with?”. While we’re dispensing, he’ll ask those type of things, but only if we’re quiet; not if we’re mad busy. |

Yeah, I go to the surgeries as well, he’s happy for me to spend half a day with the doctors as well. So I guess that’s one good thing about this particular health centre. Because they’re training practices, you can actually go into the surgery and do some training as well.

At this moment it’s more of the communication side of things. It’s not that I’m not communicating well, it’s just I like to get along with the job and that’s basically it. But, the thing is, the clinical side of it, I’m still not there, but I think I do like to check the BNF, a lot.
Yeah, whenever I do something new I write it up as evidence but recently I’ve not been doing that much new, it’s just been going over the same stuff really.

I do what I can on my own but then the other staff and my tutor show me some things like, there’s all the things like opening up the store and closing the store, and it covers all the paperwork you have to fill in for the enhanced services and stuff and how to claim, so it’s all the claiming and things really.

I get rotated every so often and actually I’ve just been doing the waiting baskets, so if customers are waiting, and I do the delivery side too. And the dosettes, too, I’m doing them. And every Tuesday for one hour, I work alongside my tutor checking with my tutor. That’s basically it.

At the moment, my tutor, he wants me to focus on the over the counter stuff. The BNF still, like checking the doses; I try to do that on a daily basis.

He basically said to me, your job is to

I'm going to basically adopt more of an OTC approach and make sure he learns all of that and holds back on the BNF [British National Formulary], so to speak, because his knowledge is really good. There’s no point reading more and more and not knowing how to sell a cough bottle to anyone.
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It’s more about putting all the things you’ve learnt into practice, which is the difficult bit, because we’ve been taught so much. I mean I don’t see myself right now as a pharmacist, but I’m trying to take more responsibilities on, so, hopefully for

| When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she’s still developing that with customers. And it’s just about building that rapport and people skills, you know, you pick it up. She, I think she’s perfectly capable and it’s going well, you can see the transition.
I think sometimes, like when we had the dispensing classes and things, they weren't true to life enough, because all time I'm going "this is a black dot interaction" and my tutor's like "who cares, it doesn't really matter". It's just things like, it all seemed to be a bit like artificial at university and focussing on different issues to ones that actually come up in community. The next year. But I mean it's getting there, slowly, slowly. I mean it's getting there, slowly, slowly. I'm more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff. Which is why I now spend an hour a week with my tutor, checking and stuff.

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Management roles

| Management roles | And like other times you go in and like you’ve got to be the manager as well which makes you feel a bit weird because people are saying “can I go for lunch now” and I don’t really know about that, go for lunch when you like type of thing. It’s weird cause you’re there for a day so you’re not their real manager but you’ve got to make sure that people are doing their jobs because I find that a lot of people think of it as a bit of a holiday when the regular manager’s not there, so I just make sure things get done. | But I am sort of treated as the manager. It’s like one branch I went to in Wigan, they sent us to company E, although they did have a beauty section, they did have an opticians, they had all the other sections, they couldn’t open up until the pharmacist comes, so that, I guess it puts that sort of thing on you that you’re the manager of everything. | }

I’m more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff. Which is why I now spend an hour a week with my tutor, checking and stuff.

I mean, when the Drs come in and discuss with my tutor, I’m quite eager to listen in to what they’re discussing about.
I mean it’s a bit hard to explain but generally the fitting in; I feel like I have, but it’s just, because the pharmacist and the pre-reg, because their roles are quite different, you’re more geared towards the pharmacist type of thinking.

I would say I would take more of a step back as the confidence builds, and I guess it’s a bit like raising a child I guess, when they’re on the bike for the first time, you’re running at the side and then as the confidence builds you have to step back to the point where they’ll have to take over on the big day... So it’s confidence building really, and experience, learning how things are going to be. I mean, my tutor took ill when I was doing my pre-reg so I got dropped in the deep end with a locum every day, so it was sink or swim. I do bring an element of that in, you know apply, let them feel the pressure sometimes.

So I develop it as time goes on, so a lot of the time when I have a pre-reg fresh out of university, they’ve a lot of skills to develop and erm, and not essentially got a great deal of common sense, so it’s starting with the basics. But Trainee 1’s been a vacation student for a couple years, she was here a few years back, she did some, a summer over in Tydlesley, so she’s got all that under her belt. She’s working with me in the I’m trying to make it as varied as possible. Basically I’m trying to make it as opposite to what I did as a pre-reg. You see when I was a pre-reg we were really short staffed and I was basically a dispenser, a dogsbody. I had to do pretty much everything and I didn’t really learn much as a pharmacist.
dispensing programme, we’ve shown her the basics about prescription ordering and all that and she’s capable so there’s no point her ordering prescriptions all day, we’ve got her customer facing and then she’ll do customer interactions and what not under my supervision and I can interject if need be, and er just to build her confidence really. Let her come up with the ideas and I’ll agree or discuss some other options with her and just give her the confidence to.. when she finds herself stood there on her own, to be able to recommend the right thing, know when to refer and things like that.
Appendix 15

Contextual data example: Lauren

The pharmacy is situated in a small row of shops just outside the town centre, behind which is a badly maintained private car park with numerous warning signs posted. The pharmacy is compact and I enter it at the front into a shop with two chairs that act as a waiting area. The pharmacy counter is crammed with medicines for the public to choose from and behind, the dispensary is full of shelves stacked with medicine boxes and bottles. Members of staff are busy in the dispensary oblivious to the customers below and there is a high level counter which hides the pharmacist.

A door from the dispensary leads to a rabbit warren of corridors and small rooms, one of which is the consultation room where we hold the interviews. The consultation room is little used but the trainee tells me that she and her tutor are hopeful this will change in the near future.

Trainee 1 is softly spoken and her body language suggests she lacks a little self-confidence. I recognise her and she somewhat shyly shows me around, always modest of her pharmacy and her position within it. She tells me she came straight to university from college after spending two weeks in year 10 in a pharmacy. With an interest in science and an ambition to work in healthcare, after ruling out medicine as a career, student 1 opted for pharmacy. She secured her current training position with company A after spending two summer vacations working in their pharmacies. She expands that she was attracted by the job security a big company offers and hopes that there will be a job for her when she completes her training. Trainee 1 speaks of her tutor with awe and respect. I suspect she is a little intimidated by his greater experience, skill and natural ability for the job and wonder if she compares herself unfavourably. She clearly holds him in high esteem and I wonder how much of her work in learning the job of a pharmacist is motivated by earning praise from her tutor.

Trainee 1 seems to have established a role for herself in the pharmacy and fitting in is important to her. She seems comfortable with the tasks she has been given, that she is not being patronised nor overstretched. She seems content with her position as pre-reg and the opportunities her role offers, although she is perhaps understandably nervous about the prospect of becoming a pharmacist. Trainee 1 speaks often about improving her confidence and taking on more of the tasks a pharmacist does; she explains she checks that she’s done things right much too often. She seems almost anxious for these milestones to happen.

Trainee 1’s tutor is big man who has a confident, humorous and self-deprecating demeanour. The interview is taken in his stride as he confidently and effectively checks prescriptions brought into the interview room at regular intervals by the dispensary staff.

Tutor 1 is an experienced pharmacist who has arrived in this position after a variety of different roles. His commitment to teaching and training others is clearly apparent. Tutor 1 has experience of working with a number of trainees over the years and describes how he gives much consideration to adapting his approach to suit the trainee. I’m struck by the job satisfaction he gets from reaching the point of
understanding what each trainee needs most to develop. He uses a learner centred approach and moulds his training around both what the trainee wants and what he has assessed they need. Tutor 1 seems altruistic in his training approach; allowing the trainee to develop independently but providing a guiding hand where needed. I suspect the gender and age differences between tutor and trainee allow this kind of relationship to flourish. Tutor 1 has a deep cynicism for the organisation in which he works but has managed to foster a happy team in his pharmacy. It is unclear what effect his contempt for his company's league tables and targets has on his trainee, if any. However, he runs what appears to be an efficient, high achieving and happy pharmacy; it features in the company's regional top 3 pharmacies despite Tutor 1's scathing criticism of this approach to motivating staff.
Appendix 16

Inter-interview & portfolio themes excerpt: Lauren, Abdullah, Paul and Abbir

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<tr>
<th>Theme</th>
<th>Pre-reg 1 - Lauren</th>
<th>Pre-reg 2 - Abdullah</th>
<th>Tutor 1 - Paul</th>
<th>Tutor 2 - Abbir</th>
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<tbody>
<tr>
<td>IDENTITY</td>
<td>When customers come in and they're looking over at you sort of thing, they might think I'm the pharmacist because I'm wearing my own clothes, if Paul is not visible. I still don't feel like a pharmacist. I feel like I've not got the confidence level yet. But I feel like I've stepped up a bit more since summer, because I'm a pre-reg now, I've got to do these things and I've started paying more attention to like the drugs that are on the prescriptions and thinking more about them than just putting it on the computer. I think in here, they treat me a bit like the pharmacist. When tutor 1's in an MUR, they'll be like, &quot;what does this do?&quot;, they'll ask me the questions and stuff. And just not being at uni I think is making me feel more like a pharmacist. Having to come to work every day and all that business. It makes me a bit nervous sometimes, I still like to get</td>
<td>I'm more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff. I mean it's a bit hard to explain but generally the fitting in; I feel like I have, but it's just, because the pharmacist and the pre-reg, because their roles are quite different, you're more geared towards the pharmacist type of thinking But, the thing is, the clinical side of it, I'm still not there, but I think I do like to check the BNF, a lot. When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she's still developing that with customers. And it's just about building that rapport and people skills, you know, you pick it up. She, I think she's perfectly capable and it's going well, you can see the transition. I've never seen another pre-reg with such clinical knowledge. So his clinical side is really good, he's really motivated in that, so to get him a bit more happy with OTC [over the counter], to get him more into it, I've asked him more clinical questions... I'm going to basically adopt more of an OTC approach and make sure he learns all of that and holds back on the BNF [British National Formulary], so to speak, because his knowledge is really good. I see him as a mini-pharmacist and I think because of that, I put more pressure on him than I do everyone else. I expect higher standards from him than anyone else, so if one of the dispensers who have been here for a number of years makes a mistake, obviously I'll let them know, but if he makes a mistake I think I'm a little more harsh on him because I expect him to know better, so I do tend to</td>
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everything double checked even though I know it’s right. I’ll be like I don’t like this, but I’ve kind of stopped doing that, well obviously when it’s appropriate; to have confidence more is my main thing.

To become MUR [medicines use review] accredited and to feel confident to be able to conduct the service upon qualification.

To keep doing this on a regular basis with every script I see to improve my confidence in my knowledge.

treat him more as a mini-pharmacist.

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| LPP at start | I’m doing a bit of everything right now but I’m not spending a lot of time on the counter. So Jane who works on the counter is on holiday next week, so we’ve sort of said that while she’s on holiday I’ll do it.

Just putting the order away to remind myself where everything was, doing the computer and getting back into the shortcuts… just re-familiarising myself with how everything works really.

I was a bit nervous on my first day because I’d worked here before, but I get rotated every so often and actually I’ve just been doing the waiting baskets, so if customers are waiting, and I do the delivery side too. And the dosettes, too, I’m doing them. And every Tuesday for one hour, I work alongside my tutor checking with my tutor. That’s basically it. At the moment, my tutor, he wants me to focus on the over the counter stuff. The BNF still, like checking the doses; I try to do that on a daily basis.

He basically said to me, your job is to take the tension off I’m going to basically adopt more of an OTC approach and make sure he learns all of that and holds back on the BNF [British National Formulary], so to speak, because his knowledge is really good. There’s no point reading more and more and not knowing how to sell a cough bottle to anyone.
only in first year so it was three years since I’d been so I was a bit like nervous. But on the first day I literally got given the SOP file and it was like, “read those” which was a bit boring. But then in the first week it was just getting back into things and getting in the mindset of how everything works again.

from me. So I’m basically just rotating and doing the jobs the dispensers do and counter assistants and stuff

A customer purchased a non-medicinal item for which I needed to take payment from them; I wanted to understand how to use the EPOS till

I was placed in charge of preparing the daily instalment supplies of methadone using the methadone pump; I was trying to understand how to use the methadone pump correctly to accurately and efficiently dispense the correct quantity of methadone for each patient

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We also do the controlled drugs for the ambulance. I do that every time an ambulance comes in. And I do the weekly CD count and things. I was quite like chuffed at first but now I'm like 'oh there's an ambulance again'

I think sometimes, like when we had the dispensing classes and things, they weren't true to life enough, because all time I'm going "this is a black dot interaction" and my tutor's like "who cares, it doesn't really matter". It's just things like it all seemed to be a bit like artificial at university and focussing on different issues to ones that actually come up in community.

I looked in the drug tariff in the "notes on charges" section and found that I had to take two charges for the patient's HRT medicine.

I have become more confident in approaching a doctor if they have inadvertently made an error and to suggest an alternative medication which would be more cost effective for the NHS.

It's more about putting all the things you've learnt into practice, which is the difficult bit, because we've been taught so much. I mean I don't see myself right now as a pharmacist, but I'm trying to take more responsibilities on, so, hopefully for next year. But I mean it's getting there, slowly, slowly.

I mean it's getting there, slowly, slowly. I'm more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff. Which is why I now spend an hour a week with my tutor, checking and stuff.

I received a prescription which required the ordering of Melatonin liquid which is a special item; I was trying to understand the procedure of ordering a specials medication

I answered a telephone query from a patient who wanted to know why captopril
should be taken on an empty stomach.... I would like to deal with these types of queries on a regular basis as this will help to further broaden my knowledge of medicines and by explaining in a patient friendly manner, I am potentially helping patient to be more concordant with their treatment.

| Clinical knowledge is commodity | Like the checking thing if I hadn’t discussed that with my tutor and my supervisor, I wouldn’t have been doing it until January. Because there’s a checking module you have to do for 500 prescriptions you have to check, but I’ve been given that opportunity from now. It’s just every week, I mean it’s basically to cater for me as well, because I’m more clinically minded, hopefully it should help me out for both the pre-reg exam and my future as well. So I basically have catered the programme to my needs and Company B are fine with that.

I’m more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs.

| His clinical knowledge is phenomenal, I’ve never seen another pre-reg with such clinical knowledge, but his OTC is horrendous. So his clinical side is really good, he’s really motivated in that, so to get him a bit more happy with OTC, to get him more into it, I’ve asked him more clinical questions and then slowly, as his OTC is quite poor, so now he’s finding his feet a bit more in the pharmacy I’m going to basically adopt more of an OTC approach. |
themselves and how they work and if there are any particular problems with the prescriptions and stuff. Which is why I now spend an hour a week with my tutor, checking and stuff.

I received a prescription for dexamethasone oral suspension for a 1 year old child to treat croup. Upon carefully recalculating the dose using the weight provided by the doctor on the prescription and using ratios to obtain the correct dose, I had realised the doctor made an error in the amount which the child should be given. I flagged this urgently with my tutor who also recalculated the dose and we agreed that the child was being prescribed an overdose. I took the prescription to the relevant doctor and informed them of the dose prescribed and the calculation we used. The doctor apologised profusely and amended the prescription to the correct dose.
Amlodipine inhibits the metabolism of the simvastatin due to inhibiting the CYP3A4 enzyme responsible for metabolizing simvastatin, this means more risk of muscle pains in the patients, hence the new advice is to reduce the dose of simvastatin to 20mg maximum. I notified my tutor and I managed to get the simvastatin changed to 20mg.
Becoming a pharmacist

Pharmacy Staff Participant Information Sheet

I would like to invite you to take part in a research study using observation to explore how pre-registration pharmacy trainees become pharmacists. I am a registered pharmacist but also a student in the Manchester Institute of Education and this study will contribute towards my degree of Doctor of Education. Before you decide it is important for you to understand why the study is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the study?

Jennifer Silverthorne, Manchester Institute of Education

Title of the study

An investigation into pharmacist identity formation

What is the aim of the study?

The study aims to explore the journey from student to pharmacist through identifying the roles pre-registration trainees perform during their training year, how they view themselves and their new role in the pharmacy and what has helped or hindered them make this transition. How pre-registration trainees become pharmacists is not well understood in pharmacy and it is hoped this study will help generate more research in this area.

Why have I been chosen?

Community pharmacy pre-registration tutors and trainees in the Manchester area were invited to take part in this study; your pharmacy has been chosen as your trainee and pharmacist tutor have agreed to take part.

What would I be asked to do if I took part?

If you take part in this study, I will observe you as you go about your daily duties in the pharmacy as I am interested in how you work alongside the pre-registration trainee. With your permission, I will take notes on your interactions with the pre-registration trainee. I may also write down exactly what you say for a small number of your conversations with the trainee. I will spend 3 hours in the pharmacy on two convenient days for the pharmacy. If, for any reason, you would like me to stop observing you, I will respect your wishes and immediately stop.

What happens to the data collected?

I will make detailed notes which I will then use to compare trainees' roles and actions with other pharmacy staff. I will then propose ways in which pharmacy trainees become pharmacists during their training year.
How is confidentiality maintained?

I will not use your name on any of the notes I write and all data will be kept securely in my office at the University of Manchester or on a secure university computer network. Your signed consent form will be kept separately from all other study data so that it is not possible to link you with my notes.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you should keep this information sheet and you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time before I visit the pharmacy without giving a reason.

Will I be paid for participating in the study?

No payment will be offered for taking part in this study.

What is the duration of the study?

You will need to take part for two 3-hour visits.

Where will the study be conducted?

The study will be conducted in your workplace, with the permission of the pharmacy manager.

Will the outcomes of the study be published?

The study findings will be included in my thesis and will also be submitted to a journal for publication.

Contact for further information

Thank you for taking the time to read this information sheet. If you have any questions please feel free to contact me using my work contact details below.

Contact details
Jennifer Silverthorne
School of Pharmacy and Pharmaceutical Sciences
First floor, Stopford Building
University of Manchester
Oxford Road
Manchester M13 9PT
Telephone: 0161 306 0601
Email: jennifer.silverthorne@manchester.ac.uk

What if something goes wrong?

If after taking part in the study, you have any concerns you would like to discuss, please do not hesitate to contact me using the contact details above.

If you wish to make a formal complaint about the conduct of this study you should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.
PHARMACY STAFF CONSENT FORM

If you are happy to participate please complete and sign the consent form below

Please initial box

1  I confirm that I have read the information sheet on the above study and have had the opportunity to consider the information, ask questions and had these answered.

2  I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3  I agree to being observed carrying out my duties when I am working alongside the pre-registration trainee

4  I agree to the use of anonymous quotes

5  I agree to any data collected being shared with the research supervisor

6  I agree that any data collected may be published in anonymous form in academic books or journals

7  I agree to take part in the above study

__________________________  __________________________  __________________________
Name of participant  Date  Signature

__________________________  __________________________  __________________________
Name of person taking consent  Date  Signature
# Appendix 19

## Pharmacy Visit Observation Record

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<tr>
<th>Time</th>
<th>Participants &amp; location</th>
<th>Activity</th>
<th>Comments (inc verbatim quotes)</th>
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Key to trainee activities:
- Ag: giving advice; Ar: requesting advice; C: prescription checking; D: dispensing; Ig: giving instruction; Ir: receiving instruction; O: other (describe in comments); Pc: patient consultation (counter); Pf: patient consultation (pharmacy front); Q: questioning from pharmacist; S: private study; Tm: making telephone call; Tr: receiving telephone call
<table>
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Key to trainee activities:
Ag: giving advice; Ar: requesting advice; C: prescription checking; D: dispensing; Ig: giving instruction; Ir: receiving instruction; O: other (describe in comments); Pc: patient consultation (counter); Pf: patient consultation (pharmacy front); Q: questioning from pharmacist; S: private study; Tm: making telephone call; Tr: receiving telephone call
## Appendix 20

Intra-interview, portfolio and observation themes excerpt: Lauren and Paul

<table>
<thead>
<tr>
<th>Theme</th>
<th>Pre-reg 1 - Lauren</th>
<th>Tutor 1 - Paul</th>
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<tbody>
<tr>
<td>IDENTITY</td>
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<tr>
<td>Trainee identity</td>
<td>When customers come in and they're looking over at you sort of thing, they might think I'm the pharmacist because I'm wearing my own clothes, if Paul is not visible. I still don't feel like a pharmacist. I feel like I've not got the confidence level yet. But I feel like I've stepped up a bit more since summer, because I'm a pre-reg now, I've got to do these things and I've started paying more attention to like the drugs that are on the prescriptions and thinking more about them than just putting it on the computer. I think in here, they treat me a bit like the pharmacist. When tutor 1's in an MUR, they'll be like, &quot;what does this do?&quot;, they'll ask me the questions and stuff. And just not being at uni I think is making me feel more like a pharmacist. Having to come to work every day and all that business. It makes me a bit nervous sometimes, I still like to get everything double checked even though I know it's right. I'll be like I don't like this, but I've kind of stopped doing that, well obviously when it's appropriate; to have confidence more is my main thing. To become MUR [medicines use review] accredited and to feel confident to be able to conduct the service upon qualification. To keep doing this on a regular basis with every script I see to improve my confidence in my knowledge. Lauren loitering at back of dispensary, looks unsure what to do next.</td>
<td>When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she's still developing that with customers. And it's just about building that rapport and people skills, you know, you pick it up. She, I think she's perfectly capable and it's going well, you can see the transition.</td>
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</table>
Lauren walks round pharmacy with a sense of purpose; there is less hanging around than in my first observation.

Hierarchical position / competition with techs

We all do similar things I’d say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that.

Erm well I don’t think they really understood at first. Some of them were like “are you still at uni?” “No, I’ve finished now”. Them ones I explained and they were like, yeah. I feel like I fitted in quite quickly though cause like most of them were here when I was here before.

Yeah, yeah. I think they respect her and they’re always winding me up that she knows more than me, things like that. So she’s getting the respect and I think from day one I mean Lauren’s fine, she gets on with everyone; they’re a good team. They’re all very positive people. You do get in some of the other branches a lot of negativity against Company A, they’re a big company, especially in the current economic climate and what not. But, they’re a good bunch here, everybody mucks in, and I think everybody sees the pre-reg as a bit of a positive thing.

PRACTICE

Learning

Erm well the Company A book has a lot of information in it, but I’ve been using my uni notes and the BNF to answer the questions in there. But in terms of clinical stuff obviously I ask my tutor a question but if there’s not time, I tend to keep a piece of paper and write it down and then look it up when I get home. But I ask the dispensing staff quite a lot as well; simple things like “does this come in an MR form?”, or “where will it be?” or “how do we order this special?”. They tell me all that type of thing.

Erm, sometimes, my tutor will be like “what’s this for”, “what does that do?” “What couldn’t they have that with?”. While we’re dispensing, he’ll ask those type of things, but only if we’re quiet; not if we’re mad busy.

Yeah, whenever I do something new I write it up as evidence but recently I’ve not been doing that much new, it’s just been going over the same stuff really.

I do what I can on my own but then the other staff and my tutor
| **show me some things like, there’s all the things like opening up the store and closing the store, and it covers all the paperwork you have to fill in for the enhanced services and stuff and how to claim, so it’s all the claiming and things really.** |

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<thead>
<tr>
<th><strong>LPP at start</strong></th>
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<td>I’m doing a bit of everything right now but I’m not spending a lot of time on the counter. So Jane who works on the counter is on holiday next week, so we’ve sort of said that while she’s on holiday I’ll do it.</td>
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<td>Just putting the order away to remind myself where everything was, doing the computer and getting back into the shortcuts... just re-familiarising myself with how everything works really.</td>
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<td>I was a bit nervous on my first day because I’d worked here before, but only in first year so it was three years since I’d been so I was a bit like nervous. But on the first day I literally got given the SOP file and it was like, “read those” which was a bit boring. But then in the first week it was just getting back into things and getting in the mindset of how everything works again.</td>
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<tr>
<th><strong>Expertise development</strong></th>
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<tr>
<td>Er well, I come in and then I have a look through the baskets that were from the day before and see if I can do anything, but most of the time it has to wait until the order comes in. So it’s a bit slow in the morning, until, but the order normally comes within half an hour. Then we put that away and do all the things that weren’t done the day before. And then just labelling on the computer and stuff. And then if any ambulances or needle exchange come in I’ll do them, but pretty standard things really.</td>
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<td>We also do the controlled drugs for the ambulance. I do that every time an ambulance comes in. And I do the weekly CD count and things. I was quite like chuffed at first but now I’m like ‘oh there’s an ambulance again’</td>
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<tr>
<td>When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she’s still developing that with customers. And it’s just about building that rapport and people skills, you know, you pick it up. She, I think she’s perfectly capable and it’s going well, you can see the transition.</td>
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had the dispensing classes and things, they weren't true to life enough, because all time I'm going “this is a black dot interaction” and my tutor's like “who cares, it doesn't really matter”. It’s just things like, it all seemed to be a bit like artificial at university and focusing on different issues to ones that actually come up in community.

I looked in the drug tariff in the “notes on charges” section and found that I had to take two charges for the patient's HRT medicine.

I have become more confident in approaching a doctor if they have inadvertently made an error and to suggest an alternative medication which would be more cost effective for the NHS.

<table>
<thead>
<tr>
<th>Management roles / business focus</th>
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<tbody>
<tr>
<td>Customer came into the shop to buy some paracetamol but spent a few minutes looking at NRT [nicotine replacement therapy] products first. Spotted an opportunity to discuss smoking cessation and the benefits and signed him up to the [smoking cessation] service</td>
</tr>
</tbody>
</table>

I read the company ‘Great Feedback – How to Guide’ and observed my tutor giving feedback to others. With the help of my tutor I then identified a performance gap – NMS [New Medicine Service] sign ups by counter staff – and made a plan to close the gap using the SMART objective feedback framework. I then delivered the feedback in a constructive way and worked with the colleague to set objectives.

And like other times you go in and like you've got to be the manager as well which makes you feel a bit weird because people are saying “can I go for lunch now” and I don't really know about that, go for lunch when you like type of thing.

It’s weird cause you're there for a day so you're not their real manager but you've got to make
sure that people are doing their jobs because I find that a lot of people think of it as a bit of a holiday when the regular manager’s not there, so I just make sure things get done.

KPI [Key Performance Indicator] tracker on wall completed up to current date. Company team commitments sheet on wall & completed. Some discussions are held in the pharmacy about shop targets and promotional offers. Lauren does not join in the discussion much. Her tutor is fluent in the shop’s targets, how they are performing and what to report if unexpected sales results occur.

INFLUENCES

| Tutor-trainee dyad | I would say I would take more of a step back as the confidence builds, and I guess it’s a bit like raising a child I guess, when they’re on the bike for the first time, you’re running at the side and then as the confidence builds you have to step back to the point where they’ll have to take over on the big day... So it’s confidence building really, and experience, learning how things are going to be. I mean, my tutor took ill when I was doing my pre-reg so I got dropped in the deep end with a locum every day, so it was sink or swim. I do bring an element of that in, you know apply, let them feel the pressure sometimes.

Dispensing px she’s taken in; asks p’cist to check and replaces item in fridge. Goes to give out to pt.

Dispensing together; asks for bag label. P’cist has thrown in bin; she retrieves for him.

So I develop it as time goes on, so a lot of the time when I have a pre-reg fresh out of university, they’ve a lot of skills to develop and erm, and not essentially got a great deal of common sense, so it’s starting with the basics. But Trainee 1’s been a vacation student for a couple years, she was here a few years back, she did some, a summer over in Tyldesley, so she’s got all that under her belt. She’s working with me in the dispensing programme, we’ve shown her the basics about prescription ordering and all that and she’s capable so there’s no point her ordering prescriptions all day, we’ve got her customer facing and then she’ll do customer interactions and what not.
under my supervision and I can interject if need be, and er just to build her confidence really. Let her come up with the ideas and I’ll agree or discuss some other options with her and just give her the confidence to.. when she finds herself stood there on her own, to be able to recommend the right thing, know when to refer and things like that.
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<tr>
<th>Theme</th>
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<th>Pre-reg 2 - Abdullah</th>
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<td>I'm more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff. I mean it's a bit hard to explain but generally the fitting in; I feel like I have, but it's just, because the pharmacist and the pre-reg, because their roles are quite different, you're more geared towards the pharmacist type of thinking. But, the thing is, the clinical side of it, I'm still not there, but I think I do like to check the BNF, a lot.</td>
<td>When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she's still developing that with customers. And it's just about building that rapport and people skills, you know, you pick it up. She, I think she's perfectly capable and it's going well, you can see the transition.</td>
<td>I've never seen another pre-reg with such clinical knowledge. So his clinical side is really good, he's really motivated in that, so to get him a bit more happy with OTC [over the counter], to get him more into it, I've asked him more clinical questions... I'm going to basically adopt more of an OTC approach and make sure he learns all of that and holds back on the BNF [British National Formulary], so to speak, because his knowledge is really good. I see him as a mini-pharmacist and I think because of that, I put more pressure on him than I do everyone else. I expect higher standards from him than anyone else, so if one of the dispensers who have been here for a number of years makes a mistake, obviously I'll let them know, but if he makes a mistake I think I'm a little more harsh on him because I expect him to know better, so I do tend to treat him more as a</td>
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checked even though I know it’s right. I’ll be like I don’t like this, but I’ve kind of stopped doing that, well obviously when it’s appropriate; to have confidence more is my main thing.

To become MUR [medicines use review] accredited and to feel confident to be able to conduct the service upon qualification.

To keep doing this on a regular basis with every script I see to improve my confidence in my knowledge.

Lauren loitering at back of dispensary, looks unsure what to do next.

Lauren walks round pharmacy with a sense of purpose; there is less hanging around than in my first observation.

Hierarchical position / contrast with techs

We all do similar things I’d say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that.

Erm well I don’t think they really...

When I first walked in, my expectations were basically someone who mostly does the pharmacist’s roles. So I guess I kind of found that a little bit frustrating. I’m not trying to be insulting or anything, but obviously because a person’s spent four years, I think I should be treated, not treated differently, but I should be given more of the roles of mini-pharmacist.

Yeah, yeah. I think they respect her and they’re always winding me up that she knows more than me, things like that. So she’s getting the respect and I think from day one.

I mean Lauren’s fine, she gets on with everyone; they’re a good team. They’re all very positive people. You do get in some of the other branches a...
understood at first. Some of them were like “are you still at uni?” “No, I’ve finished now”. Them ones I explained and they were like, yeah. I feel like I fitted in quite quickly though cause like most of them were here when I was here before.

Customs and practices – everyone except Paul dispenses in colour-coded baskets; prescriptions stuck to the side of computer screen with blu-tak when producing labels

the actual pharmacist. I thought I was being treated differently and the truth is I felt like I wasn’t being given the respect that I should be given.

He basically said to me, your job is to take the tension off from me. So I’m basically just rotating and doing the jobs the dispensers do and counter assistants and stuff

In terms of the things I can do, it’s for example if you get a prescription for a controlled drug, then I am allowed to work in the CD cupboard to carry that out, but there are some members of staff who can’t do that. I think it’s mainly counter assistants who can’t. In terms of checking the prescriptions, it’s just my tutor and the accuracy checking technician.

ACT checking prescriptions. Asks pre-reg if he will ring patient to tell her item is in; he says yes

Discussion re: log-in problem, ACT gets involved to repeat what pre-reg just said

Dispenser asks about insulin; ACT intervenes – they don’t keep it. Note

lot of negativity against Company A, they’re a big company, especially in the current economic climate and what not. But, they’re a good bunch here, everybody mucks in, and I think everybody sees the pre-reg as a bit of a positive thing
| Clinical knowledge is commodity | Like the checking thing if I hadn’t discussed that with my tutor and my supervisor, I wouldn’t have been doing it until January. Because there’s a checking module you have to do for 500 prescriptions you have to check, but I’ve been given that opportunity from now. It’s just every week, I mean it’s basically to cater for me as well, because I’m more clinically minded, hopefully it should help me out for both the pre-reg exam and my future as well. So I basically have catered the programme to my needs and Company B are fine with that. I’m more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff. Which is why I now spend an hour a week with my tutor, checking and stuff. I mean, when the | His clinical knowledge is phenomenal, I’ve never seen another pre-reg with such clinical knowledge, but his OTC is horrendous. So his clinical side is really good, he’s really motivated in that, so to get him a bit more happy with OTC, to get him more into it, I’ve asked him more clinical questions and then slowly, as his OTC is quite poor, so now he’s finding his feet a bit more in the pharmacy I’m going to basically adopt more of an OTC approach. |
Drs come in and discuss with my tutor, I’m quite eager to listen in to what they’re discussing about.

I received a prescription for dexamethasone oral suspension for a 1 year old child to treat croup. Upon carefully recalculating the dose using the weight provided by the doctor on the prescription and using ratios to obtain the correct dose, I had realised the doctor made an error in the amount which the child should be given. I flagged this urgently with my tutor who also recalculated the dose and we agreed that the child was being prescribed an overdose. I took the prescription to the relevant doctor and informed them of the dose prescribed and the calculation we used. The doctor apologised profusely and amended the prescription to the correct dose.

Amlodipine inhibits the metabolism of the simvastatin due to inhibiting the CYP3A4 enzyme responsible for metabolizing simvastatin, this means more risk of muscle pains in the patients, hence the new advice is to
reduce the dose of simvastatin to 20mg maximum. I notified my tutor and I managed to get the simvastatin changed to 20mg.

Query whilst checking. Pre-reg scratching head whilst being grilled – appears very uncomfortable he doesn’t know clinical answer

| Management roles / business focus | Customer came into the shop to buy some paracetamol but spent a few minutes looking at NRT [nicotine replacement therapy] products first. Spotted an opportunity to discuss smoking cessation and the benefits and signed him up to the [smoking cessation] service. I read the company ‘Great Feedback – How to Guide’ and observed my tutor giving feedback to others. With the help of my tutor I then identified a performance gap – NMS [New Medicine Service] sign ups by counter staff – and made a plan to close the gap using the SMART objective feedback framework. I then delivered the feedback in a constructive way and worked with the colleague to set objectives. And like other times you go in and like

| But I am sort of treated as the manager. It’s like one branch I went to in Wigan, they sent us to company E, although they did have a beauty section, they did have an opticians, they had all the other sections, they couldn’t open up until the pharmacist comes, so that, I guess it puts that sort of thing on you that you’re the manager of everything. A patient came into the pharmacy to purchase an OTC remedy for a tickly cough which was causing them discomfort. My colleague who dealt with the patient initially needed assistance and hence called me over. I decided that instead of taking charge, I would supervise my colleague and observe how she dealt with the query and then provide feedback. I have learnt how

| Pharmacist super-alert to all activity in pharmacy

Note movement of staff in dispensary. Dispensers static except when locating products. Pharmacist most mobile; from dispensing benches to front, to checking bench
you've got to be the manager as well which makes you feel a bit weird because people are saying "can I go for lunch now" and I don't really know about that, go for lunch when you like type of thing.

It's weird cause you're there for a day so you're not their real manager but you've got to make sure that people are doing their jobs because I find that a lot of people think of it as a bit of a holiday when the regular manager's not there, so I just make sure things get done.

KPI [Key Performance Indicator] tracker on wall completed up to current date. Company team commitments sheet on wall & completed. Some discussions are held in the pharmacy about shop targets and promotional offers. Lauren does not join in the discussion much. Her tutor is fluent in the shop's targets, how they are performing and what to report if unexpected sales results occur.

to delegate tasks in a manner which doesn't make it seem as if I'm crudely ordering staff to do such and such a task.

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<th>INFLUENCES</th>
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<tr>
<td>Tutor-trainee dyad</td>
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Dispensing together; asks for bag label. P’cist has thrown in bin; she retrieves for him.

pre-reg, because their roles are quite different, you’re more geared towards the pharmacist type of thinking

Discussion re out of stock / unavailable item. P’cist asks ACT about stock update. Pre-reg and p’cist then check alternatives in BNF and look at products together before p’cist speaks to patient about it.

they’re on the bike for the first time, you’re running at the side and then as the confidence builds you have to step back to the point where they’ll have to take over on the big day... So it’s confidence building really, and experience, learning how things are going to be. I mean, my tutor took ill when I was doing my pre-reg so I got dropped in the deep end with a locum every day, so it was sink or swim. I do bring an element of that in, you know apply, let them feel the pressure sometimes.

So I develop it as time goes on, so a lot of the time when I have a pre-reg fresh out of university, they’ve got a lot of skills to develop and erm, and not essentially got a great deal of common sense, so it’s starting with the basics. But Trainee 1’s been a vacation student for a couple years, she was here a few years back, she did some, a summer over in Tyldesley, so she’s got all that under her belt. She’s working with me in the dispensing programme, we’ve shown her the basics about prescription ordering and all that and she’s

I was a pre-reg we were really short staffed and I was basically a dispenser, a dogsbody. I had to do pretty much everything and I didn’t really learn much as a pharmacist.
capable so there’s no point her ordering prescriptions all day, we’ve got her customer facing and then she’ll do customer interactions and what not under my supervision and I can interject if need be, and er just to build her confidence really. Let her come up with the ideas and I’ll agree or discuss some other options with her and just give her the confidence to.. when she finds herself stood there on her own, to be able to recommend the right thing, know when to refer and things like that.
Appendix 22
Research diary entry: reflection on Lauren interview 2 (September 2014)

Final interview with trainee 1
Reflection | commentary | emerging themes etc.

Pseudonym... - want to talk about! I spring it on her!

• First impressions - demeanour has changed; relaxed, relieved that she has made it onto register of pharmacists. Not commented on previously but sense of increasing tension / pressure at end of training year approaches.

• Confidence: seems more comfortable with her own "style" of practice. Still a somewhat hesitant speaker, but appears comfortable in her skin with having this hesitant style.

Really interesting comment about "feeling back to un-confident self when in presence of other pharmacists. So took confidence is still her defining identity theme but responsibility of being a pharmacist has "released" and forced her to take on a new, more confident identity - she is actually really happy about this and is "just getting on with it".

• Late link with "socialisation transition jump" encountered in nursery. Not single trajectory but big milestone steps along the way. This is one of them. Suspect something similar in her "trainee" profession - status passage

• Professional practice - number of small themes. Big role change - new manager in most pharmacies (albeit relief). Coming with different teams, new patients,
Appendix 23

Research diary entry: portrait conceptualisation (April 2014)

Thoughts on portraits.

CONCEPT - central approach theme to the portrait

?link to identity/personality of patient, will
be different for each e.g.
1. Confidence
2. Clinical

STRUCTURE - threads that run throughout and how they
are together. Will be broadly same for each profile
potential formats - use incident from each visit &
connect with themes

1. Context

incident &
common themes

Conclusion

2. Central themes developed from start to finish of year;
linked together.

Context

Professional practice

Identity

Prep work

288


### Appendix 24

**Annotated portrait example linked to research question themes: Lauren**

<table>
<thead>
<tr>
<th>Lauren's story</th>
<th>Meeting Lauren the trainee pharmacist</th>
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<tbody>
<tr>
<td>I write in my research field notes that the pharmacy where Lauren works is situated in a small parade of shops just outside the town centre, behind which is a somewhat poorly maintained private car park with numerous warning signs posted.</td>
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<tr>
<td>The pharmacy is compact and I record that I enter it at the front into a shop where there are two chairs in front of me that act as a waiting area. I note that the pharmacy counter and shelves in the shop area are crammed with medicines and healthcare products and the dispensary behind is similarly full of shelves stacked with medicine boxes and bottles. I see members of staff busy in the dispensary oblivious to the customers below and there is a high level counter that initially hides the pharmacist and his trainee from me.</td>
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<tr>
<td>I write that the pharmacy has a corporate and clinical feel, with the company logo and colour schemes decorating all the walls and the bags of medicines that leave the pharmacy. The staff members wear colour co-ordinated tunics and trousers and are adorned with name badges bearing the company logo. The noticeable exceptions are the pharmacist and his trainee who I see are differentiated by their lack of uniforms and position behind the high level counter. I record in my research diary that a door from the back of the dispensary leads to a rabbit warren of small corridors and rooms, one of which is the consultation room where we hold our interview.</td>
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<td>I recognise Lauren straightaway and she shows me around, I write that she is always modest of the pharmacy and her position within it. In my research diary, I further reflect that Lauren is softly spoken and the way she is hesitant in her</td>
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<th>Themes</th>
<th>Context</th>
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<td><strong>Shared identity; corporate identity</strong></td>
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speech and occasionally averts her eyes from making contact with mine suggest that she lacks a little self-confidence. She tells me she came straight to university from college after spending two weeks in a pharmacy in year 10 at school. With an interest in science and an ambition to work in healthcare, after ruling out medicine as a career, Lauren opted for pharmacy. She tells me that she secured her current training position with company A after spending two summer holidays working in their pharmacies. She enlarges that she was attracted by the security a big company offered and is optimistic that there will be a job for her when she completes her training.

I note that Lauren’s tutor Paul is busy checking prescriptions when I meet him. I write in my research diary that Paul is a man in his mid-40s with a booming voice who speaks with a regional accent. I further note in my research diary that he reminds me of the comedian Peter Kay because of his appearance, accent and sense of humour.

From our informal interview, I gather he is an experienced pharmacist who has arrived in this position after a variety of different roles. His commitment to teaching and training others is clearly apparent in this interview, from the way he describes tailoring his training approach for different trainees to the encouraging yet measured comments I see in Lauren’s portfolio of evidence. In my research diary, I also reflect that the gender and age differences between tutor and trainee probably allow this kind of relationship to really flourish.

I additionally record that Paul appears to have a noticeable cynicism for the organisation in which he works, demonstrated by a few disparaging remarks he makes to me about company targets. However I observe that he runs what seems to be an efficient, high achieving and happy pharmacy.

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<tr>
<th>Context</th>
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<td>Influences; tutor-trainee dyad</td>
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<tr>
<td>Identity; rejection of corporate identity</td>
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</table>
When I first meet Lauren, she is only nine months away from being a pharmacist, but she feels she has quite a way to go yet. She tells me:

“I still don’t feel like a pharmacist. I feel like I’ve not got the confidence level yet. But I feel like I’ve stepped up a bit more since summer, because I’m a pre-reg now.” Lauren, interview, site visit 1

I reflect that Lauren appears proud of her status of pre-registration trainee and in our interview, she unpretentiously describes how the staff in the pharmacy seek her advice when Paul is not around.

She does worry about the accuracy of her advice though, and she tells me that she often has to needlessly double-check to reassure herself. Lauren shares with me that her main concern is her confidence and at this point, I note in my research diary that it seems to define her evolving practice. Lauren explains that her self-confidence has improved with graduation and the elevated status of pre-registration trainee, but as I leave Lauren, I wonder how she will adapt to the increasing levels of responsibility she is faced with on her journey to becoming a pharmacist.

**Meeting Lauren the pharmacist**

After 12 months as a pre-registration trainee and passing the regulator’s entrance exam, Lauren joins the register of pharmacists. I speak with Lauren a few weeks after she qualifies. Lauren is relaxed, smiles throughout our interview and exudes a new confidence; she has become a pharmacist.

She describes feelings of relief that her five years of training have come to an end and in my research diary, I write that I think she seems somewhat liberated without the constant pressure of looming assessments or the worry of whether or not she will make it to being a pharmacist. We reflect on her year’s training and talk of her first few weeks in practice.
I perceive that we speak as one pharmacist to another and I ponder whether I am perhaps partly responsible for Lauren’s relaxed demeanour in the way I speak to her or whether through becoming a pharmacist, she now views herself as my equal. Lauren is open in sharing her experiences of the first few difficult days in practice and I feel privileged to have had this conversation with her.

Through Lauren’s descriptions of her new roles and of challenges experienced, I conclude that she is coping well with the demands of her new job and is even enjoying the experience. She has stayed with Company A and is now a relief pharmacist, working in different branches daily, to provide cover for pharmacists who are absent from work. Lauren explains that she wanted to be a relief pharmacist to experience practice in a variety of branches and to contrast the differences in each, ultimately to improve her own practice.

This consequently involves not knowing what to expect most days and Lauren identifies this aspect as the most challenging part of her current role. Lauren found her early weeks in practice stressful; she describes them as a “shock”, but one she had been expecting. Lauren tells me about her first day of being a pharmacist:

“They sent me to this really, really busy branch, as double cover, but it was still really, really busy. And I got there and ….. they were like, ‘you look scared’. And I was; terrified! It flew by and I was nervous all day.” Lauren, interview 2

“The stress of that first week, it was like I’ve never been so stressed in my life!” Lauren, interview 2

Lauren tells me there was symbolic significance for her in the first prescription item she checked as a pharmacist. For her, it was the culmination of all her years of training, a ‘wow’ moment and the worst was over once she had checked that item.

“When I checked my very first item, it was like, wow, the worst part’s over now.” Lauren, interview 2
As the pharmacist, Lauren explains that she is now the resident expert in the pharmacy and is expected to deal with any queries the regular staff cannot answer. She tells me that she finds this a somewhat strange experience as it doesn’t matter whether or not she knows the answer; as the pharmacist, it is her job to know what to do.

“It’s just like whenever someone comes into the shop and they have a question, it’s automatically sent through to you, and sometimes you’re like I don’t have a clue what the answer is, but like there’s nobody else in the shop, everyone’s looking at me to know the answer.” Lauren, interview 2

I reflect in my research diary that Lauren has to make a lot of decisions alone in her role as the pharmacist and this was a concern for her throughout her training year, worrying about ‘what-if’ situations. Lauren tells me that the reality is not so bad and that when she has to make a decision, she now finds she is able to.

“I think it was all the unknown, like what will I do when this happens? What will I do when that happens? And you’ve just got to deal with it and then I think, when you think like that, it’s well, it’s all fine then.” Lauren, interview 2

Lauren describes how she has had some stressful experiences of decision making in her first weeks of practice, when the ‘what-if’ anxieties have overwhelmed her and she has had to take a little time out, but these are becoming fewer now. Lauren tells me about an instance where she was providing an emergency supply of contraceptive pills. She wasn’t sure what to do and in the heat of the moment, panicked as she lost sight of the relative importance of her lack of knowledge.

“Like my first week I had to do an emergency supply… it was for the pill and I couldn’t remember whether we charged them for it or not. And I couldn’t get hold of anyone to find out whether we charged them and I was getting all stressed out. Then I thought right, I just need 5 minutes to like calm down because it’s not even a big deal.” Lauren, interview 2
Lauren explains that she is also expected to carry out tasks that she has little or no experience of, often including managing the workflow in the pharmacy and the staff who work there. She tells me that the pharmacy staff are often helpful, sharing with Lauren what they usually do, managing individual prescription queries Lauren couldn’t be expected to answer and allowing her to get on with urgent tasks by explaining to customers that she is busy. This isn’t the case in every pharmacy, and Lauren tells me that she has had a few days where staff have been less helpful, as she is quite comfortable in explaining:

“You’re there for a day so you’re not their real manager but you’ve got to make sure that people are doing their jobs because I find that a lot of people think of it as a bit of a holiday when the regular manager’s not there”. Lauren, interview 2

As a newly qualified pharmacist, all these new roles come at once for Lauren and she indicates that she is expected to carry them out simultaneously and seamlessly. In new surroundings daily, I reflect that this must be a huge challenge. However, the more we talk, the more it becomes apparent to me that Lauren is learning to take the unknown in her stride and is displaying some shrewdness through making use of any helpful staff in the pharmacy. Lauren describes one of these moments when working in a busy pharmacy dealing with ‘hub’ prescriptions (that are dispensed off-site), that she had no experience of in her training year.

“Well they gave me a pile of hub prescriptions to clinically check and they were like, ‘we need them done in 15 minutes’. And then they had six people waiting in the shop who’ve been told there’s a 10 minute wait and they’ve got someone in the consultation room waiting for an MUR [Medicines Use Review]. And I was like, ‘which of these is most important? I really can’t do all three at once.’” Lauren, interview 2

Lauren enlisted the pharmacy staff here to make a decision and they sent her in to carry out the MUR. In her early weeks, she also made a point of sharing with staff that she’d
only been qualified for a few days as part of her introductions; another shrewd tactic that seems to have helped.

As I give Lauren my best wishes for the future, I reflect that she really is a pharmacist now. I contrast her with the trainee I met 12 months previously and reflect on some of the development I had the privilege of sharing on her journey to becoming a pharmacist.

**Lauren’s identity as a pharmacist**

When I first visit Lauren, I ask whether she feels like a pharmacist at all yet and we talk about her role compared with the other staff in the pharmacy. I also observe how she interacts with her new colleagues and how she behaves in their company. I see that Lauren and her tutor Paul are singled out as the “professional” members of staff in the pharmacy through the way they dress and where they locate themselves. I record in my observation notes that both Lauren and Paul wear smart professional clothes of their own choice on which they pin a small company name badge. The dispensing and counter staff in contrast, wear the company tunics and trousers. Lauren recognises that the way she dresses is influential in helping customers decide who to turn to when they enter the pharmacy. She also explains that by wearing her own clothes, she feels a little more like a pharmacist:

“Yeah it makes me feel more professional and like when customers come in and they’re looking over at you sort of thing, they might think I’m the pharmacist because I’m wearing my own clothes, if Paul is not visible.” Lauren, interview, site visit 1

As the pre-registration trainee who is employed just for a year, Lauren is different from the other staff in the pharmacy and she experiences this in a variety of ways. She explains in our interview that she feels it through small differences in job roles even though her day to day job is similar to that of a dispenser.
"We all do similar things I'd say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that." Lauren, interview, site visit 1

Lauren is singled out through being given sole responsibility for dealing with the local ambulance service. She has also had no involvement in some of the paperwork that is irrelevant to her future practice as a pharmacist. I reflect in my research diary that Lauren is modest when describing her additional duties, but that she clearly articulates the power difference between a trainee and dispenser when she talks about what she doesn’t do.

Through my observations, field notes and interviews, I conclude that the various roles that are performed in the pharmacy are designated through Paul’s direction, through some negotiation and a tacit understanding of who should be doing what, as the pharmacy has no rota system. Through the way Lauren dresses and the roles she is designated, I also conclude that Lauren’s position and identity in the pharmacy from day one are closer to that of the pharmacist, despite her relative newness and inexperience.

Despite a power difference between Lauren and her new colleagues, during my second site visit, I observe that Lauren locates herself in the same area of the pharmacy as the dispensary staff when it is quiet; facing the customers as they enter the shop. Whilst I observe that the nature of Paul’s work makes him move around the pharmacy with the ebb and flow of customers and tasks, he always moves back to the pharmacist’s checking bench at both the quietest and busiest times. By my third and final visit, I write in my observation notes that Lauren emulates her tutor in locating herself at the pharmacist’s bench too.

After our interview at the start of the training year, I note in my research diary that Lauren seems to be appreciative of
the protection she is afforded by Paul’s age and presence, recognizing that customers will turn to her tutor if they are both present in the pharmacy together.

“When customers come in and they’re looking over at you sort of thing, they might think I’m the pharmacist because I’m wearing my own clothes, if Paul is not visible.” Lauren, interview, site visit 1.

I reflect that later in the year, despite Paul giving Lauren more responsibility, his presence means that it is likely that she rarely experiences the feeling of being the pharmacist, except for the brief periods when he is out of sight in the pharmacy’s consultation room. When she finally becomes a pharmacist, I note in my research diary that Lauren’s identity appears shaped by Paul’s practice as the single pharmacist and her own dyadic relationship with him.

This manifests as deference to senior pharmacists in the early weeks of Laurens’ practice. When Lauren is placed working alongside another pharmacist, she tells me that she finds herself automatically taking the role of her former trainee self; deferring decision-making and being the less proactive partner. When we discuss this, I conclude that she is trying to break from the vestiges of her trainee identity and as such she tells me that currently, she prefers to practise on her own.

“It’s weird because I don’t really like being double cover, like second pharmacist, because you find yourself going back into the pre-reg role, a bit like ‘what do I do now? What do you want me to do?’ Whereas when I’m the only one, I’m like, right I know what needs doing here.” Lauren, interview 2

As a newly qualified pharmacist, Lauren tells me she is also getting to grips with her new identity as manager, as well as with the power associated with that role and how it changes her relationships with staff.

By virtue of being the pharmacist, Lauren tells me she is required to manage her new colleagues. Whilst she explains that much of the decision-making is shared between the
pharmacy team, Lauren is asked to designate lunch break times and if a customer wants to speak to the manager, they get Lauren. Lauren laughs at the irony of these examples as she tells me about them; she explains she’s relaxed with staff having their lunch break whenever suits them and is disinterested in implementing her own routine in the pharmacy which I reflect that she would be perfectly entitled to do as manager.

I record in my research diary that I suspect that Lauren is a reluctant recipient of the power afforded as manager right now, although her growing awareness of some staff viewing her day in charge as a holiday may eventually change that. In her new job, I note that Lauren has an additional set of roles and responsibilities that only the pharmacist can perform. In my observation notes, I noted that Lauren was not often able to practise these during her training year as pharmacy legislation and company policy dictated that Lauren could not undertake medicines use reviews (MURs) and complete the final check on prescriptions assembled by the dispensers.

Despite describing the stress these two areas have caused her in her early weeks, I reflect in my research diary that Lauren is accepting of the associated step-up in responsibility she has had to take. She appears to be much more comfortable with having sole responsibility for these pharmacist-only areas than being a manager. Exploring this with Lauren, I conclude she legitimately feels she has earned the right to have the pharmacist’s responsibilities through completing a degree, undertaking her pre-registration training and passing a registration exam. I also conclude that she understands and is comfortable with her identity as a pharmacist; however she may not start to feel like a manager until she obtains a permanent branch manager position.

**Lauren’s professional practice**

When I meet Lauren as a new trainee, she explains that she has not had a full-time job for a prolonged length of time and

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she is becoming accustomed to the differences between working and studying full time, and with the lack of structure and immediate peer support in her training year. She tells me she is finding the long working hours tough and fitting study time on top of a full time job is also proving stressful. She explains that she feels quite isolated and under some pressure to make progress by herself:

“I think the fact that when you were at uni, you knew what you had to do, and when it had to be done; it was very like, set out. Whereas here you’ve got like your workbook, you’ve got the daily jobs to do and you’ve got the syllabus but you’ve got to do it all yourself and like you’ve got no peers to check ‘oh have you done this yet?’ and all that”. Lauren, interview, site visit 1

I begin to conclude that this uncertainty and Lauren’s relative unfamiliarity with the team’s routine demonstrate themselves through my observation that Lauren does not do much in the pharmacy when it is quiet.

“Lauren loitering at back of dispensary, looks unsure what to do next.” Observation notes, site visit 2.

I make some notes during my third visit, remarking that when the pharmacy is less busy, Lauren initiates tasks by herself with more speed than I had observed previously:

“Lauren walks round pharmacy with a sense of purpose; there is less hanging around than in my first observation”. Observation notes, site visit 3.

In her first week, Lauren tells me she was given a number of tasks to help her establish herself into her new role, to train her in the pharmacy’s procedures and to provide her with some responsibility. In line with professional regulation, the pharmacy’s core tasks are all procedure-driven and Lauren tells me how she was required to read though all the standard operating procedures (SOPs) before being able to participate, something she openly admits was boring. However, she was given the roles of performing the weekly controlled drug (CD) count and preparing medication supplies for the local ambulance service; she explains that these tasks gave her experience of responsibilities a pharmacist might have and

| Practice; lack of confidence in developing expertise |
| Practice; lack of confidence in developing expertise |
| Identity (shared) |
| Practice; LPP at start, learning |
established her as a useful team member. She describes how she felt when she was given those roles and contrasts her initial excitement with the ongoing responsibility of it now:

“We also do the controlled drugs for the ambulance. I do that every time an ambulance comes in. And I do the weekly CD count and things. I was quite like chuffed at first but now I’m like ‘oh there’s an ambulance again’...yeah but it’s nice to have like specific roles because I wanted to get confident in like CDs and things.” Lauren, interview, site visit 1

From her self-assured accounts of her early work in the pharmacy, I conclude that Lauren appears to have settled into her workplace quickly and she attributes her smooth transition to having worked for Company A before; being familiar with their company procedures and the pharmacy’s customs and practices. Paul agrees that Lauren is “coming out of her shell” and is progressing well.

“I think I kind of fast-tracked because they were saying kind of how quickly I’d moved onto other things because I already knew how everything worked and didn’t need to have training and stuff on the computer.” Lauren, interview, site visit 1

When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she’s still developing that with customers. And it’s just about building that rapport and people skills, you know, you pick it up. She, I think she’s perfectly capable and it’s going well, you can see the transition.” Paul, interview, site visit 1

Lauren describes some of the activities she undertook in her first week in order to remind herself of the practices in the pharmacy:

“Just putting the order away to remind myself where everything was, doing the computer and getting back into the shortcuts... just re-familiarising myself with how everything works really.” Lauren, interview, site visit 1

I also observe some of these customs and practices during my second visit and note that Lauren emulates her colleagues when she dispenses medicines:

“Customs and practices – everyone except Paul dispenses in colour-coded baskets; prescriptions stuck to the side of
I also observe the ebb and flow of activity in the pharmacy and see that there is a somewhat predictable routine of tasks performed, that are interrupted by flurries of activity as customers enter the pharmacy and need to be served. Lauren describes her own routine on a typical day at the beginning of the year:

“I come in and then I have a look through the baskets that were from the day before and see if I can do anything, but most of the time it has to wait until the order comes in. So it’s a bit slow in the morning, until, but the order normally comes within half an hour. Then we put that away and do all the things that weren’t done the day before. And then just labelling on the computer and stuff. And then if any ambulances or needle exchanges come in I’ll do them...” Lauren, interview, site visit 1

I observe Lauren as she goes about her normal tasks in the pharmacy during a busy morning halfway through her training year and then three months later during a relatively quiet afternoon. I note that she establishes her location in the pharmacy during busy periods early on in her training year; she predominantly stands next to the pharmacist in the dispensary and they dispense and check side by side. An intermittent dialogue is present throughout; Lauren asks questions and Paul reassures, advises or corrects, then Paul asks questions and Lauren considers and responds, sometimes quickly and fluently, sometimes apprehensively.

I observe that Lauren goes from being a novice seeking clarification regularly to becoming a trusted junior colleague whose opinion is sought when problems are encountered. For example on my third visit, Lauren has participated in the completion of an incident form that she faxes as per the company’s instructions. She and her tutor go through the form together as colleagues, making sure it has been completed fully before the return is made. Her relative newness in the pharmacy is highlighted when she needs to seek advice on using the fax machine but her professional practice is clearly developing.
From my own academic role, I know that Lauren did not have experience of reporting critical incidents as an undergraduate and she gives me other examples where her lack of preparation for practice has left her feeling inadequate; hand endorsing of prescriptions and the clinical interpretation and application of information on drug interactions from the BNF (British National Formulary). Lauren contrasts the artificial professional practice at university with the real world and how the routine tasks taught at undergraduate level are poor preparation for the complex scenarios and professional artistry needed in real life. She explains that Paul is immediately able to distinguish between an important interaction and a trivial one, but Lauren does not yet have this expertise.

“Yeah the computer does do it [endorsing] but then sometimes things need extra ones and some things need the price and I genuinely don't know what needs what.” Lauren, interview, site visit 1

“I think sometimes, like when we had the dispensing classes and things, they weren't true to life enough, because all time I'm going “this is a black dot interaction” and my tutor's like “who cares, it doesn't really matter”. It's just things like, it all seemed to be a bit like artificial at university and focussing on different issues to ones that actually come up in community.” Lauren, interview, site visit 1

Lauren’s professional practice is also restricted by legal and company constraints. By law, Lauren can only observe some activities that would be performed by a pharmacist, for example MURs. Additionally, Company A do not train pre-registration trainees to perform the final accuracy check on prescriptions. I note that three quarters of the way through her training, Lauren is not permitted to check prescriptions by herself and relatively little of her day is spent doing this. In my research diary, I contrast this to Paul’s practice; the majority of his day is spent checking prescriptions and I therefore wonder how Lauren will adapt to her role as a pharmacist when a typical day for her will be very different. I explore how Lauren’s routine will be expected to change over the course of the year with her tutor Paul, and he tells me that it is more about doing the same tasks, but with less support. He explains how he approaches

| Practice; developing expertise |
| Influences; dyad with Paul |
| Practice; developing expertise |
| Practice; learning |
| Influences; legal / company constraints |
this as a tutor:

“I would say I would take more of a step back as the confidence builds, and I guess it’s a bit like raising a child I guess, when they’re on the bike for the first time, you’re running at the side and then as the confidence builds you have to step back to the point where they’ll have to take over on the big day… So it’s confidence building really, and experience, learning how things are going to be. I mean, my tutor took ill when I was doing my pre-reg so I got dropped in the deep end with a locum every day, so it was sink or swim. I do bring an element of that in, you know apply, let them feel the pressure sometimes.” Paul, interview, site visit 1

The influence of the company’s performance objectives upon Lauren’s practice is an increasingly present feature in her portfolio as she moves though her training. In the beginning, Lauren is focussed on what she needs to learn to become a pharmacist but this gradually becomes blurred with what the company would want her to do to run a successful business. Her growing focus on service provision and developing staff are demonstrated in her portfolio of evidence:

“Customer came into the shop to buy some paracetamol but spent a few minutes looking at NRT [nicotine replacement therapy] products first. Spotted an opportunity to discuss smoking cessation and the benefits and signed him up to the [smoking cessation] service” Evidence sheet 3.2

“I read the company ‘Great Feedback – How to Guide’ and observed my tutor giving feedback to others. With the help of my tutor I then identified a performance gap – NMS [New Medicine Service] sign ups by counter staff – and made a plan to close the gap using the SMART objective feedback framework. I then delivered the feedback in a constructive way and worked with the colleague to set objectives.” Evidence sheet 3.4

In addition to the bold, coloured designs on the pharmacy walls that are a constant reference to the company who own the pharmacy, I write in my research diary that the corporate influence of company A is evident in many of the pieces of paper that adorn the dispensary walls. I record in my observation notes that a concentration of A4 printouts are stuck to the wall near the pharmacist checking bench that have been regularly completed. The staff discuss the company targets whilst they go about their work, but even though Lauren’s portfolio demonstrates a greater awareness of the company’s expectations, she is notable in her rare participation in these
conversations. I make these notes during my third visit to Lauren’s workplace:

“KPI [Key Performance Indicator] tracker on wall completed up to current date. Company team commitments sheet on wall & completed. Some discussions are held in the pharmacy about shop targets and promotional offers. Lauren does not join in the discussion much. Her tutor is fluent in the shop’s targets, how they are performing and what to report if unexpected sales results occur.” Observation notes, site visit 3

I note in my research diary that I perceive this lack of interest in the pharmacy’s performance to be related to Lauren’s position as a trainee on a one year contract rather than rejection of Company A’s corporate objectives.

Leaving Lauren the trainee behind
As I follow Lauren through her journey to becoming a pharmacist, I am struck by the significant influence of her confidence on her developing professional identity. I reflect that confidence shapes much of Lauren’s approach to her work and as she develops into her future role of being a pharmacist, her struggle to overcome her lack of self-confidence, improve her self-belief and rationalise her actions are apparent. For example, Lauren describes her dislike of being questioned under pressure as she instinctively believes she does not know the answer:

“I don’t like the firing questions because I’ll be like ‘I don’t know’ and then they tell me and I did know that it’s just they’ve put me on the spot.” Lauren, interview, site visit 1

I also note that the word ‘confidence’ pervades every visit I make to visit Lauren; in her verbal accounts of her development and in the documents she gives me, for example:

“To have confidence more is my main thing” Lauren, interview, site visit 1

“To become MUR [medicines use review] accredited and to feel confident to be able to conduct the service upon qualification” Evidence sheet 2.1

“To keep doing this on a regular basis with every script I see to improve my confidence in my knowledge” Evidence sheet 2.7

“Increase my confidence in being able to help others learn” Evidence sheet 2.8

As I leave Lauren after my third and final visit, I reflect in my research diary that I am apprehensive about how Lauren will
cope in her first weeks as a pharmacist when she still perceives she lacks confidence and I perceive that she is practising in Paul’s shadow. The pharmacist Lauren becomes proves my concerns completely wrong. I reflect that Lauren’s relief at joining the register of pharmacists is palpable and being the lone pharmacist has forced her to confront her lack of confidence head on; she has left her pre-registration trainee self behind. It is now up to Lauren to shape her career using her new professional confidence, but I reflect that she will always be able to look back on her transition from pre-registration trainee to pharmacist with an enormous sense of achievement and pride in what she can achieve.
Appendix 25

Thinking with Bourdieu: habitus

This appendix demonstrates how Bourdieu's conceptual tool of *habitus* was used to deal with the data pertaining to Lauren. *Habitus* was put to work on Lauren’s story in order to understand Lauren’s identity and its complex relationship with her practice as part of her becoming.

Using the areas of key focus (see below) from the becoming a pharmacist conceptualisation, Lauren’s story was read through and those sections of her story which revealed the trainee and pharmacist *habitus*, structuring of the *habitus* and misalignment of the *habitus* were identified for discussion. In order to evidence the discussion, illustrative quotes were identified from the full themed data table (Appendix 21).

**Key focus is on (taken from becoming a pharmacist conceptualisation):**

- The trainee *habitus* is revealed through the trainee’s participation and influence in the pharmacy field but during professional formation, the *habitus* of a pharmacist is still developing.
- The *habitus* of a pharmacist is eventually revealed when the *illusio* is located in the field of practice, and new social and cultural *capital* are invested by the trainee in order to have influence.
- Structuring of the trainee *habitus* acts to constrain professional practice during professional formation.
- Upon qualification as a pharmacist, new symbolic *capital* and mobilisation of a pharmacist *habitus* provide the newly qualified pharmacist with the ability to overcome *hysteresis* and structuring structures to ultimately become a pharmacist.

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<tr>
<th>Trainee <em>habitus</em> (and how it is revealed)</th>
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<tr>
<td>Lauren’s lack of confidence defines her practice and reveals the trainee habitus.</td>
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<td>Lauren’s understanding of her place in the hierarchy of the pharmacy – shared identity with Paul</td>
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<td>These themes come together in Lauren’s recognition that customers might think she is the pharmacist when Paul isn’t around (Paul is Lauren’s safety net)</td>
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**Quotes to use:**

“To have confidence more is my main thing.” Lauren, interview, site visit 1
“To become MUR [medicines use review] accredited and to feel confident to be able to conduct the service upon qualification.” Evidence sheet 2.1

“Increase my confidence in being able to help others learn.” Evidence sheet 2.8

“Yeah, yeah. I think they respect her and they’re always winding me up that she knows more than me, things like that. So she’s getting the respect and I think from day one.” Paul, interview

“We all do similar things I’d say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that.” Lauren, interview, site visit 1

“When customers come in and they’re looking over at you sort of thing, they might think I’m the pharmacist because I’m wearing my own clothes, if Paul is not visible.” Lauren, interview, site visit 1

Pharmacist *habitus* (and how it is revealed)

Lauren’s recognition that she cannot avoid dealing with potentially stressful situations, but that when she does, it really isn’t too bad
Lauren stepping up, dealing with the multiple competing priorities

Quotes to use:

“I think it was all the unknown, like what will I do when this happens? What will I do when that happens? And you’ve just got to deal with it and then I think, when you think like that, it’s well, it’s all fine then.” Lauren, interview 2

“It’s just like whenever someone comes into the shop and they have a question, it’s automatically sent through to you, and sometimes you’re like I don’t have a clue what the answer is, but like there’s nobody else in the shop, everyone’s looking at me to know the answer.” Lauren, interview 2

“Well they gave me a pile of hub prescriptions to clinically check and they were like, ‘we need them done in 15 minutes’. And then they had six people waiting in the shop who’ve been told there’s a 10 minute wait and they’ve got someone in the consultation room waiting for an MUR [Medicines Use Review]. And I was like, ‘which of these is most important? I really can’t do all three at once’.” Lauren, interview 2

Structuring of the *habitus*

Legacy of Lauren’s lack of confidence revealed in her reluctance to act as manager
Lauren reverts to trainee mode when there’s another pharmacist working with her

Quotes to use:

“And like other times you go in and like you’ve got to be the manager as well which makes you...
feel a bit weird because people are saying ‘can I go for lunch now’ and I don’t really know about that, go for lunch when you like type of thing”. Lauren, interview 2

“It’s weird because I don’t really like being double cover, like second pharmacist, because you find yourself going back into the pre-reg role, a bit like ‘what do I do now? What do you want me to do?’ Whereas when I’m the only one, I’m like, right I know what needs doing here.” Lauren, interview 2

### Misalignment of the *habitus* (*hysteresis*)

Lauren’s initial stress upon qualification as a pharmacist; fear and symbolism of first item checked alone.

Lauren eventually overcomes this once she has to practise without Paul

### Quotes to use:

“They sent me to this really, really busy branch, as double cover, but it was still really, really busy. And I got there and ….. they were like, ‘you look scared’. And I was; terrified! It flew by and I was nervous all day.” Lauren, interview 2

“The stress of that first week, it was like I’ve never been so stressed in my life!” Lauren, interview 2

“When I checked my very first item, it was like, wow, the worst part’s over now.” Lauren, interview 2
Appendix 26
Thinking with Bourdieu: capitals

This appendix demonstrates how Bourdieu’s conceptual tool of capitals was used to deal with the data pertaining to Lauren. Bourdieu’s tool capitals was put to work on Lauren’s story in order to understand the influence of power on her practice; how she was empowered through her possession of capitals and constrained via the structures (or lack of capitals) in the profession.

Using the areas of key focus (see below) from the becoming a pharmacist conceptualisation, Lauren’s story was read through and those sections of her story which evidenced her possession and investment of capitals were identified for discussion. In order to evidence the discussion, illustrative quotes were identified from the full themed data table (Appendix 21).

Key focus is on (taken from becoming a pharmacist conceptualisation):
- The pedagogic action of the pharmacy school has provided significant capitals that can be utilised to become proficient in the game.
- New social and cultural capitals are invested in order to have influence.
- When compared with pharmacists, trainees have less influential capitals to utilise in order to have influence in the pharmacy field.
- Upon qualification as a pharmacist, new symbolic capital and mobilisation of a pharmacist habitus provide the newly qualified pharmacist with the ability to overcome hysteresis.

Capitals from pharmacy school and how they are invested

<table>
<thead>
<tr>
<th>Symbolic: status as graduate</th>
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<tbody>
<tr>
<td>Cultural: clinical knowledge</td>
</tr>
<tr>
<td>Social: work experience during summer holidays; some professional norms; navigating educational system (syllabus, exams)</td>
</tr>
<tr>
<td>Lauren identifies herself as the “pre-reg” which is associated with assumptions about her position in the pharmacy</td>
</tr>
<tr>
<td>Lauren possesses knowledge from university which is useful to the technicians</td>
</tr>
<tr>
<td>Lauren had a working knowledge of the systems of the pharmacy which she gained as a student</td>
</tr>
<tr>
<td>Familiarity with educational standards, exam syllabus</td>
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</table>

Quotes to use:
“We all do similar things I’d say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that.” Lauren, interview, site visit 1

“I still don’t feel like a pharmacist. I feel like I’ve not got the confidence level yet. But I feel like I’ve stepped up a bit more since summer, because I’m a pre-reg now.” Lauren, interview, site visit 1

“Yeah, yeah. I think they respect her and they’re always winding me up that she knows more than me, things like that. So she’s getting the respect and I think from day one.” Paul, interview,

“I think the fact that when you were at uni, you knew what you had to do, and when it had to be done; it was very like, set out. Whereas here you’ve got like your workbook, you’ve got the daily jobs to do and you’ve got the syllabus but you’ve got to do it all yourself and like you’ve got no peers to check ‘oh have you done this yet?’ and all that”. Lauren, interview, site visit 1

“I think I kind of fast-tracked because they were saying kind of how quickly I’d moved onto other things because I already knew how everything worked and didn’t need to have training and stuff on the computer.” Lauren, interview, site visit 1

New capitals and how they are invested

Symbolic: status as pre-reg / mini pharmacist

Cultural: enhanced clinical knowledge, practice expertise

Social: customs and practices – of both techs and pharmacist

Lauren is accepted into the pharmacy as Paul’s apprentice

Lauren is given additional responsibilities which develop her expertise

Lauren picks up practices from both the technicians and the pharmacist

Quotes to use:

“Through my observations, field notes and interviews, I conclude that the various roles that are performed in the pharmacy are designated through Paul’s direction, through some negotiation and a tacit understanding of who should be doing what, as the pharmacy has no rota system. Through the way Lauren dresses and the roles she is designated, I also conclude that Lauren’s position and identity in the pharmacy from day one are closer to that of the pharmacist, despite her relative newness and inexperience.” Lauren portrait p6

“Lauren walks round pharmacy with a sense of purpose; there is less hanging around than in my first observation”. Observation notes, site visit 3.

“We also do the controlled drugs for the ambulance. I do that every time an ambulance comes in. And I do the weekly CD count and things. I was quite like chuffed at first but now I’m like ‘oh there’s an ambulance again’ …yeah but it’s nice to have like specific roles because I wanted to
get confident in like CDs and things.” Lauren, interview, site visit 1

“Customs and practices – everyone except Paul dispenses in colour-coded baskets; prescriptions stuck to the side of computer screen with blu-tak when producing labels”. Observation notes, site visit 2

“I come in and then I have a look through the baskets that were from the day before and see if I can do anything, but most of the time it has to wait until the order comes in. So it’s a bit slow in the morning, until, but the order normally comes within half an hour. Then we put that away and do all the things that weren’t done the day before. And then just labelling on the computer and stuff. And then if any ambulances or needle exchanges come in I’ll do them...” Lauren, interview, site visit 1

“By my third and final visit, I write in my observation notes that Lauren emulates her tutor in locating herself at the pharmacist's bench too.” Lauren portrait p7

**Lack of capitals in comparison with pharmacists**

Symbolic: most important – not yet on the register of pharmacists

Cultural: Lack of practice expertise in tasks only pharmacists can perform

Social: Experience in day to day managing of staff, in decision-making alone

Lauren is forbidden from participating in tasks in which she may well be competent, because she is not a registered pharmacist e.g. accuracy checking, MURs, flu vaccine.

Lower status than pharmacist means she is unable to influence staff in a management capacity.

Quotes to use:

“Yeah the computer does it [endorsing] but then sometimes things need extra ones and some things need the price and I genuinely don’t know what needs what.” Lauren, interview, site visit 1

“I think sometimes, like when we had the dispensing classes and things, they weren’t true to life enough, because all time I’m going “this is a black dot interaction” and my tutor’s like “who cares, it doesn’t really matter”. It’s just things like, it all seemed to be a bit like artificial at university and focussing on different issues to ones that actually come up in community.” Lauren, interview, site visit 1

“KPI [Key Performance Indicator] tracker on wall completed up to current date. Company team commitments sheet on wall & completed. Some discussions are held in the pharmacy about shop targets and promotional offers. Lauren does not join in the discussion much. Her tutor is fluent in the shop’s targets, how they are performing and what to report if unexpected sales results occur.” Observation notes, site visit 3

**New (symbolic) capitals as pharmacist and how it is invested**
Symbolic: status as pharmacist
Cultural: ability to engage in practice only pharmacists can perform
Social: resilience
With registration as a pharmacist comes increased expectations but also increased respect from staff.
Lauren can now undertake accuracy checks and MURs (with limited experience of them as a trainee)
Lauren is now the resident expert so must deal with all complex queries.

Quotes to use:
“When I checked my very first item, it was like, wow, the worst part's over now.” Lauren, interview 2

“I think it was all the unknown, like what will I do when this happens? What will I do when that happens? And you've just got to deal with it and then I think, when you think like that, it's well, it's all fine then.” Lauren, interview 2

“Like my first week I had to do an emergency supply... it was for the pill and I couldn't remember whether we charged them for it or not. And I couldn't get hold of anyone to find out whether we charged them and I was getting all stressed out. Then I thought right, I just need 5 minutes to like calm down because it's not even a big deal.” Lauren, interview

“It's just like whenever someone comes into the shop and they have a question, it's automatically sent through to you, and sometimes you're like I don't have a clue what the answer is, but like there's nobody else in the shop, everyone's looking at me to know the answer.” Lauren, interview 2
Appendix 27

Thinking with Bourdieu: *hysteresis*

This appendix demonstrates how Bourdieu’s conceptual tool of *hysteresis* was used to deal with the data pertaining to Lauren. *Hysteresis* was put to work on Lauren’s story in order to understand Lauren’s practice around the time of her two field location changes (as a new trainee and newly qualified pharmacist).

Using the areas of key focus (see below) from the becoming a pharmacist conceptualisation, Lauren’s story was read through and those sections of her story which evidenced misalignment of the *habitus* (and how this was experienced), the associated constraints upon her practice and how Lauren overcame these were identified for discussion. In order to evidence the discussion, illustrative quotes were identified from the full themed data table (Appendix 21).

Key focus is on (taken from becoming a pharmacist conceptualisation):

- *Hysteresis* is experienced when the trainee changes field location upon graduation and then again upon qualification as a pharmacist.
- Acquisition of new social and cultural *capital* may come at the cost of *hysteresis* and numerous forms of misrecognition.
- *Hysteresis* and structuring of the trainee *habitus* act to constrain professional practice.
- Overcoming the effect of *hysteresis* is central to being successful in the game and becoming a pharmacist.

<table>
<thead>
<tr>
<th>Lauren’s experiences of <em>hysteresis</em></th>
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<tbody>
<tr>
<td>Lauren’s previous work experience lessened <em>hysteresis</em> effect at start of training year</td>
</tr>
<tr>
<td>Lauren’s stressful first week as a pharmacist</td>
</tr>
</tbody>
</table>

Quotes to use:

“But on the first day I literally got given the SOP file and it was like, ‘read those’ which was a bit boring. But then in the first week it was just getting back into things and getting in the mindset of how everything works again.” Lauren, interview, site visit 1
“They sent me to this really, really busy branch, as double cover, but it was still really, really busy. And I got there and ...... they were like, 'you look scared'. And I was; terrified! It flew by and I was nervous all day.” Lauren, interview 2

“The stress of that first week, it was like I’ve never been so stressed in my life!” Lauren, interview 2

**Capital acquisition leads to *hysteresis* / *misrecognition***

Lauren uses Paul as safety net; this is a legacy from the safety net at university

Quotes to use:

“After our interview at the start of the training year, I note in my research diary that Lauren seems to be appreciative of the protection she is afforded by Paul’s age and presence, recognising that customers will turn to her tutor if they are both present in the pharmacy together.

‘When customers come in and they’re looking over at you sort of thing, they might think I’m the pharmacist because I’m wearing my own clothes, if Paul is not visible.’(Lauren, interview, site visit 1)

I reflect that later in the year, despite Paul giving Lauren more responsibility, his presence means that it is likely that she rarely experiences the feeling of being the pharmacist, except for the brief periods when he is out of sight in the pharmacy’s consultation room.” Lauren portrait, p6

**Constrained practice due to *hysteresis* / structuring of *habitus***

Lauren’s anxiety about the looming day of qualification builds during her training year where she is protected by Paul’s presence

Once qualified, Lauren slips back into trainee mode when another pharmacist is present

Lauren’s lack of confidence surfaces in her lack of recognition of herself as manager

Quotes to use:

“I don’t like the firing questions because I’ll be like ‘I don’t know’ and then they tell me and I did know that it’s just they’ve put me on the spot.” Lauren, interview, site visit 1

“To become MUR [medicines use review] accredited and to feel confident to be able to conduct the service upon qualification” Evidence sheet 2.1

“To keep doing this on a regular basis with every script I see to improve my confidence in my knowledge” Evidence sheet 2.7

“Increase my confidence in being able to help others learn” Evidence sheet 2.8

“It’s weird because I don’t really like being double cover, like second pharmacist, because you
find yourself going back into the pre-reg role, a bit like ‘what do I do now? What do you want me to do?’ Whereas when I’m the only one, I’m like, right I know what needs doing here.” Lauren, interview 2

“Other times you go in and like you’ve got to be the manager as well which makes you feel a bit weird because people are saying “can I go for lunch now” and I don’t really know about that, go for lunch when you like type of thing.” Lauren, interview 2

“It’s weird cause you’re there for a day so you’re not their real manager but you’ve got to make sure that people are doing their jobs because I find that a lot of people think of it as a bit of a holiday when the regular manager’s not there, so I just make sure things get done.” Lauren, interview 2

**Overcoming hysteresis**

Lauren’s initial stress upon qualification as a pharmacist; fear and symbolism of first item checked alone.

Lauren eventually overcomes this once she has to practise without Paul; no choice as lone pharmacist and finds it isn’t as bad as expected

**Quotes to use:**

“When I checked my very first item, it was like, wow, the worst part’s over now.” Lauren, interview 2

“Now if someone wants a word with the pharmacist, it’s not like I don’t want to go out, I don’t know what they are going to ask. It's like ok, I'll be out in a minute.” Lauren, interview 3
Appendix 28
Thinking with Bourdieu: cross-portrait analysis

This appendix demonstrates how Bourdieu’s conceptual tools were put to use in understanding the cross-portrait data. The purpose of this analysis was to bring together the key findings from each of the portraits and their subsequent Bourdieusian analysis, and read them through using Bourdieu’s conceptual tools as well as the underpinning theories of identity and practice. Firstly the key findings were identified and evidenced using the inter-trainee analysis of data (Appendix 22). The key findings were then read through using Bourdieu’s conceptual tools of habitus, hysteresis and capitals and related to the Bourdieusian analysis of each individual’s experiences. Similarities and divergence in the trainee experiences were identified and Bourdieu’s conceptual tools were used to understand the reasons for this. Consistent with Bourdieu’s necessity to combine theory with empirical work, the final layer of analysis was to draw upon theories of identity and professional practice and critically evaluate them via the study’s key findings and Bourdieu’s thinking tools.

The cross portrait analysis is demonstrated below for the key findings of the trainee identity and the predominance of low status tasks in early practice.

<table>
<thead>
<tr>
<th>The trainee identity</th>
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<tbody>
<tr>
<td>Trainee’s identity as mini pharmacists – their positioning next to the pharmacist, their dress code and the mentor-mentee relationship.</td>
</tr>
<tr>
<td>Distinct identities as trainees - Abdullah’s clinical focus which he used as a negotiation tool, Lauren and Meilin’s conceptual safety nets and Jen’s identity as technician used to protect them from responsibility</td>
</tr>
</tbody>
</table>

Quotes to use:

Avoidance of responsibility -

“She’s very keen to know that she’s understood me correctly which is good, but she checks her understanding more than I would expect, which for me, is quite difficult to deal with, but it’s either part of her personality or it’s a habit she’s picked up, but she wants to be sure. And it’s sort of at a level where it’s not conscious. So I’ll say something and she’ll want to repeat it back to me. So initially I just repeated back what I’d said, but now I say do you really need to ask me that question again? So it’s really hard for her to break that because that’s obviously ingrained in her; it’s hard for me because I find it, this is really weird because it’s a really quite a simple question and answer.” Ian, interview

“I hate counter sales, so I do mainly dispensing so I cover a couple of hours a day on the counter so just covering lunches and things.” Jen, interview, site visit 1
“The manager will just say Jen do this and to be honest I don’t like things like that. I like to watch someone and then learn from what they’ve done.” Jen, interview, site visit 1

Gaining influence over role -

“I’m more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff.” Abdullah, interview, site visit 1

“Like the checking thing if I hadn’t discussed that with my tutor and my supervisor, I wouldn’t have been doing it until January. Because there’s a checking module you have to do for 500 prescriptions you have to check, but I’ve been given that opportunity from now. It’s just every week, I mean it’s basically to cater for me as well, because I’m more clinically minded, hopefully it should help me out for both the pre-reg exam and my future as well. So I basically have catered the programme to my needs and Company B are fine with that.” (Abdullah, interview, site visit 1)

Relevant theory and analysis:

Collective / shared identity with pharmacists but trainees lack power of pharmacists

Dialogic identities of student and pharmacist during training year

Trainees struggle with when each identity should dominate, which influences their practice and their influence.

Conceptual safety net of Lauren and Meilin is when trainee is invested in student identity / education field. Trainee habitus structured during MPharm and inhibits independent practice during training year.

Jen’s additional identity of technician which she mobilises where other trainees use their student identity.

- These identities revealed through constrained practice (avoidance of responsibility) named practices of deference.

Clinical identity of Abdullah invested in pharmacist identity / practice field. Abdullah lacks symbolic capital to have the influence he desires, but this identity is enabling in maximising his influence.

- This identity revealed through influential practice named practices of assertion.

The predominance of low status tasks in early practice

At start of year, trainees had to read SOPs, put away stock and work on front counter on OTC sales. Note Jen’s refusal to spend prolonged time on counter and Abbir’s reconceptualisation of the task to persuade Abdullah to engage.

Quotes to use:

Abdullah’s tutor engaging him in low status tasks:

“..to get him a bit more happy with OTC, to get him more into it, I’ve asked him more
clinical questions… I’m going to basically adopt more of an OTC approach and make sure he learns all of that and holds back on the BNF [British National Formulary], so to speak, because his knowledge is really good. There’s no point reading more and more and not knowing how to sell a cough bottle to anyone.” Abbir, interview, site visit 1

Abdullah mobilising capital/ using agency to delegate and only serve on counter when absolutely necessary:

“… as my tutor was busy checking prescriptions and dealing with other queries, there were times when for example the counter was unmanned and patients were at the till, so I had to politely tell staff that may have been less busy to see the patients to which they agreed. I myself went over to help at the counter when it was necessary.”
Abdullah, Evidence sheet 2.5

Relevant theory and analysis:

LPP in CoP

Trainees rejected this type of practice but “played the game”, revealing the trainee habitus and illusio (heavy investment in the game).

Power in CoP

Under-recognised. This practice by trainees heavily influenced by their lack of power in the game.

Acceptance into CoP

Capitals mobilised by trainees to influence game and reduce participation in low status tasks.
Appendix 29

Portrait 1: Lauren's story

Meeting Lauren the trainee pharmacist

I write in my research field notes that the pharmacy where Lauren works is situated in a small parade of shops just outside the town centre, behind which is a somewhat poorly maintained private car park with numerous warning signs posted. The pharmacy is compact and I record that I enter it at the front into a shop where there are two chairs in front of me that act as a waiting area. I note that the pharmacy counter and shelves in the shop area are crammed with medicines and healthcare products and the dispensary behind is similarly full of shelves stacked with medicine boxes and bottles. I see members of staff busy in the dispensary oblivious to the customers below and there is a high level counter that initially hides the pharmacist and his trainee from me. I write that the pharmacy has a corporate and clinical feel, with the company logo and colour schemes decorating all the walls and the bags of medicines that leave the pharmacy. The staff members wear colour co-ordinated tunics and trousers and are adorned with name badges bearing the company logo. The noticeable exceptions are the pharmacist and his trainee who I see are differentiated by their lack of uniforms and position behind the high level counter. I record in my research diary that a door from the back of the dispensary leads to a rabbit warren of small corridors and rooms, one of which is the consultation room where we hold our interview.

I recognise Lauren straightaway and she shows me around, I write that she is always modest of the pharmacy and her position within it. In my research diary, I further reflect that Lauren is softly spoken and the way she is hesitant in her speech and occasionally averts her eyes from making contact with mine suggest that she lacks a little self-confidence. She tells me she came straight to university from college after spending two weeks in a pharmacy in year 10 at school. With an interest in science and an ambition to work in healthcare, after ruling out medicine as a career, Lauren opted for pharmacy. She tells me that she secured her current training position with company A after spending two summer holidays working in their pharmacies. She enlarges that she was attracted by the security a big company offered and is optimistic that there will be a job for her when she completes her training.

I note that Lauren’s tutor Paul is busy checking prescriptions when I meet him. I write in my research diary that Paul is a man in his mid-40s with a booming voice who speaks with a regional accent. I further note in my research diary that he reminds me of the
comedian Peter Kay because of his appearance, accent and sense of humour. From our informal interview, I gather he is an experienced pharmacist who has arrived in this position after a variety of different roles. His commitment to teaching and training others is clearly apparent in this interview, from the way he describes tailoring his training approach for different trainees to the encouraging yet measured comments I see in Lauren’s portfolio of evidence. In my research diary, I also reflect that the gender and age differences between tutor and trainee probably allow this kind of relationship to really flourish. I additionally record that Paul appears to have a noticeable cynicism for the organisation in which he works, demonstrated by a few disparaging remarks he makes to me about company targets. However I observe that he runs what seems to me to be an efficient, high achieving and happy pharmacy.

When I first meet Lauren, she is only nine months away from being a pharmacist, but she feels she has quite a way to go yet. She tells me:

“I still don’t feel like a pharmacist. I feel like I’ve not got the confidence level yet. But I feel like I’ve stepped up a bit more since summer, because I’m a pre-reg now.” Lauren, interview, site visit 1

I reflect that Lauren appears proud of her status of pre-registration trainee and in our interview, she unpretentiously describes how the staff in the pharmacy seek her advice when Paul is not around. She does worry about the accuracy of her advice though, and she tells me that she often has to needlessly double-check to reassure herself. Lauren shares with me that her main concern is her confidence and at this point, I note in my research diary that it seems to define her evolving practice. Lauren explains that her self-confidence has improved with graduation and the elevated status of pre-registration trainee, but as I leave Lauren, I wonder how she will adapt to the increasing levels of responsibility she is faced with on her journey to becoming a pharmacist.

Meeting Lauren the pharmacist

After 12 months as a pre-registration trainee and passing the regulator’s entrance exam, Lauren joins the register of pharmacists. I speak with Lauren a few weeks after she qualifies. Lauren is relaxed, smiles throughout our interview and exudes a new confidence; she has become a pharmacist. She describes feelings of relief that her five years of training have come to an end and in my research diary, I write that I think she seems somewhat liberated without the constant pressure of looming assessments or the worry of whether or not she will make it to being a pharmacist. We reflect on her year’s training and talk of her first few weeks in practice. I perceive that we speak as one pharmacist to another and I ponder whether I am perhaps partly responsible for Lauren’s relaxed demeanour in the way I speak to her or whether through becoming a
pharmacist, she now views herself as my equal. Lauren is open in sharing her experiences of the first few difficult days in practice and I feel privileged to have had this conversation with her.

Through Lauren's descriptions of her new roles and of challenges experienced, I conclude that she is coping well with the demands of her new job and is even enjoying the experience. She has stayed with Company A and is now a relief pharmacist, working in different branches daily, to provide cover for pharmacists who are absent from work. Lauren explains that she wanted to be a relief pharmacist to experience practice in a variety of branches and to contrast the differences in each, ultimately to improve her own practice. This consequently involves not knowing what to expect most days and Lauren identifies this aspect as the most challenging part of her current role. Lauren found her early weeks in practice stressful; she describes them as a “shock”, but one she had been expecting. Lauren tells me about her first day of being a pharmacist:

“They sent me to this really, really busy branch, as double cover, but it was still really, really busy. And I got there and ….. they were like, ‘you look scared’. And I was; terrified! It flew by and I was nervous all day.” Lauren, interview 2

“The stress of that first week, it was like I’ve never been so stressed in my life!” Lauren, interview 2

Lauren tells me there was symbolic significance for her in the first prescription item she checked as a pharmacist. For her, it was the culmination of all her years of training, a ‘wow’ moment and the worst was over once she had checked that item.

“When I checked my very first item, it was like, wow, the worst part’s over now.” Lauren, interview 2

As the pharmacist, Lauren explains that she is now the resident expert in the pharmacy and is expected to deal with any queries the regular staff cannot answer. She tells me that she finds this a somewhat strange experience as it doesn’t matter whether or not she knows the answer; as the pharmacist, it is her job to know what to do.

“It’s just like whenever someone comes into the shop and they have a question, it’s automatically sent through to you, and sometimes you’re like I don’t have a clue what the answer is, but like there’s nobody else in the shop, everyone’s looking at me to know the answer.” Lauren, interview 2

I reflect in my research diary that Lauren has to make a lot of decisions alone in her role as the pharmacist and this was a concern for her throughout her training year, worrying about ‘what-if’ situations. Lauren tells me that the reality is not so bad and that when she has to make a decision, she now finds she is able to.
“I think it was all the unknown, like what will I do when this happens? What will I do when that happens? And you’ve just got to deal with it and then I think, when you think like that, it’s well, it’s all fine then.” Lauren, interview 2

Lauren describes how she has had some stressful experiences of decision making in her first weeks of practice, when the ‘what-if ‘anxieties have overwhelmed her and she has had to take a little time out, but these are becoming fewer now. Lauren tells me about an instance where she was providing an emergency supply of contraceptive pills. She wasn’t sure what to do and in the heat of the moment, panicked as she lost sight of the relative importance of her lack of knowledge.

“Like my first week I had to do an emergency supply… it was for the pill and I couldn’t remember whether we charged them for it or not. And I couldn’t get hold of anyone to find out whether we charged them and I was getting all stressed out. Then I though right, I just need 5 minutes to like calm down because it’s not even a big deal.” Lauren, interview 2

Lauren explains that she is also expected to carry out tasks that she has little or no experience of, often including managing the workflow in the pharmacy and the staff who work there. She tells me that the pharmacy staff are often helpful, sharing with Lauren what they usually do, managing individual prescription queries Lauren couldn’t be expected to answer and allowing her to get on with urgent tasks by explaining to customers that she is busy. This isn’t the case in every pharmacy, and Lauren tells me that she has had a few days where staff have been less helpful, as she is quite comfortable in explaining:

“You’re there for a day so you’re not their real manager but you’ve got to make sure that people are doing their jobs because I find that a lot of people think of it as a bit of a holiday when the regular manager’s not there”. Lauren, interview 2

As a newly qualified pharmacist, all these new roles come at once for Lauren and she indicates that she is expected to carry them out simultaneously and seamlessly. In new surroundings daily, I reflect that this must be a huge challenge. However, the more we talk, the more it becomes apparent to me that Lauren is learning to take the unknown in her stride and is displaying some shrewdness through making use of any helpful staff in the pharmacy. Lauren describes one of these moments when working in a busy pharmacy dealing with ‘hub’ prescriptions (that are dispensed off-site), that she had no experience of in her training year.

“Well they gave me a pile of hub prescriptions to clinically check and they were like, ‘we need them done in 15 minutes’. And then they had six people waiting in the shop who’ve been told there’s a 10 minute wait and they’ve got someone in the consultation room waiting for an MUR [Medicines Use Review]. And I was like, ‘which of these is most important? I really can’t do all three at once’.” Lauren, interview 2
Lauren enlisted the pharmacy staff here to make a decision and they sent her in to carry out the MUR. In her early weeks, she also made a point of sharing with staff that she’d only been qualified for a few days as part of her introductions; another shrewd tactic that seems to have helped.

As I give Lauren my best wishes for the future, I reflect that she really is a pharmacist now. I contrast her with the trainee I met 12 months previously and reflect on some of the development I had the privilege of sharing on her journey to becoming a pharmacist.

**Lauren’s identity as a pharmacist**

When I first visit Lauren, I ask whether she feels like a pharmacist at all yet and we talk about her role compared with the other staff in the pharmacy. I also observe how she interacts with her new colleagues and how she behaves in their company. I see that Lauren and her tutor Paul are singled out as the “professional” members of staff in the pharmacy through the way they dress and where they locate themselves. I record in my observation notes that both Lauren and Paul wear smart professional clothes of their own choice on which they pin a small company name badge. The dispensing and counter staff in contrast, wear the company tunics and trousers. Lauren recognises that the way she dresses is influential in helping customers decide who to turn to when they enter the pharmacy. She also explains that by wearing her own clothes, she feels a little more like a pharmacist:

“Yeah it makes me feel more professional and like when customers come in and they’re looking over at you sort of thing, they might think I’m the pharmacist because I’m wearing my own clothes, if Paul is not visible.” Lauren, interview, site visit 1

As the pre-registration trainee who is employed just for a year, Lauren is different from the other staff in the pharmacy and she experiences this in a variety of ways. She explains in our interview that she feels it through small differences in job roles even though her day to day job is similar to that of a dispenser.

“We all do similar things I’d say. I do a couple of extra things like the ambulances and stuff and then there’s certain things I don’t do. Like they do a lot of the paperwork, involved in the repeat prescriptions and stuff. But Paul says I don’t have to bother doing that, I don’t do things like that.” Lauren, interview, site visit 1

Lauren is singled out through being given sole responsibility for dealing with the local ambulance service. She has also had no involvement in some of the paperwork that is irrelevant to her future practice as a pharmacist. I reflect in my research diary that Lauren is modest when describing her additional duties, but that she clearly articulates the power difference between a trainee and dispenser when she talks about what she
doesn’t do. Through my observations, field notes and interviews, I conclude that the various roles that are performed in the pharmacy are designated through Paul’s direction, through some negotiation and a tacit understanding of who should be doing what, as the pharmacy has no rota system. Through the way Lauren dresses and the roles she is designated, I also conclude that Lauren’s position and identity in the pharmacy from day one are closer to that of the pharmacist, despite her relative newness and inexperience.

Despite a power difference between Lauren and her new colleagues, during my second site visit, I observe that Lauren locates herself in the same area of the pharmacy as the dispensary staff when it is quiet; facing the customers as they enter the shop. Whilst I observe that the nature of Paul’s work makes him move around the pharmacy with the ebb and flow of customers and tasks, he always moves back to the pharmacist’s checking bench at both the quietest and busiest times. By my third and final visit, I write in my observation notes that Lauren emulates her tutor in locating herself at the pharmacist’s bench too.

After our interview at the start of the training year, I note in my research diary that Lauren seems to be appreciative of the protection she is afforded by Paul’s age and presence, recognising that customers will turn to her tutor if they are both present in the pharmacy together.

“When customers come in and they’re looking over at you sort of thing, they might think I’m the pharmacist because I’m wearing my own clothes, if Paul is not visible.” Lauren, interview, site visit 1.

I reflect that later in the year, despite Paul giving Lauren more responsibility, his presence means that it is likely that she rarely experiences the feeling of being the pharmacist, except for the brief periods when he is out of sight in the pharmacy’s consultation room. When she finally becomes a pharmacist, I note in my research diary that Lauren’s identity appears shaped by Paul’s practice as the single pharmacist and her own dyadic relationship with him. This manifests as deference to senior pharmacists in the early weeks of Laurens’ practice. When Lauren is placed working alongside another pharmacist, she tells me that she finds herself automatically taking the role of her former trainee self; deferring decision-making and being the less proactive partner. When we discuss this, I conclude that she is trying to break from the vestiges of her trainee identity and as such she tells me that currently, she prefers to practice on her own.

“It’s weird because I don’t really like being double cover, like second pharmacist, because you find yourself going back into the pre-reg role, a bit like ‘what do I do now?’
As a newly qualified pharmacist, Lauren tells me she is also getting to grips with her new identity as manager, as well as with the power associated with that role and how it changes her relationships with staff. By virtue of being the pharmacist, Lauren tells me she is required to manage her new colleagues. Whilst she explains that much of the decision-making is shared between the pharmacy team, Lauren is asked to designate lunch break times and if a customer wants to speak to the manager, they get Lauren. Lauren laughs at the irony of these examples as she tells me about them; she explains she’s relaxed with staff having their lunch break whenever suits them and is disinterested in implementing her own routine in the pharmacy which I reflect that she would be perfectly entitled to do as manager. I record in my research diary that I suspect that Lauren is a reluctant recipient of the power afforded as manager right now, although her growing awareness of some staff viewing her day in charge as a holiday may eventually change that. In her new job, I note that Lauren has an additional set of roles and responsibilities that only the pharmacist can perform. In my observation notes, I noted that Lauren was not often able to practise these during her training year as pharmacy legislation and company policy dictated that Lauren could not undertake medicines use reviews (MURs) and complete the final check on prescriptions assembled by the dispensers. Despite describing the stress these two areas have caused her in her early weeks, I reflect in my research diary that Lauren is accepting of the associated step-up in responsibility she has had to take. She appears to be much more comfortable with having sole responsibility for these pharmacist-only areas than being a manager. Exploring this with Lauren, I conclude she legitimately feels she has earned the right to have the pharmacist’s responsibilities through completing a degree, undertaking her pre-registration training and passing a registration exam. I also conclude that she understands and is comfortable with her identity as a pharmacist; however she may not start to feel like a manager until she obtains a permanent branch manager position.

**Lauren’s professional practice**

When I meet Lauren as a new trainee, she explains that she has not had a full-time job for a prolonged length of time and she is becoming accustomed to the differences between working and studying full time, and with the lack of structure and immediate peer support in her training year. She tells me she is finding the long working hours tough and fitting study time on top of a full time
job is also proving stressful. She explains that she feels quite isolated and under some pressure to make progress by herself:

“I think the fact that when you were at uni, you knew what you had to do, and when it had to be done; it was very like, set out. Whereas here you’ve got like your workbook, you’ve got the daily jobs to do and you’ve got the syllabus but you’ve got to do it all yourself and like you’ve got no peers to check ‘oh have you done this yet?’ and all that”. Lauren, interview, site visit 1

I begin to conclude that this uncertainty and Lauren’s relative unfamiliarity with the team’s routine demonstrate themselves through my observation that Lauren does not do much in the pharmacy when it is quiet.

“Lauren loitering at back of dispensary, looks unsure what to do next.” Observation notes, site visit 2.

I make some notes during my third visit, remarking that when the pharmacy is less busy, Lauren initiates tasks by herself with more speed than I had observed previously:

“Lauren walks round pharmacy with a sense of purpose; there is less hanging around than in my first observation”. Observation notes, site visit 3.

In her first week, Lauren tells me she was given a number of tasks to help her establish herself into her new role, to train her in the pharmacy’s procedures and to provide her with some responsibility. In line with professional regulation, the pharmacy’s core tasks are all procedure-driven and Lauren tells me how she was required to read through all the standard operating procedures (SOPs) before being able to participate, something she openly admits was boring. However, she was given the roles of performing the weekly controlled drug (CD) count and preparing medication supplies for the local ambulance service; she explains that these tasks gave her experience of responsibilities a pharmacist might have and established her as a useful team member. She describes how she felt when she was given those roles and contrasts her initial excitement with the ongoing responsibility of it now:

“We also do the controlled drugs for the ambulance. I do that every time an ambulance comes in. And I do the weekly CD count and things. I was quite like chuffed at first but now I’m like ‘oh there’s an ambulance again’ ...yeah but it’s nice to have like specific roles because I wanted to get confident in like CDs and things.” Lauren, interview, site visit 1

From her self-assured accounts of her early work in the pharmacy, I conclude that Lauren appears to have settled into her workplace quickly and she
attributes her smooth transition to having worked for Company A before; being familiar with their company procedures and the pharmacy’s customs and practices. Paul agrees that Lauren is “coming out of her shell” and is progressing well.

“I think I kind of fast-tracked because they were saying kind of how quickly I’d moved onto other things because I already knew how everything worked and didn’t need to have training and stuff on the computer.” Lauren, interview, site visit 1

When she first started on her first summer placement, I think she is naturally a shy, introverted person, and it took her a while to come out of that shell a bit with staff, so she’s still developing that with customers. And it’s just about building that rapport and people skills, you know, you pick it up. She, I think she’s perfectly capable and it’s going well, you can see the transition.” Paul, interview, site visit 1

Lauren describes some of the activities she undertook in her first week in order to remind herself of the practices in the pharmacy:

“Just putting the order away to remind myself where everything was, doing the computer and getting back into the shortcuts… just re-familiarising myself with how everything works really.” Lauren, interview, site visit 1

I also observe some of these customs and practices during my second visit and note that Lauren emulates her colleagues when she dispenses medicines:

“Customs and practices – everyone except Paul dispenses in colour-coded baskets; prescriptions stuck to the side of computer screen with blu-tak when producing labels”. Observation notes, site visit 2

I also observe the ebb and flow of activity in the pharmacy and see that there is a somewhat predictable routine of tasks performed, that are interrupted by flurries of activity as customers enter the pharmacy and need to be served. Lauren describes her own routine on a typical day at the beginning of the year:

“I come in and then I have a look through the baskets that were from the day before and see if I can do anything, but most of the time it has to wait until the order comes in. So it’s a bit slow in the morning, until, but the order normally comes within half an hour. Then we put that away and do all the things that weren’t done the day before. And then just labelling on the computer and stuff. And then if any ambulances or needle exchanges come in I’ll do them...” Lauren, interview, site visit 1

I observe Lauren as she goes about her normal tasks in the pharmacy during a busy morning halfway through her training year and then three months later
during a relatively quiet afternoon. I note that she establishes her location in the pharmacy during busy periods early on in her training year; she predominantly stands next to the pharmacist in the dispensary and they dispense and check side by side. An intermittent dialogue is present throughout; Lauren asks questions and Paul reassures, advises or corrects, then Paul asks questions and Lauren considers and responds, sometimes quickly and fluently, sometimes apprehensively. I observe that Lauren goes from being a novice seeking clarification regularly to becoming a trusted junior colleague whose opinion is sought when problems are encountered. For example on my third visit, Lauren has participated in the completion of an incident form that she faxes as per the company’s instructions. She and her tutor go through the form together as colleagues, making sure it has been completed fully before the return is made. Her relative newness in the pharmacy is highlighted when she needs to seek advice on using the fax machine but her professional practice is clearly developing. From my own academic role, I know that Lauren did not have experience of reporting critical incidents as an undergraduate and she gives me other examples where her lack of preparation for practice has left her feeling inadequate; hand endorsing of prescriptions and the clinical interpretation and application of information on drug interactions from the BNF (British National Formulary). Lauren contrasts the artificial professional practice at university with the real world and how the routine tasks taught at undergraduate level are poor preparation for the complex scenarios and professional artistry needed in real life. She explains that Paul is immediately able to distinguish between an important interaction and a trivial one, but Lauren does not yet have this expertise.

“Yeah the computer does do it [endorsing] but then sometimes things need extra ones and some things need the price and I genuinely don’t know what needs what.” Lauren, interview, site visit 1

“I think sometimes, like when we had the dispensing classes and things, they weren’t true to life enough, because all time I’m going “this is a black dot interaction” and my tutor’s like “who cares, it doesn’t really matter”. It’s just things like, it all seemed to be a bit like artificial at university and focussing on different issues to ones that actually come up in community.” Lauren, interview, site visit 1

Lauren’s professional practice is also restricted by legal and company constraints. By law, Lauren can only observe some activities that would be performed by a pharmacist, for example MURs. Additionally, Company A do not
train pre-registration trainees to perform the final accuracy check on prescriptions. I note that three quarters of the way through her training, Lauren is not permitted to check prescriptions by herself and relatively little of her day is spent doing this. In my research diary, I contrast this to Paul’s practice; the majority of his day is spent checking prescriptions and I therefore wonder how Lauren will adapt to her role as a pharmacist when a typical day for her will be very different. I explore how Lauren’s routine will be expected to change over the course of the year with her tutor Paul, and he tells me that it is more about doing the same tasks, but with less support. He explains how he approaches this as a tutor:

“I would say I would take more of a step back as the confidence builds, and I guess it’s a bit like raising a child I guess, when they’re on the bike for the first time, you’re running at the side and then as the confidence builds you have to step back to the point where they’ll have to take over on the big day… So it’s confidence building really, and experience, learning how things are going to be. I mean, my tutor took ill when I was doing my pre-reg so I got dropped in the deep end with a locum every day, so it was sink or swim. I do bring an element of that in, you know apply, let them feel the pressure sometimes.” Paul, interview, site visit 1

The influence of the company’s performance objectives upon Lauren’s practice is an increasingly present feature in her portfolio as she moves through her training. In the beginning, Lauren is focussed on what she needs to learn to become a pharmacist but this gradually becomes blurred with what the company would want her to do to run a successful business. Her growing focus on service provision and developing staff are demonstrated in her portfolio of evidence:

“Customer came into the shop to buy some paracetamol but spent a few minutes looking at NRT [nicotine replacement therapy] products first. Spotted an opportunity to discuss smoking cessation and the benefits and signed him up to the [smoking cessation] service” Evidence sheet 3.2

“I read the company ‘Great Feedback – How to Guide’ and observed my tutor giving feedback to others. With the help of my tutor I then identified a performance gap – NMS [New Medicine Service] sign ups by counter staff – and made a plan to close the gap using the SMART objective feedback framework. I then delivered the feedback in a constructive way and worked with the colleague to set objectives.” Evidence sheet 3.4

In addition to the bold, coloured designs on the pharmacy walls that are a constant reference to the company who own the pharmacy, I write in my
research diary that the corporate influence of company A is evident in many of the pieces of paper that adorn the dispensary walls. I record in my observation notes that a concentration of A4 printouts are stuck to the wall near the pharmacist checking bench that have been regularly completed. The staff discuss the company targets whilst they go about their work, but even though Lauren’s portfolio demonstrates a greater awareness of the company’s expectations, she is notable in her rare participation in these conversations. I make these notes during my third visit to Lauren’s workplace:

“KPI [Key Performance Indicator] tracker on wall completed up to current date. Company team commitments sheet on wall & completed. Some discussions are held in the pharmacy about shop targets and promotional offers. Lauren does not join in the discussion much. Her tutor is fluent in the shop’s targets, how they are performing and what to report if unexpected sales results occur.” Observation notes, site visit 3

I note in my research diary that I perceive this lack of interest in the pharmacy’s performance to be related to Lauren’s position as a trainee on a one year contract rather than rejection of Company A’s corporate objectives.

**Leaving Lauren the trainee behind**

As I follow Lauren through her journey to becoming a pharmacist, I am struck by the significant influence of her confidence on her developing professional identity. I reflect that confidence shapes much of Lauren’s approach to her work and as she develops into her future role of being a pharmacist, her struggle to overcome her lack of self-confidence, improve her self-belief and rationalise her actions are apparent. For example, Lauren describes her dislike of being questioned under pressure as she instinctively believes she does not know the answer:

“I don’t like the firing questions because I’ll be like ‘I don’t know’ and then they tell me and I did know that it’s just they’ve put me on the spot.” Lauren, interview, site visit 1

I also note that the word ‘confidence’ pervades every visit I make to visit Lauren; in her verbal accounts of her development and in the documents she gives me, for example:

“To have confidence more is my main thing” Lauren, interview, site visit 1
“To become MUR [medicines use review] accredited and to feel confident to be able to conduct the service upon qualification” Evidence sheet 2.1

“To keep doing this on a regular basis with every script I see to improve my confidence in my knowledge” Evidence sheet 2.7

“Increase my confidence in being able to help others learn” Evidence sheet 2.8

As I leave Lauren after my third and final visit, I reflect in my research diary that I am apprehensive about how Lauren will cope in her first weeks as a pharmacist when she still perceives she lacks confidence and I perceive that she is practising in Paul’s shadow. The pharmacist Lauren becomes proves my concerns completely wrong. I reflect that Lauren’s relief at joining the register of pharmacists is palpable and being the lone pharmacist has forced her to confront her lack of confidence head on; she has left her pre-registration trainee self behind. It is now up to Lauren to shape her career using her new professional confidence, but I reflect that she will always be able to look back on her transition from pre-registration trainee to pharmacist with an enormous sense of achievement and pride in what she can achieve.
Appendix 30

Portrait 2: Abdullah’s story

Meeting Abdullah the trainee pharmacist

The pharmacy where Abdullah is undertaking his training is located within a large, modern red brick building. I note that it is immediately next to a train station a few miles out of town on a busy main road. The shop front is bright and clean and a large bold company sign dominates the front of the building. This entrance leads into a large, modern, open plan pharmacy with colourful and spacious product display areas. The pharmacy itself opens up further into a large atrium that houses a GP surgery and health centre. I also record that there are bright, comfortable seating areas and a television provides entertainment for waiting customers. A spacious and tidy dispensary that is visible to the waiting customers is fronted by a low-level counter. When I arrive for my first site visit, I can see staff, including the pharmacist, busy in their jobs in the pharmacy. In my field notes, I write that the pharmacy employs a relatively large number of staff and when I visit there are eight people working there including the pharmacist, his trainee, an accuracy checking technician, dispensers and a counter assistant. As I arrive, I record that Abdullah sees me and acknowledges me by looking up briefly and grinning broadly before studiously getting on with his tasks. I write in my research diary that Abdullah is a softly-spoken, tall man of Asian heritage in his early 20s. He tells me in our interview that he chose pharmacy as a career after being unsuccessful in pursuing a university place in dentistry. Abdullah explains that he then applied to study pharmacy as he had an interest in medicines. He further explains that he has a cousin who is a pharmacist who gave him some information about the pharmacy degree course and Abdullah’s younger sister is also now studying pharmacy. Abdullah tells me that he gained work experience in a range of different community pharmacies during each university summer vacation before securing his current post following a successful job interview.

As I enter the pharmacy, I am greeted by Abdullah’s tutor Abbir, who is an ex-student of mine; we have a brief friendly chat before he shows me to an office directly off of the waiting area that doubles as a consultation room. I write in my research diary that Abbir is an impeccably presented man of Asian heritage in
his late 20s. I also write that in conversation, he speaks concisely and decisively, making uncompromising eye contact. In my observation field notes, I furthermore record that he always has a quick but considered answer to any question he is asked and even when dealing with unusual queries, I never witness him being anything other than self-assured. I observe him in his practice during my site visits and note his fluidity of movement around the pharmacy and his brief, influential interactions with his team members.

“Note movement of staff in dispensary. Dispensers static except when locating products. Pharmacist most mobile; from dispensing benches to front, to checking bench”. Observation notes, site visit 3.

“Pharmacist super-alert to all activity in pharmacy.” Observation notes, site visit 2.

I reflect that Abdullah himself conveys a quiet self-assurance through his rapid and confident speech; he uses many acronyms that I have to think quickly to understand. I conclude early on in our interview that he is keen to progress as fast as he can as he gives me many examples of tasks he has completed sooner than his company expect him to. Despite his outward confident demeanour, in our interview, he does broach the subject of becoming a pharmacist with a little trepidation. He explains that sometimes he is mistaken for being the pharmacist; when this happens, he feels privileged, but the weight of responsibility and all its implications are an ever-present feature in those interactions.

“You just feel like it’s a privilege as well, but then there’s that sense of responsibility, because of the image you’re portraying.” Abdullah, interview, site visit 1

I reflect in my research diary that his tone when speaking about responsibility however, is one of excitement and enthusiasm and through this I conclude that he is very much looking forward to being a pharmacist. Abdullah establishes early on in our interview that his interests lie in the “clinical” aspects of the pharmacist’s job. Whilst Abdullah explains that his clinical interest goes back to his time at university, in my field notes, I propose that this is a way for Abdullah to express his own identity and have some control over his own progression. He tells me how he has used his clinical interests to negotiate changes to his planned training programme:
“Like the checking thing if I hadn’t discussed that with my tutor and my supervisor, I wouldn’t have been doing it until January. Because there’s a checking module you have to do for 500 prescriptions you have to check, but I’ve been given that opportunity from now. It’s just every week, I mean it’s basically to cater for me as well, because I’m more clinically minded, hopefully it should help me out for both the pre-reg exam and my future as well. So I basically have catered the programme to my needs and Company B are fine with that.” Abdullah, interview, site visit 1

Abbir confirms that this clinical interest is strongly defining Abdullah’s practice and how his training is evolving. Abbir tells me that he tailors his training to recognise then address trainees’ development needs. He explains that the clinical side of pharmacy practice is Abdullah’s strength and that as such, he is using a clinically focussed approach to engage Abdullah in over-the-counter (OTC) consultations where he has room to improve.

“I’ve never seen another pre-reg with such clinical knowledge. So his clinical side is really good, he’s really motivated in that, so to get him a bit more happy with OTC, to get him more into it, I’ve asked him more clinical questions… I’m going to basically adopt more of an OTC approach and make sure he learns all of that and holds back on the BNF [British National Formulary], so to speak, because his knowledge is really good. There’s no point reading more and more and not knowing how to sell a cough bottle to anyone.” Abbir, interview, site visit 1

I also meet the area manager during my final site visit and even record in my observation notes that the area manager comments on Abdullah’s clinical focus. I tentatively conclude that Abdullah is less engaged in the aspects of his role that are not clinically orientated and he is a little frustrated at having to do ‘jobs’ at the expense of clinical work.

“I’m more, I like to think more along the clinical side of things, so I mean, I do try to get along with the jobs as well but I like to think more about the drugs themselves and how they work and if there are any particular problems with the prescriptions and stuff.” Abdullah, interview, site visit 1

I propose in my field notes, that through being clinically focussed, Abdullah has found a way to maximise his engagement in the aspects of his role he perceives are closest to that of a pharmacist’s. Abdullah goes on to contrast his own role with that of his tutor’s, cautiously telling me that his tutor only checks and doesn’t get involved in the more basic tasks such as dispensing. I sense that Abdullah believes his own role should more closely resemble that of his tutor’s. However, he explains how Abbir has initially defined his role as trainee:
“He basically said to me, your job is to take the tension off from me. So I’m basically just rotating and doing the jobs the dispensers do and counter assistants and stuff. And I have had to work on the till, like probably today after this interview I’m going to be looking after the till as well. So basically I’m just rotating round.” Abdullah, interview, site visit 1

Early on in his training though, I perceive that Abdullah understands he needs to participate in all of the pharmacy’s jobs in order to successfully progress. His varied portfolio evidence demonstrates he recognises the need to show he is competent in all areas, not just in the clinical aspects of his role. For example, Abdullah completes some early evidence in his portfolio on using the till, measuring methadone and ordering “specials” items:

“A customer purchased a non-medicinal item for which I needed to take payment from them; I wanted to understand how to use the EPOS till” Evidence sheet 1.3

“I was placed in charge of preparing the daily instalment supplies of methadone using the methadone pump; I was trying to understand how to use the methadone pump correctly to accurately and efficiently dispense the correct quantity of methadone for each patient.” Evidence sheet 1.5

“I received a prescription which required the ordering of Melatonin liquid which is a special item; I was trying to understand the procedure of ordering a specials medication.” Evidence sheet 1.6

As I leave Abdullah, I wonder whether his early intervention to establish his own clinical identity will ultimately help him to progress and whether he will continue to successfully challenge his company’s training schedule.

**Meeting Abdullah the pharmacist**

After 12 months as a pre-registration trainee and after successfully passing the regulator’s entrance exam, Abdullah joins the register of pharmacists. I speak with him a few weeks after he qualifies. I write in my research diary that Abdullah is relaxed, and laughs and smiles throughout our interview, exuding a new sense of job satisfaction; he has become a pharmacist.

Since qualifying as a pharmacist, Abdullah tells me that he has been working as a locum pharmacist, securing work through an agency, in a range of pharmacies in north England and Wales. As such, he tells me that he frequently works long hours in unfamiliar surroundings and there is no guarantee he will have regular work. Despite describing a job that I think sounds immensely
stressful, he appears utterly unperturbed. He identifies not having regular work as the most challenging part of his role:

“I think it’s mostly the locuming side of it. To get work every single day is a little difficult right now. In terms of job-wise, I can’t really complain to be honest; it’s you know, going quite well. The staff are brilliant, the patients, they’re brilliant as well, no problems, I can’t really complain to be honest too much. It’s mostly to do with the locuming side of things, finding work to do every single day, that’s a little bit tricky, but it’s good, still I can’t complain. In terms of job-wise, there’s not really that many problems I’ve had.” Abdullah, interview 2

Abdullah describes having to complete a number of roles as a pharmacist that were new to him; some of these he had come across before in his studies and others he had to ask the support staff for help with. He tells me that he didn’t find this stressful and puts it down to his laid-back personality.

“Because I didn’t, because I wasn’t accredited then, to offer the repeat dispensing service, but because I actually studied it, I did have an idea of what it was about. So I guess for that I was okay, but for the minor ailment scheme I just had to ask the staff ‘how do you normally deal with these?’”; “And because I’ve got that relaxed sort of thing, I basically just take it on board; I try not to get stressed out basically.” Abdullah, interview 2.

Abdullah does describe a particularly busy day, the likes of which even his tutor has never experienced, that he uses as a reference point both in practice and in our interview. All eventful or challenging days are measured against this busy day and always compare favourably; Abdullah reasons that if he got through this busy day, he can probably cope with any work the locum agency give him. The only hint that he has experienced stress was during this busy day, but he shows little emotion when describing this, explaining only that having waiting customers makes him feel uncomfortable.

“The only time I probably get a little bit, not frustrated per se, but a little bit edgy, is if there’s patients waiting and say for example if I’m busy doing something else and patients are waiting, staff are busy as well, I guess that makes me get a little bit edgy. Other than that it’s relaxed, so it’s not been that much of a leap from pre-reg I guess for me.” Abdullah, interview 2

Through discussing his first few weeks of practice, it becomes evident that Abdullah has not felt an acute change from trainee to pharmacist and that the change in role was a logical and welcome progression for him.

I explore Abdullah’s clinical identity with him now he is a pharmacist. He does not discuss his need to be clinical much at all in our interview and I conclude that he is satisfying his clinical interests through the control he has over his own
role in being a pharmacist. However, Abdullah does express some fear that he might lose his clinical knowledge over time. I record in my research diary that he appears less concerned about this than I perceive his pre-registration self would have been. He explains that he can study for a clinical qualification later in his career, although I am unsure whether he says this to reassure himself or to reassure me in my position as one of his clinical lecturers.

“I mean there was one friend I spoke to today, this morning, and I did ask him a couple of things. I asked him mainly, you see me and my friend, we used to be quite clinical, so I asked him, because as I explained earlier, my clinical side is slowly starting to dwindle, so I just wanted to ask him to see if he’s in the same boat. So I guess it kind of helps me to think as well that’s it’s one of those natural things; it’s what happens.” Abdullah, interview 2

“Once I get a fixed job somewhere, I might look into getting a bit more education, just to refresh my clinical knowledge you know.” Abdullah, interview 2

I speculate in my research diary how much of Abdullah’s clinical identity was developed as a method to obtain some control over his training role and he does indeed confirm in his interview that he was frustrated and initially struggled to understand why he was asked to undertake tasks that his tutor never carried out. Now that Abdullah is released from having to ask his tutor what he should be doing every day, I note he seems very relaxed and happy in his role. I also record in my research diary that I detect a sense of pride in Abdullah’s descriptions about being the pharmacist and that this is important for his self-esteem. He illustrates this when describing how one of the big stores he works at cannot do any business until the pharmacist is present:

“But I am sort of treated as the manager. It’s like one branch I went to in Wigan, they sent us to company E, although they did have a beauty section, they did have an opticians, they had all the other sections, they couldn’t open up until the pharmacist comes, so that, I guess it puts that sort of thing on you that you’re the manager of everything.” Abdullah, interview 2

I ask Abdullah to describe a typical day in his new role, and whilst he tells me that he undertakes many different tasks compared with his trainee days, I note that his daily routine is often dictated by the capabilities of his support staff and his own very real need to secure future work. As such, he performs many of the roles that he used to express frustration at doing as a trainee. I reflect that both his status change and his need to establish his reputation as a locum pharmacist have changed his perception about these tasks. He describes these tasks from his new perspective:
“Putting the deliveries on the shelf, and things like that. I generally tend to, the things I’ve picked up from pre-reg, like helping to put the stock away, I try to basically take that forward, so I can get some good feedback from the staff and to the locum agency.” Abdullah, interview 2

“On that day the manager he rang you know, he said please, just take whatever the staff offer, you know because we’ve had locums who won’t let the staff do particular things, but he said to me please, whatever they offer you, just accept”. Abdullah, interview 2

I record in my research diary that as I talk to Abdullah, his laid-back attitude pervades every sentence and that I am impressed that he expects to be able to cope easily with all that his career challenges him with. For example he is part of a group of friends who have set up an instant messaging application on their mobile phones in case they need quick advice and he is also confident to call upon Abbir if he needs help:

“Ah yes! A good few times I’ve rung my tutor; on my first day I did, there was a drug interaction, it was dapagliflozin and one other drug, I think it was gliclazide; there was a clinically significant one there and my tutor was ‘it’s fine, you don’t need to worry about that one’. Yeah, I have rung my tutor as well, a couple of times, to query things. In terms of friends, I’ve not really done that as of yet, but we do have our What’sApp group there ready.” Abdullah, interview 2

As I give Abdullah my best wishes for his future career, I contrast his new relaxed demeanour with the ambitious, frustrated trainee I met 12 months previously and reflect on some of the development I had the privilege of sharing on his journey to becoming a pharmacist.

**Abdullah’s identity as a pharmacist**

When I first visit Abdullah three months into his training, I ask him if he feels like a pharmacist yet. He gives me a couple of examples of situations when he has been mistaken for the pharmacist and tells me it feels good. However, I sense that Abdullah is frustrated by his current role’s distance from that of his tutor and that this actually makes him feel less like a pharmacist. Later on when I speak to Abdullah, he reflects that his pre-registration training did not initially meet his expectations as he anticipated moving into a role where he would command greater respect and his skills would be utilised more effectively.

“When I first walked in, my expectations were basically someone who mostly does the pharmacist’s roles. So I guess I kind of found that a little bit frustrating. I’m not trying to be insulting or anything, but obviously because a person’s
spent four years, I think I should be treated, not treated differently, but I should be given more of the roles of the actual pharmacist... I thought I was being treated differently and the truth is I felt like I wasn't being given the respect that I should be given.” Abdullah, interview 2.

Abdullah’s early identity as a pharmacist appears to have been shaped by this frustration, turning his longstanding interest in clinical pharmacy into an outlet for him to feel more like a pharmacist. I contrast that I observe him predominantly dispensing and answering the telephone during my site visits, yet in his portfolio, Abdullah records his progress with an emphasis on his clinical learning. I conclude in my research diary, that through making it known to his colleagues that he is interested in clinical pharmacy and through focussing on the clinical aspects of the tasks he performs, he is establishing an exclusive identity that makes him feel like a pharmacist. Abdullah types all his evidence on a form he has designed himself; he gives me a large range of evidence that documents his in-depth clinical focus and growing experience, for example:

“I received a prescription for dexamethasone oral suspension for a 1 year old child to treat croup. Upon carefully recalculating the dose using the weight provided by the doctor on the prescription and using ratios to obtain the correct dose, I had realised the doctor made an error in the amount which the child should be given. I flagged this urgently with my tutor who also recalculated the dose and we agreed that the child was being prescribed an overdose. I took the prescription to the relevant doctor and informed them of the dose prescribed and the calculation we used. The doctor apologised profusely and amended the prescription to the correct dose.” Evidence sheet 2.1

“I answered a telephone query from a patient who wanted to know why captopril should be taken on an empty stomach.... I would like to deal with these types of queries on a regular basis as this will help to further broaden my knowledge of medicines and by explaining in a patient friendly manner, I am potentially helping patient to be more concordant with their treatment”. Evidence sheet 3.7

Abdullah retains some of this defining clinical identity upon qualifying as a pharmacist, demonstrated by how he rationalises coping with challenges at work. For example, he explains not having to look up clinical information helped him to efficiently get through his busiest ever day:

“Again it’s to do with, I guess you could say it’s to do with your clinical knowledge as well, because if you know all the clinical stuff then you don’t have to keep having to check the BNF. Whenever anyone says amlodipine 10mg, take one daily, you know that’s right, you don’t have to check that’s an overdose, things like that, sort of helps as well.” Abdullah, interview 2.
I reflect in my research diary that the similarity in age and gender between Abdullah and Abbir might also be defining Abdullah’s identity as a trainee pharmacist; whilst helpful to Abdullah’s development, I wonder if it is also the source of a struggle for power and recognition. Whilst I observed this closeness facilitating the sharing of Abbir’s experience, I speculated that it might also foster competition. I collected no evidence to support this directly, but reflected that Abdullah’s clinical identity might allow him to occasionally feel superior in knowledge to Abbir in a relationship where otherwise, the power belonged entirely to Abbir. This originates from a discussion with Abbir on how he delivers his training during my first site visit and a brief note on an interaction observed during my second site visit:

“I’m a bit of a control freak to be honest with you, I like doing things my own way and how I think is right. So they [Company B] give us the rough guide, things he should be covering, but we do it as he sees, when he wants, which is what I prefer.” Abbir, interview, site visit 1.

“Query whilst checking. Pre-reg scratching head whilst being grilled – appears very uncomfortable he doesn’t know clinical answer”. Observation notes, site visit 2.

It is not only Abbir who holds power over Abdullah in his training year. In the pharmacy where Abdullah works, there is an accuracy checking technician (ACT) who is qualified to complete the final check on prescriptions, a role that is traditionally the domain of the pharmacist. During my site visits, I watch the ACT intervene frequently during Abdullah’s interactions with other staff members and reflect that she probably sees herself as more senior. My observation field notes contain many small references to this negotiation of power between Abdullah and the pharmacy’s ACT, for example:

“ACT checking prescriptions. Asks pre-reg if he will ring patient to tell her item is in; he says yes.” Observation notes, site visit 2.

“Discussion re: log-in problem, ACT gets involved to repeat what pre-reg just said”. Observation notes, site visit 3.

“Dispenser asks about insulin; ACT intervenes – they don’t keep it. Note dispenser approaches pre-reg in pharmacist’s absence” Observation notes, site visit 3.

This is in contrast to how Abbir, and towards the end of his training year, other staff view Abdullah, firmly placing the power with Abdullah.
“I see him as a mini-pharmacist and I think because of that, I put more pressure on him than I do everyone else. I expect higher standards from him than anyone else, so if one of the dispensers who have been here for a number of years makes a mistake, obviously I’ll let them know, but if he makes a mistake I think I’m a little more harsh on him because I expect him to know better, so I do tend to treat him more as a mini-pharmacist.” Abbir, interview, site visit 1

I make note of more than one instance during my final site visit when the pharmacy’s support staff turn to Abdullah when Abbir is busy, something that I conclude reinforces his identity and power as a pharmacist-to-be. I also observe him emulating his tutor through his movement around the pharmacy, shifting from dispensing to assisting on the front counter with fluid, confident movements. I further record that “his demeanour is that he is comfortable working alone” as I do not observe him hanging around with nothing to do or asking what he should do next.

Through his clinical focus and struggle to undertake more of a pharmacist’s roles, it seems that Abdullah’s developing identity as a pharmacist is closely aligned with his professional practice.

**Abdullah’s professional practice**

Abdullah tells me how he began life as a trainee by “being thrown in at the deep end”. He started work whilst Abbir and other staff members were on holiday which consequently meant he was expected to help with many of the pharmacy’s daily tasks with little induction.

“I kind of started at a bad time because my tutor was off and quite a few of the staff were off, so it was busy so I was just really thrown in at the deep end. The first job I had to do was filling up the methadone bottles; we have a big pump here to dispense, so that was what I had to do. … First week I was generally on the waiting baskets because we were so short staffed, which is why I had to just cope.” Abdullah, interview, site visit 1

Abdullah tells me he thinks he has settled into his workplace team well, and how the staff were very helpful during his first few weeks. However, Abdullah’s daily routine and his own self-perception as a clinically-focussed trainee set his practice (as well as his identity) apart from that of his colleagues. He explains that he is not on the staff rota and that he views his own and the pharmacist’s roles as different from the other staff.
“Generally speaking, more staff have a fixed routine; it’s only me, I have to ask my tutor every day ‘what do you want me to do?’ and he’ll just tell me what he wants me to do.” Abdullah, interview, site visit 1

“I mean it’s a bit hard to explain but generally the fitting in; I feel like I have, but it’s just, because the pharmacist and the pre-reg, because their roles are quite different, you’re more geared towards the pharmacist type of thinking.” Abdullah, interview, site visit 1.

At the start of his training, Abdullah tells me he is participating in a wide range of duties spanning those that his tutor performs, as well as many that the dispensers and counter staff perform. He explains that Abbir wants him to appreciate how everything in the pharmacy works, but Abdullah appears to be unhappy that he is completing menial tasks. He is also conscious that his peers in other pharmacies are progressing faster than he is, albeit for rational reasons.

“I mean I do feel they’ve learnt more than me, because they work in smaller pharmacy chains, you get to pick up on these sorts of things more quickly. I mean the prescription charges, the cashing up. I think they’ve basically learnt more or less everything that needs to be learnt and it’s basically trying to hone the skills on a daily basis. I’m not saying that I’ve not been taught that well, it’s just that because Company B is like a big company, you need the bigger picture as well.” Abdullah, interview, site visit 1.

Abdullah sees his developing professional practice as the application of his theoretical knowledge and he describes that it is happening, albeit very slowly; he refers to this slowly, slowly approach several times when we discuss his training. Initially he finds it a source of frustration but by the time he qualifies as a pharmacist, he acknowledges that he had to accept that he would have to wait to be given more responsibility, and that it did eventually happen.

“It’s more about putting all the things you’ve learnt into practice, which is the difficult bit, because we’ve been taught so much. I mean I don’t see myself right now as a pharmacist, but I’m trying to take more responsibilities on, so, hopefully for next year. But I mean it’s getting there, slowly, slowly. Abdullah, interview, site visit 1

“I started to realise that’s not the way of doing things and I’m going to have to do everything. And then as a pre-reg you start to progress, and you start to go, later on, I was slowly, slowly given more of the roles of the pharmacist, so I guess it all fitted in nicely.” Abdullah, interview 2.
Abdullah also gives some pertinent examples of how taking opportunities to repeatedly perform tasks, he slowly, slowly developed expertise, for example in the hand endorsing of prescriptions and taking telephone orders for medicines. He does recognise as well, that his busy pharmacy was able to provide him with opportunistic learning that helped him progress:

“It’s helped in the sense that I feel more confident in doing it, the more you do something. I mean it’s like hand-endorsing a prescription. I think it’s like November time that the NPA expect you to have picked up that skill but I’ve had to be doing it for the special items.” Abdullah, interview, site visit 1

The way in which Abbir manages his pharmacy also defines Abdullah’s practice. Abbir is in control of all activity in the pharmacy at all times which means Abdullah may not experience the true feelings of responsibility in being a pharmacist until he is one. Even when tasks are delegated, I note that Abbir is always watchful and intervenes frequently.

“Pharmacist supervises and manages from checking bench. He watches the front counter for customers and directs staff behind him when he needs help or customers need serving. He appears super-alert to all activity in the pharmacy. When completing other tasks, he still manages to intervene when a query comes up.” Observation visit 1 field notes

However, the modern, open plan layout of the pharmacy and the regular movement of staff between shop floor and dispensary allow Abdullah to emulate his tutor with some ease. I make some comments on this in my field notes:

“The open plan pharmacy has a fluid feel to it. The pharmacist, counter assistant and pre-reg move from shop floor to pharmacy counter to dispensary throughout their day with the open plan layout facilitating this”. Observation visit 2 field notes

Whilst both Abbir and Abdullah tell me they are satisfied with Company B’s distant supervision of Abdullah’s training, there is a detectable corporate influence on Abdullah’s practice. For example, Abdullah tells me about the company’s training days for trainees, some of which he has already attended. Abdullah views them positively, explaining that they are helping him to prepare for practice:

“They basically call all their preregs down to their Head Office training area and they basically just teach us. I think there’s a course on the business, the
management side of things, so they do basically explain to us as well. They basically have their own training programmes as well; just recently we had one on inhaler techniques, diabetes, the test meters and stuff. So they basically do train us up in all areas.” Abdullah, interview, site visit 1

Despite being clinically focussed in his approach to practice, Abdullah understands that he works in a business environment and as such, tailors his clinical focus to meet the needs of the business when documenting his progress:

“I was trying to deliver an efficient, accurate and safe service to the patient as appropriate to serve the needs of the business.” Evidence sheet 1.7

“I was trying to deliver an acceptable and efficient service to patients to uphold the high image of the company and the branch of the region award which we were given.” Evidence sheet 3.1

Through Abdullah’s expectation that he would move from into many of the pharmacist’s roles immediately upon graduation and through his clinical interests, I perceive that Abdullah’s view of his professional practice from the start is aligned with that of a clinical pharmacist. He explains that he approaches his practice with the underlying philosophy of “first, do no harm”, that I conclude reflects both his clinical focus and his self-perception as a healthcare professional.

“It’s a bit hard to explain but my main concern is the patients. You don’t want to harm the patients and that for me comes before the business policies and as long as the patient’s not harmed, then that’s all good for me. Because you’re training to be a pharmacist then that’s your first concern; the patients.” Abdullah, interview, site visit 1

With this philosophy, the tension between Abdullah’s clinical identity and his novice professional practice that is determined almost entirely by his tutor and his company is conspicuous. For example, there are professional roles that Abdullah is prevented from doing by law and by his company, and so he has to patiently observe and participate where he can in order to gain expertise.

“In terms of the things I can do, it’s for example if you get a prescription for a controlled drug, then I am allowed to work in the CD cupboard to carry that out, but there are some members of staff who can’t do that. In terms of checking prescriptions, that’s my tutor and the accuracy checking technician.” Abdullah, interview, site visit 1
Despite Abdullah’s frustration with the speed of his professional development, his drive and passion to become a pharmacist are prevalent every time I meet him. After each site visit, I make notes in my research diary that refer to his enthusiasm and commitment to his progression. He tells me that on the occasions where he is mistaken for the pharmacist or when he gets to observe advanced clinical practice, he is eager to learn from those experiences in order to be a better pharmacist.

“it does make you feel a bit eager. I mean, when the Drs come in and discuss with my tutor, I’m quite eager to listen in to what they’re discussing about.” Abdullah, interview, site visit 1

I reflect in my research diary that Abdullah approaches his developing professional expertise with a relaxed professionalism. He rarely shows emotion when describing difficult experiences, is very calm and polite in all the interactions I observe him making and records his progression in a considered, professional manner, for example:

“I discussed with the patient that it was our fault and that there was a breakdown in communication between the pharmacy team. … I did get a little stressed but I removed myself from public view and calmed myself down and dealt with the query” Evidence sheet 1.1

“I was placed in charge of dealing with the waiting baskets; there was a period during this time where a number of waiting prescriptions were brought and a few of them had a number of items, as a result, I approached one of my colleagues and politely asked for help to which she immediately agreed and came over and took some baskets to her workstation. Another important point is that as my tutor was busy checking prescriptions and dealing with other queries, there were times when for example the counter was unmanned and patients were at the till, so I had to politely tell staff that may have been less busy to see the patients to which they agreed. I myself went over to help at the counter when it was necessary.” Evidence sheet 2.5

This considered, professional approach is the epitome of the pharmacist I see when I meet with Abdullah shortly after he qualifies.

**Casting off Abdullah the trainee pharmacist**

Abdullah has now become the pharmacist he strove so hard to become. Whether he goes on to pursue a clinical career is now up to him, but I reflect that through his strong conviction and belief in putting the patient first, he has become a principled new practitioner who is happy in his work and is satisfied
with the profession he has become part of. In his role as locum pharmacist, Abdullah has much control over his identity and his work, through being able to ultimately choose where and when he works and how he practices. At our final interview, he seemed accepting that his clinical knowledge might dwindle, but over time, he will be faced with the challenge of deciding whether this acceptable to him and whether his role as a locum pharmacist fulfils his professional goals in the longer term.
Appendix 31

Portrait 3: Meilin’s story

Meeting Meilin the trainee pharmacist

My research diary entries confirm that the pharmacy where Meilin works is situated in the centre of a city in the north of England. Pharmacy 3 is located close to transport networks in a busy retail area of the city and I note that I have to make my way through bustling crowds of people each time I visit the pharmacy. Meilin and her tutor Ian work for Company C, a very large national health and beauty retailer. The pharmacy employs one pharmacist, a pre-registration trainee and three counter assistants. The pharmacy is situated at the back of a compact health and beauty store and I note that the pharmacy sign and the raised dispensary are visible from every location in the store and that background chart music is a feature of the workplace. I record that the pharmacy area is separated by a row of chairs on which customers wait for their prescriptions, and that the white floor-to-ceiling storage areas in the dispensary give the pharmacy a clinical feel. The staff member on the pharmacy counter who greets me wears a colour co-ordinated tunic and trousers. The pharmacist and his trainee are differentiated by their lack of uniforms and their position behind the high level counter; they each wear a name badge on a lanyard in company colours. I record in my research diary that a door to the side of the pharmacy counter leads to a consultation room where we hold our interview.

Meilin introduces me to her tutor and double checks that it will be alright for us to go ahead with our interview. She tells me that she was educated up until the age of 14 in Singapore and moved to the UK with her parents in time to start her GCSE studies in a local high school. She then moved on to a local college to complete her A-level studies before progressing straight to university to study pharmacy. Meilin decided upon a career in pharmacy at about the age of 17 but her father’s profession as a doctor and his job in the pharmaceutical industry had an influence upon her choice. Meilin was particularly interested in community pharmacy as a career as she liked the human interaction aspect of the job, in contrast to her father’s role in pharmaceutical regulation. Meilin
initially gained work experience in the retail sector during her university holidays before joining the pharmacy she currently works in as a student volunteer.

I note that Meilin’s tutor Ian is busy checking prescriptions when I meet him. As Meilin is relatively new in her role and there is currently only one other member of pharmacy staff present, Ian opts to hold our interview in the dispensary so that he can supervise the running of the pharmacy while we are talking. From our informal interview, I gather he is an experienced pharmacist who has spent his 20-plus year career working in community pharmacy for two very large national pharmacy chains. He has worked in Pharmacy 3 for the last eight years and has been tutor to seven pre-registration trainees in this time. His years of experience of being a tutor are apparent in his comments about how he is able to focus on individual trainees’ development needs, knowing from experience that they will be ready to practise as pharmacists by the end of the year. In my research diary, I also reflect that the small size of the pharmacy team and the lack of technicians in the pharmacy allow a strong apprenticeship training relationship to develop.

When I first meet Meilin, she is around eight months away from being a pharmacist, but she feels she has quite a way to go yet both in terms of how she perceives her knowledge and in developing her consultation skills and relationships with customers. She tells me:

“I feel like I’m getting there but there’s still quite a distance to go. Like there’s things like interactions that I still need to know. But normally I see if I can like run it through my head and see if there are like pathways, see if I can remember that, to see if they interact.” Meilin, interview, site visit 1

“I suppose coming to pharmacy’s a lot like forming a relationship with your patients so I guess I still have that to do as well. There are patients that I see quite a lot and I’m okay with them but there’s some that are a bit more difficult than the others.” Meilin, interview, site visit 1

However, in a pharmacy without technicians, Meilin’s position and role are much closer to that of the pharmacist as she quickly progresses beyond the advisory role of the counter assistants and takes on some of the day-to-day running of the pharmacy. Ian describes his approach to the start of Meilin’s training year; he required Meilin to be competent in over-the-counter (OTC)
sales and receiving prescriptions before she progressed to locating herself in the dispensary, recognising it would develop her skills in dealing with pressure:

“We always put the pre-reg on the counter doing OTC for the first couple of months which is good because I think OTC is quite daunting because you’re stood there and you haven’t got a clue what the next person’s going to ask you.”

Ian, interview

Meilin and Ian describe her routine at the beginning of her training year. It is apparent that Meilin assists with many of the pharmacist’s tasks as there are no technicians to relieve any of the work pressure on Ian. Ian describes Meilin’s responsibilities at the start of her training year.

“She’s got, from my point of view, two main responsibilities. She’s got the responsibility to myself with the training, performance standards, keeping an eye out as to what she does in the day that might meet something she needs to create an evidence for. .. The other part is getting on with the team. Being aware of how we work and the jobs that need to be done and being a little bit proactive in helping out. Whether it’s we’re getting a bit busy out there or me being swamped with bench-loads of scripts. Knowing what our daily and weekly tasks are; so there are some things that I have to do as responsible pharmacist but also there are lots of daily tasks that she can take charge of, lots of weekly tasks.”

Ian, interview

As I conduct my interview with Ian, I comment in my field notes on the existence of an apprenticeship dyad as I watch Meilin emulate Ian in the dispensary and on the pharmacy counter. I also note in my research diary during this visit, that Meilin checks almost every action with Ian before she completes each task. Her desire to have her work checked is also present in her portfolio of evidence:

“I have been asked to complete the methadone records for the day. The pharmacist had shown me what to record and where to record it. Following the instructions, I have recorded the information required in the locations required. After I have checked the records to ensure the information I have just written are correct and asked the pharmacist to check it too.”

Evidence 1.2

However, at this stage Ian is relaxed about this aspect of Meilin’s practice, and his experience is evident when he comments that he expects Meilin to progress beyond her current student mode as time goes by.

“I usually find they are students until about February, and then they start asking more direct questions and I’m thinking that they are now thinking about what it means to be a pharmacist. So at the moment I think it’s getting a grasp of having a lot to learn and I think they are in student mode for a good half of the
After my first site visit, I reflect upon the strong apprenticeship relationship which has developed between Meilin and Ian and I write that I am interested in seeing how Meilin’s practice and identity will be shaped by this training environment. I also write that despite Ian’s expertise as a tutor, the small size of the pharmacy and his proximity to Meilin throughout the working day might make reducing Meilin’s need for reassurance more challenging. As a result, I speculate that Meilin’s early practice as a pharmacist might be shaped by her adjustment to having no support in decision-making.

Meeting Meilin the pharmacist

After 12 months as a pre-registration trainee, Meilin successfully passes the regulator’s entrance exam and joins the register of pharmacists. I speak with Meilin a few months after she qualifies and find that she has relocated to the south of England and now works for Company E. Meilin explains that opportunities she had hoped would be available to her with Company C upon qualification did not come to fruition. Since her parents were relocating from the north west of England, Meilin decided to join them to explore different career opportunities in a new location. After a small number of fairly unsatisfactory shifts as a locum pharmacist, Meilin decided to apply for a permanent pharmacist position and quickly secured a relief pharmacist’s job with Company E, another very large national health and beauty retailer. I explore Meilin’s perceptions on the key differences between being a pre-registration trainee and a pharmacist before going on to discuss her current position. Meilin articulates that the main difference for her has been about gaining her independence in decision-making as a pharmacist, as she explains in her own words:

“Because you’re not really a pharmacist [as a trainee] and there’s limits to what you can do and what you can’t do. But now I feel like I’m a lot more independent and a lot more like a pharmacist rather than a pre-reg. Rather more independent and not needing any or much support anymore. I think that’s the main difference.” Meilin, interview 2

“It felt like. I can’t really describe it but it was a lot more than what I did as a pre-reg. I felt a lot more responsible for making decisions.” Meilin, interview 2

“It’s making the same decisions but without someone to back you up.” Meilin, interview 2
In her new position as pharmacist, Meilin is able to reflect back on the last five years of her life with a sense of satisfaction at what she has achieved and is enjoying the automatic respect that the status of pharmacist brings:

“I feel like it’s five years of hard work finally having a result. It is quite a long journey, sort of five years just of studying and quite a lot of hard work sort of thing.” Meilin, interview 2

“Yeah it’s sort of quite nice to just go into a place and people trust you automatically because you are a pharmacist. That I don’t think would have happened if I was just a pre-reg. People would be like, ‘I’m not sure if you do know everything.’” Meilin, interview 2

Given that I had speculated learning to cope alone might have defined Meilin’s early practice experiences, I explored Meilin’s first few shifts as a locum with her, to gain further insight. Whilst Meilin explains that decision-making on her own was problematic on a hectic first day, she explains that she quickly adapted to practice on her own after that:

“I sort of just remember walking into the pharmacy and they were really short staffed that day because apparently everyone was away at a conference. And I just remember that day being really frantic, checking of prescriptions and catching up sort of stuff. But I think the first time I tried to check something, my mind was saying I needed Ian there to check it. So that took a little bit of a reaction but now I’m a lot more used to it.” Meilin, interview 2

“By the end of the first day I was comfortable being on my own, but definitely the first half of the day I was thinking I would be more comfortable if there was someone else with me.” Meilin, interview 2

I record in my research diary after our interview that Meilin had a lot of responsibility in her role as a trainee, albeit not in the areas in which she does now. I speculate that Meilin was able to draw upon this experience as a resource to overcome the necessity for her tutor to be present to aid her professional decision-making. Meilin goes on to explain what is involved in her current role; she is providing some additional services on top of the usual dispensing and OTC sales and although she has company targets to meet, is glad to feel part of a team at work:

“So I’m sort of doing a relief pharmacist job for them. At the moment it’s 5 days a week and 8 hours a day, at different branches. There’s a few regular ones that I go to at the moment, so I’m getting along quite well with them and I’m doing different services for them as well; mainly MURs because I’ve not joined them at the right time to be trained about flu, for flu jabs. So it’s just the basic
services I’m doing for them at the moment but it definitely feels weird to have to meet the targets every week with different stores. So, that was something quite different. So I’m really happy doing this job at the moment because, when I was a locum it felt like I didn’t belong to any teams or anything. So at the moment I feel like I’m comfortable with a few different teams now, so I’m a lot happier with it.” Meilin, interview 2

Meilin is also able to reflect on the differences between her training site and the pharmacies in which she now works. Whilst she dealt with a broader and more challenging range of customers in her pre-registration year with a limited mix of staff, the workload in her role with Company E is significantly heavier. With the help of technicians who were absent in her training year, Meilin is dealing with multiple competing tasks and keeping her pharmacy team on track:

“I’m actually quite happy that there’s dispensers around because it could be quite scary walking into a place that you don’t really know without any support. But if the store’s got dispensers it makes it a lot easier because you learn your way around the dispensary with their support and it’s a lot better than walking in and there’s no-one there to support you.” Meilin, interview 2

“But since I’ve joined Company E, because they’ve got dispensers, unlike where I was with Company C, I feel like a lot of the jobs I did in Company C are sort of done by dispensers in Company E rather than pharmacists. So pharmacists are more decision-making, making the final call before the dispensers get on with something.” Meilin, interview 2

“I think it’s because it’s a lot busier that what my pre-reg place was, [a challenging part of my role is] sort of keeping up with the workflow and keeping up a good rhythm, and time management. I had some sort of time management experiences in Company C but at the moment it’s sort of dialling it up to the max. Because it’s non-stop so you have to prioritise things, you have to be really good at doing that. And sometimes if you do that wrong there’s a bit of a panic, so I think that’s one of the more challenging things at the moment, so just prioritising the right things and keeping everyone happy.” Meilin, interview 2

I reflect in my research diary that Meilin has encountered a substantial step up in responsibility and has had to adjust quickly to working for a new company with new systems and staff roles. I remark how effortlessly Meilin seems to have adapted and I consider how her experiences in Pharmacy 3 with Ian might have facilitated this transition.

Meilin’s identity as a pharmacist
When I first visit Meilin, she explains that she feels more like a pharmacist since leaving university and we talk about her position in the pharmacy. I observe that Meilin and her tutor are singled out as the “professional” members of staff in the
pharmacy through the way they dress and where they stand, above the pharmacy counter in the dispensary. Meilin understands that Ian and she are recognised as different and that their positioning acts as a form of hierarchy. In a pharmacy without technicians, Meilin also recognises that her own role is very similar to Ian’s in contrast to the counter assistants:

“I think the counter assistants are more like limited to the counter and they do bring the scripts through but that’s pretty much it. And then Ian does quite a bit of everything and he has me do that.” Meilin, interview, site visit 1.

“Because Ian is definitely at the top. I’m probably in-between Ian and the assistants really. It’s quite a small team, so there’s not like a proper hierarchy.” Meilin, interview, site visit 1

Through observing Meilin and Ian as they go about their work, I reflect in my research diary that I perceive that Meilin unquestioningly aligns her identity to that of a pharmacist, facilitated by her close working relationship with Ian and the lack of technicians in the pharmacy. Later in Meilin’s training year, I make notes on how similar their roles are and the confidence she displays in her position:

“More fluid / less variation between pharmacist and pre-reg roles today. Reminder note no dispensers. 1 computer for everything; pre-reg and pharmacist use it equally. Pre-reg has confidence to chuck pharmacist off it if needed.” Observation field notes, site visit 3.

My second site visit occurs when Ian’s shift is being covered by a locum pharmacist and I note that Meilin’s working relationship with the locum is further evidence of her acceptance of a pharmacist’s identity and much of its associated responsibility:

“Despite counter assistant chatting to locum pharmacist, pre-reg takes lead in answering many queries coming in from counter staff. Turns to check clinical queries with pharmacist but they chat more like colleagues during this checking process” Observation field notes, site visit 2.

However, whilst Meilin appears to adapt quickly to her new position in Pharmacy 3 and its associated responsibility, her identity as a trainee is also defined by a need to double check clinical and legal decisions with a pharmacist. I write that this is what predominantly distinguishes her as a trainee and I perceive that it is an act of deference to her senior colleagues rather than a lack of confidence in her own capability. It is not a behaviour with which Ian is
familiar, but he is adapting his training style to help Meilin develop more independence. In my final visit to Pharmacy 3 I observe that Meilin is still checking her actions with more regularity than I would expect and speculate in my field notes that this might now be perceived by tutor and trainee to be part of their effective functioning as a team:

“She’s very keen to know that she’s understood me correctly which is good, but she checks her understanding more than I would expect, which for me, is quite difficult to deal with, but it’s either part of her personality or it’s a habit she’s picked up, but she wants to be sure. And it’s sort of at a level where it’s not conscious. So I’ll say something and she’ll want to repeat it back to me. So initially I just repeated back what I’d said, but now I say do you really need to ask me that question again? So it’s really hard for her to break that because that’s obviously ingrained in her; it’s hard for me because I find it, this is really weird because it’s a really quite a simple question and answer. So you get things like that and every pre-reg has got a different personality.” Ian, interview

“Still asking a lot when tutor present (is this perceived by both as team-working?). How will pre-reg adapt if she doesn’t stay in her current pharmacy?” Observation field notes, site visit 3.

Meilin’s need to check her decisions with a pharmacist shapes her professional practice significantly, as it does her identity as a trainee.

**Meilin’s professional practice**

When I meet Meilin as a relatively new trainee, she explains that is becoming accustomed to the differences between working and studying full time. She tells me she has much less free time now but that the lack of exams coming up at Christmas means she does not have to revise in the evenings:

“I feel like I’ve got less free time than when I was a student because normally as a student I’d finish at 4 or 5, and then I can just do whatever I want whereas now I finish at half 6. So I go home now and I’ve got nothing to do. But easier I guess in, I can’t say it’s less stressful than being a student but it’s feeling a lot more relaxed about things. And that stress about, well I will be stressed about exams in a few months time, but currently I’m not stressed about Christmas exams or anything.” Meilin, interview, site visit 1

As a new trainee in Pharmacy 3, the first role Meilin is given by Ian is to work on the pharmacy counter. He describes that he assigns this role to help develop communication and consultation skills as well as getting the trainee used to being put on the spot.
“So in the first week it’s very much just being out on the front counter, getting to be familiar with the healthcare staff, so introducing themselves to new people. So it’s very much finding your feet based thing.” Ian, interview

“We always put the pre-reg on the counter doing OTC for the first couple of months which is good because I think OTC is quite daunting because you’re stood there and you haven’t got a clue what the next person’s going to ask you.” Ian, interview

For Meilin, being put straight onto the counter is initially a stressful experience. However, she quickly adapts to putting her learning into practice and learns from her new colleagues which products are most frequently recommended in Pharmacy 3:

“I was really nervous and I had no idea where things are on the wall, so if people asked me something, I’d be standing there for a bit and then I had to ask the assistants, ‘oh do you know where this is’, and everything. But now I think I’ve got to grips with where things are.” Meilin, interview, site visit 1

“I think I’m more confident about that now. Because it is like an experience thing as well, because I’ve learnt about what people normally recommend for a symptom, and I would like normally go for the same if it’s the best treatment.” Meilin, interview, site visit 1

Meilin’s early experiences of dealing with customers have also been a challenge for her, and have caused her to reflect that her practice as a trainee comes with much more responsibility than when she was a student. However, Ian is impressed with the proactive approach Meilin is now taking with customers and I also make a note of it in my field notes:

“It’s more like dealing with customers really. Like, I had to stay on the counter for my first six weeks, so it was all about “I’ve got these symptoms” and it’s about seeing the things you learn on paper in real life. And you’re more hesitant about how to deal with things because in uni those cases aren’t real. And here it’s real and you have to take responsibility for like, your decisions. So that was quite difficult for me in the first few weeks.” Meilin, interview, site visit 1

“Things that have impressed me. When a patient asks can I speak to the pharmacist and she’ll say well I’m a trainee pharmacist, can I help?” Ian, interview

“Pre-reg moves mainly along dispensing bench but can see customers down below and proactively goes down to serve when needed and to give out prescriptions.” Observation field notes, site visit 2.

My observations of Meilin in practice also suggest that without technicians in the pharmacy she has taken on additional responsibilities in her role as trainee. She
explains her daily routine at the start of the year and I further reflect that she takes a proactive approach and that her role is varied.

“So I come in at half nine and get on with whatever job’s on offer. So it might be preparing the methadone because we prepare everyone’s in the morning. Or the online scripts. We’ve got the online doctor service. So if there’s quite a few laid out then I’ll start preparing them and writing them up. See if anything needs doing around really. And then I think at that point we’ll have a delivery coming in. Then just get that delivery ready; tick everything off the invoice and book everything in on the system. And after I’ve done that if we’re not busy, I’ll see if there are any owings that can be prepared from the last delivery that we got. And just prepare them really. And then I think we get the post in at about 11ish, and that’s when the repeat scripts come in. So I open those and tick them off and prepare them in their little baskets. And then I think that’s when it gets really busy; just before lunchtime. So that’s a running around doing everything time! I go on my lunch at 1 for an hour, so come back at 2. I think it’s just seeing what sort of things we get really, because sometimes it’s busy on the counter and sometimes it’s busy in the dispensary. So I see what needs doing and then and half three, half four our second delivery comes in. So I do that delivery again, see if any owings come up, and then I think we can count the scripts and then write up the methadone once everyone’s been. So that’s pretty much it. And then at half five it gets busy again.” Meilin, interview, site visit 1

“I do think I cover quite a lot of work, because you know if there’s no-one on the tills or a customer needs to speak to someone then I’ll do it. And like dispensing, I can’t do accuracy checking yet, but sometimes I’ll prepare the methadone and I’ll write them up as well, and counting scripts and if I need to I can also do ordering of stock.” Meilin, interview, site visit 1

In Meilin’s verbal accounts, her written evidence and in my observations, Meilin’s ability to confidently deal with potential conflict is evident and is part of her proactive approach. She describes in our interview that at the very start of her training year she found some of the more impatient customers quite scary. However, when I observe her dealing with a large variety of customers, I write that she uses a non-judgemental and neutral approach which I name “street-wise”. I was able to observe Meilin’s practice in the presence of a locum pharmacist on my second site visit; when Ian is not present in the pharmacy, it appears to be Meilin’s job to ensure the pharmacy’s routine tasks are completed and to oversee the assistants. This is most evident in Meilin’s practice in managerial or supervisory rather than her clinical roles:

“A patient has reached the pharmacy counter and has asked if there is anything he can take for a cough. I have observed the pharmacy assistant ask the patient questions to ensure the appropriate treatment was given. However, the patient has stated that he felt tightness on his chest. Upon hearing this, I have recognised the chest tightness as a danger symptom and has instructed the assistant to refer the patient to a doctor for more appropriate assessment. After the patient was referred, the assistant has decided to ask why tightness of the
chest is a symptom to be referred. I have explained by saying that chest tightness could mean that there is more than a cold or a flu and may be a sign of more serious condition like asthma.” Evidence 2.2.

“I’ll just sort of like keep an eye on them really [locum pharmacists], and if they’re doing fine then I’ll just not really say anything but if they’re sort of like straying into different places then I’ll just like remind them ‘oh, we do this a bit differently here’”. Meilin, interview, site visit 1

“Acts assertively when tutor not present (assumes role of manager)” Field notes, site visit 2.

Ian and Meilin’s dyadic relationship as tutor and trainee is a feature of her trainee practice and I observe them work fluently as a team on two of my site visits, often switching roles and instinctively covering sections of the pharmacy when the other needs support:

“Pre-reg takes in prescription and asks pharmacist to find product. They begin to dispense and check together – discussion re cheaper to buy. Pre-reg explains this to patient while pharmacist works out individual costs. Pre-reg charges patient. Seamless teamwork.” Field notes, site visit 3.

As an experienced tutor, Ian is clear about his expectations from Meilin, especially in the way she records her evidence, something he explains in our interview. He also clearly demarcates what aspects of training he is responsible for and what Company C head office will deliver as part of a set of residential training events. As such, if the trainee’s clinical knowledge and calculation skills are assessed by Company C as good, then he does not concentrate on these in his training, focussing instead on building confidence:

“Going through how the year is going to work in terms of evidences. And in the first week (I think it’s the first day), I always say, go and write something, just go and reflect on anything that’s happened today, you always learn loads on your first day. Just so I can go through how an evidence should look and whether you’ve managed to pull out enough competencies, because quite often, they’ll think I’ll write this up because it relates to a couple of areas and I’ll say, actually it relates to lots more. So you might think it’s two but I might say it’s 10.” Ian, interview

“They sort of find their own pace at doing things, and for me, as long as I’m getting good feedback from Company C about the pre-reg that I don’t need to be focussing too much on the clinical bits or the calculations or anything like that, I can sort of feel relaxed to say right let’s get you the confidence that you can do my job.” Ian, interview

In my research diary, I speculate how the two most characteristic and yet opposing aspects of Meilin’s practice (her need to check clinical decision-
making and her proactive approach to potential conflict) might have come about. Whilst Meilin’s dyadic apprenticeship with Ian and the lack of technicians in the pharmacy are likely to have been significant influences, I also speculate that Meilin’s acceptance of Ian’s authority and of her own position in the pharmacy as his trainee facilitate her two very different but distinctive behaviours.

**Meilin’s independence**
As I follow Meilin up to the point where she will shortly join the register of pharmacists, I note that despite her pro-active and confident approach with customers, when Meilin is faced with a clinical decision, she still defaults to asking a pharmacist to double check her answer. I reflect in my research diary that the need for reassurance shapes Meilin’s approach to her clinical practice and as such, it continues to define her identity as a pre-registration trainee rather than a pharmacist. During my final site visit, Meilin tells me that she is hopeful that she will secure a new post as second pharmacist in Pharmacy 3, working alongside Ian. Upon hearing this, I write in my research diary that I am interested in what effect becoming a pharmacist will have upon Meilin’s identity and practice. I speculate that her deference to Ian and need for reassurance may take a while to banish.

When I meet Meilin again as a pharmacist, her circumstances have changed significantly and she is able to reflect back upon her training year as a necessary step in developing independence:

“I think with pre-reg the shock was that I’m not a student anymore, and because I was so used to being a student for the last four years, I was used to going into places and asking a lot of questions. But I kept getting told off by Ian, oh stop asking so many questions and some of the questions I did ask were actually quite pointless. So that’s something I’ve learnt; sort of like, to try to figure things out by myself and be more independent. It was just a process of being independent with my own learning as well because there’s no syllabus to base on; what the GPhC gave us was really big and it pretty much meant learn everything. So I think that was a shock after being a student to being more independent as a pharmacist.” Meilin, interview 2

I write that the pharmacist I speak to is self-assured in the comments she makes about her practice and is excited by the challenges of her current role. Meilin’s explanations hint that she has adapted quickly and effectively to the demands of being a community pharmacist:
“I think it’s turned out slightly differently because when I was at uni I always thought a community pharmacist is just giving out medication and stuff. But it’s actually a lot more different, so I’m getting more clinical at the moment and checking interactions, checking dosage that you don’t really see. But it’s mainly because of this that I’m enjoying it a lot more that I thought I would be so I’m quite happy with that.” Meilin, interview 2

“It is definitely the variety that I like. I like facing customers and I like being in the back and making decisions as well, so it’s definitely the variety that’s keeping this quite fresh and exciting.” Meilin, interview 2

I reflect in my research diary that leaving Ian and Pharmacy 3 behind was a significant step for Meilin in developing her independence as a pharmacist but that her training year set her up well for this step-up in responsibility. As I wish Meilin well in achieving her career aspirations, I reflect that Meilin’s apprenticeship relationship with Ian was successful in developing a strong pharmacist’s identity and a sense of responsibility. I write that the lack of technicians in Pharmacy 3 in addition to Ian’s supervision provided Meilin with a confidence and competence that are apparent in her descriptions of her practice, and that she will continue to use these experiences as an ongoing resource throughout her early years of practice.
Appendix 32

Portrait 4: Jen’s story

Meeting Jen the trainee pharmacist
Pharmacy 4, where Jen works, is located in a large town centre supermarket owned by Company D. I write in my research field notes that the supermarket dominates the north end of the town centre and with its vast on-site car park, is much larger than would be expected of the small town in which it is situated. The pharmacy however is compact, and I record that I initially struggle to find its location at the back of the store. I enter the pharmacy through a staff entrance located to the side of the pharmacy counter, outside which there are three chairs that act as a waiting area. I write in my research diary that I find the working environment of the pharmacy “a little bizarre” as there are regular public address system announcements which interrupt the background noise in the pharmacy and the smell of freshly baked bread fills the back of the store. Inside the pharmacy all the shelves, drawers, wall and floor are white, but I note that to me, the pharmacy does not have an overtly clinical feel. The pharmacy is busy and I record in my field notes that I see staff members bustling around the various pharmacy sections in a focussed manner. I draw a sketch of the layout in my field notes and annotate that the pharmacy is split into four distinctive areas in which different staff members predominantly work. There is a pharmacy counter where sales are made and prescriptions received, a dispensary which is the largest section in which most of the prescriptions are assembled, a prep room in which medications for patients requiring individualised unit dose blister packs and controlled drugs are prepared, and a consultation room which doubles up as an office. I write that the staff members wear colour co-ordinated tunics and trousers which display the supermarket’s name on the sleeve. The exception is the pharmacist who I record is differentiated by her business suit. All staff members wear circular name badges bearing the supermarket logo.

I record that Jen recognises me as I arrive and shows me into the pharmacy where I meet her tutor Cath. Cath is an experienced pharmacist (she tells me she has been qualified for over 20 years) who is performing the role of pre-registration tutor for the second time this year. Cath explains that she has spent her career in community pharmacy, working as a single pharmacy manager in a rural independent pharmacy before a relatively recent move both into supermarket pharmacy and this location. The pharmacy employs two pharmacists; Cath (the duty manager) and Steph, who is the overall pharmacy manager. I share with Cath that although a research student, I was a pre-registration tutor for a number of years. I record in my research diary that I perceive
Cath is happy to have me conducting my research in her pharmacy as I act as an additional source of reassurance that she is fulfilling her role as tutor as well as to concur with her judgement that Jen is progressing well. I record in my field notes that even when busy, there is a feeling of calm in the dispensary that I conclude is a result of Cath’s easy-going, maternal approach. This is based upon her reference to colleagues and customers as “bab”, both during our interview and in all my field notes, as well as her self-confessed desire to help Jen and others out. I also record in my field notes that as a pharmacist, I personally think the dispensary is very neat and well organised.

Jen tells me she came straight to university following her A-levels. She explains light-heartedly that she never got over her fear of blood, so couldn’t pursue a medical career. Jen gained work experience in a variety of professions but really enjoyed pharmacy. She then gained significant experience through working in a community pharmacy close to home during university vacations. She also completed a placement with her current employer in the summer before applying for a pre-registration place. During our interview, Jen explains that she secured her pre-registration training position with Company D after applying for positions with a variety of employers. The local pharmacy she worked for in her university holidays offered her a place, but Jen took the training post with her current employer in order to broaden her experience. Jen talks enthusiastically about the programme of training offered by her employer, covering things like case studies and calculations, which will prepare her well for the registration exam and life after qualification.

When I first meet Jen, she is nine months away from being a pharmacist. She tells me that she’s not at the stage of her training yet where she is performing many of the pharmacist’s roles although she does feel more like a pharmacist through her increasingly broad knowledge-base.

“To be honest at the moment I don’t do that kind of thing [pharmacist’s roles]; I haven’t gone to the pharmacist stage yet, I’ve just been getting used to the pharmacy.” Jen, interview, site visit 1.

“I do feel my knowledge is better than when I was a student; just building on it all the time and stuff.” Jen, interview, site visit 1.

I reflect in my research diary that despite Jen not feeling like a pharmacist much yet, her position and practice in the pharmacy are closer to that of the pharmacist than any of the other staff members. Jen’s early evidence also articulates an identity and independent practice which is closely aligned to that of a pharmacist.
"I do a lot of the health checks, diabetes check, that sort of stuff like that. I gradually do a bit more each time. It is good because to start with I just started doing the health checks and then the pharmacist would go through the results, but now I go through the results with them as well". Jen, interview, site visit 1.

I make a lot of notes in my research diary about the potential ways in which I could understand Jen’s perspective of her position as a pre-registration trainee. Whilst all indications from interviews with Jen and Cath during my first visit are that Jen is progressing very well, I write that Jen appears a little reluctant to perceive her own identity as that of a pharmacist just yet. As I leave Jen, I write that I wonder how her developing practice and identity will be influenced by her self-perception about her role and position in the pharmacy.

**Meeting Jen the pharmacist**

After 12 months as a pre-registration trainee and passing the regulator’s entrance exam, Jen joins the register of pharmacists. I speak with Jen a few months after she qualifies. I write in my research diary after our interview that Jen appears to be comfortable with being a pharmacist and is almost surprised by how much she is enjoying her role. We reflect on her year’s training and she shares some key moments from her first few months in practice with me.

Jen has stayed with Company D and is now a second pharmacist, working in a pharmacy not far from the one where she completed her training. From Jen’s description, I understand that she is in a similar position to that of her tutor Cath. However, despite being owned by the same company, the pharmacy itself is very different from the one Jen trained in, because it is much quieter and consequently there are fewer customers and staff members. Jen is managed by a pharmacist who is also relatively new to the store and she describes how this gives them both ownership in shaping the pharmacy’s services. I reflect in my research diary that Jen seems pleased with her own personal contribution in conducting new services during her shifts.

"Before my manager came, she only came 6 months ago, the store was particularly failing. So we’re obviously trying to do simple things. We’re trying to get to get prescription numbers up because we can get another member of staff; things like that. So just at the moment, trying to do the New Medicines Service. And because I work most lates, I do a lot of that as well." Jen, interview 2.

Jen also expresses a certain amount of surprise that in her new role, she has time to conduct some of the more clinical services her pharmacy offers as well as fulfil her basic duties in prescription-checking. This is in contrast with the pharmacist's role in her previous pharmacy where I rarely observed Cath do anything other than check
prescriptions and answer telephone queries.

“It’s not that busy a pharmacy so you tend to do a lot of services but then do the checking in-between; it works quite well to be honest. We do a lot more services .... because we have the time to be able to do it.” Jen, interview 2.

“I thought it was going to be more checking prescriptions and that kind of thing.” Jen, interview 2.

Jen tells me a little more about how her new role compares with her pre-registration training year and what the main differences are. Jen is performing new roles which she had no direct experience of as a trainee, but the biggest difference or step up for Jen, has been the lack of a pharmacist nearby to double check with. She tells me that there is a three-hour overlap with her manager in the middle of the day, but apart from that, she works as a lone pharmacist. However, Jen explains that she is becoming more comfortable dealing with situations where she has to manage problems alone or refer to reference sources or pharmacists in other stores to obtain answers.

“I’m doing services and things like that which I couldn’t do any before, but I think the main difference for me was not having that safety net. So when I was doing over the counter consultations I couldn’t go and ask the pharmacist. Erm, I hated it to start with. But now I’m used to it and now if I don’t know the answer I’m just honest and I say I’m just going to have a quick look. I find it alright now.” Jen, interview 2.

“Because I’m with a big chain, if I’ve got any issues then I can ring one of the other 100-hour pharmacies and speak to them.” Jen, interview 2.

I ask Jen if she feels like a pharmacist now that she is one, recognising that during her training, I expressed in my research diary that I thought she was a slightly reluctant recipient of the title. Jen recognises that there are parts of the pharmacist’s role that she has yet to learn but that she does now feel like a pharmacist. She acknowledges that her previous co-workers did try to prepare her for the role, but that she only really felt the difference between being a trainee and a pharmacist once she’d started her pharmacist job.

“They [my previous workplace] did try to make me feel like a pharmacist but there’s only so much you can do because you still can’t do loads of things as a pre-reg. You just feel, I noticed the difference massively in my first week or so.” Jen, interview 2.

“There’s still some things that I haven’t done before and I still go and ask the manager and things and they’re really supportive of me and they know I’m still kind of learning. I do feel like a pharmacist but sometimes I think gosh I can’t believe it’s gone sort of thing.” Jen, interview 2.

Having concluded that Jen has settled into her new role well and has a satisfying job with a supportive team around her, I explore her first day as a pharmacist with her a little more. Unfortunately, Jen’s first day was not an enjoyable experience. She was
sent to the pharmacy in which she’d worked as a pre-registration trainee but a number of unfortunate incidents made her first day long and stressful. This was exacerbated by her own need for reassurance which she overcame by making extra checks on her work.

“My first day was awful. It was at Pharmacy 4 so obviously it was busy. The order wasn’t sent the night before and there were loads of people coming in for their ownings that hadn’t arrived, so I had to explain the situation. I had to dispense a dropped 80mls of methadone so I had to do a report to the area team about that. And the locum didn’t turn up in the evening so I had to work 8 to 8 which wasn’t ideal. I just kind of got on with it. Like on the first day I was literally checking everything I gave out; even the most simple of things but it’s just being cautious isn’t it?” Jen, interview 2.

In leaving Jen as a recently qualified pharmacist, she has reached a new stage in her career where she is still supported in her learning but is empowered in the autonomy she has as a practising pharmacist. I record that my perception about Jen’s reluctance to recognise her identity as that of a pharmacist is gone, and that I think she is pleasantly surprised by how much she enjoys her role. I contrast Jen the pharmacist with Jen the pre-registration trainee and reflect on some of the developmental milestones I observed during my study.

**Jen’s identity as a pharmacist**

When I first visit Jen, I ask whether she feels like a pharmacist at all yet and we talk about her role compared with the other staff in the pharmacy. Jen has previously worked in Pharmacy 4 as a student and she tells me that not only does she feel more like a pharmacist now; she is also perceived differently by her co-workers.

“Yeah I do [feel more like a pharmacist] now, because if the pharmacist is away, doing a flu jab or something, the counter staff will come to me and ask me questions; it just makes me feel a bit more wanted and I don’t know, a bit more respect.” Jen, interview, site visit 1.

“I think they give me more respect than when I was a student because essentially, I don’t know, I’ve graduated and I’m nearly a pharmacist now.” Jen, interview, site visit 1.

When we move on to discuss Jen’s daily roles, she gives me many examples of her involvement in the tasks which pharmacists perform, for example health checks and complex clinical queries. However, during my first visit, Jen’s self perception was that she was still getting used to the pharmacy and that her role was similar to that of the technicians. She acknowledges that she does not have a specific area of responsibility like the technicians do, but that in the hierarchy of the pharmacy, she perceives she is seen as an equal to the pharmacy’s three accuracy checking technicians (ACTs).

“I pretty much do the same as them but they have their set roles. So one does the blisters, one does the methadone, one does the owings and stuff like that. I help them
do each thing but I obviously can’t check. So I do similar things to them.” Jen, interview, site visit 1.

To be honest I don’t see the ACTs seeing me as lower down, we’re all sort of the same level and stuff. I think the counter staff see me more as the pharmacist than the ACTs see me kind of thing.” Jen, interview, site visit 1.

I observe where Jen positions herself in the pharmacy and how she interacts with her new colleagues. I record in my observation notes during site visits 2 and 3 that Jen locates herself predominantly in the dispensary with the pharmacist. Even in the first half of her training year, I record that she initiates tasks independently and is always busy, returning to the dispensary computer when tasks are complete.

“Jen stands confidently at bench; staff members frequently converse and ask her advice. Jen listens to many of the conversations going on around her and helps / intervenes where she can.” Field notes, site visit 2.

I reflect in my research diary and observation notes during every site visit that Jen’s position and practice in the pharmacy is closer to that of the pharmacist than the technicians. In addition to my field notes, I draw upon Jen’s early evidence records submitted to her tutor and to a consultation she describes with a customer. I conclude that her independent actions and knowledgeable articulation of each demonstrate an identity which is closely aligned to that of a pharmacist.

“The first one I had, he’d recently had a stroke, his blood pressure was dead high, it was just really daunting; he was on aspirin and I was just like ‘oh my God’. But then I don’t know, it just worked. I got like a dead nice rapport with him and I told him to come back in a couple of weeks. He came back last week and I did his blood pressure again, and he’d given up alcohol completely after me speaking to him and he was trying to exercise and things like that.” Jen, interview, site visit 1.

“I received a prescription for Rivastigmine 6mg BD for 28 weeks, 7 repeats of 28 days.... I checked the prescription to make sure it was legally valid and noticed that the prescriber had issued a repeatable prescription which is not allowed.... I found his private number on a previous private prescription and rang his mobile to explain the situation....He was unaware of this rule and thanked me for informing him. I then asked him to either write 7 prescriptions for 28 days worth... or one prescription for 392 Rivastigmine tablets.... I then dispensed one month worth of the Rivastigmine to ensure that the patient had enough to keep going...” Evidence sheet 2.2.

Despite Jen’s early practice starting to strongly resemble that of a pharmacist, demonstrated by her confident consultations with patients and other healthcare professionals, I also write that I perceive Jen’s preference is to locate her own identity closer to the technician’s role with which she is familiar and shows high levels of competence in. I propose in my research diary that this is Jen’s own personal construction of a pre-registration trainee identity as she is not quite ready to view herself as a pharmacist.
There are a number of characteristics of Jen’s practice and actions which indicate that she might not be ready to conceive her own identity as that of a pharmacist just yet. I make a mental note early in our first interview that Jen is wearing the company tunic and trousers like the technicians and counter staff. In contrast, her tutor Cath wears a suit. I assume that this is company policy until I explore the reasoning for it with Jen. Jen explains that it was her own personal decision to wear the company uniform and I try to press her about why she made that decision and if she will change later in her training year.

“To be honest, I essentially wasn’t supposed to be wearing uniform. In the end they asked if I wanted the pharmacist [suit] or the tunic and I chose the tunic.” Jen, interview, site visit 1.

“I think I’ll just wait until I’m a pharmacist [to wear the suit]. But I’m not bothered about what people, if they think ‘she’s not a pharmacist’, it doesn’t really bother me. I think it will [affect how customers see me], yes, but I’ve got my badge and it says I’m a pre-registration pharmacist and things.” Jen, interview, site visit 1.

I reflect in my research diary that I perceive Jen to be a confident and competent trainee yet her decision to not wear the company suit is something I find surprising. I record several times that I perceive that Jen likes to have some control over her practice and I therefore tentatively conclude that by choosing to wear the company tunic and trousers, Jen is carving out some independence to develop her identity as a pharmacist at the speed and in the manner of her own choosing.

“I think Jen likes to do things in her own time, when she’s ready”. Research diary, November 2014.

I also note that the two pharmacists in the pharmacy may also influence Jen’s expression of her identity with their opposing styles of training. I record that I think Cath’s nurturing style will mean that Jen’s practice and hence her identity will develop at a speed of Jen’s choosing. Using Cath’s own experience and company targets, Cath knows Jen is ahead of where she should be and she is therefore likely to offer encouragement and reassurance. From Jen and Cath’s descriptions however, I perceive that Steph regularly pushes Jen beyond her comfortable limits as Steph is likely to appreciate that Jen is already capable of performing many of the pharmacist’s roles. I propose in my research diary that these opposing training styles influence both Jen’s practice and her identity and possibly make Jen more protective of her pre-registration trainee identity. Jen expresses her conflicted opinion about Steph’s training style when I discuss her developing practice with her and Cath also offers her opinion.

“The manager will just say Jen do this and to be honest I don’t like things like that.” Jen, interview, site visit 1
“To be honest it’s probably the pharmacy manager [I learn most from] because she’s very hectic and running round and she’ll say Jen do this and so I’ll have to…… She’ll go through it to start with and then I’ll just do it and it is really good the way she does it. It’s very daunting when she just throws things at me but I do really learn from it. Because she’s really busy so it does help her, me doing a lot of these things.” Jen, interview, site visit 1

“But Steph is good; really good. We’ve got really different styles, I think that’s part of it as well. So Jen will see two very different styles of dealing with the same things.” Cath, interview.

I reflect that later in the year, despite Cath giving Jen more responsibility, Cath’s presence and nurturing approach mean it is likely that Jen only experiences the feeling of being the pharmacist when Cath is in the pharmacy’s consultation room or when she is working alongside Steph. I also reflect in my research diary that if Jen has constructed a pre-registration trainee identity closer to that of a technician, then she may never truly feel like the pharmacist until she is one.

When Jen does finally qualify a pharmacist, I write in my research diary that her new identity as a pharmacist appears shaped by her competence and enjoyment of her new roles and that not having too much responsibility too soon is giving her the space to appreciate her own development. We discuss the supportive role that Jen’s new manager has had and how Jen’s identity as well as practice as a pharmacist is flourishing under her new manager’s guidance. Whilst Jen acknowledges much of her identity and practice as a pharmacist was influenced by Cath, her new manager’s influence is increasingly significant. Consistent with her pre-registration identity, Jen’s need to have some control and be her own person is also prevalent in her narratives about her new role.

“My manager is like the best manager you can imagine, she’s so supportive. I mean she did an induction at the start and went through everything with me and flu jabs I was just so scared of doing them because I did my training in June so I couldn’t remember anything. So I watched a couple of hers and things like that, she just runs through things I don’t understand straightaway with me.” Jen, interview 2.

“I think obviously my tutor had a big impact because that’s who I learnt off through the full year. But now, I’m more taking on kind of how my manager works and obviously what she likes. So I tend to do that quite a bit more now. Other than that I don’t know. I try to be who I am, if you know what I mean.” Jen, interview 2.
As I meet with Jen over the course of her training, I note that her identity as both a trainee and pharmacist is closely aligned with her developing practice and her relationships with colleagues.

**Jen’s professional practice**

When I first meet Jen as a new trainee, she explains that despite having extensive experience in community pharmacy, she is finding the long working hours tough and fitting study time on top of a full time job is also difficult. Jen reflects that despite this, she was in the fortunate position of already being familiar with her new workplace.

“It was quite daunting to start with but I think if I was working somewhere else it would have been 10 times worse. But I’d done my summer placement and I knew all the staff so it was alright to be honest.” Jen, interview 1

“To start with I was exhausted. I’m getting used to it now to be honest. I kind of, when I go home, I’m too tired to do my work so I kind of, I tend to write off Sunday, and Sunday I do loads of work and stuff. And it works out much better.” Jen, interview 1

In her first week, Jen tells me she was given a number of tasks to train her in the pharmacy’s procedures but that she was able to be of use though being able to dispense from the start. Jen describes this as getting used to the pharmacy, without perhaps realising that for many trainees, dispensing is not something they will do straight away. In line with professional regulation, the pharmacy’s core tasks are all procedure-driven and Jen tells me how she was required to read though all the company procedures and standard operating procedures (SOPs).

“In the first week I was reading the SOPs for ages. I was doing all my like; with Company D you have to do Bronze, Silver and Gold training and so I’ve been doing that loads and dispensing loads to be honest. So just getting used to the pharmacy...” Jen, interview, site visit 1.

Both Jen and her tutor Cath, speak about the company procedures and training positively. Company D provide a training manual and also regularly set exercises for trainees to complete under the supervision of their tutor. Jen understands the training programme she is on is good but that it impacts significantly upon her personal life.
“No-one actually told me how much Company D actually give you. Like in October I got like 100 pieces of paper that I had to work through that month. There’s not really that much of a work-life balance because I do my 36 hours and then go home and do loads of work.” Jen, interview, site visit 1

“We have a meeting at the beginning. First of all, Company D have kind of a set, and it’s very good for me as a tutor, especially a new tutor, of where she should be at and what she should have done and how to structure it a little bit. So we had this meeting in the beginning, and it was very much, she wasn’t new to pharmacy at all, she had a great grounding to start with, so it was building on and building up her confidence in the areas she felt.... So there’s procedures for everything you need to run a pharmacy. So they’re expected to work through that and all the SOPs are on there. And then they get sent down case studies where they have to utilise that information in order to solve the problems and deal with the situation in the case study. So that’s superb as well.” Cath, interview, site visit 1.

Early on in her training, Jen has established a routine in her daily work and is taking on a broader range of tasks and responsibilities. Jen describes her own routine on a typical day at the beginning of the year:

“On Mondays I open the pharmacy and do all that, which is good. I’ll come in and just dispense and then when they [the counter staff] want to go on their lunches I’ll go and cover the counter. I do some of the methadones and I do a bit of their [the pharmacists’] paperwork, like each week. Like this week I was sorting all the EHC and stuff like that. So it’s good for me to know how they’re done kind of thing. Because obviously I can’t actually do the services but it’s good for me to see the management side of it as well.” Jen, interview, site visit 1

In taking on more responsibilities which will ultimately prepare her well for her role as a pharmacist, Jen has to learn on-the-job. Jen articulates her preferred learning style in our interviews and it changes little over the training year. She prefers to observe a new task or skill before she practises it herself and I perceive that she needs to feel practised and ready before attempting something new on her own. In her training year, this manifests itself in Jen’s conflicted comments about her learning at work. She concedes that at the start of the year she’s learnt more from Steph and from being outside her comfort zone, but that this type of learning is not always a pleasant experience.

“The manager will just say Jen do this and to be honest I don’t like things like that. I like to watch someone and then learn from what they’ve done. So like I knew on my second or third day I had to open up. I didn’t have a clue what I was doing, so I came in early on the day before to watch someone else open up and I think that’s just the way I learn. So I’ve just been like doing that constantly, watching someone and then doing it.” Jen, interview, site visit 1
Despite Cath’s desire to nurture Jen, she also explains that from her point of view, Jen sometimes prioritises fitting in with the team and performing routine tasks over taking on new and different roles. Cath perceives that the pharmacy’s ACTs might contribute to Jen behaving this way as they perceive her as an extra dispenser rather than a trainee pharmacist.

“They love it, because I suppose to their way of thinking, so foremost they see it as having another pair of hands. There’s no question about that. They think ‘oh phew, we’ve got more prescriptions than ever and they can help with this and they can help with the labelling and that’. And I keep on having to say to Jen, you are extra and you need to learn all these different things. And yes, there’s going to be times when you’ll be pulled here and there and it’s very easy to get slotted in here. But I’ve said you’re not going to keep on learning from sitting labelling and putting the order away. Yes, obviously you have to fit in and help out, but you have to think, I’ve done this batch of labels; time for something else. So I have to keep checking that she’s not getting dragged in doing the same old things. So the ACTs definitely see her as another member of the team.” Cath, interview.

However, whilst Jen is sometimes the apprehensive recipient of additional tasks which she recognises are developing her practice as a pharmacist, she is less willing to participate in over-the-counter practice which is further removed from the pharmacist’s role and over which she has little control. Jen established very early on in her training year that she did not want to work full shifts on the front counter.

“I hate counter sales, so I do mainly dispensing so I cover a couple of hours a day on the counter so just covering lunches and things. Like I spoke to my tutor and she said I need to do counter sales there’s no getting around it and I said I’d rather spend a couple of hours rather than a whole week or something.” Jen, interview, site visit 1

While Jen’s actions here can be related to her need to have some control over her own role, I also reflect in my research diary that this negotiation of work on the counter was also an early expression of Jen’s identity as a pre-registration trainee. Jen was rejecting a role associated with lower status in the pharmacy, negotiating it to a level more consistent with the role of a pharmacist or her own construction of the pre-registration trainee role. Given my perception that Jen preferred to have control over her learning and practice, she may also have been less enthusiastic to participate in this role as it required her to deal with potentially unpredictable and unfamiliar events on a regular basis.
Towards the end of Jen’s training year, I observe that Jen continues to practise independently and confidently, although her role is very different from that of her tutor Cath. I reflect in my research diary that Jen’s relationships with Cath and Steph have allowed her to develop an identity and role of her own that allows Jen to feel wanted and to practise independently despite the numerous legal barriers which prevent her emulating the pharmacist’s role. I further reflect that the implications of this for when Jen qualifies as a pharmacist are likely to be new roles that she will be unable to observe being performed but that she will have sufficient resource from her pre-registration training to cope. Despite these constraints to Jen practising like a pharmacist, Cath is ensuring that she is satisfied that Jen will be ready to take on the role of pharmacist by comparing Jen’s performance in each of the regulator’s standards, to that of a newly qualified pharmacist. In Cath’s second year as a tutor, she is also learning to “let go” of her trainee more to allow her to practise independently.

“So I’ve got to be sure that she’s like a newly qualified pharmacist in that thing. So I will not sign them off on anything, no matter how many evidences they’ve got on it, until if I wasn’t here, they could do it as the pharmacist.” Cath, interview

“Towards the end, it was very much, Steph particularly more than me, because I’ll kind of half tell people the answers of do things for them, whereas Steph is very much, and I’m learning to do this more. So they’ll come to you with a question and you’ll ask them what do you think and then you’ll say, go and do it and I’m here if it all goes pear-shaped, and it does sometimes, that’s life, we’re here to pick up and guide you and I’m keeping a watchful eye on the situation and if I think it’s going badly wrong then I’m there to step in. So I’m learning as the year goes by, to let go.” Cath, interview

As I follow Jen through her year of becoming a pharmacist, I am struck by the contrast between the competence and confidence I observe her displaying and Jen’s narratives about her dislike of being out of her comfort zone. I reflect that this manifests itself in Jen’s pre-registration trainee identity and her need to do things her own way and in her own time. I speculate that joining the register of pharmacists will allow Jen new autonomy over her actions but that this will come at the price of being forced, as the only pharmacist, to deal with unknown situations on a regular basis. I reflect in my research diary that I am unsure whether Jen’s emerging identity as a pharmacist will be defined by stressful new situations.
Leaving Jen the trainee behind

When Jen qualifies as a pharmacist, her first job is important in providing some early positive experiences of practice which allow Jen’s autonomy and job satisfaction to grow. I perceive that this first pharmacist’s position works out well for Jen; she has a manager who is happy to help Jen learn to perform new tasks through observing her, and because Jen is now situated in a pharmacy where her practice is not defined by a heavy dispensing workload. Jen is also relieved not to have to go home to study after work each night. In her second interview, Jen explains how in her practice as pharmacist, she has had to deal with new work systems, new responsibilities and new challenges alone and she describes some which have gone smoothly and others which she has found difficult. Jen also contrasts the pressure of being the pharmacist with her previous roles and reflects that she did not understand what that felt like until she qualified as a pharmacist.

“I was kind of prepared; I’d had work experience so I kind of did know what it was like, but it’s more the pressure of all those kinds of things, you don’t experience any of that as an undergrad or pre-reg. That’s the main difference really.” Jen, interview 2

“The main challenge recently has been we’ve only got one methadone patient but she’s just a nightmare. So having to deal with her has been quite difficult for me to be honest.” Jen, interview 2

“You’re kind of jumped into it. I had to do the malaria one [extended service] on my second day and I was worried about what I was doing but I just went through it methodically and it worked.” Jen, interview 2

I note in my research diary that Jen had lots of practise of this type of situation in her training year but also had opportunities (certainly with Cath) to opt out, that she is no longer afforded. However, I reflect in my research diary that I perceive that Jen recognises that as the pharmacist, it is her job to maintain composed and perform all these tasks, no matter how uncomfortable she feels. As a newly qualified pharmacist, Jen tells me her role has exceeded her expectations and I reflect in my research diary that these experiences have helped Jen define what her future practice might look like and what direction she wishes to take her career in.

“To be honest I find it better. It might be because I’m at this particular store, I’m doing all the services, all the flu jabs, all the MURs, I’m doing those. That’s what I want. So obviously when I’m looking for new jobs, I’ll make sure they’re heavily
that way, if you see what I mean. I thought it was going to be more checking prescriptions and that kind of thing.” Jen, interview 2

After wishing Jen good luck, I later reflect in my research diary that Jen can now use her desire to be herself and to do things her way to positively shape a career of her choosing and that she will be able to look back on her first few months of being a pharmacist with a real sense of achievement.