

Written evidence submitted by The Royal Pharmaceutical Society (RTR0110)

1. The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain, representing pharmacists working in all sectors. Pharmacy is the third largest health profession after medicine and nursing, with more than 56,000 pharmacists and 24,000 pharmacy technicians on the General Pharmaceutical Council register.¹
2. Pharmacists and pharmacy teams have been on the frontline of COVID-19 and have shown enormous dedication to supporting the nation's health. They will continue to play a crucial role in the success of the COVID-19 and flu vaccination programmes, alongside delivering vital services across primary and secondary care.

Developing a workforce strategy

3. Policy experts and professional bodies are united on the need for a comprehensive workforce strategy, backed by appropriate investment, to meet the ambitions of the NHS Long-Term Plan. Neither the 2021 Budget nor the Spending Review allocated funding for a multi-year workforce strategy.² The pharmacy workforce is under significant pressure in every sector across Great Britain,³ with inadequate staffing cited as the leading factor for poor mental health in the pharmacy workforce (70%).⁴
4. The Government's proposed workforce plan should consider the essential core roles and responsibility that must be delivered across all sectors of pharmacy to ensure a consistent level of service for the public. Workforce planning must include collating transparent data around current roles and services which make up current workforce activity. Data should include workforce establishment, vacancy rates and turnover broken down by grades, roles, sector and geography. These data are required in order to provide the bigger picture alongside further information such as reasons for leaving roles, age profiles and Equality, Diversity and Inclusion metrics.
5. Investment is needed to train new pharmacy staff and upskill existing members of the team, matching skills to tasks. Career pathways, supported by credentialing, should continue to be developed and adopted to make all roles more attractive and rewarding, allowing all staff to develop and work to the top of their competence and ability.
6. Pharmacists are increasingly being employed as part of the general practice multidisciplinary team. NHS England also set out the ambition for a typical PCN of 50,000 patients to be able to have its own team of approximately six whole-time equivalent clinical pharmacists.⁵ This would equate to more than 7,000 pharmacist roles across 1,250 PCNs. Approximately half of those posts have been recruited to date.⁶ There remains regional variation in workforce numbers in community pharmacy, with some parts of the country still struggling to fill vacancies.⁷
7. As demand for pharmacist expertise increases, the Government and NHS should re-energise investment in hospitals to implement the Carter Review recommendations⁸, creating capacity

¹ www.pharmacyregulation.org/sites/default/files/document/gphc-annual-report-2020-21.pdf

² www.kingsfund.org.uk/press/press-releases/kings-fund-responds-comprehensive-spending-review

³ www.rpharms.com/recognition/all-our-campaigns/policy-a-z/workforce

⁴ www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing

⁵ www.england.nhs.uk/wp-content/uploads/2019/06/pcn-briefing-for-pharmacy-teams.pdf

⁶ www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf

⁷ www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/community-pharmacy/thecomunitypharmacyworkforceinengland2017-surveyreport.pdf

for hospital pharmacists to spend more time on clinical services, patient safety and supporting colleagues in primary care and other settings. A further review published in 2020 also highlighted the importance of supporting the training and development of the aseptic pharmacy service workforce across England.⁹ Aseptic pharmacy services played a crucial role during the COVID-19 pandemic and will be even more important as we move towards individualised treatments in the field of gene therapies, advanced therapies and point of care manufacture. Pharmacists, supported by pharmacy technicians, will be central to providing the technical, logistical and governance expertise for these innovative products.

International recruitment

8. Approximately 11% of pharmacists on the GPhC register qualified overseas (EEA and non-EEA routes). It is critical that the UK is able to attract and retain the best talent from around the world, not only to support our health and care workforce, but also our world-leading life sciences sector. The Professional Qualifications Bill is currently being considered in Parliament, but much of the policy detail would be covered by secondary legislation. It is paramount that any future changes to how the UK recognises overseas qualifications maintain standards of care.

Education and training

9. The General Pharmaceutical Council (GPhC) published revised *Standards for the initial education and training of pharmacists* in January 2021.¹⁰ These recognise that since the previous standards published in 2011, there has been a shift towards integrated health and social care with pharmacists increasingly working as part of multidisciplinary teams, including in general practice and Primary Care Networks. The new standards also recognise the benefits of enabling more pharmacists to train as independent prescribers to enhance patient care and manage growing demand on the health service.
10. The RPS has long called a structured and seamless approach to development of a pharmacist's career¹¹, from initial education and training (IET) through to consultant level practice, and we welcomed the GPhC's IET standards aligning with the same domains used in post-registration. The new standards also include improvements relating to equality, diversity and fairness as well as a focus on quality, which will ensure that all trainees experience high quality placements particularly in the foundation year.
11. While there was much to welcome in the new IET standards, we are yet to see the necessary investment from Government to properly support their implementation. Meeting the increased focus on experiential learning and clinical skills will require additional resources and this must be delivered to support a wider workforce strategy.
12. There are further opportunities to make pharmacy roles more accessible and attract a strong and diverse pipeline of new pharmacists to better reflect the communities we serve. This should include reducing barriers for people with disabilities, such as through a refresh of the Higher Education Occupational Practitioners standards of medical fitness to train for pharmacy students¹², and the GPhC's planned equality guidance for pharmacy owners. The RPS published its Inclusion and Diversity Strategy in 2020 and we are committed to working with partners to help

⁸ www.gov.uk/government/publications/productivity-in-nhs-hospitals

⁹ assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931195/aseptic-pharmacy.pdf

¹⁰ www.pharmacyregulation.org/sites/default/files/document/standards-for-the-initial-education-and-training-of-pharmacists-january-2021_0.pdf

¹¹ www.rpharms.com/recognition/all-our-campaigns/shaping-the-future-of-pharmacy-education

¹² heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730902HEOPS_Pharmacy_Students_fitness_standards_2013_v5.pdf

make pharmacy a more inclusive profession, which attracts the best students from around the world and enables them to thrive.¹³

Independent Prescribers

13. The GPhC's IET standards recognise that the role of the pharmacist independent prescriber has become increasingly important in the delivery of high-quality clinical care. The fusion of the unique in-depth understanding of medicines by pharmacists together with the competence to prescribe offers will improve access to care and increase capacity in the health system.
14. A new workforce strategy must support and harness the skills of pharmacist independent prescribers in clinical care, including:
 - Investment in training, both for new and existing workforce.
 - Access to supervisors.
 - Protected learning and development time.
 - Commissioning of services to make best use of independent prescribers across care settings, supported by appropriate prescribing budgets in community pharmacy.

Burnout and workforce pressures

15. Our latest Mental Health and Wellbeing Survey with independent charity Pharmacist Support, published in December 2021, showed that burnout remains a key issue facing the workforce, with 33% of respondents considering leaving their current role and 32% considering leaving the profession.¹⁴ The COVID-19 pandemic has amplified pressures that were already inherent in the system.
16. In 2019, we found that 80% of our pharmacy workforce were at high risk of burnout, and this percentage increased to 89% in 2020. A significant proportion of the workforce are continuing to report average, poor or very poor mental health and wellbeing.
17. The risk of burnout among respondents continues to be high and is linked to inadequate staffing, long working hours and a lack of work-life balance, protected learning time, support and rest breaks. Many respondents were aware of the mental health and wellbeing support available but take up of services continues to be generally low. Barriers to accessing services were identified as a lack of time, concerns about confidentiality and the impact on respondent's career as well as respondents feeling they should be able to manage without seeking help.
18. A review published by the Community Pharmacy Workforce Development Group in 2021 highlighted that 'the ongoing pandemic has led to unprecedented demand and pressure on community pharmacy colleagues' and recognised that the sector need to evolve with the needs of patients and the NHS whilst balancing challenges of workforce recruitment and retention.¹⁵ Excessive workload and pressure, inflexible working hours and a lack of opportunities for career progression were highlighted as reasons for workforce challenges.
19. A survey conducted by the Pharmaceutical Journal found that a quarter of pharmacists reported being very stressed at work with staff shortages and the demand for services making workload unsustainable. Similar issues have been identified in secondary care with high rates of burnout identified within the workforce. Across other health professions, the importance of wellbeing to

¹³ www.rpharms.com/recognition/inclusion-and-diversity

¹⁴ www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing

¹⁵ communitypharmacyworkforce.files.wordpress.com/2021/06/cpwdg-report-a-review-of-the-community-pharmacy-workforce-final.pdf

the quality of care and patient safety has been stressed in numerous reports. These reports stress the importance of organisations tackling the underlying causes of stress, ill health and wellbeing rather than solely focusing on their consequences.

Key issues to support recruitment and retention

20. Ensure protected time for rest breaks and learning: Workforce planning must include time for appropriate rest breaks, both for the welfare of pharmacists and for patient safety. With increased clinical roles, pharmacists must have dedicated protected learning time within working hours. Protected learning time should be equitable for all health professions, including those supporting primary care. A pilot on protected learning time was launched in Wales in 2021 but we are yet to see a similar commitment in England.¹⁶
21. Support flexible working and portfolio careers: Pharmacy teams must be supported to enable them to benefit from flexible working and portfolio career options. Enabling pharmacists to work in different settings allows access to pharmacists with the right skills at the right time regardless of setting.
22. Improve access to wellbeing services: Our written evidence to the committee's inquiry on burnout highlighted the urgent need to support staff retention. We have called for all pharmacists working for, or delivering services to, have access to national wellbeing services. We welcomed staff wellbeing support developed as part of the COVID-19 response and the Government's commitment that all pharmacists will be able to have continued access, including to new Wellbeing Hubs.¹⁷ ICSs must ensure that all health and care staff are equally supported by local wellbeing offers. Employers in all settings must offer wellbeing support and encourage employees to access it.
23. Fostering leadership and embedding career pathways: Clear competency-based career pathways for post-registration professional development aligned to the RPS curricula for foundation, advanced and consultant credentialing should be introduced to support pharmacists' development and professional leadership.
24. Pay and recognition: The COVID-19 pandemic has illustrated the crucial role of pharmacists during a national public health emergency. However pharmacists in England were not included in the public sector pay rise announced in July 2020.¹⁸ Health and care staff in Scotland¹⁹ and Wales²⁰ have been awarded bonus payments in recognition of their commitment during the pandemic. Efforts to boost staff morale, recruitment and retention must be consistent across the health professions. This is set against a backdrop of rising costs and flat funding for the five-year contract for community pharmacy in England, which employs more than 60% of the workforce.

Integrated Care Systems

25. Integrated Care Systems will each have a Pharmacy Lead who will play a key role in developing a system-wide vision for medicines optimisation and supporting workforce planning. Engagement

¹⁶ pharmaceutical-journal.com/article/news/protected-development-time-pilot-to-take-on-30-community-pharmacists-and-technicians

¹⁷ www.rpharms.com/about-us/news/details/Supporting-your-health-and-wellbeing

¹⁸ www.rpharms.com/about-us/news/details/pay-rise-omission-kick-in-the-teeth

¹⁹ www.gov.scot/news/gbp-500-bonus-for-health-and-social-care-staff/

²⁰ gov.wales/nhs-and-social-care-staff-benefit-bonus-payment

through our ICS Pharmacy Leads Forum has identified a number of workforce recommendations, including the need for ICSs to adopt a 'one workforce' approach with shared principles and a vision developed with partners and professional leaders, including pharmacists. This should support working across care settings, particularly in a clinician's early years, but also the development of specialists who will work across a patient pathway in the future.²¹

26. ICSs should support the collation of robust workforce data to provide intelligence nationally and to help determine the workforce required to deliver population health. They should implement new ways of using the pharmacy workforce, developing a whole profession approach to strategic workforce development across an ICS that recognises the full contribution that is possible from pharmacy. This could include:

- Rotational roles across historical working boundaries.
- Using the independent prescribing workforce, with clear modelling of how this can be used across healthcare settings. In the future, all pharmacy graduates will be independent prescribers – ICSs will need to consider how best these skills can be utilised across systems.
- Career progression across primary and secondary care, for example the development of consultant pharmacists for the frail elderly population working across the system.
- Innovative clinical services across primary care to enhance collaboration and integration.

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²¹ www.rpharms.com/england/nhs-transformation/ics-recommendations