

RPS Scotland Pharmacy Workforce Briefing

The pharmacy workforce is under significant pressure: there are shortages of pharmacists and pharmacy staff in every sector right across Scotland. Data are collected on NHS Scotland vacancies (published March 2021) and on community pharmacy vacancies (most recent data 2020, 99% response rate). These data show a pharmacist vacancy rate of 7.6% for NHS employees and 11.6% for community pharmacy.

The reasons for shortages are multifactorial and consequently there is no simple solution. Workforce planning and training additional pharmacy team members will take time. Therefore, in this briefing we set out short-term actions to improve capacity and culture within the current pharmacy workforce, as well as long-term actions. We call on Scottish Government, NHS Boards, pharmacy employers and pharmacy organisations to take action now to support pharmacy teams.

Now is the ideal time to be forward-thinking and even radical in workforce modelling. Being radical means not starting with, or being constrained by, the current models of pharmacy services. Instead, it means creating a vision of what pharmacy should look like in future: putting patients at the centre and defining the unique roles of pharmacy in delivering patient care, not planning services from the perspective of health care professionals. It is essential this radical planning is done across the whole of pharmacy to break down barriers between sectors, improve collaborative working and remove duplication in patients' current experiences. Planning must not be constrained to patient-facing roles but should bring in other pharmacy roles that are essential in enabling patient care, eg, education, research, leadership and newer fields such as clinical informatics.

Much of this statement can be summarised by one phrase: "get the role right". A clearly defined role for all pharmacy team members in all sectors will help prioritise essential work, de-prioritise less vital work and therefore release capacity in the system. Getting the role "right" also means making it professionally rewarding, attractive and supportive for wellbeing. This approach applies as equally to the short term as it does the long term.

Finally, it is essential that the impact of any solution for workforce pressures is considered across the whole profession. The pharmacy workforce is a limited resource right now: it needs to be used carefully to deliver optimal patient care across all health care settings.

About this briefing

To create this statement, RPS Scotland ran three focus groups with attendance open to all RPS members in Scotland, and sought views from pharmacy stakeholder organisations in Scotland. These views contributed to an overarching GB-wide RPS statement on workforce: this briefing provides additional context and views specific to pharmacy in Scotland.

Priorities for 2021/2022

Actions to improve capacity

1. **Prioritise the work that must be done.** Scottish Government should work with NHS boards and pharmacy contractors to define the essential roles and responsibilities that must be delivered across all sectors of pharmacy to ensure a consistent level of service for patients. This will enable other work to be de-prioritised. Clear job planning may be a useful tool to formalise prioritisation.
2. **Make processes more efficient.** Remove any duplication and waste from pharmacy processes, such as through using Lean methodology. Consider what efficiencies can be achieved by taking a joined-up approach across pharmacy sectors, for example how community and hospital teams can work together on discharge medicines.
3. **Level workflow across the day.** Identify how workflow can be levelled by maximising planned activity and reducing unplanned work. For example, use serial prescribing to make repeat prescription processing more efficient for both community and GP pharmacy teams. Similarly, some pharmacy services in all settings could be moved to an appointment basis to manage workflow.
4. **Modernise the dispensing process.** Dispensing should be entirely managed by pharmacy technicians: pharmacists should only be involved in the clinical check. How this principle could be used within serial prescribing should be further explored.
5. **Introduce digital tools.** Some digital tools can make the dispensing process in all settings more efficient and safer. These include electronic prescribing and dispensing systems, and accuracy checking involving barcode scanning technology. Use of these tools should be accelerated.
6. **Invest in the pharmacy workforce.** Investment is needed to train more pharmacy staff and upskill existing staff. This includes pharmacy technicians, pharmacy support workers and administrative/practice manager roles. Career pathways, supported by credentialing, should continue to be developed and adopted to make all roles more rewarding, allowing all staff to develop and work to the top of their competence and ability.
7. **Prioritise an electronic single patient record.** Introducing a single shared electronic patient medication record will remove the technical aspect of medicines reconciliation in all care settings which will save significant time and improve safety. Investment is needed to speed up the introduction of a single patient record in Scotland.

Actions to improve culture

1. **Mandate a protected rest break for all pharmacists.** A protected break should be enabled both for the welfare of pharmacists and for patient safety. A cultural change is

needed so that pharmacists, NHS Boards, pharmacy employers, Scottish Government and the public recognise the essential importance of taking breaks for patient safety and wellbeing. Breaks must be introduced in a way that minimises the impact on patients and the public. Legislation already exists to enable pharmacist breaks, for example, Working Time Regulations, Responsible Pharmacist legislation and NHS Scotland community pharmacy contracts (model hours of services schemes).

Pharmacists in all settings should be enabled to use these mechanisms to take rest breaks. If a decision is made that a pharmacy has to close to enable a break, closures should take place at a fixed time, advertised locally for public awareness, and making it clear what services are unavailable.

- 2. Support flexible working patterns and portfolio careers.** Employers should find ways to embrace the pharmacy workforce's desire for a more flexible working life. This should include adapting to portfolio careers, different working patterns (such as shorter school-friendly hours) and shorter working weeks including national consideration of a 4-day working week. This could help with retention and bring people back into the workforce who are currently excluded because of other life responsibilities.
- 3. Use flexibility within existing legislation to change working processes.** In community pharmacy, the Responsible Pharmacist regulations allows the assembly of prescription items to take place by trained staff during a responsible pharmacist's 2-hour absence. Possibilities should be explored to fully understand different opportunities and consequences, such as extending the working day to enable pharmacy technicians and pharmacy support staff to work on assembling prescription items while the pharmacy is shut (ie, not handing them out).
- 4. Consider whether changes to legislation are needed.** New discussions about the Supervision regulations (for the sale or supply of medicines) were started in May 2021 by pharmacy organisations, and these should consider whether changes to legislation are needed.
- 5. Improve access to wellbeing services.** All employers should support and encourage the pharmacy workforce to access wellbeing services when needed and reduce the perception of stigma. Scottish Government should continue to enable pharmacy teams to access support via the National Wellbeing Hub.
- 6. Improve public understanding of pharmacy.** Supporting both the public and other health professionals to better understand the roles of pharmacy teams and the different pharmacy professions, and to manage public expectations of pharmacy services could reduce stress in pharmacies. This should include addressing current misunderstanding about processes for re-ordering repeat prescriptions.
- 7. Embed career pathways and fostering leadership.** 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, professional satisfaction and professional leadership.

8. **Provide protected learning time.** Protected learning time and infrastructure to support it should be introduced for all pharmacists to support the continuum of professional development for all pharmacists from foundation to consultant level.

Longer term actions

Actions to improve workforce planning

1. **Improve workforce data.** There are useful data on the number of pharmacy team members in posts in all sectors of pharmacy in Scotland and the current vacancy rates. However, more transparent data is needed and should include workforce establishment, vacancy rates/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.
2. **Understand current activities.** This means understanding current roles/services and the workforce requirements within these activities. This involves defining the roles of pharmacy team members and the safe staffing levels in all sectors, work which is currently being undertaken under the leadership of the Directors of Pharmacy.
3. **Predict future requirements.** This is the most challenging part of workforce planning. Pharmacy needs a vision of what a modernised pharmacy service will look like (see below). It is vital that the starting point for this vision is patient need, combined with the unique value pharmacy brings. It should not be constrained by the traditional sectoral models of pharmacy that exist now or be led by the needs of other health care professions or of specific pharmacy sectors.
4. **Undertake a gap analysis.** This is required to understand the gap between current status and future requirements. Finally, a plan is needed for how to bridge that gap.

Creating a vision

During 2021, RPS Scotland has been scoping a vision for the future, *Pharmacy 2030*. This has involved engaging with pharmacists and pharmacy technicians and stakeholder groups across Scotland to understand their views, and then consulting on a draft vision. The final vision is expected to be published in late 2021. Given the wide engagement in its creation, *Pharmacy 2030* could be used to inform the future requirements of workforce modelling. Some key points to consider within *Pharmacy 2030* are:

- The traditional boundaries between pharmacy sectors will be broken down. Pharmacy will work together, both within pharmacy and with the wider multidisciplinary team, to deliver seamless person-centred care for patients.

- Pharmacists will be seen as experts in medicines, leading prescribing and medicines governance processes to ensure safe, effective and appropriate prescribing.
- Pharmacists will optimise therapeutic outcomes via direct provision of patient care, including prescribing, reviewing and adjusting medicines.
- Dispensing of medicines will be modernised, managed by pharmacy technicians and fully supported by digital tools to release capacity and improve safety.
- Digital innovation will be embedded in pharmacies, both patient facing applications and tools to modernise processes including artificial intelligence.
- Community pharmacy will be recognised as an essential accessible service provider within local communities.
- Pharmacy will have a work culture of protected professional development, mentorship and peer networks for learning and research.
- All members of the pharmacy teams will have clear career and professional development pathways.

Other points for consideration when creating a pharmacy model for the future include:

- The impact and requirements of legislation such as the Health and Care Staffing (Scotland) Act 2019 should be considered, particularly around safe staffing levels for patient safety and provision of high quality care, and also for the wellbeing of staff including learning time. Ensuring pharmacy is included within funding allocations to implement the Act is also important.
- Specific planning is needed for remote and rural areas.
- Exploring whether group “practices” of community pharmacies, similar to GP practices, would enable closer working, release capacity and enable provision of clinical pharmacy services.

Actions to increase the number of people coming into pharmacy

Until the workforce modelling process is complete, it is impossible to predict the exact numbers of additional pharmacists, pharmacy technicians and other pharmacy team members that will be needed in future. However, it is anticipated that there will be a need for additional pharmacy team members.

1. **Increase the number of undergraduate pharmacists.** Investment is needed to increase the number of pharmacy places at Schools of Pharmacy in Scotland: a strong pipeline of graduate output is essential. Work is also needed to reduce the current attrition rate of pharmacy students.
2. **Increase the number of Foundation training places.** If there is an increased number of pharmacy students, more Foundation places are needed to match.

3. **Enable graduate access into pharmacy.** Options should be explored as to how people with science or other health professional degrees may be fast-tracked into pharmacy roles.
4. **Widen access to pharmacy education.** Consider how to make pharmacy education more accessible to ensure a strong and diverse pipeline. This should include people from remote and rural backgrounds or those who have socio-economic reasons that prevent studying away from home (financial and location).
5. **Promote pharmacy as a career.** This involves creating a package to explain what pharmacy is, the different pharmacy team roles, and mobilising the pharmacy workforce to go into schools with these tools to promote pharmacy as a career.
6. **Make it easier for overseas pharmacists to come to Scotland.** This involves overcoming current barriers with visas, limited university places to complete training and the associated costs. However, care must be taken not to further deplete the workforce in other countries with workforce shortages.

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