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Dear Colleague

Consultation on National Health and Social Care Workforce Planning

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists and the only body that represents all sectors of pharmacy in Great Britain. The RPS leads and supports the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders across a number of different forums.

The RPS welcomes the opportunity to respond to this consultation and has answered the questions asked by the Scottish Government in its discussion paper as follows:

Question 1. Are these roles the right ones, or do you have an alternative model? What steps will be needed to ensure these proposals are fully effective?

We request further clarity on which groups would be used for the national role. It will be important that scrutiny and challenge from patients and professionals is enabled at appropriate time points in the planning process. Setting the correct level of national, regional or local workforce planning will require consideration of a number of factors including economies of scale i.e. for smaller specialties/professions it might be appropriate to undertake national planning whereas those with higher numbers of trainees, regional planning may be more appropriate. If the balance is tipped too much towards local planning there is a risk of duplication of activity, wastage of resources and mismatch between supply and demand. Also, too much emphasis on

national or regional workforce planning can lead to the creation of gaps where local patient need is not considered.

Question 2. How can organisational and individual collaborative working be improved, and barriers removed, so that workforce planning can be effectively co-ordinated to ensure people get the care they need where and when they need it:

- Nationally?
- Regionally?
- Locally?

Working across sectors within a profession i.e. primary, secondary and tertiary care will support the removal of barriers. Working across different professions regionally and locally, considering how the healthcare workforce inputs in different ways along the whole care pathway, will ensure patients receive the care that they need. This can be achieved by considering the competencies required for each stage of the care pathway and matching these to an existing or new role.

Royal Colleges can play a significant role in supporting organisational and collaborative working with each other thereby providing opportunities for members to network, discuss common challenges and develop solutions.

Question 3. How should workforce data be best collated and used to undertake workforce planning in an integrated context based on current approaches of a nationally-led NHS system and a locally-led care system?

Consideration needs to be given to ensuring the collection and collation of data that is not overly burdensome, but gives us an accurate picture of the workforce we have. Larger health care organisations will be able to provide workforce data but sometimes this is not at a granular enough level to provide meaningful data about the skills of a workforce. It is also challenging for local contractors in community pharmacy to provide such data – there are parallels here with parts of the locally-led care system where they face similar challenges. Therefore time and support is required for the collation of good quality workforce data with local co-ordination and the right resource in place. It has been suggested that regulators could have a role in this if they could share registration data in an appropriate way.

Question 4a). How might employers and other relevant interests in the Health and Social Care sector work, jointly and individually, to identify and tackle recruitment and retention issues, ensuring priority gaps are identified and addressed:
- Nationally?
- Regionally?
- Locally?

Consideration could be given to salary supplements and incentives for those areas that are particularly hard to recruit to and across all career stages, including work placements and pre-registration training places. In addition, a package of measures including opportunities for further training, rotations across sectors and job enrichment might be useful. Reducing the managerial and bureaucratic burden of clinical staff is also worthy of exploration. Organisations could collaborate to produce career development programmes, public recognition programmes and improve opportunities for accessing housing and other local amenities. Thought could also be given to addressing gaps by introducing new roles in health and social care sourced from the local community, thereby releasing the time of more highly skilled health care workers to focus on more complex care i.e. operating at the top of their licence for longer periods. A focus on up skilling each part of the workforce e.g. pharmacy assistants to pharmacy technicians to pharmacists, is another measure to achieve appropriate skill mix and job satisfaction.

Question 4b). Are there any process or structural changes that would support collaborative working on recruitment?

Healthcare workers holding joint contracts between collaborating organisations may be one approach e.g. between a hospital and a community pharmacy. Joint training and workforce plans with roles and responsibilities clearly defined may also be useful.

Question 5. Based on what is said above, would it be helpful at national level to have an overarching process (or principles, or framework) for workforce planning across the Health and Social Care sectors?

Yes. However, one of the main barriers to effective workforce planning is the emphasis on short-term (annual) service planning in order to meet financial targets/constraints. Service plans should cover a longer period of time e.g. 3 years and dovetail/integrate with workforce plans.

In September 2016, with our fellow 17 health professions in primary care, we launched our shared vision for the future of primary care in Scotland. Principle 19 specifically touches on workforce planning: “The primary care network has the necessary infrastructure to support safe, quality care, including suitable and sustainable staffing levels and skill mixes in all settings…..”. What is required of individual professions cannot be seen in isolation, but must be identified, planned for and appropriately resourced.

Question 6a). How can a more coordinated and collaborative approach be taken to assessing student intake requirements across all relevant professions, and what other issues should be addressed to remove barriers to successful workforce planning?

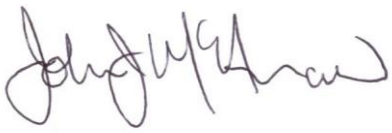
In order to register as a pharmacist, trainees must complete a four-year degree followed by one year of pre-registration training. The number of pre-registration

trainee placements is insufficient, and needs to be reviewed in order to supply the required number of pharmacists to the health and social care system. Currently the number of pre-registration trainee pharmacist placements in Scotland is considerably less than the number of pharmacy graduates being produced by Scottish universities. This means that the current student-intake/pre-registration trainee pharmacist placement level is set in such a way that Scotland is a net exporter of pharmacy graduates to the rest of the UK and beyond. Schools of Pharmacy, employers and NHS Education for Scotland should work together to narrow the gap between student intake, the number of pre-registration trainee pharmacist placements made available, and the number of pharmacists needed to meet public and patient demand.

Question 6b). What other issues should be addressed to remove barriers to successful workforce planning in both health and social care?

Pharmacists are uniquely placed to deliver clinical services for patients thereby reducing demand on General Practice, hospitals and care homes. Access to independent prescribing courses (and changes to the rules around the Designated Prescriber) and other postgraduate clinical training needs to be secured so that the workforce we need is produced and is capable of delivering the services the public need now and in the future. This will ease the burden of demand faced by other healthcare professions who currently face workforce shortages coupled with long training lead times. Training should be organised nationally wherever possible to avoid minor variations and repetition across health board areas and improve equity of access. To support social care, standardised policy and protocols e.g. “care at home” would minimise the complications arising from variation in medication policy across health board boundaries.

Yours sincerely,



Dr John McAnaw, Chair
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Royal Pharmaceutical Society in Scotland