



ROYAL  
PHARMACEUTICAL  
SOCIETY

## Reducing workplace pressure through professional empowerment

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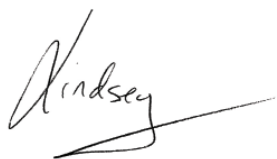


## Foreword

During 2011 we have brought together all our activity relating to workplace pressure under an umbrella of 'Professional Empowerment'. Through this work we will provide members with direct help – tools, guidance and information - that will help with pressures that they experience within the workplace. We have a clear mandate to take action to address workplace pressure from the national pharmacy boards' business plans. This is reinforced by our regular survey of the views of members which shows that 'excessive workload and work-based stress' is ranked as the third most important issue for members, after medication safety and the decriminalisation of single dispensing errors. We believe that any area of support that improves the professional aspect of a member's working life positively affects patient safety and patient experience.

Moving from campaigning on workplace pressure to working towards professional empowerment is more than just a name change. The boards have mandated the organisation to find real and long-term solutions to the unacceptable pressure some pharmacists find themselves under. This work is wide ranging and includes the production of guidance for members and employers on workplace pressure, as well as creating an environment where whistleblowing about public interest issues becomes safe for individuals and encouraged by employers. It is also placed within the context of what a professional body should be addressing in this arena and what is the province of employers, trade bodies, unions, regulators and government.

Our aim is to ensure that members feel supported by the Society in matters of workplace pressure, through enhancement of their sense of professionalism and their ability to exercise it.



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# Introduction

Excessive workforce pressure is a major problem for some pharmacists,<sup>1,2</sup> and the Royal Pharmaceutical Society (RPS) is committed to reducing this. Our approach is to promote the professionalism of individual pharmacist practitioners. This promotion will empower pharmacists to influence their working environment for the benefit of themselves, their support staff, their employers and most importantly the patients whom they serve. It follows that the more engaged a pharmacist is, the greater will be their contribution towards the aims of the organisation in which they work, whether this is patient outcome, profit or both.

In order to achieve this goal the RPS will be making a case for the re-ignition of the very concept of professionalism across pharmacy. The impact of commercialisation and consumerism in health has evoked in many healthcare professionals, including pharmacists, a desire to reconnect with the core values, principles, and behaviours that they see as exemplifying the very best of what healthcare is about. This tension between commercialism, on one hand, and humanism and altruism, on the other, is a central part of the professionalism challenge pharmacists face today. As the journalist Loretta McLaughlin once

wrote, "The rush to transform patients into units on an assembly line demeans medicine as a caring as well as curative field, demeans the respect due every patient and ultimately demeans illness itself as a significant human condition."

Historically, the legitimacy of healthcare is based on three distinct claims: First, that the knowledge and competence of the professional have been validated by a community of peers; second, that this knowledge has a scientific basis; and third, that the professional's judgment and advice are oriented towards a set of values. These aspects of legitimacy correspond to the collegial, cognitive, and moral attributes that define a professional.

Competence and expertise are certainly the basis of patient care, but other characteristics of a professional are equally important. Being a professional implies a commitment to excellence and integrity in all undertakings. It places the responsibility to care for others above self-interest and reward. Accordingly, we, as healthcare professionals, must act as role models by exemplifying this commitment and responsibility, so that peers and students are exposed to, and learn, the kinds of behaviours that constitute professionalism.

## ABOUT THIS DOCUMENT

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This document is designed to help pharmacists by empowering them, as individuals, to take action if they are adversely affected by workplace pressure. Its aim is to act as a resource that can enable employees and employers to address issues that lead to stress, and so to improve working conditions, productivity and most importantly public safety. This resource includes recommendations, practical guidance and advice for all parties to use in order to manage pharmacy workplace pressures. The recommendations apply to:

- **Employers.** By which we mean people or organisation who own pharmacies, superintendent pharmacists, chief pharmacists and managers within the NHS and any person with a line management responsibility for someone who works in their professional capacity as a pharmacist.
- **Pharmacist practitioners.** Who are pharmacists either directly employed or engaged as locum pharmacists. This will include all pharmacists who work in patient facing roles and also those whose role requires them to exercise their judgement as a pharmacist.

It brings together the varied factors that can lead to stress, discusses how these can be influenced and recommends some solutions. We have tried, where possible to indicate where "quick wins" are available to help resolve workplace pressure issues. In other areas we have included best practice, which may

take more time to implement.

This document should be seen in the context of a series of initiatives that the RPS is focusing on to reduce workplace pressure through professional empowerment.

With that in mind this document should not be regarded as a complete solution or 'instant fix' to the workplace pressure problem.

The RPS believes that this is a firm, positive step in the direction of tackling workplace pressure for the profession. Future changes to professional regulation of premises and policy changes to supervision will mean this document will need revision. These include:

- General Pharmaceutical Council (GPhC) standards for the owners of retail pharmacy premises.
- Royal Pharmaceutical Society's (RPS) impact assessment of the Responsible Pharmacist regulations.
- Department of Health (DH) legislation changes for the supervision of medication supply.

**If you are reading a hard copy you may wish to download the most recent version from [www.rpharms.com](http://www.rpharms.com).**

# 1. Benefits of reducing workplace pressure through professional empowerment

There are clear and obvious benefits to the health and wellbeing of individuals in dealing with workplace pressures where they lead to stress. The Health and Safety Executive (HSE) states that well organised, and managed work helps to maintain and promote individual health and well-being. It also states that where this is not the case, workplace pressure is a result. There are clear and tangible benefits for all stakeholders, including businesses and employers<sup>6</sup>, to work together in addressing this issue.

The RPS believes that addressing the issues causing pharmacy workplace pressure is advantageous to ALL stakeholders as it will contribute to:

- Improved patient safety through a reduction in errors.
- Improved health outcomes through more appropriate use of pharmacists time.
- Enhanced health and wellbeing of employees.

- A reduction in absence and sickness rates.
- Improved morale of pharmacists resulting in increased motivation across staff teams.
- Improved customer service as a consequence of improved morale and motivation.
- Reduced costs due to a lower turnover of staff.
- Improved productivity and performance.
- Reduced disruption, wasted efforts and costs of managing grievance or litigation processes between employees and employers.
- Improved working relationships between employee and employer.

# 2. Tackling workplace pressure through professional empowerment

The RPS recognises that workplace pressure and stress are caused by a variety of factors. Addressing pharmacy workplace pressure therefore requires intervention in many different areas. These areas are discussed below with recommendations for tackling them. Solutions are often interlinked, and therefore recommendations may be relevant to more than one component. These are the areas that will be addressed in this document:

- Mechanisms for raising concerns.
- Increasing the confidence of pharmacists through better management skills.

- Ensuring pharmacists take breaks.
- Matching resources to demand.
- Balancing professionalism with commercial or financial pressure.
- Ensuring pharmacists feel in control.
- Ensuring physical working environments are fit for purpose.
- Increasing the job satisfaction of pharmacists.

# 3. Reducing workplace pressure: Tackling the components

## 3.1 MECHANISMS FOR RAISING CONCERNS

Core to the pharmacy workplace pressure problem is the issue of how concerns are raised, and subsequently handled by the pharmacy owner, superintendent, the NHS or other employer. There is a perception that if issues are raised then this marks the 'whistleblower' as a troublemaker. We should all play a part in altering this perception for the benefit of all who work within pharmacy.

Where this perception exists, it is unacceptable, as it could result in pharmacists not raising concerns, which might result in patient harm. An undesirable consequence would also be for all concerns to bypass the pharmacy owner, superintendent or NHS Trust and for these to be raised directly with the regulatory bodies which is not always the most appropriate first course of action.

Pharmacy owners, superintendents and the NHS should view pharmacists who report concerns as responsible professionals providing an efficient, objective, and 'free' audit mechanism. They must nurture and encourage this practice.

Legislation compels employers to assess work activities and the risk of associated ill-health caused by these activities (Management of Health and Safety at Work Regulations 1999), to take action to control these risks, and to have reporting procedures in place (Health and Safety at Work Act 1974).<sup>6</sup> It is the expectation of the Health and Safety Executive that suitable and sufficient risk assessments are undertaken for stress and that the problems identified are tackled.<sup>6</sup>

The Public Information Disclosure Act 1998 allows employees, contractors and NHS staff to raise certain concerns in good faith to certain persons, and ensures that they are not victimised as a result, or lose their job because of the disclosure.<sup>11</sup>

Recommendations	
EMPLOYERS	PHARMACISTS
<ul style="list-style-type: none"> <li>Must have a process agreeable to both parties for responding to concerns raised by pharmacists and this policy must be made available to staff. An environment must be nurtured and encouraged so that appropriate concerns are reported.</li> <li>Must respond to concerns raised in a timely and appropriate manner in order to remedy the issues raised. Where an investigation is required it should be undertaken by, or involve, an experienced pharmacist.</li> <li>A 'no blame' reporting culture must be adopted by pharmacy owners, superintendents, employers and the NHS, that is promoted and adhered to.</li> <li>All staff working within a pharmacy should be aware of the escalation process which the organisation has put in place. The method of contact for the superintendant or chief pharmacist should be available.</li> <li>Representatives of employers with responsibilities that include pharmacy services need to understand appreciate and accept the GPhC standard of conduct 7.11 to which individual pharmacists are bound.</li> </ul>	<ul style="list-style-type: none"> <li>Must raise any concerns they have in order to fulfill their duty of care to themselves, support staff and patients. This is outlined in the GPhC standards of conduct, ethics and performance 7.11 which states<sup>3</sup>: <i>"7.11 Make the relevant authority aware of any policies, systems, working conditions, or the actions, professional performance or health of others if they may affect patient care or public safety. If something goes wrong or if someone reports a concern to you, make sure that you deal with it appropriately."</i></li> <li>This obligation upon pharmacists should be exercised as soon as is practicable. The impact would be diluted and undermined by reporting at a later date.</li> <li>Should ensure that their personal assertiveness and influencing skills are good enough to raise concerns</li> </ul>

### Royal Pharmaceutical Society's commitments:

- To work with employers, the General Pharmaceutical Council and other pharmacy stakeholders, to improve the existing culture around raising and responding to concerns
- To work with all agencies who have a role in supporting pharmacists to develop a road map to show how to raise and escalate concerns.
- To work towards creating a "safe" and constructive whistleblowing environment for employees and locums, which will back up the processes provided by the NHS and other employers, who are placed in situations which compromise professionalism.

## 3.2 INCREASING THE CONFIDENCE OF PHARMACISTS THROUGH BETTER MANAGEMENT SKILLS

Management skills play into workplace pressure in two ways. Firstly, pharmacists need to have skills to manage themselves, such as time management but also to have sufficient assertiveness, influencing and communication skills to effectively raise concerns as outlined within 3.1. Secondly, pharmacists should be able to manage others. Having good management skills will enable a better working environment, helping them, and their teams to be more effective.

The ability to effectively organise and delegate work will have a beneficial effect on their working day and the delivery of services to patients. Pharmacists are usually required to act in a supervisory capacity with other members of the pharmacy team. This is often a requirement of locums, as well as employed pharmacists, who can work in situations where the extent of the requirement for them to act as managers of other staff is not clear. As with all matters relating to personnel, leading and

managing pharmacy teams requires a great deal of skill, without which workplace pressure can quickly build up. In order to avoid this happening, employees should have a good knowledge and ability in the following areas:-

- Time management
- Personal organisation
- Delegation and supervision
- Influencing
- Leadership
- Staff management
- Conflict resolution
- Assertiveness

<b>Recommendations</b>	
EMPLOYERS	PHARMACISTS
<ul style="list-style-type: none"> <li>■ Should, for their own benefit, assess the training needs of permanent employees and plan in conjunction with them to ensure that they are addressed.</li> <li>■ Should ensure that the extent of any supervisory role required of locum or relief professional staff, is clear to them and to the pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>■ Should work with their employers to ensure that their own skills are suitable for the management requirements of their role. This is important where not to do so would place undue pressure on themselves, or their team, with the potential to cause risk to patients.</li> <li>■ Most roles in pharmacy include an element of management. All pharmacists should ensure that they have the appropriate management competencies needed to undertake the role for which they have been employed.</li> </ul>
<ul style="list-style-type: none"> <li>■ Appropriate management skills and competencies should form part of the CPD portfolio for anyone in a position of management. The College of Postgraduate Pharmacy Education (CPPE) are now providing training, covering management skills<sup>7</sup> for pharmacists working within England. Assessing one's own needs for training can be difficult for locum pharmacists. They may benefit from feedback from those with whom they provide services. Employers should be encouraged to provide such feedback when it is sought.</li> </ul>	

### 3.3 ENSURING PHARMACISTS TAKE BREAKS

Rest breaks are important for the well being of pharmacists and the safety of patients in their care. Breaks may not be taken often enough by pharmacists, due to a variety of reasons:

- They may feel obliged to respond to unrealistic patient expectations.
- They may feel they need to provide a continuous service to customers when they are the sole pharmacist
- They may feel that taking a break would undermine the achievement of targets set by their employer
- Pharmacists may consider that loss of earnings outweighs other factors
- There may be pressure from support staff to remain available to support them
- There may be contractual reasons which require the continuous operation of a pharmacy

The merits of taking 'rest breaks' may include:-

- A reduction in dispensing errors and associated patient harm
- Motivated staff
- Improved efficiency
- Reduction in absence and sickness rates

The need for rest breaks is underpinned by both legislation and

the General Pharmaceutical Council's standards and is necessary for a responsibly run, efficient and safe working environment.

Working Time Regulations 1998 set out the minimum requirement for rest breaks. This requires that where the employee is required to work for more than 6 hours at a time, he or she requires a rest break of **at least** 20 minutes.

General Pharmaceutical Standard 3.7 for pharmacy owners and superintendents requires:-

*"Make sure staff are able to take appropriate rest breaks and encourage them to do so."*

A culture of appropriate rest breaks needs to be put into a clear framework and communicated to employee pharmacists and locum pharmacists. The GPhC standard describes 'appropriate' rest breaks and this is interpreted by the RPS as being above and beyond the 20 minutes every 6 hours required by the Working Time Regulations where necessary.

Organisations and employers should help to set realistic expectations from service users and customers. This will help pharmacists to feel able to take a rest break because the pressure of service levels from service users and customers will be reduced.

Recommendations	
EMPLOYERS	PHARMACISTS
<ul style="list-style-type: none"> <li>■ must ensure that employee pharmacists and locum pharmacists are encouraged and given the opportunity to take adequate rest breaks regardless of pharmacy contractual obligations (including "terms of service").</li> </ul>	<ul style="list-style-type: none"> <li>■ In the interests of patient safety and individual wellbeing, pharmacists must ensure they take adequate rest breaks. The frequency and duration of these breaks should be appropriate to the working environment.</li> </ul>
<ul style="list-style-type: none"> <li>■ All statutory breaks must be both a physical and mental break.<sup>8</sup></li> <li>■ In extreme circumstances of staff shortage it may be necessary to adjust the level of service provided, in order to maintain patient safety, through allowing a rest break. It is essential that the employer is informed if this situation arises.</li> </ul>	

#### Royal Pharmaceutical Society's commitments:-

- To work with all parties to ensure adequate and safe rest breaks are taken by pharmacists, where necessary, beyond the minimum requirements.
- To work with GPhC and the Department of Health to address the impact of the Responsible Pharmacist regulations, including impact on rest breaks.
- To examine any future regulatory changes to ensure the issue of appropriate rest breaks is taken into account.

### 3.4 MATCHING RESOURCES TO DEMAND

Workload pressure can sometimes be caused by sheer demand, high dispensing volume, too much bureaucracy and paperwork, provision of new services on top of existing workload with no additional resources, inadequate staffing levels, untrained staff, as well as the level of experience of the pharmacist and inadequate skill-mix. The public expectation of the quality of service may

itself add to the pressure and stress experienced by employees, e.g. the time taken to dispense a prescription should be realistic and communicated to members of the public.

Recommendations	
EMPLOYERS	PHARMACISTS
<ul style="list-style-type: none"> <li>Must put processes in place for assessment of pharmacy workload and staffing levels, particularly where concerns have been raised. Assessment should only be conducted by a pharmacist with current experience of workplace pressures and associated professional issues.</li> <li>Must be discouraged from advertising unrealistic waiting times, or from coercing their staff to compromise accuracy and professionalism for speed.</li> <li>Should implement and introduce a 'stress policy' covering the areas shown in the HSE template<sup>5</sup>.</li> <li>GPhC standard 1.11 for pharmacy owners and superintendents states that: <i>"Be satisfied that there are appropriate policies setting out the number of staff and their required experience and that they are made known to relevant staff"</i> This standard applies to all relevant staff, including locum pharmacists who must be informed of staffing levels and relevant qualifications of individual staff. Employers, superintendents and the NHS should support pharmacists who have appropriately escalated an issue when they have felt a situation to be unsafe.</li> </ul>	<ul style="list-style-type: none"> <li>Must report concerns where they professionally assess that there are issues. This could include excessive workload or inadequate/untrained staff. Where concerns are not addressed through local resolution, then the pharmacist must report concerns to the relevant authority (see section 3.1).  This is underpinned by the GPhC standards of conduct, ethics and performance<sup>3</sup>.  <i>"7.11 Make the relevant authority aware of any policies, systems, working conditions, or the actions, professional performance or health of others if they may affect patient care or public safety. If something goes wrong or if someone reports a concern to you, make sure that you deal with it appropriately"</i></li> <li>Must take a professional decision in situations where there are concerns about excessive workload or inadequately trained staff to prioritise or restrict pharmacy services accordingly to safeguard patient safety. Ultimately, they could decide to close or restrict the service.</li> <li>Pharmacists should support their employer in the implementation of appropriate policies designed to improve patient satisfaction or safety.</li> <li>It is good practice for locums to establish the resource that will be at their disposal before accepting a booking in a pharmacy with which they are unfamiliar.</li> </ul>
<ul style="list-style-type: none"> <li>Public expectations must be managed in a co-ordinated professional manner. For example, pharmacists must supply realistic waiting times for patients or other healthcare staff, and this must be an initiative which is supported by pharmacy owners, superintendents and the NHS Trusts and the NHS in general – including when formal complaints are made by patients about the length of the wait.</li> <li>Where an employer or pharmacist introduces additional services, careful consideration needs to be taken to provide appropriate resources. This resource will include suitably trained staff, relevant IT tools and space to carry out the service.</li> </ul>	



## Royal Pharmaceutical Society's commitments:

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- To continue to work with other pharmacy bodies and government to reduce the bureaucracy and 'unnecessary' workload affecting pharmacy practice.
- To produce guidance in due course covering acceptable levels of work applicable in the huge variety of pharmacy environments.
- To prepare a practical "top tips" guidance on the steps to follow if a pharmacist encounters a pharmacy with an acute excessive workload problem, covering both immediate action and long-term solutions.
- To discuss with government, the NHS and other appropriate pharmacy bodies, issues relating to capacity.
- To explore with government, the NHS and other appropriate pharmacy bodies, pharmacy contracts which reward quality pharmaceutical care provision and clinical outcomes, rather than quantity.

### 3.5 BALANCING PROFESSIONALISM WITH COMMERCIAL OR FINANCIAL PRESSURE

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It is a necessary fact of life that budgets, tariffs and targets are common place in business and across the NHS. They can be useful to manage and predict the resource requirements within a pharmacy, and to compare their particular characteristics. In the absence of outcome measures for the vast majority of supply and service driven activity, they are a good way to manage practice. However, the act of producing a target is often the point at which the commercial driver to run a pharmacy economically comes into conflict with the professional autonomy of the pharmacist. The implementation of top down targets without local "buy in" can become a battle ground. This may impact detrimentally upon patient safety, staff morale, or the wider reputation of the profession.

It is the right of employers to set targets for people to achieve, but this should be done sensitively. In the same way that pharmacy as an industry often argues that medicines are not an ordinary item of trade, pharmacy services that have patients well being at the end of them, should not be treated in the same manner as telephone or utility costs.

When setting targets that influence the professional activities of pharmacists, the following should be taken into consideration so that they are:-

- **Realistic and achievable** - unachievable targets are demoralising and counterproductive. Targets are best set bilaterally, bearing in mind the balance to be struck between

public service and organisational success. See section 3.4 on matching resources to demand.

- **Professional** - targets must not compromise professionalism - this will inevitably produce a strain in the relationship between employer and a pharmacist.
- **Supported** - The provision of new services, or achieving higher targets for existing services, will usually require appropriate staff resources or training. Lack of training or resource will lead to a more stressful working environment and a lower likelihood of reaching the target.
- **Enforced responsibly** - employers should support employees to achieve realistic targets. It is counter-productive to enforce them with disciplinary action and is better for the relationship between employee and employer if there is positive encouragement rather than a negative approach. In addition, where there is a conflict between concern for patient safety and commercialism, it would be inappropriate to penalise failure to achieve a commercial target, when the underlying reason is the exercising of a professional obligation.

<b>Recommendations</b>	
<b>EMPLOYERS</b>	<b>PHARMACISTS</b>
<ul style="list-style-type: none"> <li>■ Must ensure that non-pharmacist managers and non-pharmacist senior staff understand the pharmacy environment, and the obligation of pharmacists as professionals. Specifically, it needs to be understood that a pharmacist will place public safety above commercialism, and is right to do so.</li> </ul>	<ul style="list-style-type: none"> <li>■ Must fulfil their obligation, under GPhC standards, to ensure that their professional judgment is not affected by personal or organisational interests, incentives, targets or similar measures. Pharmacists must ensure that patient safety, rather than commercialism, is at the heart of what they do.</li> <li>■ Should seek to understand the economic context within which they are practising.</li> </ul>

## **Royal Pharmaceutical Society’s commitments:**

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- The RPs will continue to empower pharmacists to exercise their professional responsibilities through dialogue with stakeholders, and direct support to its members.

## 3.6 ENSURING PHARMACISTS FEEL IN CONTROL

Supporting pharmacists to be in control of their practice is central to this document and the professional empowerment approach of the RPS. Having this control is central to being a regulated professional.

Pharmacists are responsible for the safe and effective running of a pharmacy<sup>12</sup>. However, there is a growing perception that while the levels of responsibility are growing, the amount of control that individual pharmacists have over their practice is declining. This lack of control over that which a pharmacist is being held personally accountable for, is becoming a systemic cause of workplace pressure.

Pharmacists are employed as professionals, and also remunerated and treated by the public as such. Ultimately, the more that pharmacists act to exercise control over their professional activity, the easier it will become.

Fear also leads to stress and additional workplace pressures. This may include fear of legislation and prosecution (e.g. dispensing errors), fear of the regulator, and fear of disciplinary action.

Recommendations	
EMPLOYERS	PHARMACISTS
<ul style="list-style-type: none"> <li>Should develop a culture in which the professional view of employed pharmacists is welcomed.</li> <li>Should, as far as is possible, empower professionals to take appropriate control over their work.</li> <li>Must not expect employees to work outside of the professional competence.</li> </ul>	<ul style="list-style-type: none"> <li>Should, in the first instance take the matter further using the mechanisms (escalation processes) of the organisation within which they are working.</li> <li>Must act unhesitatingly on their professional conscience. If they feel that they are unable to address issues with their employer, should seek advice from peers, the RPS, or through whistle blowing mechanisms.</li> <li>Must not work outside of their professional competence.</li> </ul>

### Royal Pharmaceutical Society's commitments:-

- To make representations to all interested parties to ensure that the decriminalisation of single dispensing errors is achieved.
- To work with pharmacy and regulatory bodies, and government to ensure the balance of responsibility and control is appropriate. This work will assess the balance between responsibility and corresponding power required to be responsible. Where there are legal responsibilities conferred by legislation, corresponding power to fulfil those responsibilities is fundamental.
- To carry out a rigorous evaluation of the impact of the Responsible Pharmacist regulations, and to ensure that any proposed changes are consistent with these recommendations.

### 3.7 ENSURING PHYSICAL WORKING ENVIRONMENTS ARE FIT FOR PURPOSE

The working environment can have a direct impact upon the workplace pressure within a pharmacy. This can range from a good design for the dispensing environment, and amenities such as availability of drinking water and rest areas, through to the appropriate provision of equipment and resources required for

dispensing. It is understood that not all pharmacies in secondary care are registered with the GPhC; however they should still operate to the same minimum standards.

Recommendations	
EMPLOYERS	PHARMACISTS
<ul style="list-style-type: none"> <li>Must comply with GPhC Standards for pharmacy owners and superintendent pharmacists of retail pharmacy businesses – standard 4.3<sup>4</sup></li> </ul> <p><i>“Make sure the facilities and equipment necessary to provide professional services are available in the pharmacy”</i></p> <ul style="list-style-type: none"> <li>Should, where possible, make available basic amenities such as drinking water; rest areas, seating in rest and work areas.</li> <li>Must make access to necessary clinical information available. Minimum requirements should include access to any appropriate up-to-date clinical reference sources and to the internet.</li> <li>When redesigning the dispensing environment, best practice guidance such as the National Patient Safety Agency (2007) guidance <i>Design for Patient Safety: a guide to the design of the dispensing environment</i><sup>9</sup> should be adhered to in the interests of patient safety.</li> </ul>	<ul style="list-style-type: none"> <li>Should ensure that they request all support and information that they need to carry out their duties from their employer.</li> </ul>

#### Royal Pharmaceutical Society’s commitment:-

- To work with GPhC to inform future Standards for pharmacy owners and superintendent pharmacists of retail pharmacy businesses.

### 3.8 INCREASING THE JOB SATISFACTION OF PHARMACISTS

Poor job satisfaction is a contributing factor towards the stress an individual may experience. However, when workplace stress is tackled then it will increase job satisfaction. Various factors that are amenable to action by employers can positively affect the job satisfaction of pharmacists. These include: the opportunity for

career development; feeling valued by the employer; patients and other healthcare professionals; fair remuneration; opportunity for professional development; support structures; morale and self-esteem.

Recommendations	
EMPLOYERS	PHARMACISTS
<ul style="list-style-type: none"> <li>Should provide a clear career progression framework that is communicated to pharmacists by the employer. Linked to the career progression framework, employers provide opportunities and resources for sponsorship or the provision of additional training, further qualifications, and professional development and communicate these opportunities and resources to employees.</li> <li>Should proactively implement a policy which celebrates success and good delivery of service when this occurs. This should be communicated to employees through feedback, and where feedback is negative this is delivered constructively and not undermined by unfair penalty.</li> <li>Should ensure that there is a support framework in place which is readily accessible and composed of either internal support through the company or business structure, or external support bodies associated with the employer or via the professional body. The framework must be able to practically help with the issues encountered on a day-to-day basis within the working environment of the pharmacy and include mentoring schemes.</li> </ul>	<ul style="list-style-type: none"> <li>Must take opportunities to build relationships with patients and other healthcare professionals.</li> </ul>

#### Royal Pharmaceutical Society's commitment:

- To work towards a professional development framework which will eventually be relevant to all sectors of practice.

## 4. Conclusion

All pharmacists are encouraged to use this document as a personal resource, and to share it with their employer when this is appropriate. The Royal Pharmaceutical Society has made a range of recommendations for all stakeholders involved in the work of pharmacists. This will achieve more for individual pharmacists, employers and the reputation of the profession,

if the spirit of professional empowerment is welcomed by all. Employers will benefit through a more contented workforce, and pharmacists who grasp this readily will be rewarded with a more fulfilling working life. The RPS will continue to review pharmacy workplace pressure, and will work with government, pharmacy bodies and its members to address the causes.

## 5. References

1. Royal Pharmaceutical Society of Great Britain (2009) *Professional workload report*
2. Royal Pharmaceutical Society of Great Britain and Pharmacy Practice Research Trust (2009) *Turning evidence into action*
3. General Pharmaceutical Council (2010) *Standards of conduct, ethics and performance*
4. General Pharmaceutical Council (2010) *Standards for pharmacy owners and superintendent pharmacists of retail pharmacy businesses* (the GPhC would like us to point out that these standards are interim and will be superseded following the outcome of consultations during 2011)
5. Health and Safety Executive website (2011) *Stress Policy* <http://www.hse.gov.uk/stress/pdfs/examplepolicy.pdf>
6. Health and Safety Executive *Management Standards for tackling work related stress*  
<http://www.hse.gov.uk/stress/standards/pdfs/securing.pdf>
- 7 <http://www.cppe.ac.uk/learning/programmes.asp?ByTheme=true&theme=31&ID=180>
8. Pharmacist Defence Association (2006) *Working together to keep patients safe*
9. National Patient Safety Agency (2007) *Design for Patient Safety: a guide to the design of the dispensing environment*
10. Department of Health (2010) *The NHS Constitution and whistleblowing [consultation]*
11. Public Concern at Work (2007) *Public Interest Disclosure Act, Guide to Law and Practice*
12. <http://www.pharmacyregulation.org/pdfs/responsiblepharmacists/gphcrpl.12d.pdf>  
<http://www.pharmacyregulation.org/pdfs/other/gphcstandardsconductethicsandperflo.pdf>