

**ROYAL  
PHARMACEUTICAL  
SOCIETY**

# **Workforce Wellbeing Roundtable Report**



**PHARMACIST  
SUPPORT**

**SEPTEMBER 2023**

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# Executive Summary

- In keeping with other healthcare staff, pharmacy teams have reported high burnout rates impacting on psychological and physical wellbeing. Workplace issues and their relationship to personal wellbeing continue to be critical, complex issues across all practice settings.
- The accessible nature of pharmacies in the community led to increased utilisation during the pandemic, with hospitals and communities tackling unprecedented demand all of which impacted the mental health and wellbeing of pharmacists and pharmacy teams.
- Risk factors associated with burnout include working longer hours, less professional experience, increase in workload such as high prescription and patient volumes as well as voluminous administrative duties. Poor work life balance and access to management resources were also described as risk factors. During the Covid-19 pandemic, other risk factors such as confused government policy regarding lack of access to PPE also played a role in creating stress and burnout.
- Despite burnout, community pharmacy continues to ensure supply is safe. Some international evidence from outside the UK suggests that wellbeing of staff is associated with a risk of an increase in dispensing errors, and as a result could represent a potential risk to patient safety. However, more research is needed in this area to prove causality.
- Individuals have professional responsibility to assess their own competence and ability to work, and as such should seek to prioritise their wellbeing which could possibly reduce their personal risk of burnout. However, many risk factors affecting wellbeing are created by the system in which people work and therefore, this also needs to be addressed at the systemic level rather than the onus being placed on individuals.
- Employers, Regulators, NHS, Unions, Charities and Pharmacy teams all have a role to play in supporting the wellbeing of individuals in pharmacy teams, and to mitigate any potential risks to patients.
- Further research and collaborative working are required to understand the most effective measures that can seek to address workforce issues in pharmacy.
- Lack of funding to support the work of pharmacists and their teams can impact on burnout. There needs to be fair remuneration for the services rendered to ensure a sustainable investment in staff and premises.
- Community pharmacy, in particular, must be integrated into the healthcare system so that its' full potential can be realised.

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# Introduction

On 17 May 2023, the Royal Pharmaceutical Society and Pharmacist Support held a joint event, attended by key stakeholders in pharmacy (See Box 1). The event explored the Impact of Pharmacy Workforce Wellbeing on Patient Safety and how this could be addressed.

This report sets out the main points shared by the participants and the themes that emerged from the event. It looks at what the current situation is in terms of workforce wellbeing for pharmacy teams, the evidence of the impact of poor wellbeing and considers some recommendations as to what can be done to support the pharmacy workforce.

## **BOX 1 – ORGANISATIONS CONTRIBUTING TO THE ROUND TABLE DISCUSSION**

Association of Pharmacy Technicians UK

British Pharmaceutical Students' Association

Care Quality Commission

Community Pharmacy England

Company Chemists' Association

General Pharmaceutical Council

Guild of Healthcare Pharmacists

National Pharmacy Association

NHS England

Pharmacists' Defence Association

Pharmacy Schools' Council

Pharmacist Support

Royal Pharmaceutical Society

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# Wellbeing in Pharmacy

Pharmacy organisations are concerned about the well-being of pharmacists and pharmacy teams. Burnout among the pharmacy workforce has been increasingly described around the world and research in the healthcare workforce has significantly enlarged post COVID-19 pandemic<sup>1</sup>. While not considered as a medical illness by the World Health Organisation, they describe burnout as an occupational phenomenon that occurs when chronic stress is ineffectively managed<sup>2</sup>. Burnout often presents as emotional exhaustion, increased levels of depersonalisation to patients, cynicism and reduced feeling of personal accomplishment or efficacy<sup>3</sup>.

Several pharmacy organisations have surveyed the profession and have shown the stress and strain that the pharmacy workforce is feeling. Participants at the roundtable event heard how pharmacists and their teams are facing increased pressures at work which are impacting on their mental health and wellbeing. The evidence presented demonstrated that burnout across the profession is high, and this is impacting pharmacists' wellbeing. This is demonstrated across all sectors of pharmacy.

The majority of respondents to the Royal Pharmaceutical Society (RPS) and Pharmacist Support (PS) Workforce Survey in 2022 described 9 out of 10 being at high risk of burnout<sup>4</sup>. This figure is consistent with figures from previous years, where the risk of burnout was 89% (both in 2021<sup>5</sup> and 2020<sup>6</sup>). This figure was higher for those pharmacists working in the community where it rose to 96%. Worryingly 73% of respondents had considered leaving their role or leaving the profession.

Pharmacist Support, the profession's independent charity, reported an increase in demand for the support they provide including a 49% increase in referrals for counselling, an 82% increase in financial assistance and a 25% increase in general enquiries when comparing activity in January – March 2022 to January – March 2023. In addition,

the charity reported an increase for support in addiction services for pharmacists<sup>7</sup>. Numbers using the Addiction Support Service have increased year on year with data for the first three months of 2023 indicating an increase in demand continuing.

The Pharmacist's Defence Association (PDA) explained that they provide around 5,000 episodes of support per year and more than 50% of these are employment related. The PDA has been surveying its members since 2017 based on its Safer Pharmacies Charter<sup>8</sup>. Results show that the situation, in terms of the environment in which pharmacists and their teams are working, has deteriorated significantly, especially since Covid-19<sup>9</sup>.

The 2023 Pharmacy Pressures Survey results<sup>10</sup>, carried out by the Pharmaceutical Services Negotiating Committee (now Community Pharmacy England), indicate that many community pharmacies are operating whilst understaffed due to both underfunding (48%) and staff availability (34%). Pharmacy staff are finding it hard to cope due to a significant rise in workload (81%) and 78% report that work is having a negative impact on their mental health and wellbeing. These figures relate to community pharmacy only.

Pharmacists working in secondary care are also experiencing high levels of burnout and morale is at an all-time low as demonstrated by NHS staff surveys<sup>11</sup>. These surveys also demonstrate that people from ethnic minority backgrounds in pharmacy teams are more likely to experience bullying and harassment from other NHS staff and this is also higher from patients and relatives<sup>12</sup>. It was also noted that the pharmacy profession is not unique and that all health care professionals are experiencing high levels of burnout. Indeed, it is concerning that there is a positive correlation of data between NHS staff survey wellbeing and mortality. This research has shown that working in well-structured and supported teams is a predictor of patient mortality, staff absenteeism and turnover<sup>13</sup>.

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# Drivers and Risks to Wellbeing

The primary focus of the roundtable discussion was on the impact of pharmacist burnout on the delivery of patient care. Several international studies have demonstrated a correlation between burnout and higher risk of errors<sup>14, 15, 16, 17, 18</sup>. although this link has not been established in UK settings. There is very limited evidence from the UK that demonstrates a direct causal relationship between pharmacist wellbeing and patient safety in community pharmacy settings. Indeed, current pharmacy practice has an excellent safety record, with dispensed errors representing 0.04% of the total volume of NHS medicines dispensed by community pharmacies<sup>19</sup>.

Whilst the dispensing service pharmacists provide is currently very safe, more research needs to be done regarding the likely impact of workforce well-being on patient safety in pharmacy settings. An example being the potential reduced quality of service provision if pharmacists have less time to provide counselling and the potential impact this could have. The lack of time to manage the requirements of pharmaceutical care, especially in patients with co-morbidities in polypharmacy situations, is a suggested contributor to the between 5 and 20 percent of medication related hospital admissions and readmissions<sup>20</sup>. The time spent with an individual and the quality of the interaction might potentially be impacted by pressures being placed on pharmacy teams.

The discussants pointed to the current pressure that is being faced in community pharmacy as a contributor to pharmacists' wellbeing. This was described by way of an equation as described in Box 2. The pressure in pharmacies is created by the increased workload without an increase in capacity and both factors need addressing.

## BOX 2 – PRESSURE EQUATION

$$\text{Pressure} = \frac{\text{Workload}}{\text{Capacity}}$$

If the workload increases but the capacity remains the same this obviously leads to increased pressure. There needs to be recognition that additional work needs additional resourcing.

# Workload

The workload in community pharmacy is increasing. Pharmacies in England dispensed around 1.075 billion prescription items in 2022/23, over 60 million (6%) more than in 2017/18<sup>21</sup> (Figure 1). During the same period, the number of interactions between pharmacists and patients through nationally commissioned clinical services increased by 80% reaching over 10 million in 2022/23<sup>22</sup> (Figure 2)

## THE NUMBER OF PRESCRIPTION ITEMS DISPENSED EVERY YEAR IN ENGLAND IS ACCELERATING

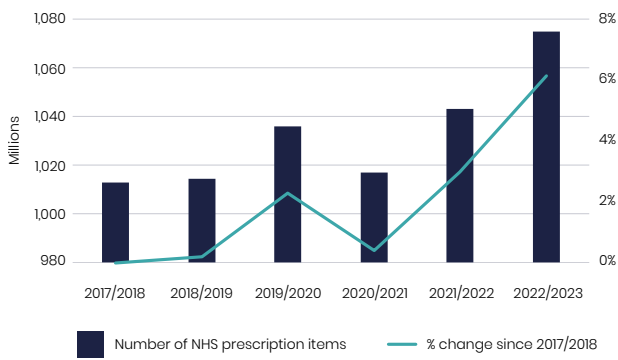


Figure 1 – Number of Prescription Items Dispensed each year in England

It was discussed that the number of patients accessing clinical services through community pharmacy is increasing and there is sector wide ambition to do more. However, without an increase in capacity this leads to further pressure. It was raised that there are opportunities to increase capacity through better use of the skill mix within pharmacy teams and investment in new and advanced technologies.

## THE NUMBER OF PATIENT/PHARMACIST TOUCHPOINTS ASSOCIATED WITH CLINICAL SERVICES IS INCREASING

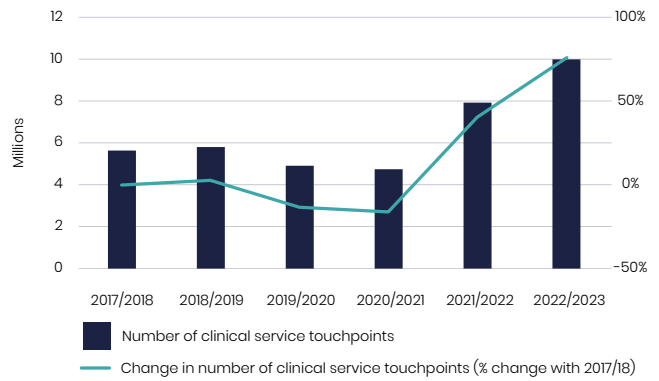


Figure 2 – The number of patient pharmacist touchpoints

## PHARMACIST WORKLOAD IS INCREASING

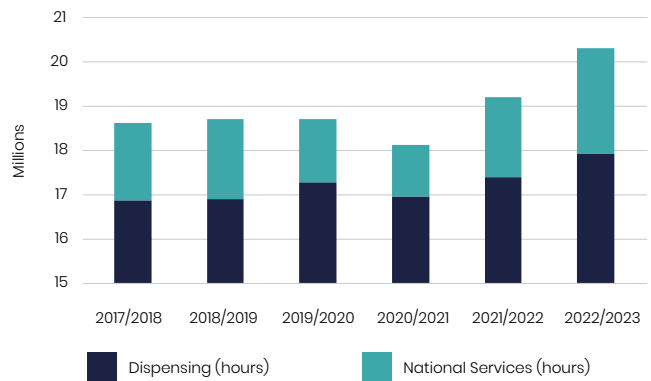


Figure 3 – Workload Faced by Pharmacy Teams

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# Risk Factors

Participants heard about some of the risk factors that are associated with poor pharmacists' wellbeing, which are further supported by evidence in the published literature:

- **Working full time / longer hours worked per week**<sup>14, 23, 24, 25, 26, 27</sup>

Working environment factors account for around 41% of errors<sup>28</sup> with longer working hours being a contributing factor. We know from other professions that longer hours contribute to burnout<sup>29</sup>.

- **Younger age/less professional experience**<sup>15, 24, 26, 30, 31, 32</sup>

The number of pharmacists on the register is growing but demand for pharmacists is growing quickly, creating challenges to increase capacity. Lack of senior support was reported as a challenge for 47% of respondents to the RPS/PS survey.

- **High prescription/patient volumes**<sup>18, 26, 30, 33</sup>

The number of prescriptions dispensed has grown annually by 6% leading to an increased workload without the funding to match this, see graphs above

- **Increased workload**<sup>15, 16, 34</sup>

The Community Pharmacy Contractual Framework is demanding more of the pharmacy workforce with little additional support provided by the NHS. Since 2019, six new clinical services have been commissioned nationally .

- **Poor work / life balance**<sup>16, 23, 34</sup>

There is a lack of staff which means that those undertaking pharmacy roles have a larger workload. 53% of respondents to the RPS / PS workforce wellbeing survey described challenges with a lack of work / life balance (53%).

- **Too many non-clinical / administrative duties**<sup>14, 17, 36</sup>

The context switching associated with moving from clinical to non-clinical activities adds additional mental burden to staff. The RPS / PS workforce wellbeing survey showed that the risk factors affecting mental health and wellbeing were inadequate staffing reported by 70% of respondents.

- **Inadequate administrative / teaching time**<sup>17, 36</sup>

The RPS / PS survey results showed that 42% of respondents were not offered any protected learning time. This means any learning has to be undertaken in a pharmacist's own time adding extra pressure to the individual.

- **Additional professional / leadership role**<sup>17, 26</sup>

The failure of Government to plan for a workforce to cope with the increasing workload, sky-high vacancy rates, inappropriately supported and not addressing pay issues are factors in workforce pressures. Not having the right number of professionals in the right place leads to increases in workload which enhance workload pressures.

- **Lack of burnout management resources or unaware of resources available**<sup>14, 26</sup>

Wellbeing support is provided by many large employers who have systems and processes in place to support employees. However, survey results show that whilst 76% of respondents to the RPS / PS survey were aware of employee provided support, they would be reluctant to access this due to a variety of reasons including the support not being able to be accessed at a convenient time.

- **Lack of appreciation by colleagues and the public for professional contributions**<sup>16, 36</sup>

People coming into the pharmacy are often impatient and abusive, taking out their personal anxiety and stress at pharmacies, as they are often the first healthcare professional the person sees. The RPS / PS workforce wellbeing survey showed that 44% of respondents had experienced physical or verbal abuse in the last 6 months, and the majority of this was from members of the public.

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# Pharmacy Students

In terms of Pharmacy students, many of the issues discussed are also applicable, particularly for those students going into placements, as the attitude and culture, as well as the unhealthy coping mechanisms for pressured environments is passed on. The additional challenges of workload in pressurised teams impacts on the ability of professionals to provide supervision and support to students. This was noted as creating challenges for some students in their learning. Pharmacist Support reported an increase in contacts from pharmacy trainees seeking to access services as they cope with the burden of assessments. The profession needs to be cognisant that the introduction of independent prescribing at the point of registration will require an increase in supervision support in practice settings, which has the potential to further increase pressure on current pharmacists and pharmacy teams. The mental health and wellbeing of students needs to be considered and the assessment burden experienced by some students needs to be reviewed. This will require a collaborative approach between students, Higher Education Institutes (HEIs) and the regulator.

The Pharmacy Schools are also aware of the wellbeing impact on their staff. Part of the GPhC accreditation process ensures adequate staffing within the MPharm degree. However, the changes introduced as part of the reform of Education and Training standards in 2021 has created a need to increase clinical placements. These place additional requirements for staff to deliver the placements. The universities are keen to support those who are providing placements but are acutely aware of the increased workload being experienced in practice at this time. In addition, many pharmacy schools have additional students wanting to study pharmacy, requiring further need for well supported staff. Schools of pharmacy require more support to work in partnership with employers for clinical placements to ensure the mental health and wellbeing of students are fully supported when they are engaging in clinical activities.

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# Pharmacy Technicians

Pharmacy technicians (PTs) are seeing pressures from the beginning of their experience with pharmacy. From day one trainees experience high pressured working environments, which can impact on their wellbeing. At present, there is no trainee register for pharmacy technicians. As a result, there is no concrete data source on the number of trainees that start, but don't complete, training. Anecdotal evidence suggests that some are dropping out due to the impact of their working environment on their mental wellbeing. Pharmacy Technicians are a critical part of the pharmacy team and need to be considered when developing solutions to improve team wellbeing.



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# System Approaches to Improving Wellbeing

During the pandemic, and continuously since, pharmacists and their teams have been working under increasing workload. This is common amongst all health and care professionals and is not unique to pharmacy. However, working under these conditions and the resulting impact on mental health and wellbeing is becoming normalised, which is a considerable concern. Most of the risk factors associated with burnout and wellbeing improvement are modifiable and workload related. Therefore, the solutions require individuals, organisational structures and work culture to be addressed by all actors within the system.

Pharmacist Support are committed to continue their provision of support, work to reduce stigma and help to get conversations going. They will continue to provide tools with a focus on workplace wellbeing. They are aware that managers often feel ill-equipped to deal with wellbeing issues and they will be launching a leadership and management course later this year.

NHS England also recognise the need to support managers and are developing interventions at primary level, as well as providing wellbeing offers and coaching support at secondary level and occupational health interventions at a tertiary level. They have developed some tools that can assist managers in supporting their teams<sup>37</sup>. These tools need to be fair and accessible to everyone and all parties can support people to access them.

Staff levels can be part of the Care Quality Commission's (CQC) inspection of Trusts and looking at skill mix and team culture are integral to this. The culture and hierarchy of the team are often an issue identified in inspections. Teams with different skill mix can have a different culture and having the right culture can then support compassionate management within the team, which in turn supports

wellbeing. The need to have a supportive and inclusive culture is regarded as key to ensuring people feel safe to raise any concerns<sup>38</sup>.

The Guild of Healthcare pharmacists are committed to ensuring that structures exist within the NHS Agenda for Change that provide for adequately remunerated career progression, allowing pharmacists to advance to advanced and consultant roles. Reducing the burden of financial worries that exists outside of the workplace can further support pharmacists in their wellbeing.

The General Pharmaceutical Council (GPhC), the regulator for pharmacy professionals, has a role in ensuring that pharmacists and pharmacy technicians have good mental health and wellbeing. The GPhC recognises that the wellbeing of professionals impacts on their ability to meet the required standards to keep patients safe. During inspections of pharmacy premises, the inspectors consider Standard 2, which addresses many of the wellbeing issues. As a regulator they have a legal duty to be mindful of professionals' wellbeing as part of their 'interests' to which we must have regard, but they also have made an ethical commitment to protect and promote the wellbeing of all people affected by what they do and how they do it. Demonstrably the GPhC embodies this as part of their Equality, Diversity and Inclusion (EDI) strategy<sup>39</sup>, focussing on using their regulatory levers and influence to tackle discrimination.

The PDA have developed a Safer Pharmacies Charter, for both hospital and community settings, which is aimed at building an even safer environment in which pharmacy teams can work. The Charter defines the minimum standards expected of the working environment. It promotes respect for professional judgement which is based on the needs of patients and not the needs of the business.

RPS have developed an Inclusion and Wellbeing pledge<sup>40</sup> for both individuals and organisations. Completing the pledge demonstrates support for a profession that is inclusive, celebrates diversity, creates a culture of belonging, and supports pharmacy teams' health and wellbeing. The Pledge is part of a wider Inclusion and Diversity Strategy<sup>41</sup> which shows the RPS' commitment to making inclusion and diversity central to the profession, celebrating and encouraging diverse voices across pharmacy.

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# Practical longer-term solutions

Each of the organisations offered further insights and thoughts as to further changes that could be considered as long term solutions to address the wellbeing challenges across pharmacy:-

- There is a need to explore the routes through which commissioners can further support employers and consider wellbeing within their scope, which may allow more radical changes, including through the use of technology. In a policy environment where services are moving into community pharmacies<sup>42</sup>, commissioners in primary care have an opportunity to create professionally fulfilling roles for pharmacy professionals, aligned to supporting collaboration across professions.
- The recently published NHS Long Term Workforce plan<sup>43</sup> covers all sectors of pharmacy and considers the number of professionals that will be available in the future. The NHS workforce, and those providing services to the NHS, need to be supported in terms of having time to professionally develop, supervise, undertake learning so they can deliver services to patients safely and effectively.
- Further research is required to understand the makeup of the current pharmacy team workload and then to understand how the system stressors can be mitigated. Examples include understanding the workload implications of medicine shortages and system challenges with prescription distributions to reduce administrative workloads.
- Additional conversations and integration are required to understand the discussions being held by Integrated Care Boards (ICBs) around wellbeing across all areas of practice, and the degree of consideration that these have been given in ICB workforce plans.
- There needs to be further development of interprofessional learning to ensure that other professions have an understanding of the pressures faced by pharmacists, but also to ensure that pharmacists are seen as part of the multidisciplinary team.
- Encourage pharmacy students to have opportunities to develop their management and leadership skills including approaches to managing team wellbeing as today's pharmacy students are likely to undertake a leadership role from day one of their career.
- Abuse experienced by pharmacists and pharmacy teams is a contributor to poor wellbeing. Workload pressures are exacerbated by public perceptions of the pharmacy practice. Indeed, pharmacy teams are often judged by the public by the time taken to get their medicine ready, as opposed to the safety of the service. Further public facing campaigns should be considered, alongside patient groups to raise awareness of these issues.
- Students and learners from some backgrounds experience an attainment gap which needs to be further researched, understood and addressed. The additional burden of discrimination can negatively impact on wellbeing.
- Pharmacists at all levels should be encouraged to have wellbeing conversations with their managers and their teams to reduce stigma about talking about mental health and wellbeing
- Employers may need to actively look at managing workload in some settings, including reviewing the use of technology, digital solutions and skill mix. They should be supported to create efficient systems that can reduce some of the workload pressures. Employers need to be supported to make relevant changes through changes in supervision and hub and spoke regulations in order to maximise on potential efficiencies.

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## Next steps

Pharmacy bodies, regulators, charities, the NHS and organisations are all committed to improving the well-being of pharmacists and pharmacy teams. Individuals, regulators, policy makers, employers and unions all have a role to play in enhancing the wellbeing of pharmacists and pharmacy teams.

While support can be given to individuals to address their personal risk factors, systemic change is required to address the risks. This systemic change will require investment in all parts of the system. Whilst it was recognised that there is personal responsibility to look after your own mental health and wellbeing, there is also an organisational and system responsibility. This requires a collaborative approach to risk management at a systemic level.

Attendance at the roundtable demonstrated the commitment and willingness of the pharmacy organisations to collaborate and address the issue.

Following the roundtable, a joint statement was published (see Appendix 1). The organisations around the table committed to the publication of this report and a further meeting in 6 months to assess progress.

Further research and collaborative working are required to understand the most effective measures that can seek to address workforce issues in pharmacy.

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# Appendix 1: Impact of Pharmacy Workforce Wellbeing on Patient Safety Roundtable

## STATEMENT ISSUED AFTER THE ROUNDTABLE

Pharmacy organisations, regulators, unions and employers heard about the well-recognised correlations between the wellness and wellbeing of students, academics and the clinical workforce and the impact that this has on workforce effectiveness, patient safety and patient outcomes.

With continued pressure on pharmacy teams and the health service, it is more important than ever to work together so that patients can continue to access to high-quality, adequately staffed and safe pharmacy services.

Prioritising staff wellbeing and leadership within systems supports higher-quality and safer patient care and improves workforce retention.

The collaborative roundtable discussion highlighted the importance of supporting pharmacy teams across all sectors of practice to deliver patient care through healthy working environments, access to appropriate rest breaks, and opportunities for professional development.

Staff should feel empowered to use their professional judgement in the interests of patients and the public. Staff must also be given the support, training, and supervision they need to help enable them to complete their professional duties.

Solutions to the challenges facing workforce wellbeing require interventions that go beyond the individual. Making the health service a better place to work must be a shared endeavour so that we can continue to meet the needs of our patients and support our pharmacy people.

## ORGANISATION

Association of Pharmacy Technicians, UK  
(APTUK)



British Pharmaceutical Students' Association  
(BPSA)



Care Quality Commission  
(CQC)



Community Pharmacy England  
(CPE)



General Pharmaceutical Council  
(GPhC)



Guild of Healthcare Pharmacists  
(GHP)



National Pharmacy Association  
(NPA)



Pharmacists Defence Association  
(PDA)



Pharmacy Schools' Council  
(PhSC)



Pharmacist Support  
(PS)



Royal Pharmaceutical Society  
(RPS)



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