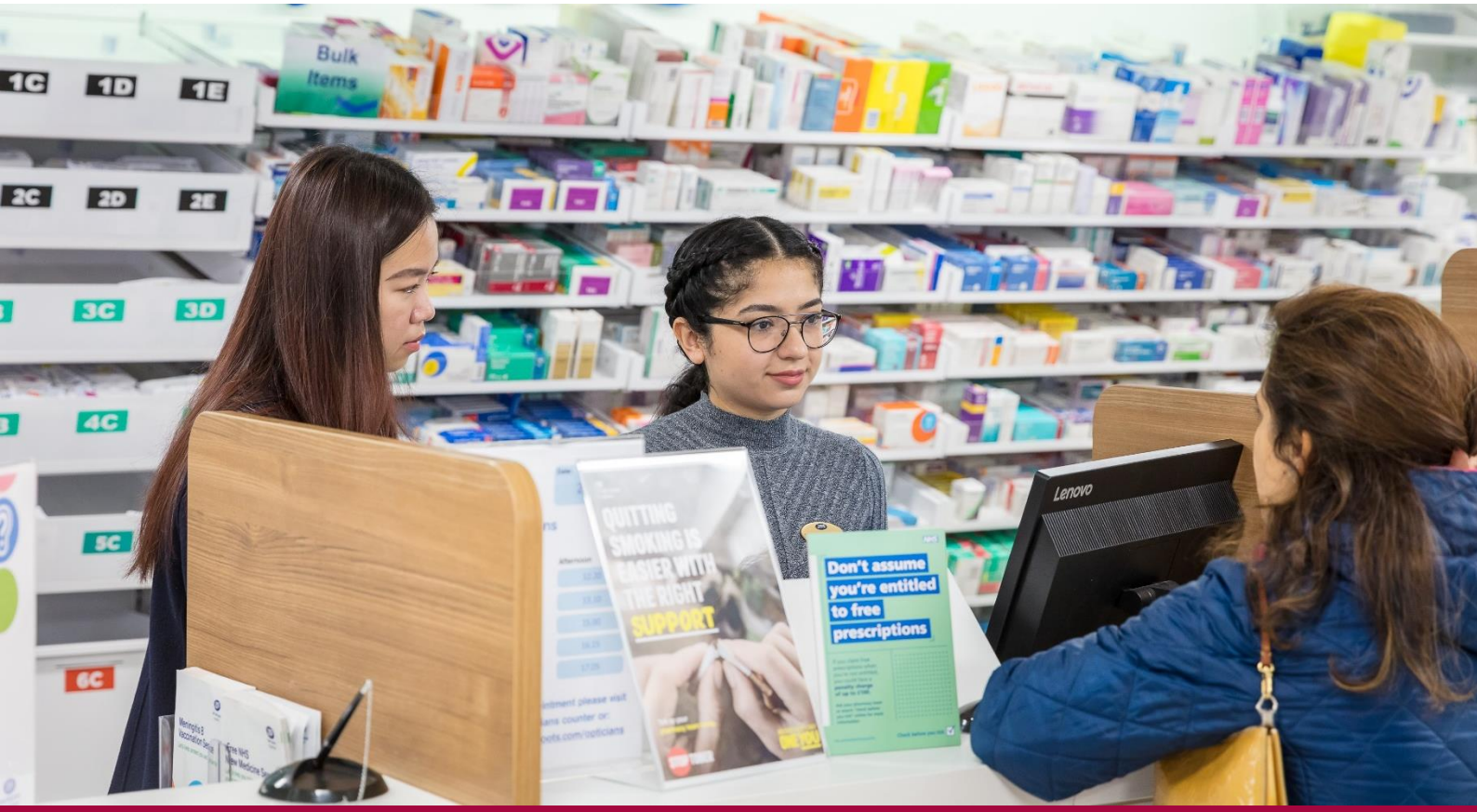

A REVIEW OF THE COMMUNITY PHARMACY WORKFORCE

2021 AND BEYOND

Community Pharmacy Workforce Development Group

June 2021

AIM Association of Independent Multiple Pharmacies
CCA COMPANY CHEMISTS' ASSOCIATION
NPA National Pharmacy Association

WHO WE ARE

The Community Pharmacy Workforce Development Group (CPWDG or 'the Group') is a cross-sector working group that brings together the expertise of education, training and professional workforce leads from across the community pharmacy sector. The Group works to ensure that the community pharmacy workforce is ready to meet the needs of an evolving NHS and its patients – both now and in the future. The Group has equal representation from the Association of Independent Multiple Pharmacies (AIM), representing independent multiples, the Company Chemists' Association (CCA), representing large multiples and the National Pharmacy Association (NPA), representing independent pharmacies.

The Group primarily focuses on policy issues affecting England, however the direction of travel in pharmacy workforce and many of the barriers and enablers are aligned across all nations of the UK. As such recommendations may be relevant across the devolved nations.

FOREWORD

In recent years, community pharmacies have reported significant challenges recruiting and retaining colleagues and a high number of longstanding vacancies. Ensuring that community pharmacy has a workforce that is agile and capable of meeting the challenges posed by the healthcare systems across the UK must be a key ambition as the future roles of the pharmacist and pharmacy technician are shaped.

The ongoing pandemic has led to unprecedented demand and pressure on community pharmacy colleagues, but it has also showcased the sectors' resilience. Whilst elements of primary care have been disrupted to a significant degree, community pharmacy has delivered consistently throughout the pandemic, often in very difficult circumstances, to ensure patients continue to receive medicines, support, and advice.

The large-scale cancellation and postponement of health interventions throughout the pandemic has resulted in a significant and growing backlog,[1] which is likely to take many years to manage. Community pharmacists and their teams will have an essential role to play in supporting the NHS, as a central part of the local healthcare system. We hope that the proposed changes in the Government's White Paper "Integration and Innovation: working together to improve health and social care for all" will create an environment that allows the community pharmacy sector to do more to help relieve pressure within the rest of the NHS.

To enable this, the community pharmacy workforce needs to evolve with the needs of patients and the NHS.

This paper recognises the ongoing ambition to better utilise the clinical skills of pharmacy colleagues and work to enable the future pharmacists to prescribe. It makes recommendations to enable the community pharmacy workforce to deliver the ambitions set out across the devolved nations via; the NHS Long Term Plan, Pharmacy: Delivering a

Healthier Wales and Achieving Excellence in Pharmaceutical Care: a Strategy for Scotland as well as supporting the wider NHS in its post pandemic restoration and recovery.

This review draws on the professional experiences of the Group's constituent members, publicly available data and a survey conducted by the Group in July 2020 to which 40% of community pharmacies in England responded.

It makes the case that community pharmacy is well placed to support the NHS, however, significant investment in the community pharmacy workforce will be necessary to facilitate this.

CURRENT SITUATION

Prior to the pandemic members of the Group routinely raised growing concerns about a potential workforce crisis, driven by difficulties both recruiting and retaining colleagues at all levels. Data, for example, has shown a decline in the number of people looking to join the pharmacy profession in recent years.

GPhC data shows that between 2011/2012 and 2016/17 applications to study at UK Schools of Pharmacy fell by 30%.[2]

At some universities this manifested itself as a drop in the number of students enrolling on MPharm courses and at others, entry requirements were reduced, which may have an effect on the quality of the students joining the profession. There have been reports of significant increases in the number of students going through the clearing process to gain places at the UK's Schools of Pharmacy.[3]

Concerns about interest in joining the profession are exacerbated by concerns about retention and longstanding vacancies. A survey conducted by the members of the Group in July 2020 showed significant rates of vacancies among full time equivalent (FTE) pharmacists.

Of those who provided comparable information, our survey found a 9% FTE pharmacist vacancy rate across England. Vacancy rates were significantly higher in the South of England, reaching around 15% and 18% among pharmacists in the South East and South West, respectively.[4]

Where respondents reported vacancies, on average, pharmacist vacancies were open for around 26 weeks.[4]

Concerns are not confined to pharmacists. The survey revealed vacancies for community pharmacy technicians unfilled for significant lengths of time. Where respondents reported vacancies, on average they were open for around 6 months. The survey also found a high turnover rate among some staff groups, reaching over 25% per annum among trainee dispensing assistants and trainee health care assistants.[4] This can have significant cost and resource implications for businesses who invest in support and training courses which are left unfinished.

Reasons cited for colleagues leaving the profession are complex and multifaceted. They include concerns about pay, excessive workload and pressure, inflexible working hours, and a lack of opportunities for career progression. Members of the Group have also raised concerns about colleagues leaving the sector to join other parts of pharmacy resulting in short falls in community pharmacy.

Whilst this document sets out recommendations which will encourage retention by increasing capability required of the future pharmacy team to support the wider health care system, the capacity of community pharmacy starts with the number of people interested in joining the profession and efforts should be made to ensure an adequate supply of community pharmacy colleagues. The CPWDG is planning a programme of work to present community pharmacy as a career of choice.

<u>Impact of the pandemic on workforce crisis</u>
Whilst it is difficult to understand the long-term impact of the ongoing pandemic on recruitment and retention, members of the Group are aware of the extreme pressure being

placed on colleagues (see next section for further discussion). The ongoing impact on workforce is reflected in the results of a workforce wellbeing survey conducted by the Royal Pharmaceutical Society and Pharmacist Support. It is concerning that almost a third (31%) of respondents suggested the pandemic had significantly affected their mental health and that almost half (47%) of respondents working in community pharmacy had considered leaving the profession in 2020.[5]

Recommendation 1

1. The Interim NHS People Plan set out an intention to strengthen the image and reputation of pharmacy teams whilst the People Plan for 2020/21 outlined a need to renew efforts to rapidly recruit across all roles and professions. Professional bodies, higher education institutes, policy makers, and statutory education bodies should join employers to undertake a programme of collaborative work to ensure community pharmacy is seen as an attractive career choice for future pharmacists.

THE CHANGING ROLE OF COMMUNITY PHARMACY: COVID-19 A CATALYST FOR CHANGE

The pandemic has both highlighted the potential of community pharmacy to support the wider NHS and brought urgency to education reform.

Potential of community pharmacy

During the pandemic, the public have been extremely reliant on community pharmacies for medicines, advice, support, and services, particularly where other parts of primary care have been difficult to access.

A survey conducted by the NPA in 2020 found that a third of respondents had visited a pharmacy instead of a doctor as a result of COVID-19 safety measures at their GP surgery.[6]

In recent months community pharmacies have faced unprecedented levels of demand and they have showcased their adaptability and clinical value at every stage of the pandemic.

In March 2020 pharmacy teams dispensed a record number of prescribed items.[7]

Research carried out by EY on behalf of the NPA found that, during the first lockdown, 98% of pharmacies reported dealing with increased enquires about serious health conditions.[8]

In the first two months of the 2020 flu season community pharmacists administered 1.7 million flu vaccinations equalling the total number they delivered across the whole of the previous winter.[9]

The sector already delivers numerous clinical services and has showcased its ability to support the NHS during the pandemic, and there are opportunities to further build on this.

Whilst the long-term impact of the pandemic on the wider NHS is yet be fully realised, it is clear that a significant backlog of need, which may take a number of years to relieve, is likely. This unprecedented pressure on the health care system, combined with the increasingly clinical direction of community pharmacy, provides an opportunity for community pharmacy to support the wider NHS.

Education reform

This pandemic has also brought urgency to proposals for reforming pharmacy education.

In practical terms, the pandemic disrupted the training of pre-registration pharmacists, who were unable to sit the registration assessment. Consequently, the GPhC, supported by stakeholders including this Group, established a provisional register of pharmacists,[10] allowing eligible trainee pharmacists to practice as a Responsible Pharmacist whilst under the guidance and direction of a senior pharmacist. Additional education and training was necessary to support this cohort and the provisional register stimulated the development of

an interim foundation programme. This provided an opportunity to pilot foundation training - accelerating changes to newly qualified pharmacist education and support.

In June 2020, the Chief Pharmaceutical Officer for England set out plans to replace the pre-registration year with a year of foundation training. The proposal included ambitions to enable trainee pharmacists to qualify as Independent Prescribers (IPs) upon registration, which was welcomed by the Group. The updates were later referred to in the NHS People Plan and in January 2021 the GPhC published new Initial Education and Training (IE+T) standards.

Community pharmacy uniquely has increased access in areas of higher deprivation. There is, for example, a greater density of community pharmacies in the most deprived areas per head of population and community pharmacies are often open long hours and at weekends. With the appropriate training and funding, community pharmacies are well placed to deliver a range of care services, reducing the pressure on primary care colleagues and the wider NHS, and support the reduction of health inequalities.

The value of community pharmacy to the NHS in this regard would be enhanced by additional support to release clinical capacity and through further development of pharmacists and pharmacy technicians.

A CHANGING COMMUNITY PHARMACY LANDSCAPE: AN INCREASINGLY CLINICAL FOCUS

Whilst concerns with the community pharmacy workforce are forecast over the next 5 years, the Group also recognises significant opportunities. During the last decade, community pharmacies have increasingly provided clinical services, with pharmacists offering vaccinations and immunisations, sexual health services, blood pressure monitoring and stop smoking services, alongside medicines optimisation and others.

It is clear that community pharmacy is already a vital point of care for many patients, but for some patients, health care colleagues and commissioners alike, there is a lack of understanding of both the capabilities of members of the pharmacy team as healthcare professionals, as well as the services available (or possible) within community pharmacy. This has resulted in the underutilisation of community pharmacists' skills and knowledge, which has been compounded by limited training opportunities, to enable pharmacists to play a more holistic clinical role in their patients' care.

However, NHS England and the Government have set out a clear vision via the NHS Long Term Plan to make better use of the unique skills of community pharmacists.[11] Also in 2019, the Secretary of State for Health and Social Care, set out his ambition "to unlock the huge potential within community pharmacy" and "see the clinical skills of the teams that work in pharmacies better utilised".[12] Services, such as the Community Pharmacist Consultation Service (CPCS) have demonstrated the ability to deliver high quality urgent care for many thousands of patients.

In 2019 and early 2020 these ambitions sat alongside proposals to introduce changes to the initial education and training of pharmacists – with the intention of equipping pharmacists and pharmacy technicians for increasingly clinical roles in a multi-sector environment and plans to introduce a foundation training programme to support newly-registered pharmacists in the first two years of practise.

We support the principles of the new IE+T standards, particularly the ambition of increasing capability within the UK pharmacist workforce and we look forward to supporting the work to transform the early years of pharmacist training as members of the Education and Governance Oversight Board (EGOB) and via the GPhC Advisory Group. The Group believes that there are a number of areas where further exploration and consideration is necessary. The Group's views and recommendations, in relation to these changes, are listed in Table 1.

INCREASING CAPACITY: ENABLING DELEGATION AND REMOVING BARRIERS

Enhancing the skills of pharmacists through education and training, including through prescribing qualifications, will enable a change in the direction of community pharmacy allowing for the delivery of additional clinical services. However, in many instances, prescribing is not a prerequisite.

The capacity of the workforce to manage patient facing care can be improved by:

- enabling greater use of the skill mix in pharmacies. This would allow the pharmacist to provide patient facing care while the safe and effective supply of medicines is maintained.
- reconsidering restrictive commissioning arrangements to enable greater integration of pharmaceutical services within primary care.

Example: Opportunities to make better use of the pharmacy team

As community pharmacists increasingly deliver clinical consultations and services, the role of the pharmacy technician must also develop. Enabling pharmacy technicians to vaccinate patients through Patient Group Directions (PGDs) would increase the capacity of community pharmacy as a whole. The evolution of the role would also provide opportunities to promote the role of the pharmacy technician and attract people to the profession.

There are also opportunities around the professional practice frameworks to be reviewed, with the aim of enabling community pharmacy colleagues, including pharmacy technicians, to take on additional tasks which would support pharmacists to deliver further clinical services.

Example: Opportunities for closer collaboration between community pharmacy and primary care

Plans to utilise the clinical skills and knowledge of pharmacists by employing them in Primary Care Networks (PCNs) were outlined in the NHS Long Term Plan.

Additional funding outlined in 2020 updates to the GP contract,[14] enabling PCNs to directly employ six clinical pharmacists and two pharmacy technicians by 2023/24 heightened concerns that PCN pharmacists and pharmacy technicians would be recruited directly from community pharmacy into PCNs, exacerbating existing workforce shortages, in the community sector.

The introduction of the PCN pharmacist role is inconsistent. In some areas, for example, PCNs are struggling to recruit staff. [13]

As community pharmacy looks to support the NHS in its post pandemic restoration and recovery there are clear opportunities for community pharmacy and primary care to work more closely. We are clear that community pharmacists are, for example, ideally placed to conduct Structured Medication Reviews (SMRs).

With appropriate funding and support (including records access) community pharmacists can complete services, including, SMRs both within the community pharmacy and off-site.

This may require changes to the current funding arrangements, which stipulate the direct employment of pharmacists within PCNs.

Recommendations 2- 4

2. Pharmacy technicians should be added to Patient Group Direction as healthcare professionals who can vaccinate patients.

3. Pharmacy teams should be supported to take on additional tasks, which allow pharmacists to deliver further clinical services.

4. Primary Care Networks should be granted flexibility to utilise funding to commission Community Pharmacies to deliver services locally.

INCREASING CAPABILITY: EDUCATION AND TRAINING OF WORKFORCE TO MEET FUTURE NEEDS

As the nature of community pharmacy changes and the roles of pharmacy colleagues, particularly pharmacists and pharmacy technicians evolve, investment in training and education will be necessary.

Continued Professional Development

At present formal Continued Professional Development for pharmacy colleagues in the community sector is limited, and uptake is variable. This has acted as a barrier to career progression, compounding issues with job satisfaction and retention.

The Group recommends a programme of Continued Professional Development for all members of the pharmacy team, including pharmacy support staff, which supports the goal of increasingly delivering front line service. This could, for example, include training to increase clinical skills; training for all pharmacists and pharmacy technicians to be mental health first aiders, and training for pharmacy support staff to be health champions, which would help support conversations with members of the public. Other possibilities could include an extension of leadership training, as well as training on issues ranging from; mental health, long COVID, health inequalities, and cancer care.

Training should be delivered in a pragmatic way which is both accessible across settings and considers the needs of trainees and businesses. At present, where opportunities are available, for example through the Pharmacy Integration Fund (PhIF), they have been hampered by a lack of support to release essential workers to undertake training. This has been exacerbated by limited notice and short timeframes, meaning; employers have been unable to incorporate training programmes into wider business planning; and the programmes lack long-term stability. CPWDG colleagues have also raised concerns that community pharmacy colleagues have not always been eligible to participate in opportunities through the PhIF.

Furthermore, the absence of an environment that provides pharmacy colleagues with opportunities to use additional skills in the community has disincentivised employer investment.

Initial education and training of pharmacists

The Group supports the principles of the changes to initial education and training of pharmacists and welcomes the aim of enhancing the clinical skills of future pharmacists and allowing them to practise as prescribers. We recommend this is rolled out as soon as possible. There are, however, a number of issues which need to be addressed which are outlined in Table 1.

As well as the training needs of future pharmacists, consideration needs to be given to existing pharmacists and students currently studying to be pharmacists.

Current pharmacists

The Group's 2020 survey found that a relatively small proportion of community pharmacists across England have IP qualifications.

Whilst there are some geographical variances, the Group estimates that around 5% of employed and relief community pharmacists in England have IP qualifications.

This figure is comparable to results from the recent HEIW survey which found 3% of community pharmacists in Wales have IP qualifications.[14] The HEE workforce survey conducted in 2017 estimated approximately one IP Pharmacist per 10 community pharmacies.[15] Based on our figures, the Group estimates that just under 25,000 existing pharmacists in England will need to be trained as IPs. It will be important to consider findings from the comprehensive HEE workforce survey, which is being repeated in 2021, to better understand this.

Without such efforts there is a risk of discrepancies in skills and qualifications of current and future pharmacists, leading to a two-tier workforce.

Programmes for current pharmacists must consider existing skills and knowledge and be arranged in a way that facilitates and supports engagement. For example, programmes should include modular and online options.

Current pharmacy students

To create parity as current students move forward with their programmes, the requirement to complete two years of registration prior to undertaking a prescribing programme will need to be removed. More generally the requirement for prescribers at the end of year 5 by 2026, will require graduates working in practice during year 5 to have limited prescribing authority as they progress through their training, otherwise they will not be able to practice fully on Day 1 of registration.

TABLE 1: Views and recommendations regarding updated IE+T standards

1. A fully centralised system of funding will allow multisectoral placements and an acceleration of the desired learning outcomes.

2. The approach to clinical placements should ideally be aligned across all UK nations and healthcare professions irrespective of practice settings.

3. Clarity on funding issues should be provided at the earliest opportunity.

4. Employers could become placement providers. We look forward to working with relevant stakeholders in arranging the logistics of the placements, the complexity of which should not be underestimated. Employers have significant experience in delivering placements and models should consider existing systems.

5. Any placements available must consider the whole community pharmacy network.

6. Learnings from the Interim Foundation Programme should be regularly reviewed and used to inform introductory foundation training.

7. Changes to programmes should be communicated with sufficient notice to ensure employers can implement necessary processes and students can make informed decisions. Clarity on the first full foundation year should be achieved as early as possible.

8. Whilst the foundation training year should normally be 12 months long, trainees will require additional clinical experience in the first 4 years of the MPharm.

9. The skills required to become an Independent Prescriber should normally be achieved at the point of registration. The ambition should be to achieve this as soon as possible.

10. Action should be taken to; encourage prescribers, including pharmacist prescribers, to take on the role of Designated Prescribing Practitioners (DPPs). Statutory Education Bodies must ensure suitable support for these colleagues. Without such action, a lack of DPPs may be a limiting factor.

11. The roles of HEIs, education bodies, employers and regulators are clear. There is a role for the professional body which provides connection between the 12-month foundation year into advanced and credentialing practice. RPS have an important role in initial attraction of future pharmacy applicants.

Frameworks to use skills

Efforts to develop future and current pharmacists must be aligned with opportunities to use skills. Pharmacists who have IP qualifications, currently lack opportunities to utilise these skills in the community sector – this can result in pharmacists leaving the community sector in favour of a setting which allows them to use their enhanced skills. Work will need to be done across the sector and with various stakeholders to develop a methodology for prescribing within community pharmacy safely and effectively, this will need to include access to appropriate GP systems.

Recommendations 5-9

5. Community pharmacy teams need a programme of continued education. NHS and HEE should develop a programme of continued professional development and life-long structured learning for pharmacy teams, governed by the regulator, which maximises opportunities for participation.

6. The Group supports efforts to broaden the skills base of pharmacists via new IE+T standards. There are a number of areas where further clarity is needed, which are set out in Table 1, these relate to funding, timing and implementation. Statutory Education Bodies must also ensure adequate numbers of and support for Designated Prescribing Practitioners.

7. Significant efforts are necessary to upskill the existing workforce to prescribers. Programmes for existing pharmacists must take into account existing skills and knowledge and be arranged in a way that facilitates and supports engagement. Programmes could include modular and online options.

8. Current pharmacy students must be supported as the new learning standards are phased in. To create parity as current students move forward the requirement to complete two years of registration prior to undertaking a prescribing programme will need to be removed.

9. The NHS and other stakeholders should work with employers to develop frameworks and infrastructure, including services, to allow pharmacy colleagues to use their clinical skills in the community.

CONCLUSION: FUTURE ROLES OF PHARMACY COLLEAGUES

Whilst community pharmacy teams already play a crucial role in the delivery of health care interventions, they could be better utilised to meet the needs of local communities and tackle health inequalities.

Pharmacists are experts in medicines and trusted members of their communities. There is an opportunity to further position community pharmacy as an integral part of the wider health care system playing a key role in the delivery of targeted health care interventions and clinical services at a local level.

This could include pharmacists spending considerably more of their time providing direct patient facing care and the delivery of a wider array of urgent and non-urgent care services in local communities. This potential could be further enhanced through the addition of increased numbers of prescribers in the community.

Whilst there are opportunities to both support the NHS in its post pandemic restoration and recovery and to facilitate access to care for local communities, a number of changes are necessary. These include sufficient training for current and future pharmacists and pharmacy colleagues; the commissioning of services which enable team members to utilise skills in the community; and a framework which supports the delegation of responsibilities within the pharmacy. Alongside this, the NHS should undertake work to frame community pharmacy as a central part of the health care system, within public perceptions.

SUMMARY OF RECOMMENDATIONS

1. Professional bodies, higher education institutes, policy makers, and statutory education bodies should join employers to undertake a programme of collaborative work to ensure community pharmacy is seen as an attractive career choice for future pharmacists.

2. Pharmacy technicians should be added to Patient Group Directions as health professionals who can vaccinate patients.

3. Pharmacy teams should be supported to take on additional tasks, which allow pharmacists to deliver further clinical services.

4. Primary Care Networks should be granted flexibility to utilise funding to commission local community pharmacies to deliver services**.**

5. Community pharmacy teams need a programme of continued education. NHS and HEE should develop a programme of continued professional development and life-long structured learning for pharmacy teams, governed by the regulator, which maximises opportunities for participation.

6. The Group supports efforts to broaden the skills base of pharmacists via new IE+T standards. There are a number of areas where further clarity is needed, including in relation to funding, timing and implementation. Statutory Education Bodies must ensure adequate numbers of and support for Designated Prescribing Practitioners.

7. Significant efforts are necessary to upskill the existing workforce to prescribers. Programmes for current pharmacists must take into account existing skills and knowledge and be arranged in a way that facilitates and supports engagement. Programmes should include modular and online options.

8. Current pharmacy students must be supported as the new learning standards are phased in. To create parity as current students move forward the requirement to complete two years of registration prior to undertaking a prescribing programme will need to be removed.

9. The NHS and other stakeholders should work with employers to develop frameworks and infrastructure, including services, to allow pharmacy colleagues to use their clinical skills in the community.

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