

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar y [gweithlu Iechyd a Gofal Cymdeithasol](#)**

**This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [Health and Social Care Workforce](#)**

HSC 50

**Ymateb gan: | Response from: Cymdeithas Fferyllol Frenhinol | Royal
Pharmaceutical Society**



Health and Social Care Committee
Welsh Parliament
Cardiff Bay
Cardiff
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Inquiry into the Health and Social Care Workforce

1. The Royal Pharmaceutical Society in Wales welcomes the opportunity to contribute its views to the Health and Social Care Committee on the Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) joint strategy, [A healthier Wales: our workforce strategy for health and social care](#).
2. The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain. We lead and support the development of the pharmacy profession to improve the public's health and wellbeing, including through advancements in science, research and education.

The Strategic Direction for the Workforce to 2030

3. We fully support the aspirations and direction of travel established by the *A Healthier Wales: our workforce strategy for health and social care* published in October 2020. We also welcome the alignment of this strategy to the overall strategic direction for health and social care as laid out by the Welsh Government in *A healthier Wales: long term plan for health and social care*. The overall commitment of the Welsh Government to establish a whole system approach to health and social care', focussed on health and wellbeing, preventing illness and underpinned by the appropriate skilled workforce is commendable.
4. The Committee may be aware that the pharmacy profession has unified behind a consensus view of how, through the better use of the unique knowledge and skills of pharmacists and pharmacy teams, it can make a greater contribution to improving the health and wellbeing of the citizens of Wales. This vision, published in 2019, is laid out in [Pharmacy: Delivering a Healthier Wales](#) (PDHW) , a report from the Welsh Pharmaceutical Committee, developed with the support of the RPS and includes contribution from pharmacy professionals and key organisations across Wales.
5. This vision for the professions was welcomed by the previous Minister for Health and Social Services, Vaughan Gething MS in the 5th Senedd term and a formal delivery board has been established to oversee its implementation. *Developing the pharmacy Workforce* is one of the four key themes identified in the PDHW. Education and training are crucial elements for ensuring a strong foundation for any profession and support for lifelong development of knowledge and skills is becoming ever more critical as patient need and service demands change.

6. We are pleased to see that HEIW has taken serious consideration of the strategic consensus among the profession regarding the vision for pharmacy up to 2030 and the crucial steps needed to ensure the profession is fit for the future and maximises its contribution to patient care in Wales.
7. The need for transformation and modernisation of the workforce, including digital innovation, has been clearly highlighted by the Covid-19 pandemic. We are proud of the response of the pharmacy profession since March 2020 in rapidly adjusting to new ways of working to cope with unprecedented demand and pressures. It is clear that further developments are needed however to enhance flexibilities across the workforce, support work and life choices, harness the benefits of skill mix across the profession and within other professions, and galvanise the strengths of multi-professional working across all sectors.
8. It is now important that the implementation of the HEIW/SCW workforce strategy builds upon the rapid change the workforce has faced during the pandemic. Robust communication and collaboration between HEIW, Welsh Universities and Local Health Boards will now be critical to reduce the risk of an implementation gap between the aspirations of the strategy and the delivery of change.
9. We welcome the HEIW Pharmacy Advisory Board that has now been in place for approximately a year. This is proving to be an effective mechanism for bringing key stakeholder groups together including Local Health Boards, Regional Partnership Boards and Higher Education Institutions.
10. Finally, in terms of alignment with other key strategies, we would ask that the HEIW Mental Health Workforce Plan, which is currently being developed, fully embraces and embeds the principles of the workforce strategy to ensure workforce transformation can be achieved to fully meet the needs of people with mental health conditions. We would encourage greater emphasis in transforming pharmacy roles that can move fluidly across sectors to support patients where they need support and as close to home as possible. This will mean moving further away from rigid pharmacy roles attached to one sector and greater development of multi-disciplinary teams, preferably in the community. It will also mean further transformation of multi-professional training and education to equip the professions for new roles and responsibilities and to create a positive collaborative working culture for the future.

A Healthy and Engaged Workforce

11. Supporting the wellbeing and increasing the motivation of the workforce is clearly recognised within the workforce strategy. The impact of the pandemic has exacerbated pressures on the workforce and we believe it is now critical that plans to support the wellbeing of the workforce are accelerated.
12. We have been concerned about the potential risks of burn-out among the pharmacy profession for some time and particularly over the past 18 months. The results of our 2020 mental health and wellbeing survey¹ made for harrowing reading with nearly 90% of respondents among our membership reporting they felt at high risk of burnout as measured by the Oldenburg Burnout Inventory². The survey results also indicated that 72% of respondents felt their mental health and wellbeing was negatively affected by their roles which was caused by the stress of work (76%) and inadequate staffing (68%). The survey results also indicate a worrying rise in the numbers of the

¹ [RPS Mental Health and Wellbeing Survey 2020 \(rpharms.com\)](https://www.rpharms.com/mental-health-wellbeing-survey-2020)

² Demerouti E. & Mostert K. (2010). Burnout and work engagement: A thorough investigation of the independency of both constructs. *Journal of Occupational Health Psychology* ,15;3, 209-222

pharmacists who would exit pharmacy altogether with 38% of respondents reporting they have considered leaving the profession.

13. We are placing considerable focus on the mental health and wellbeing of the pharmacy workforce and calling for changes to enhance the wellbeing of the profession as well as motivating pharmacy teams to deliver the best care possible. For instance, we believe pharmacists need to have dedicated protected learning time, dedicated breaks, must be able to work in an environment where leadership prioritises wellbeing and a sense of belonging, and must have access to tools and support to promote good mental health and wellbeing. We also want to see sufficient numbers of staff employed to manage workload effectively.
14. We are also concerned to hear from our members working in the field of training and education that they are feeling exasperated in terms of the workforce planning and commissioning to meet patient demands as well as overarching pressures of implementing the transformative programme outlined in the HEIW/SCW workforce strategy. We have heard from some members that they would appreciate greater collaboration with HEIW staff and consistency in working with designated HEIW staff.
15. We are very keen to understand what steps HEIW will be putting in place to accelerate the wellbeing commitments in the workforce strategy in light of the impact of the pandemic.

Shape and Supply of the Workforce

16. Meeting the demands of the population across Wales and ensuring the right number of pharmacists, pharmacy technicians and support staff are in place is always an important issue but has been accentuated over the past 18 months. The pandemic has brought into sharp focus the need for a fully resourced pharmacy workforce and it is critical that any shortages are filled.
17. As the professional body for pharmacists, we are keen to work with HEIW and stakeholders and support workforce plans across Wales. It is frustrating however that workforce data is not openly available on pharmacy vacancies in the managed sector to provide the insight we would need to contribute to potential solutions for filling gaps in service. We also understand that the Electronic Staff Record system does not capture vacancy rates which results in little robust data in the managed sector on workforce demands.
18. We would like to see a renewed focus on the analysis and evaluation of workforce data by HEIW to support plans for implementing the workforce strategy, minimising vacancies and ensuring the workforce intelligence is available to all appropriate stakeholders in all endeavours to both sustain and transform the workforce. Clear workforce intelligence will also be critical in evaluating progress against the milestones identified in the workforce strategy.
19. Future workforce planning to drive forward transformation will also need to be fully resource mapped, utilising workforce data from across each Health Board area and ensuring workforce plans adequately meet population needs. A one-size fits all approach should be avoided if Local Health Boards and Regional Partnership Boards are to align workforce numbers and roles to population needs. Achieving success in this area will depend on excellent communication and collaboration between HEIW and relevant partners.
20. We are aware of concerns among our members about the existing pharmacy resource and the future supply of our workforce. While we fully support the strategic intentions of the Welsh Government to increasingly shift the focus of care into primary care and community settings, we

are concerned that mitigating steps must be taken by HEIW to avoid any major pipeline disruption from undergraduate education to advanced practice. This will require a continued and concerted focus on education programmes to equip the future pharmacy profession for practice, together with a national evaluation to measure the success of progress along the strategic timeline up to 2030.

21. We also believe this important work of transition should be captured in a clear plan and appropriately financed for all key stakeholders to understand and contribute to. A whole system approach will also continue to be vital in the shift of care into community settings, ensuring that changes to one workforce group in pharmacy does not negatively impact on another.
22. We appreciate the analysis and evaluation of workforce data is complex and will need appropriate resources and we would recommend that steps are taken urgently to employ the people with the right skills in workforce analysis plus the right IT tools to support sophisticated evaluation and workforce modelling.
23. We would be keen to understand what steps the Welsh Government and HEIW are taking to progress Action 28 of the workforce strategy which commits to creating a centre for excellence for workforce intelligence as well as plans to ensure robust collection, analysis and evaluation of workforce data across Wales.

Seamless Workforce Models

24. We fully support the aspirations of developing multi-professional models of care that break down professional barriers and put the patient at the centre of care as outlined in Strategic Theme Three of the workforce strategy.
25. As a profession, we have committed in PDAW to implement clear development pathways for pharmacists and pharmacy technicians from pre-foundation training through to advanced practice. The RPS has played a major role in this regard leading the development of curricula and credentials recognising key stages of clinical practice within pharmacy, namely post-registration foundation, advanced and consultant. These have all been developed with key stakeholder input and are aligned to multi-professional frameworks also.
26. **Foundation Trainee Pharmacist/ Pre-Registration pharmacist training:** We are pleased that HEIW and the Welsh Government have previously agreed and funded a transformation programme for pre-registration (foundation trainee) pharmacists. We welcome the innovation and commitment by HEIW to lead the way for multi-sector training, ensuring robust, quality training experiences for all and to support the integration of pharmacists into multi-professional teams on the front-line of NHS patient care.
27. The value of the investment has clearly been endorsed by the significant increase in numbers recruited to the new 2020 programme. This demonstrates that trainee pharmacists recognise how the training model in Wales provides the springboard for their future practice. The investment in training was supported by stakeholders on the principle of a seamless pathway to a supportive novice period of training.
28. **Post-registration Foundation training:** It was identified in PDHW that a crucial enabler for developing the workforce post registration would be a post-registration foundation programme embedded for all pharmacy professionals during the novice period of practice immediately following professional registration.

29. As the professional leadership body, we are committed to working with the General Pharmaceutical Council (GPhC) as the regulatory body for pharmacy, education commissioners and providers to publish a national curriculum for post-registration foundation pharmacists. The RPS post-registration Foundation Curriculum was developed in partnership and consultation with the key stakeholder groups listed above and was published in August 2021. This will underpin future post--registration training in Wales over the next 5 years. The Post-registration Foundation curriculum is intended to be a bridging programme that directs training for new registrants until 2026. At this point it will be updated to reflect the needs of new registrants who will be independent prescribers. Our post-registration foundation programme of work provides a curriculum, professional development framework, and programme of assessment that is common across the UK but also allows for flexibility and innovation in training programme design and delivery.
30. We welcome the focus on developing Pharmacist Independent Prescribers (PIPs) by HEIW and appreciate the importance of post-registration foundation training to build the skills of prescribers for future models of care. We are pleased to see that the percentage of pharmacists in Wales qualified to prescribe has now risen to almost 30%³, with more pharmacists currently undergoing training. The ambition for PIPs is clear in PDHW; *PIPs in community pharmacy will unlock additional capacity in the system, delivering services in a more person- centred way that will ensure better outcomes from medicines. We will ensure that by 2030 there is at least one qualified PIP in every community pharmacy so that enhanced services can be consistently commissioned and universally delivered throughout Wales.*
31. PIPs are already utilising their IP qualification on a more regular basis within hospitals and GP practice, and the profession believe, with commitment, all patient facing pharmacists in the managed sector will be actively prescribing by 2023.
32. HEIW and higher education institutes have a crucial role to play in enabling the ambitions outlined for patients to benefit from greater access to medicines and care from PIPs. Realising the benefits of PIPs will also require investment in and support for Designated Prescribing Practitioners (DPPs) to mentor and support prescribers in achieving learning outcomes within the GPhC *Standards for the education and training of pharmacist independent prescribers.*
33. The ambition of the profession as stated in the vision, is that by 2022; ‘all newly qualified pharmacists will undertake a foundation programme and be supported by competent tutors and mentors to further hone their skills in practice. It is crucial that the NHS in Wales realises the maximum benefit from the Government’s investment in the pre-foundation transformation programme. Investing in early career pharmacists by providing further support, mentoring and guidance, is crucial to help them hone their skills and thrive in a multi-professional environment. We have already seen the benefit of this approach for pharmacists in the managed sector over many years, enabling further development of in-depth clinical generalist and specialist skills through a 2 year diploma course. Our medical colleagues have also demonstrated the benefit of foundation training in enabling early career doctors to continue working in a supportive, structured approach.
34. We welcome the recent investment in establishing a new national training programme which utilises the RPS curriculum and will lead to learners being credentialed in recognition of achieving the learning outcomes. We believe it is critically important that the Welsh Government and HEIW

³ NHS Wales Benchmarking Network. 2018. Pharmacy and Medicines Optimisation Project 2018

ensure consistent and appropriate funding structures for post-registration foundation training to meet the aspirations of Strategic Theme Three in the workforce strategy.

35. **Advanced practice:** Over the last 5 to 10 years, we have seen significant changes in pharmacy practice. The in-depth medicines knowledge and clinical expertise of pharmacists have been utilised in non-traditional settings, including in general practice and unscheduled care settings such as NHS111. It is becoming widely accepted that a multidisciplinary team (MDT) approach is the model for improving patient outcomes and ensuring a sustainable and transformed NHS.
36. In A Healthier Wales, the Welsh Government acknowledge that *'the best new models being developed in Wales share a common characteristic: a broad multidisciplinary team approach where well-trained people work effectively together and all the up-to date and relevant information about the individual's circumstances and preferences is shared, in order to make the best possible use of everyone's skills and experience'*⁴. It is also recognised that pharmacists are an essential part of the MDT. We are pleased to note that the First Minister recognised in plenary on 5th October that further work is needed, particularly in primary care, to expand teams.
37. To be effective and maximise their knowledge within the MDT, pharmacists need to be enabled to gain advanced practice skills and fully utilise independent prescribing qualifications. The development of these skills will be the fundamentals for delivering clinical leadership through the development of more consultant roles.
38. We see pharmacists working in 2 distinct but often overlapping roles in advanced practice. Firstly, as advanced clinical practitioners (ACPs) where they have core skills in physical assessment and clinical decision making that enable them to be the first point of contact in general practice and urgent care. These roles are generic roles which do not have a requirement for additional medicines expertise that we would expect of a pharmacist working at an advanced practice level. The RPS will shortly be consulting on our advanced core curriculum and credentials that will recognise the core skills needed by pharmacists working at an advanced level, including the professional specific expertise.
39. Northern Ireland, Scotland and England have already made a significant investment in developing GP practice pharmacists with the skills to be effective members of the GP practice professional team. Wales has not yet invested significantly in these pharmacists. We would like to understand what steps HEIW will take to consider how Wales can provide the support and investment to grow this workforce to maximise pharmacists' clinical skills within this primary care team. The development of multi-professional training for advanced practice will also be imperative for the full integration of pharmacists into primary care roles.
40. We are pleased that HEIW has engaged with stakeholders in shaping plans for a National Strategy for Consultant Pharmacists. We welcome plans to support a cohort of advanced pharmacists to develop the skills and attributes needed to become consultant pharmacists and will actively support this to share our experiences of approving posts and credentialing pharmacists across GB.

Leadership and Succession

41. Leadership must be a key component of training and education throughout the pharmacy career path. Further leadership opportunities for pharmacists at all levels are needed and we believe HEIW has the potential to offer further MDT opportunities for practitioners.

⁴ <https://gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

42. We have been impressed with the steps taken by HEIW to improve care through the development of compassionate and distributed leadership. The establishment of Gwella⁵ is welcomed by RPS as a cohesive leadership strategy for Health and Social Care covering Actions 25, 26 and 27 in the workforce strategy. The development of compassionate leadership principles, accompanied by a framework for action to embed compassionate leadership in practice and lead the management of succession planning is commendable.
43. Ensuring that the pharmacy team can access the leadership opportunities will of course be vital. Promotion of the leadership training opportunities provided by HEIW to grass root pharmacy professionals will continue to be important. Critically the pharmacy team must be afforded the time to train and learn at all stages of their careers. This will be paramount to develop the collective leadership behaviours needed for the delivery of high quality, compassionate care in Wales.
44. We must highlight concerns about succession planning that have been raised by some of our members. Those concerns relate to losing experienced pharmacy professionals from workforce groups when staff transition from one role to another and particularly when the transition is from patient facing roles to non- clinical/patient facing roles.
45. We appreciate that HEIW will be considering such scenarios as part of the Gwella talent and succession work. We would be keen to understand more about the long-term plans HEIW have to ensure the experience of pharmacists is not lost to the service when new roles are developed including approaches to succession planning.

Education and Learning

46. We support Strategic Theme 5 of the workforce strategy in ensuring that by 2030 health and social care professionals will be equipped with the skills and capabilities needed to meet the future needs of people in Wales.
47. We are pleased to see that HEIW have taken steps to prepare for changes introduced by the GPhC to undergraduate and early postgraduate education and training. We understand that a strategic outline case for the transformation to the Initial Education and Training Standards for Pharmacists (IETP) has been approved and we look forward to seeing the implementation of new plans.
48. We welcome the revision of the 2021 foundation programme for trainee pharmacists to incorporate the interim GPhC learning outcomes. As a result, we are very pleased the number of multi-sector training posts has increased and that plans are now in place to ensure the 2022 foundation trainee pharmacist programme will be 100% multi-sector posts to enable the phased implementation of the IETP programme.
49. Support for newly registered pharmacists is also being progressed by HEIW with the development of a new post-registration foundation programme for September 2022. We are pleased this new programme will be underpinned by the post-registration foundation curriculum developed by the RPS.
50. Training across the entire pharmacy team is critical to delivering the ambitions of PDAW and the HEIW/SCW workforce strategy. Sustaining the pipeline from students through to advanced

⁵ <https://nhs-wales-leadership-portal.heiw.wales/>

practice is key to the future resourcing of the pharmacy team and it is important that any risks to this pipeline are addressed.

51. We recognise the importance of multi-professional training and appreciate its importance is recognised by the workforce strategy. We are keen to understand how HEIW plans to move forward multi-professional training over the next 12 months.
52. Overall RPS Wales is very supportive of the HEIW/SCW workforce plan and its aspirations to deliver greater patient focused care from the workforce by 2030. We are committed to working with HEIW, Welsh Government and other key organisations to make the vision outlined in the strategy and reflected in PDHW a reality and to ensure patients continue to benefit from pharmacists' skills and knowledge.
53. The COVID-19 experience has brought into sharp focus the need for greater integration of the pharmacy profession into multi-professional models of care and the need for greater agility in transitioning into new roles and across all sectors to maximise patient care. Education and training plans are the critical building block to move the profession forward and developing robust mechanisms, partnerships, relationships and effective means of communication between HEIW and all key stakeholders will be imperative to the successful implementation of the workforce strategy.
54. We trust this response is helpful and would welcome the opportunity of expanding on any issues that are raised here.

For further information please contact:

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