

**ROYAL
PHARMACEUTICAL
SOCIETY**

Workforce Wellbeing Roundtable Summary



**PHARMACIST
SUPPORT**

FEBRUARY 2024

Patient safety will always be at risk in environments that are understaffed and where staff are exhausted and under unsustainable pressure

Broken trust: making patient safety more than just a promise, Parliamentary and Health Service Ombudsman. June 2023.¹

Agreed Actions

The following actions were discussed and agreed by the roundtable participants:

Action 1

GPhC to consider how it would support future WWB surveys for all registrants, in collaboration with RPS and PS, and with the inclusion of pharmacy technicians.

Action 2

GPhC, RPS and APTUK to work together to identify those regulatory standards that have an impact on WWB and to identify these for the professions.

Action 3

CQC to identify the quality standards that relate to workforce wellbeing and share with the wider group.

Action 4

All organisations to proactively advocate for protected learning time for the profession and share examples of where it has been successfully implemented with RPS.

Action 5

GHP and PDA to use their unique position and legal rights to help ensure that learning time is adequately provided for within the pharmacy workforce.

Action 6

CCA and NPA to explore opportunities with PS to promote PS Embracing a Wellbeing Culture Course to pharmacy managers and leaders.

Action 7

All organisations to come together in 6 months' time to discuss progress and further actions to be taken.

Introduction

On 29 February 2024, the Royal Pharmaceutical Society (RPS) and Pharmacist Support (PS) held a joint event attended by key pharmacy stakeholders (See Box 1). This was a follow up event from the previous roundtable held in May 2023. At the May 2023 roundtable, pharmacy organisations committed to working together to improve workforce wellbeing across the profession and published a joint statement² to this effect.

This summary sets out the main areas of discussion from the roundtable and describes actions that organisations committed to in order to make some headway in improving the mental health and wellbeing of pharmacists and pharmacy technicians and pharmacy teams.

During the event, participants also heard from pharmacists who had managed to make changes to improve either their own wellbeing, with the support of their organisation, or the wellbeing of the teams they worked within. This change was measured in a variety of ways and more detail is provided further on in this document.

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
Pharmacists' Defence Association
Pharmacy Schools' Council
Pharmacist Support
Royal Pharmaceutical Society
UK Clinical Pharmacy Association

Many of the organisations at the roundtable work across Great Britain or the United Kingdom and were able to provide that perspective. While Scotland and Wales were not specifically represented at the event, we heard cases studies from across the nations and believe the issues recorded and solutions offered have applicability across England, Scotland and Wales.

Wellbeing in Pharmacy

Pharmacist Support chaired the roundtable and welcomed participants. Following the publication of the joint statement, the organisations continue to commit to improving wellbeing for pharmacists and pharmacy teams but there is mounting evidence that burnout is still worryingly high and that pharmacists are reporting increased pressure at work³.

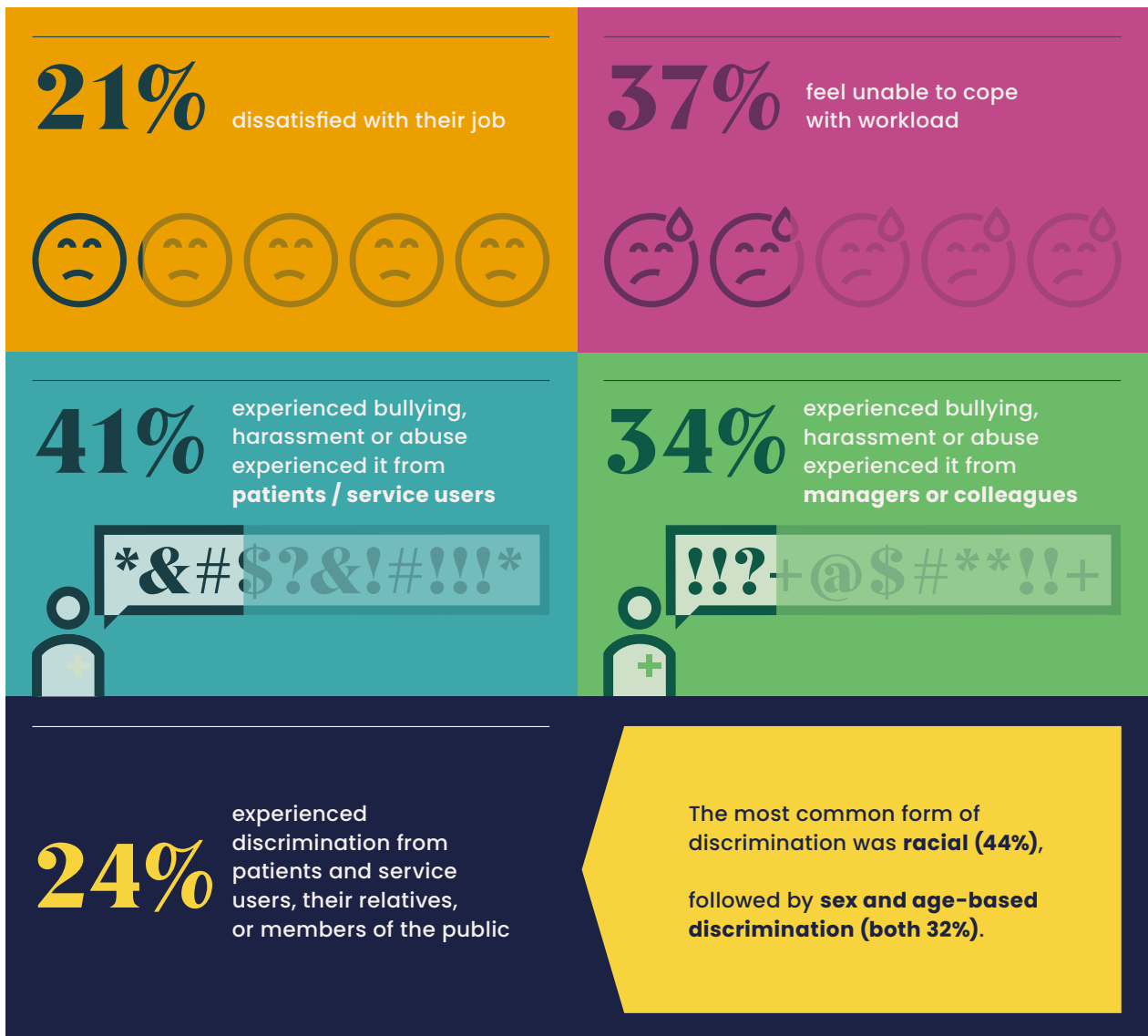
This roundtable continued the discussions kickstarted in May 2023 and set out to identify key actions that organisations, either individually or collectively could work on to make improvements in workforce wellbeing.

The RPS/PS workforce wellbeing survey results from 2023 showed that most pharmacists are still working in challenging conditions and burnout and stress is high, although there are some glimmers of hope. The 2023 results showed a small increase in the proportion of respondents who reported their mental health as good/very good in the past year, which continues a positive trend consistently seen throughout the years. Since 2020, this number has grown from 17% of respondents, to 32%.

However, there are many areas of concern from the survey, particularly around abuse experienced by pharmacists and their teams. A particular case was highlighted, where a pharmacist and their team in Peterborough had experienced excessive abuse from a patient who also vandalised the pharmacy.⁴ This demonstrates the daily issues that some pharmacists and their teams face. Despite the abuse the pharmacist and their team continued to work after this incident to provide care to the local community.

Pharmacy is not alone, and many other healthcare professionals have undertaken workforce surveys which demonstrate high levels of burnout and stress. The General Optical Council shared the experience of their members at this roundtable following their recent registrant survey.⁵

**KEY STATISTICS FROM THE GOC REGISTRANT SURVEY:
(UK WIDE SURVEY WITH 3,932 RESPONDENTS (13% RESPONSE RATE))**



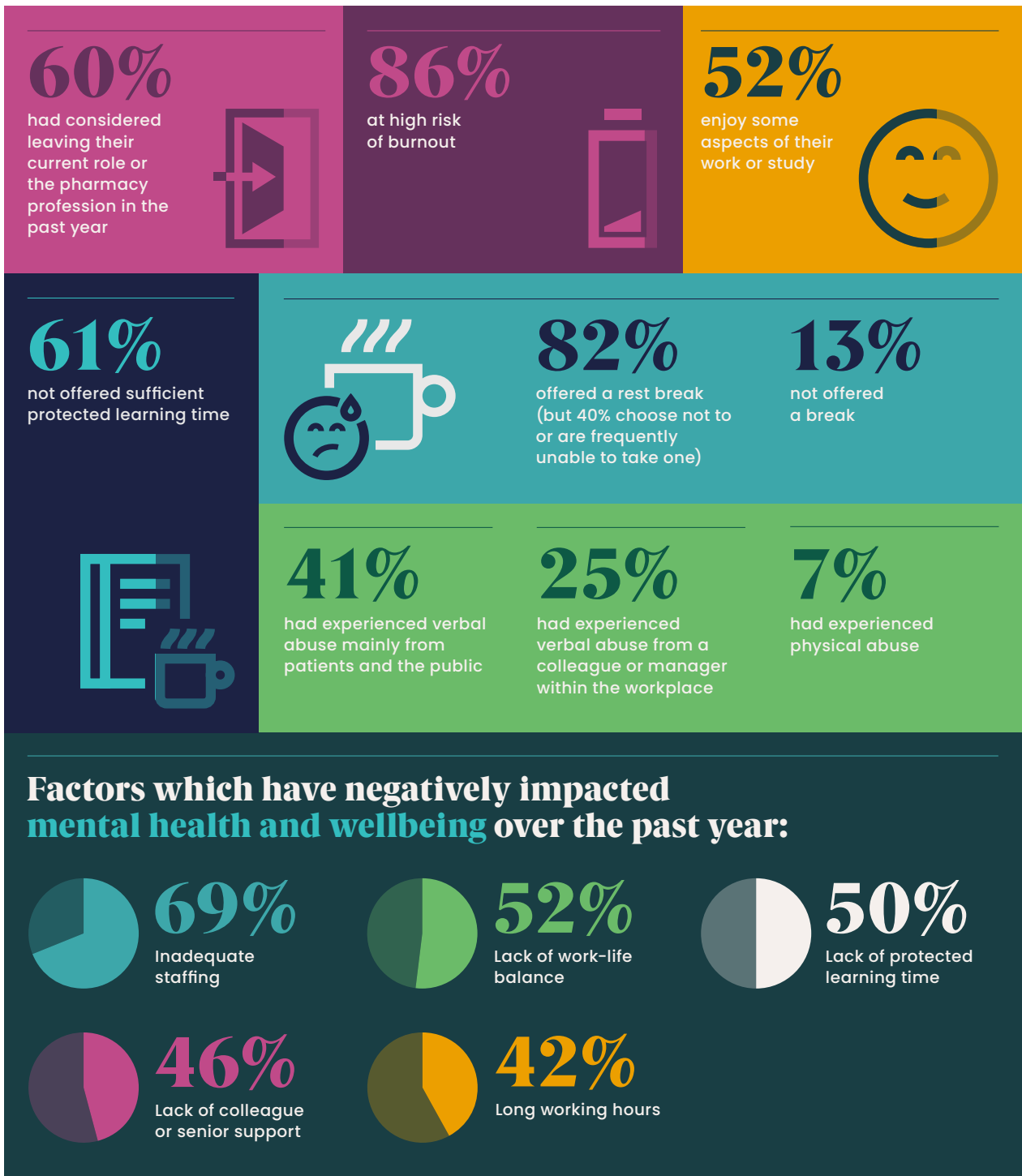
Organisations from the optical sector have come together to produce a joint statement committing to a zero-tolerance approach to bullying, harassment, abuse, and discrimination across all working environments.

“As a sector we are committed to a zero-tolerance approach to bullying, harassment, abuse, and discrimination across all working environments. We all commit to promoting and embedding a positive working environment that is based on respect, civility, compassion, and inclusion. We will be working together to support all team members with the support and tools they need to help achieve this.” [GOC joint statement]⁶

It was recognised that all healthcare organisations need to consider what they can do to improve the workforce wellbeing of their staff. At the May 2023 roundtable system level changes were discussed, and while these systemic changes need to happen, individual organisations also need to make changes for improvements to happen.

WWB 2023 survey results

The 2023 RPS / PS joint survey results⁷, which were shared with the participants, demonstrated that workplace pressures are not improving. In 2023 1,188 pharmacists responded to the GB wide survey which represents 1.8% of the GPhC pharmacist register. In terms of burnout, 86% of respondents were at a high level of burnout, which although slightly down from previous years (88% in 2022 and 89% in 2021) is still concerningly high.



Around a third of respondents stated that their mental health was “poor” or “very poor”, and this figure has slightly reduced over the years the survey has been undertaken. However, enjoyment of the role has shifted the other way with only 29% of respondents enjoying or really enjoying their role, compared to 54% in 2020. This is notable as enjoying what you do has been shown to have a positive impact on overall wellbeing.

The culture within pharmacy to support wellbeing is a considerable factor in wellbeing with many respondents unable to take uninterrupted rest breaks or have time to undertake protected learning.

Worryingly, around 48% of respondents had experienced verbal or physical abuse, and of this 25% of the verbal abuse had been from a manager or colleague.

The overall impact on the pharmacy profession is concerning with 74% of respondents leaving, or thinking about leaving, their role or the profession due to the impact work/study was having on their mental health and wellbeing.

Pharmacist Support described to the group how they have seen an increased use of their counsellor services on addiction, of around 40% over the year. There has also been a 117% increase in financial support requests.

Pharmacist Support shared a short video about their new ‘Embracing a Wellbeing Culture Course’ developed in response to previous workplace wellbeing findings. The video included an overview of the course and a snippet from the course which highlighted changes one pharmacist had made within their pharmacy in Wales to improve the wellbeing of their team and patients.

Making a difference

Delegates heard three examples of positive practice changes where pharmacists had improved workforce wellbeing in their team by making changes to support the workforce.

EXAMPLE 1:

Dan Hallett worked with his independent community pharmacy employer to access flexible working hours so he could spend more time with his children when they were younger. And later, he also managed his hours with the pharmacy so he could take on a portfolio role, balancing his family and work life.

Read more here <https://www.rpharms.com/blog/details/my-name-is-dan-im-a-pharmacist-and-im-a-dad>

EXAMPLE 2:

Asra Ahmed, in her former role as a Senior Pharmacist, shared how the senior team worked with the primary care teams to enable all pharmacy team members to have protected learning time. This has now become part of business as usual within the primary care networks.

Read more here <https://www.rpharms.com/blog/details/transforming-workforce-wellbeing-through-protected-learning-time>

EXAMPLE 3:

The Pharmacy leadership team at Royal United Hospitals Bath, has made significant cultural change within the pharmacy department leading to a 50% reduction in staff turnover as well as reducing staff sickness to 1.5%.

Read more here <https://www.rpharms.com/blog/details/a-quality-improvement-led-approach-to-wellbeing>

Key areas of discussion

The roundtable participants then entered into a discussion, the main elements of which have been grouped into themes. Illustrative quotes from the meeting have been included for context.

KNOWING YOUR POPULATION

At a national level, the GPhC register shows that 62% of the current registered pharmacy workforce are women⁸. Women's health, and the current lack of support from employers in this area, such as supporting women through menopause, is potentially having an impact on the number of pharmacists and pharmacy technicians considering leaving the profession. Departure of experienced professionals has a knock-on impact across the profession, affecting mentoring and professional "know how". It was discussed that 2023 WWB survey results show that women are at greater risk of burnout than their male counterparts, with 88% of women demonstrating high levels of burnout compared to 80% of men. In addition, female respondents were less likely to rate their mental health and wellbeing as good/very good when compared to male respondents (30% vs. 39%). It was highlighted⁹ that women often take on caring responsibilities and may¹⁰ be experiencing 'imposter syndrome' which could exacerbate stress and feelings of burnout. The group considered that solutions need to focus on highlighting and addressing these differences.

There is also an element of knowing your team within a pharmacy or pharmacy department and trying to understand any issues they have. For example, being overworked is an issue that is raised and demonstrated within many workforce survey results but having the desire to find out

what is causing it takes effort from managers and teams. It was suggested that investing in changes could be considered too much work to remove inefficiencies in work processes or address the lack of staff. The causes need to be identified so that they can be remedied.

The qualitative data collected by the WWB survey can be used to help expose the issues leading to poor mental health and wellbeing which can then support cultural change within pharmacy. Being able to provide the data anonymously means respondents are more open with their thoughts and feedback, allowing organisational leaders to better understand the challenges pharmacy professionals are facing in their workplaces.

It was noted that the current RPS/PS survey did not have a wide reach. As a result, it was not demographically equivalent to the profession in terms of the diversity of respondents. A survey is only successful if changes start to happen, and individuals feel like their views are being heard and acted upon. It was discussed that in other professions, such as optometry the regulator supports the gathering of this data. It was suggested that similar approaches could be explored in pharmacy (Action 1). Surveys undertaken by other pharmacy organisations could provide an opportunity to delve deeper into some of the issues identified.

"We all should have a sense of obligation to think about what we could do about workforce wellbeing."

SUPPORTIVE STANDARDS

Both the General Pharmaceutical Council (GPhC) and the Care Quality Commission (CQC) have standards that could be used to empower pharmacists' wellbeing in a positive way. The expectations of regulators, in terms of ensuring good mental health and wellbeing, need to be made more explicit so pharmacy professionals can use them to support them in their working lives. The upcoming regulatory standards for Superintendents and Responsible Pharmacists also need to include elements that reflect consideration of overall workforce wellbeing. Consideration also needs to be given to the implementation of the

standards across the whole of the business so everybody in the workplace can benefit. It was discussed that there are already elements of the existing standards that could be used to positive effect to help support practice change. The GPhC, working closely with the RPS, can help to highlight and describe these for registrants and pharmacy owners (Action 2). For those operating in the managed care sector it would be helpful for the CQC to also identify those quality standards that can contribute to wellbeing (Action 3) and make them accessible to the profession.

“Good workforce wellbeing will improve retention and recruitment.”

RAISING AWARENESS OF SUPPORT AVAILABLE

There is a lot of support available for individuals, but only if they know how to access it. The survey showed that 21% of respondents were still not aware of support available to them, and even of those who were aware 18% didn't access the support due to specific barriers such as confidentiality and timings of when support was available.

Many organisations support the training of mental health first aiders or mental health champions, and wider adoption of this training would be beneficial. Some organisations also develop employees to become speak up guardians. Support is offered by many different organisations including Pharmacist Support, NHS in England, Scotland and Wales, individual employers, and unions. It was discussed that there needs to be a place where pharmacists can go to understand the options available to them and that signposts them in the right direction. Many organisations such as PS, PDA, RPS, NHSE already link to wellbeing resources on their websites and these organisations need to continue to raise awareness of the resources available with their members.

The value of Pharmacist Support as an organisation to provide advice for professions was discussed and it was agreed that all organisations should consider how they can best financially support the ongoing operations of PS.

“Our members have told us they suffer from moral injury; they want to provide better care but, due to pressures they are being forced to provide inadequate care.”

PROTECTED LEARNING TIME (PLT)

Pharmacists are continually learning and developing their skills and knowledge in all stages of practice. Dedicated learning time is becoming increasingly important for pharmacy as pharmacists take on more clinical roles as well as several pharmacists qualifying as independent prescribers. The profession needs time to learn, develop and be supervised. The group heard how many pharmacists feel obliged to meet their training and learning obligations in their own time, often at the end of a busy working day. This contributes to burnout.

The group discussed that access to PLT needs to become embedded in working practice throughout the healthcare professions. Advocacy, through organisations like the RPS, can help bring pharmacists on a par with other professional groups. Demonstrating examples of successful implementation will help support the case for wider implementation of PLT within the pharmacy professions and it was agreed that examples of good practice should be shared with RPS who can help promote and advocate for PLT at a national level. (Action 4).

There is a particular challenge in community pharmacy settings for pharmacists to access PLT. The survey showed 93% of respondents working in community pharmacy were offered insufficient or no PLT. If PLT is offered it is often used for mandated training for the delivery of services rather than personal development, clinical supervision or research purposes. Trade unions described the unique role that they have in making this happen and have been successful with some employers as they can advocate / negotiate working conditions and ensure access to PLT as part of their collective bargaining. They can also promote awareness amongst members of their ability to ensure they are offered PLT. (Action 5).

Investment in all sectors of pharmacy will be needed, and supporting pharmacists to be able to work across different areas of practice could support greater access to the supervision required to support learning. One example that was suggested was to consider the system level approach using hospital or GP pharmacists to provide temporary backfill when community pharmacists are undertaking PLT. Such models warrant consideration as a system wide approach

could help these to become successful. Another suggestion was that the 'enhanced' survey data could be used to ask for specific funding within the community pharmacy contracts to cover PLT.

"Having adequate protected learning time links to vacancies, patient access to quality service and health inequalities."

CHANGING CULTURE

The onus of responsibility for wellbeing doesn't sit solely with the employer. Individuals also need to take some self-responsibility for supporting their own wellbeing. This may include identifying when they are unwell, and when they should seek support. Individuals need to feel empowered to do so, and this requires a change in some organisations to enable that individual to raise the issue and seek support.

There needs to be an openness within teams and a level of trust so individuals can voice concerns. For this to happen, the leadership needs to be right and there needs to be a supportive culture. This then results in a responsive and adaptive team. This is particularly important for undergraduate students when they go out on placements. They require positive role models in place so the perpetuation of poorer working models, such as abuse in the workplace, is not continued.

Not all pharmacists in leadership positions have the required strengths, in terms of skills or seniority within the organisation, to make cultural changes within their organisations. However, they should have the ability to recognise this within themselves and then work with other team members, who may have those skills, to effect change. Creating an environment where everyone is listened to and can be authentic is important for making change happen.

It was discussed that some pharmacy owners and managers may benefit from access to training and support to understand how they can support individuals in terms of wellbeing within

the workplace. Pharmacist Support offers a course to support pharmacy leaders and managers to cultivate a healthy environment for their teams and empower professionals in the pharmacy sector with the knowledge and tools to foster a positive and supportive workplace culture. (Action 6)

It also needs to be understood that people work in different ways and therefore, we need to ensure we put the right measures in place. It would be useful to bring together examples and suggestions of how pharmacy teams can make changes to support better workforce wellbeing. RPS has developed a support tool that supports employers and employees to establish good wellbeing practice within the workplace¹¹.

Being able to demonstrate the links between the evidence for health and wellbeing and the impact on patient outcomes will be important in getting investment to support workforce wellbeing. Currently there appears to be little direct evidence available in terms of pharmacy.

"We have established a 'no-meeting hour' in our organisation. It has worked well and has become part of the culture."

Conclusions and Actions

While individual actions for organisations were identified during the roundtable event, it was understood that the ability to make lasting and meaningful impact will be through each of the participants using their respective areas of influence to create lasting change. It was agreed that there is no quick fix or magic bullet to solve this complex issue, but ongoing focus by organisations at the roundtable can help move the needle and it was agreed that participants should reconvene in six months' time to assess actions and performance (Action 7).

The following actions were discussed and agreed by the roundtable participants.

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GPhC to consider how it would support future WWB surveys for all registrants, in collaboration with RPS and PS, and with the inclusion of pharmacy technicians.

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References

¹ <https://www.ombudsman.org.uk/sites/default/files/broken-trust-making-patient-safety-more-than-just-a-promise.pdf>

² <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Workforce%20Wellbeing/WWB%20Statement%20V3.pdf>

³ <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>

⁴ <https://www.cambs.police.uk/news/cambridgeshire/news/2024/february/man-smashed-up-pharmacy-after-demanding-free-medication/>

⁵ <https://optical.org/en/publications/goc-registrant-survey-2023/>

⁶ <https://optical.org/en/news/news-and-press-releases/regulator-and-sector-organisations-move-to-tackle-significant-levels-of-bullying-harassment-and-discrimination-in-optical-professions/>

⁷ <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>

⁸ <https://www.pharmacyregulation.org/about-us/research/gphc-registers-data>

⁹ <https://www.tuc.org.uk/news/women-7-times-more-likely-men-be-out-work-due-caring-commitments>

¹⁰ <https://www.mentalhealthjournal.org/articles/commentary-prevalence-predictors-and-treatment-of-imposter-syndrome-a-systematic-review.html>

¹¹ <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Workforce%20Wellbeing/Workforce%20Wellbeing%20PDF%20-%20211007.pdf?ver=E6HeWiGNXOUnRWKioEBGSA%3d%3d>

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