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Dear Colleague

Facing the Facts, Shaping the Future. A draft health and care workforce strategy for England to 2027

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain. The RPS leads and supports the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.

The RPS has answered the questions asked by Health Education England in its consultation discussion paper as follows:

1. Do you support the six principles proposed to support better workforce planning; and In particular, aligning financial, policy, best practice and service planning in the future?
Areas to explore may include:
• What more can be done to help staff work across organisations and sectors more easily?
• What data do we need to ensure we can plan effectively, and how do we align across workforce, finance and service planning?
• For what sort of measures/plans/proposals should the Workforce Impact Assessment be used?

The RPS supports the six principles. However, further measures need to be put in place. For instance the process for developing a long term workforce plan that delivers a sustainable supply of staff is not clear and nor are the associated responsibilities and accountabilities (from a local level to regional oversight of workforce transformation within the Integrated Care Systems and at a national level to address geographical variation). While many of the ambitions stated in the draft document are laudable they do not currently equate to a strategy and in many cases the approach seems focused on the short-term and relates to transforming relatively small numbers of the workforce. Creating a set of workforce development goals similar to those created by the World Health Organisation[1] (and for pharmacy those created by the International Pharmaceutical Federation[2]) would set a direction and give a purpose towards a vision of a high quality workforce. Evidence is emerging that investment in the healthcare workforce has a positive impact on a nation's economy.

[1] Available at: http://www.who.int/hrh/resources/globstrathrh-2030/en/
[2] Available at: https://fip.org/files/fip/PharmacyEducation/2016_report/2016-11-Education-workforce-development-goals.pdf

Furthermore, the document contains some limited short-term modelling of supply for some professions but this is notably absent for pharmacy. The RPS requests that the work undertaken by the Centre for Workforce Intelligence in 2013 (which forecast an oversupply of pharmacists of 11,000 – 19,000) be revisited as the context has changed and also pharmacists are working in new and enhanced roles therefore the balance between supply and demand for pharmacists may have changed. In addition, increased use of technology to support the delivery of services (such as predictive analytics) will impact on workforce demand. Workforce planning needs to be conducted in a multi-disciplinary approach and consider wider than the NHS including non-NHS organisations providing NHS services and the contribution of other sectors. Work should be undertaken to produce a revised model for the supply and demand for the pharmacy workforce. Indeed, improved workforce intelligence is necessary if future patient needs are to be met and there is a role here for professional leadership bodies such as RPS to provide expertise and input e.g. via censuses of the workforce.

There are substantial gaps in the data needed to support effective decision making – particularly in the number and skills of the community pharmacy workforce (though some work is underway to address this). Community pharmacists remains an underutilised part of the healthcare workforce who are extremely accessible for patients and can play a strong role in primary care. Indeed, many of the skills of the pharmacy workforce are underutilised including newly registered pharmacists.

Aligning financial, policy, best practice and service planning in the future should be achieved with each of these elements weighted appropriately – workforce plans should not be driven by financial imperatives but by the cost-effective deployment of staff to deliver high quality patient care. Safe staffing levels need to be defined and extra funding provided if necessary when additional costs are identified. Workforce planning also needs to consider new models of care (as defined in the Five Year Forward View) rather than the existing delivery through providers working within the artificial boundaries of primary and secondary care. Staff can be enabled to work across these boundaries by creating training placements and clinical posts that follow care pathways; these should fit into a careers framework that covers health economies rather than primary and secondary care sectors.

The RPS has received anecdotal evidence of considerable geographical variation across England with some areas unable to recruit to vacancies and others overwhelmed by applications. For goals such as 7-day services to be achieved availability and funding of staff needs proper assessment.

There is insufficient information about the workforce impact assessment within the draft strategy for the RPS to comment on when it should be used – this requires further work.

2. What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?

Areas to explore may include:

• Are there fresh ideas for attracting more people to work in the NHS, either as new recruits or returners?

• What scope is there to extend workforce flexibility using ideas such as credentialing, transferable qualifications, scope of practice and others?

The NHS can only function with health workers. It is not enough to consider the availability of the workforce but to also consider the WHO criteria of acceptability, accessibility and quality. The recent increases in turn-over and reports of increasing numbers of staff leaving the health and social care system -particularly the nursing profession are cause for concern as this creates risks for patients and potential knock-on effects which could destabilise the multi-professional team.

Planning should take into account workforce needs as a whole and ensure that core skills are developed for all healthcare workers as well as the unique skills each profession brings to the multi-disciplinary team. The

RPS has concerns that there are risks associated with further 'homogenisation' of the healthcare workforce particularly if roles and responsibilities of each professional group become unclear. Each group should of course possess a core set of skills and also a set of skills unique to a profession (but with enough flexibility and adaptability to work across patient pathways) with public and patients clear about what to expect.

It is essential that that the future workforce is secured by educating and training for careers rather than roles or jobs which have been created to cover imbalances in other professions. While new and enhanced roles within professions provide job enrichment, potentially reduce demand on high pressure areas and improve accessibility for patients, moving professionals into new innovative roles is not without risk so quality and safety needs to be ensured (RPS has a role here and can provide support via its professional development programmes). Furthermore, the ultimate goal should be to produce graduates who are responsive to the health needs of the populations they serve and who can assimilate advances in science, practice, medicines and ensure optimum use of new treatments as they become available. The development of other new roles such as physician associates should not mean a loss of focus on effective workforce planning for the existing registered professional groups.

A combination of factors will attract people into the NHS - pay, professional/personal development opportunities, flexible working arrangements, strong multidisciplinary teams and providing supportive environments where staff are not overwhelmed by workplace pressure. In some geographical areas additional support needs to be provided with affordable housing, transport, amenities and social aspects in order to recruit and retain staff.

The RPS supports the concept of a credentialing process that acts as a workforce incentive to develop a broad scope of advanced competencies necessary for delivery of high quality patient care with the goal to improve patient safety. The RPS has developed processes for assessing and credentialing professionals, since the launch of the RPS Faculty in 2013, that are practical, robust and replicable. The RPS Faculty's professional development programme provides a *series of credentialing milestones throughout a practitioner's career beyond Foundation Training - clear direction is given on how practitioners can continuously demonstrate maintenance at a stage of practice, or continue to advance to the next milestone. We will continue to work with Health Education England and NHS England to ensure that our processes meet the aims of improving patient safety.*

Support for Foundation level pharmacists is variable and can be unstructured and ad hoc in nature. The RPS Foundation Programme is for pharmacists who are in their early career (usually their first 1000 days of practice), pharmacists returning to work after a career break, changing their scope of practice or practice environment and those who are working steadily in their practice setting.
It enables pharmacists to gain knowledge, skills and behaviours essential across all sectors and settings, so that they are better equipped to adapt and deliver safe and effective pharmaceutical care and medicines optimisation. Foundation training should be encouraged across all sectors of pharmacy as this will improve the adaptability of the workforce.

As stated previously, the RPS supports the use of core competencies that all healthcare professionals must achieve within their scope of practice. However with the increasing complexity of medicines and challenges associated with caring for patients with multiple long-term conditions (and therefore requiring multiple medicines) it is important that pharmacists can access and be supported to work through Foundation and Faculty Programmes.

The RPS supports pharmacists undertaking a pathway to being an Advanced Clinical Practitioner though we have the following concerns about this as a general approach:

(1) Regulation of ACPs whose scope of practice moves outside that understood by the regulator (in pharmacy's case, the General Pharmaceutical Council) – this makes professionalism, revalidation and fitness to practice issues difficult to manage and potentially falling between regulators;
(2) The current ACP Framework is not 'road-mapped' (constructed in levels) and as such is broad and open to interpretation which can lead to inconsistencies and risks for patients;
(3) The ACP pathway should not be viewed as the only route to advanced practice;
(4) The generic nature of the framework does not cover the complexity and developments associated with medicines which remain the most frequent clinical intervention for patients;
(5) Pharmacists undertake a Masters Degree (4 year MPharm programme), a 1 year pre-registration training placement and in many cases foundation training (minimum 18 months) so are at a different starting point to nurses and AHPs who have completed BScs.

3. How can we ensure the system more effectively trains, educates and invests in the new and current workforce?
Areas to explore may include:
• Are there any specific areas of curricula change or new techniques such as gamification or new cross cutting subjects like leadership, public health or quality improvement science that should be taught to all clinicians?
• How does the system ensure it spends what is needed on individual CPD and gets the most effective outcomes from it?

Effective strategies are required to enhance the development, performance management and capability assessment of pharmacists as they progress through their careers; including consideration of a formal mentoring structure to support the utilisation of the competency frameworks (Foundation and Advanced Pharmacy Frameworks) for the development of post-registration pharmacists. Core competencies that build on prior undergraduate education would be the basis for the development of flexible learning and development programmes for early careers pharmacists (Foundation Programmes) and will support pharmaceutical care and comprehensive medicines optimisation services at this critical career stage. The disparate and unstructured nature of pharmacy post-registration education and development raises a number of issues which need to be addressed:

- *Enhancing clinical care and growing the services delivered by the pharmacy team require staff to possess the necessary core competencies and opportunities to apply these skills for patient benefit;*
- *The lack of a structured career pathway to move from novice to expert, and beyond to consultant;*
- *The implications for roles, responsibilities, skill mix and workforce planning across the pharmacy team from pharmacists and pharmacy technicians working together as two complementary professions;*
- *The separation of pharmacy careers at an early stage from specific practice sectors e.g. hospital and community and from other healthcare professions;*
- *The supply side shortages in key sectors and geographical regions;*
- *Research, development and quality improvement needs to be at the core of pharmacy practice across all sectors to add to knowledge, and engender a culture of lifelong teaching and learning among pharmacy professionals – this needs to be built into workforce planning i.e. clinical demand is not the only consideration; time for research, development and quality improvement needs to be factored in.*

At present, the RPS does not believe that the current system addresses the above issues and there is inadequate infrastructure to support a true transformation of the workforce. The RPS would therefore recommend the implementation of a (UK-wide) pharmacy Foundation Programme:

- *Working with the RPS and NHS education and training structures, universities and the General Pharmaceutical Council, there will be an agreed arrangement for educational governance and*

accreditation that will define organisational responsibilities for quality control and quality assurance;

- *The RPS, in collaboration with NHS Education commissioners, the Pharmacy Schools Council (PhSC) and employers will develop "Principles for Foundation Training" that clearly set out the imperative, evidence and expectations for Foundation training mapped against health system and workforce needs;*
- *Every newly registered pharmacist should be required to undertake a Foundation Programme (FP); FP will be core to developing a workforce responsive to patient needs and changes in the delivery of healthcare;*
- *FP design will be developed in collaboration between RPS, NHS postgraduate education structures, employers, and the Pharmacy Schools Council, and based on best available evidence and expertise across the health professional workforce;*
- *A uniform FP design (syllabus, flexible mode of training provision, supervision and support), based on the RPS professional curriculum framework and assessment standards, should be rolled out across the 4 nations of the UK;*
- *Each FP will include experiences across several areas of practice for all foundation pharmacists, and, working with the Royal Medical Colleges, the Royal College of Nursing and other relevant professional organisations, opportunities for multi-professional shared learning and clinical experience;*
- *Every FP will incorporate a defined programme of Foundation Pharmacist Trainee support that will include trained trainers, education, clinical and/or practice supervisors;*
- *Programmes will inform, and be informed by developments in undergraduate education, the developing NHS pharmacy postgraduate education and training structures (comparable to the deaneries established for postgraduate medicine and dentistry) in the four nations, and directly result from collaboration between relevant professional organisations, provider organisations and employers;*
- *Record of progress of Foundation Pharmacist Trainees through FP will include a standardised and portable e-portfolio based on best-practice design currently applied by the RPS, that facilitates a continuing record from undergraduate studies to career-long continual professional development or similar agreed compatible record between countries;*
- *FP will include a uniform and consistent scheme of continuous assessment (formative and summative) that will provide assurance of Foundation Pharmacists Trainees' workplace competence and capability to practise; successful Foundation Pharmacist Trainees will be prepared to progress to Advanced Practice training;*
- *FP will incorporate independent prescribing and other advanced clinical skills (clinical assessment, clinical procedures, diagnosis etc.);*
- *FP will include an annual professional review for every Foundation Pharmacist Trainee that will inform their revalidation requirements, particularly focussed on supporting these early year practitioners.*

For the above recommendations to be successfully implemented all organisations involved with training for a pharmacist Foundation Programme should show leadership through effective educational governance which, wherever possible, should be integrated with corporate and clinical governance so patients and learners are kept safe and a learning organisational culture is fostered. It is therefore recommended that a Postgraduate Pharmacy Training Board is established that is composed of key stakeholders

The General Pharmaceutical Council is currently reviewing its standards for the initial education and training for pharmacists. The cross-cutting subjects (leadership, public health, quality improvement science) are important. However, the level and balance of these topics needs to be balanced with the importance of the underpinning science in current curricula. MPharm programmes have been restructured in recent years to prepare students for emerging clinical, patient facing roles. This has resulted in increased pressure on the time and teaching resource available for the underpinning sciences. Whilst there is a rationale for this

rebalancing, it jeopardises the unique expertise of a pharmacy graduate who has a fundamental understanding of the science which is fundamental to all aspects of pharmacy practice as well as a clinical skill set to support the delivery of person centred care. Underpinning sciences and their application to clinical practice do not fundamentally change but clinical guidelines may change so it is important to develop a scientifically trained workforce that can then rapidly adopt clinical aspects of practice In addition, currently most underpinning science is usually delivered early on in the MPharm programme and this can make it challenging for pharmacy graduates to transfer scientific knowledge into professional practice to support problem solving when faced with clinical uncertainty.

In recent years, there have been considerable reductions in the budgets associated with continuing professional development. Funding must be made available for CPD that is focussed on patient needs.

4. What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?

Areas to explore may include:

• What more can be done to create careers not jobs for all staff, regardless of qualifications, entry level and current skills?

• What reforms are required to medical education and training to deliver the doctors the system needs in the future but also supports the needs of the system now?

The introduction of the apprenticeship levy has not seen an increase in the number of apprenticeship places filled – particularly from young people and members of the public who reflect their local communities. While apprenticeships offer a point of entry into the NHS other qualified employment opportunities may also need to be created and in all cases links made to career frameworks.

Reforms to medical education and training should consider current areas of pressure within the system e.g. the reduced number of general practitioners and support the right mix of advanced generalists and specialists.

5. How can we better ensure the health system meets the needs and aspirations of all communities in England?

Areas to explore may include:

• What more can be done to attract staff from non-traditional backgrounds, including where we train and how we train?

• How we better support carers, self-carers and volunteers?

The variety of health careers i.e. cadres including and beyond the better known members of nursing, midwifery and medicine should be promoted to members of the public from non-traditional backgrounds.

Carers, self-carers and volunteers should be supported by a formal process of recognition, training and support.

6. What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?

Areas to explore may include:

• What more would make it more attractive to work or stay in the NHS as you progress through different careers stages?

• What should the system do to ensure it is flexible and adaptable to new ways of working and differing expectations of generations?

A modern, model employer should understand the concepts of system leadership and adopt evidence-based management techniques. Employers should provide clear roles, effective work processes, 2-way communication, manageable workload and supportive supervision. Creating opportunities and time for professional and career development will support recruitment and retention of staff. Reflective spaces such as Schwartz rounds (a forum for health and social care staff from all backgrounds to discuss the emotional and social challenges of caring for patients) should also be supported by employers.

The balance of family friendly employment conditions, pay and non-financial incentives needs to be set at the right level to attract and retain staff. Health worker safety and the occupational health and wellbeing of the workforce need greater attention. Working environments should make the best use of technology, contain adequate facilities, equipment and other resources to enable a workforce that is productive and motivated to deliver high quality care for patients and public. Discrimination, bullying and harassment should be eliminated from work places.

Indemnity issues may be preventing pharmacists from practising at the top of their license. Employers need to fully understand requirements and provide information to contracted (directly or indirectly) pharmacists explaining indemnity arrangements offered and the scope of their cover.

Consideration should be given to non-NHS organisations providing NHS services. Commissioners of these services should include workforce governance in service specifications- particularly responsibilities for training staff.

The system needs to take into account the expectations of generations and how these can be realistically managed – there will need to be trade-offs. There is evidence that younger generations do not want to follow the traditional career pathways that older generations have followed and would like 'stepping-on' and 'stepping-off' points in their career with training delivered in a more modular basis.

7. Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?

Areas to explore may include:

- What opportunities are there for making a difference through skill mix changes, staff working flexibly across traditional boundaries, and enabling staff to work at the top of their professional competence?
- What more can be done to deploy staff effectively and reduce further the use of agency staff?
- What more should we do to help staff focus on the health and wellbeing of patients and their families?
- What are the most productive other areas to explore around management and leadership, technology and infrastructure?

Skill mix changes can address current skills gaps in the current workforce and enable staff to operate at the top of their license. This should supported by appropriate governance (and in the case of pharmacy links made to the forthcoming rebalancing and responsible pharmacist legislation) so that accountabilities and delegation of responsibilities are clearly defined. Robust evaluation and evidence of skill mix changes and enhanced roles should be undertaken – this includes clinical and cost effectiveness and consideration of unintended consequences e.g. increasing demand in another area. Any changes to skill mix and enhanced roles need to be sustainable and fit into established structures.

Effective approaches to managing turn-over of staff are needed to further reduce the use of agency staff. In the long-term, securing and retaining the supply of staff working in a supportive environment will make an impact.

In order for the workforce to be efficient, and to deliver better care, there needs to be improved horizontal and vertical communication in place to avoid duplication of effort. For pharmacists one aspect of this is having patient records which are accessible and interoperable between care settings. Patient expectations also need to be managed and a clear message that care from a non-medical professional is not second best care. There is some evidence that this care has contributed significantly to patients being satisfied with their experience of care provided by the wider multi-disciplinary team.

8. What policy options could most effectively address the current and future challenges for the adult social care workforce?

Developing a robust workforce development framework and plan would be a good starting point for addressing current and future challenges for the social care workforce. Links should be made from the social care workforce to all levels of care within the health-system. Policy options should adopt a person-centred social care delivery model with a flexible and adaptable workforce delivering care within the community.

In summary, in response to this consultation, the RPS asks for the following:

- **A medium to long-term workforce strategy with clear goals and actions;**
- **Updated modelling of the pharmacy workforce and a greater commitment to improving workforce intelligence;**
- **The funding and implementation of a national Pharmacy Foundation Programme (see the associated recommendations on pages 4 and 5;**
- **Stronger infrastructure to support the transformation of the pharmacy workforce (supervision, tutoring, training provision, governance structures etc.)**

Yours sincerely

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Chair, English Pharmacy Board