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Health Education and
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HEIW Strategic Pharmacy Workforce Plan



Contents

1: Foreword.....	1
2: Scope.....	2
3: A Strategic Pharmacy Workforce Plan for Wales.....	3
4: How the plan was developed	7
5: Our ambition	11
6: What will our workforce look like in the future?	14
7: The actions	18
8: The benefits	35
9: Implementation.....	36
10: Governance and accountability	36
11: References	37

1: Foreword

As the strategic workforce body in NHS Wales our role is to develop sustainable and comprehensive plans for our current and future workforce by working collaboratively with our partners who include employees, employers, independent contractors, professional bodies, unions, regulators, education providers, charities, and Welsh Government.

This strategic document sets out a proposed plan to develop the pharmacy workforce in Wales. The plan has been developed in the context of the 10-year vision for pharmacy, 'Pharmacy Delivering a Healthier Wales,'¹ which sets out long term goals and principles, and short-term actions required to transform the role and contribution of pharmacists, pharmacy technicians, the wider pharmacy team and pharmacy premises. The plan is also based upon the 7 key themes of the Workforce Strategy for Health and Social Care in Wales² which was published in October 2020.

Development of the plan has been led by HEIW but has resulted from a collective effort with partners to work on short, medium, and long-term solutions to the current pharmacy workforce challenges and opportunities. This collective approach will continue to be essential as we move into the implementation phase.

Our ambition is that this plan will be a vehicle for driving radical change and comprehensive improvements in how we develop, value, and support our pharmacy workforce, in recognition of the increasing clinical leadership role they play in caring for people using medicines, in a variety of settings.

We recognise that medicines are the most common health care intervention made by many clinical practitioners. The plan is an opportunity to equip pharmacy professionals with the skills and competence to take up their professional leadership role in relation to medicines use across the general health and social care workforce. Pharmacy professionals will be well placed to equip others to use medicines safely and wisely, and to deliver the best health outcomes for the people they look after.

The demands for pharmacy services will increase and change as we recover from the pandemic with an ageing population with chronic conditions and with the additional technological and clinical advances that are emerging for example from precision medicines. Therefore, we need the pharmacy workforce to be confident to step up to their medicine's leadership challenge, to consider new ways of working and innovation and to help us accelerate reset and recovery in NHS Wales.



Alex Howells

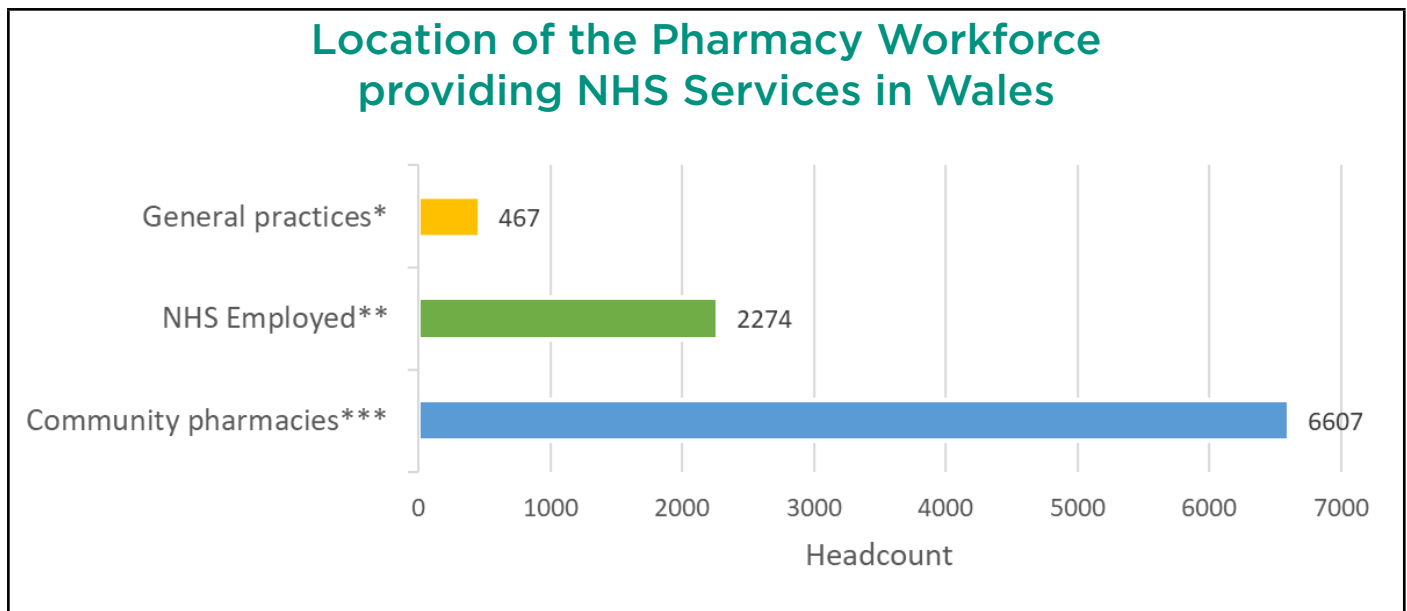
Chief Executive,
Health Education and Improvement Wales

2: Scope

This strategic pharmacy workforce plan has been developed in partnership with our stakeholders for the whole pharmacy workforce, in all care settings where NHS services are delivered. In primary care, pharmacy teams may be employed by primary care clusters or contractors in general practice and community pharmacy. Pharmacy services provided from NHS organisations may be from hospitals, urgent and specialist services or primary care teams.

Currently information for the whole pharmacy workforce is incomplete, but we estimate that the workforce comprises over 9000 individuals, employed by over 320 different employers. The three broad sectors of employment are:

- ❏ direct by NHS, or
- ❏ by community pharmacy contractor, or
- ❏ by general practice contractor.



*Source: Wales National Workforce Reporting System data. January 2022

**Source: NHS Electronic Staff Record. January 2022

*** Source: HEIW. Wales Community Pharmacy Workforce Survey 2019

Our pharmacists and pharmacy technicians are registered with the General Pharmaceutical Council (GPhC). Our professional trainees are undertaking 'pre-registration' or 'foundation' activities which lead to entry on the GPhC register. March 2023 records for Wales report the following headcounts:

- ❏ 2700 pharmacists,
- ❏ 1700 pharmacy technicians,
- ❏ 200 professional trainees, (trainee pharmacists and pre-registration pharmacy technicians)

From 2019 data, we estimate a headcount of approximately 5000 pharmacy support staff. These staff are not registered with the GPhC but are required to undertake GPhC-approved training, relevant to their specific role with medicines and work within standard operating procedures.

3: A Strategic Pharmacy Workforce Plan for Wales

Developing a Strategic Pharmacy Workforce Plan became a specific priority for HEIW to develop with partners during 2022-23 for five compelling reasons.

3.1 Significant Regulatory Changes Requiring Implementation

The public expect safe and effective care from pharmacists and pharmacy technicians. New Initial Education and Training Standards (IETS) for pharmacists³ introduced in by the General Pharmaceutical Committee (GPhC) in 2020 are designed to produce confident, capable pharmacists dedicated to providing person-centred care with compassion. Pharmacists will be proficient prescribers in complex health systems. The IETS follow those already introduced for pharmacy technicians in 2017,⁴ under the four domains of 'person-centred care', 'professionalism', 'knowledge and skills' and 'collaboration'.

Pharmacy is midway through a five-year series of transformation projects to deliver the new IETS, which will ultimately produce pharmacy professionals with enhanced skills, so they can fill vital roles in providing safe clinical care to the public from 'day-one' of registration. All pharmacists will become independent prescribers at registration from 2026.

A project management approach to implementing this mandated change with our partners highlighted significant risks to implementation of the IETS which needed to be addressed: -

- ❏ Time To Train. The workforce does not have the resource to meet the increasing demand for pharmacy training placements. This could impact the quality and quantity of training placements across Wales leading to shortfalls in future workforce and burnout of the existing workforce.
- ❏ Current and worsening workforce shortages. The increasing vacancies and demand for pharmacy services in partner organisations are causing pressure in the system and creating an unstable environment to manage significant change.^{5, 6}
- ❏ Pharmacy technician and support staff roles need to be safely extended to release pharmacists to utilise their enhanced skillset.

3.2 Improving Workforce Wellbeing

Before, during and post-COVID a substantial body of evidence has been building documenting how high workload pressures, over a sustained period, have negatively impacted the wellbeing of the pharmacy workforce in all sectors.^{7, 8, 9, 10} In a joint communication from governments and pharmacy regulators, the demands and pressures on pharmacy teams was acknowledged in December 2022.¹¹

Accumulation of frustrations are well known and published and include: - feeling undervalued, inadequate staffing, inefficient work-systems, lack of communication and co-operation across healthcare interfaces, poor or absent digital solutions, increasing

incidences of public aggression, and the need for time away from public service provision to fulfil other responsibilities of the role.

The current picture is one of a pharmacy workforce feeling compromised in the workplace trying to deliver safe, effective care.^{5, 6} Urgent intervention is required to reduce the vulnerability of the workforce and the inherent risks this poses to the health and safety of the public. Many issues persist because they are complex to solve and will require innovative approaches to bring together all partners with influence, in the spirit of collaboration, to commit to deliver lasting change.

Following analysis of consecutive wellbeing surveys, the Royal Pharmaceutical Society and Pharmacist Support have published a statement,¹² setting out the actions urgently needed for the pharmacist profession, and these are relevant to the whole pharmacy team:

Pharmacy working environments must have a culture of belonging that is inclusive, celebrates diversity and supports wellbeing
All pharmacists must be given access to, and be enabled to take, appropriate rest breaks, both for the welfare of pharmacists and for patient safety
Pharmacists must have dedicated protected learning time within working hours
Investment is needed in the pharmacy workforce to train more pharmacy staff to work at the top of their competence
Pharmacists and their staff must have continued access to national wellbeing and occupational health support

3.3 Maintaining access to services

Increased demand for pharmacy services and more roles for pharmacy professionals across the integrated health pathway have created vacancies. In March 2021 the pharmacist role was added to the Home Office’s Shortage Occupation List.

We have reached a position in the last two years where it has not been possible to sustain access to the volume and quality of pharmacy services for our population that we would wish to. In Wales, there are examples of pharmacy services having been reduced in both hospital¹³ and community.¹⁴

The trend of community pharmacy short notice temporary closures persists. The absence of a Responsible Pharmacist for the premises impacts negatively on local access to medicines and services in communities.

Wales Recorded Number of Short Notice Temporary Community Pharmacy Closures

Financial Year	Month												Total (Days)
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
2021-2022	3	23	78	223	203	188	116	187	158	173	193	237	1782
2022-2023	333	171	222	330	170	133	133	94	160	158	74	128	2106
2023-2024	93												

Source: NHS Wales Shared Services Partnership, Betsi Cadwaladr University Health Board and Cwm Taf Morgannwg University Health Board, May 2023.

3.4 Driving Service Transformation

The Welsh Government have made significant investment to deliver the new IETS and support transformation of the current and future pharmacy workforce. This workforce plan is a further measure to support the workforce to progress with five key strategic influences for service delivery: -

i) The pharmacy vision, ‘Pharmacy: Delivering a Healthier Wales’ (PDaHW);¹ is pharmacy’s response to ‘A Healthier Wales’, endorsed by Welsh Government. It is a key strategic document which drives innovation and change and puts the patient at the centre of care.

Theme	2030 Vision
Enhancing Patient Experience	Patients do not experience avoidable harm from medicines. Patients are supported by pharmacy teams to keep well, focusing on self-care, prevention, and early detection of illness. All patient facing pharmacists are actively prescribing wherever the patient needs them.
Seamless Pharmaceutical Care	Pharmacy teams lead the management of medicines as the experts in therapeutics, medicines usage and optimisation. Pharmacy is a core part of the patient’s multi-disciplinary team and are considered in all new care pathways.
Harnessing Innovation and Technology	Supply of medicines is streamlined, and artificial intelligence and personalised medicines are championed by pharmacy teams. Patients’ electronic medical records are accessed and updated by practitioners involved in their care including the pharmacy team.
Developing the Pharmacy Workforce	The pharmacy workforce has the skills necessary to lead innovation in medical therapies. Education and training are embedded withing multi-sectoral training sites and with multi-disciplinary input. Every member of the pharmacy team has access to training to maximise their contribution to patient care.

ii) A Presgripsiwn Newydd – A New Prescription:¹⁵ The value of developing our community pharmacy workforce, has particularly come to the fore through reforms to the community pharmacy contractual framework. Where the community pharmacy workforce previously felt overlooked, as if they were not ‘officially’ part of the NHS, Wales is reimagining their roles within the primary care team. Beyond the traditional medicines supply role, teams provide important ‘unscheduled care’ close to home, reducing presentations to general practices and emergency departments. The new contract also drives universal minimum levels of service to support the public with continuity of access.

iii) Transforming Access to Medicines (TrAMs): this 5-year project will deliver centralised manufacturing hubs with a diversified and specialist workforce, reconfiguring the way medicines are prepared and manufactured to meet growing demands

iv) The Chief Pharmaceutical Officer's Independent Review of Clinical Pharmacy Services in NHS Hospitals in Wales is expected to provide a mandate for transformation to ensure hospital practice continues to be at the forefront of innovation. The review, undertaken by RPS Wales, takes stock of current hospital pharmacy services and how they improve quality and safety and reduce medicines related harm. The review will report on how services support NHS Wales priorities in Six Goals for Urgent and Emergency Care, Transforming and Modernising Planned Care and reducing waiting lists as well as identifying the opportunities in the National Clinical Framework.

v) Digital Medicines Transformation Portfolio: The future impact of this work on every element of pharmacy day-to-day practice cannot be understated. The Digital Health and Care Wales-led programme is about using technology to make the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient, and effective. This includes everything from electronic prescriptions in hospital and primary care and claims for reimbursement. It will replace paper prescriptions and charts and support e-signatures. These changes will support the workforce to spend more time with people optimising health outcomes.

3.5 Improving Workforce Planning

Information about the pharmacy workforce providing NHS services is currently fragmented by sector, with a legacy of workforce planning having been undertaken in silos. We have secured an initial resource to bring together disparate datasets for pharmacy and progress our workforce intelligence through the various steps of data maturity. We are working to provide real insights that will inform the quality of our decision making and planning to benefit all partners and services.

Summary of the case for change

The 'case for change' in pharmacy is both urgent and compelling if we are to maintain the safety, quality and access to medicines services needed for the population.

There is an urgent need to stabilise the current pharmacy workforce. This requires a reduction in workplace pressures, to reduce the rate of 'burn-out' amongst pharmacy professionals. To retain our workforce, pharmacy teams everywhere need to feel they are a valued part of the health service in Wales. These steps will help to reduce numbers of 'leavers' and protect access to pharmacy services for our communities.

We are compelled to grow pharmacy training capacity initially, to deliver the regulatory changes required for the development of the pharmacy workforce, but also to provide a more sustainable workforce pipeline for the future.

Pharmacy team roles are constantly evolving in response to changing service needs, new ways of working, digital technology and automation. In this dynamic situation we are working with partners to identify how best to develop the skills mix of pharmacy teams for the long term. Our focus is on delivering clinical care close to home and making sure our hospital, specialist and technical pharmacy services are at the forefront of innovation.

4: How the plan was developed

Our diagnostic work has been based on the following three building blocks which have been designed to collect, analyse, and triangulate inputs and information from a range of sources. A separate technical document evidences the work we have undertaken in each pillar.

In producing this plan, we listened carefully to those people who provide, or work with pharmacy services across our NHS, about what is important to them. We also reviewed workforce information, research, and current policy to create this plan.



4.1 Engagement

This was a 12-month process beginning with a Short Life Working Group in January 2022 requested by stakeholders. Our engagement phase concluded in January 2023.

We held 30 engagement events, including a mixture of remote and face-to-face events in collaboration with the Royal Pharmaceutical Society. We carried out three national workforce surveys across community pharmacy, NHS employed, and general practice pharmacy teams respectively. In the latter 3 months of engagement, we broadened our conversations to include multi-professional National NHS Peer Groups. This means that we have engaged over 900 individuals in development of the Strategic Pharmacy Workforce plan.

An outcome of the engagement phase was publication of a Catalogue of Workforce Solutions,¹⁶ a collection of acute interventions that have been tried and tested in Wales to alleviate pressures when providing NHS pharmacy services. This will be further developed with partners during implementation of the workforce plan.

4.2 Workforce Data

This strategic pharmacy workforce plan has been developed in partnership with our stakeholders for the whole pharmacy workforce delivering NHS Services to the people of Wales. We estimate that the workforce in Wales is made up of over 9000 individuals who are employed by over 320 different employers. However, our current visualisation of the whole pharmacy workforce in Wales is limited.¹⁷

Most of the pharmacy workforce are employed in community pharmacy. Following a manual survey of the community pharmacy workforce in 2019¹⁸ we recommended that Wales National Workforce Reporting System (WNWRS), used to map the general practice workforce, be expanded to include community pharmacy as a priority. Implementation of the tool is underway and will soon complete the most significant missing piece of our workforce picture.

Around 25% of our pharmacy workforce is visible in the NHS Electronic Staff Record. Here the data is relatively high quality, due to cyclical data cleansing exercises over the past decade. New data visualisation tools, being piloted in HEIW, show the upward trend of pharmacy workforce numbers since records began.¹⁹ However, this increase is not considered to have kept pace with demand and in summer 2023 we will have published NHS Vacancy Data for the first time, as another new piece of the jigsaw.

The WNWRS has captured pharmacy professional numbers and vacancy rates since 2020. This tool has recorded the increasing headcount of pharmacists in general practice by 38% (from 121 to 167) over the first 3 years of records. The pharmacy technician headcount in the sector also grew 41% in the same period (from 38 to 64). In comparison, the NHS pharmacist workforce grew at a much smaller rate of 10% (from 908 to 1003) over the same period and pharmacy technician headcount grew 14% (from 710 to 811) and pharmacy support staff 13% (from 279 to 316). No data is available for the community pharmacy workforce. The new roles in general practice were not planned for by an increase in training numbers and so registrants have moved from other sectors into these roles.

GPhC trend data²⁰ shows a small growth in numbers of pharmacy registrants across the home nations over the last 5 years with Wales having the lowest growth rates for both professional groups.

Country	Percentage increase in pharmacist headcount	Percentage increase in pharmacy technician headcount
England	11	8
Scotland	9	12
Wales	7	4

GPhC Register Trend Data 2019-2023

The only available data on the Welsh Language skills of the pharmacy workforce are reported in our 2019 Community Pharmacy Workforce Survey.¹⁸ For community pharmacy workforce 11% of staff reported being able to read, speak and write Welsh and this was compared to a self-declared proficiency of 8% in the NHS workforce at the time. Analysis of the distribution of Welsh speakers was outside of the scope of the plan.

Data from GPhC,²¹ the NHS Electronic Record¹⁹ and WNWRS shows a highly feminised workforce which is also likely to be mirrored in the community pharmacy workforce. GPhC also recorded in 2019²¹ that around half of all our registrants have caring responsibilities.

The mean participation rate of pharmacy registrants tends to be quite high with 75% pharmacy technicians and 77% pharmacists reporting full-time working.²¹ To grow the time in work to train, research, and lead, we will likely need to grow our pharmacy workforce further to maintain current service levels. We have more work to do to assess how technology and new ways of working will free up time for staff groups which can be reallocated to other priorities.

There is evidence in our Integrated Medium Term Planning processes that some Health Boards are starting to use their workforce data to analyse the age profile of the pharmacy workforce to plan for retirements. There is some evidence of a relatively young workforce (<45 years) coming through in general practice with further analyses outstanding.

We know least about our pharmacy support staff workforce as the majority are employed in community pharmacy. Employers tell us that many support staff in community and hospital have the potential to move through to professional roles with the help of an 'Access to' programme to achieve the entry requirements of our pre-registration pharmacy technician programme. It is important to raise the profile of the pharmacy technician role as we have begun to see numbers of applications for these posts tail off resulting in suboptimal fill rates.

We have work to do to retain more of our trainee pharmacists into the workforce in Wales. A great incentive would be early advertisement of our Post-registration Foundation programme. With protected development time in work, clinical supervision, and a pathway to independent prescribing, it has potential to be a strong retention tool with follow-on opportunities for more specialist funded developments.

4.3 Research

The NHS library services have supported us with a literature search locating an initial 40 policies and publications from Wales, UK and internationally relating to pharmacy and health workforce. These were reviewed, and their relevance summarised in our Research document.²² Throughout the engagement period stakeholders have highlighted additional research and policies which we have reviewed and added to the dataset where appropriate.

The themes in the literature were consistent with the themes emerging from engagement with our stakeholders. From a background of workforce shortages: -

- ❏ The importance of intervention to address poor workforce wellbeing and high risk of burnout across the pharmacy workforce
- ❏ Wherever medicines are a significant part of care, pharmacy teams need to be an integral part of the care pathway
- ❏ Capacity for the pharmacy workforce to lead on medicines issues requires investment in joined up technology supporting smart ways of working and digital capabilities.

- There is real value, both for workforce engagement and for service development in the application of career development frameworks, leadership developments, multi-disciplinary and multi-sector training, and practice research as common features in the work life of more pharmacy team members.

Specifically in Wales, the investment by Welsh Government in the IETs, and the recent refresh of the Pharmacy Delivering a Healthier Wales goals for 2025, create real momentum for positive change in partnership across the system. This strategic pharmacy workforce plan provides additional support for the cultural change which is needed through collective and compassionate leadership.

4.4 Consultation on our draft Plan

Consultation on the actions in our plan ran from 20th February to 2nd April 2023. An online survey, together with a series of open consultation workshops and stakeholder meetings were held during this period to provide a range of opportunities for engagement. Responses were encouraged in English and Welsh. In line with our Strategic Equality Plan, we sought additional comments about any content or considerations relating to any potential positive or negative impacts on our workforce who share one or more protected characteristics.

Our consultation received 73 formal responses, plus input from 66 individuals through our consultation events. From 15 social media posts over the 6 weeks consultation period, there were 15,600 views with over 400 people engaging with the posts and over 700 hits on the website.

Our workforce and partners have provided a clear and collective voice during development and consultation of this plan. From consultation responses we recorded a very high overall agreement rating of 83% with a further 10% partly agreeing across 31 actions.

Full implementation of the 31 actions in the Strategic Pharmacy Workforce Plan will deliver the changes that really matter to those in, and working with, the pharmacy workforce and will shift the workforce to a position from where it can advance compassionate services for people.

5: Our ambition

As the strategic workforce body for NHS Wales, our responsibility is ‘Transforming the Workforce for A Healthier Wales’. We require a workforce that can sustainably deliver in an environment that is rapidly changing.

The vehicle through which HEIW are driving transformation of the whole NHS workforce, is by working with our partners to systematically apply the Workforce Strategy for Health and Social Care,² in all strategic planning.

The strategy has seven high level themes and provides a universally applicable framework for the health and social care workforce. Through a consistent methodology, which we describe as, ‘Developing a Strategic Workforce Plan the HEIW Way’,²³ all strategic workforce plans align. Our approach means that our important ‘golden threads’ of Welsh language, equality, diversity, and inclusion are always included as well as the role of NHS Wales supporting the foundation economy.



As each individual strategic workforce plan is published and implemented, we can expect to experience important shifts, with ripples that continue system wide. Because of our systematic application of the Workforce Strategy, we can be assured that we are moving all areas of the system in the same direction, on the same journey.

Our destination is a new position where the workforce really experience that their wellbeing is at the heart of our workforce plans, within compassionate cultures that support them to provide compassionate care.

Alignment between Strategic Workforce Plans



The launch of our first plan, the Strategic Mental Health Workforce Plan ²⁴ in 2022 was inclusive of pharmacy teams and roles. Many actions within it, map directly across to the Strategic Pharmacy Workforce Plan.

We acknowledge that three-quarters of the pharmacy workforce are employed by NHS contractors in primary care, so we recognise that much of our engagement material and many of the actions from this plan, are relevant in the development of our Strategic Workforce Plan for Primary Care ²⁵ and our findings are also shared across dental, optometry and nursing plans.

Our high-level ambitions specifically for the pharmacy workforce for 2030 are listed below under these seven themes, shaped by the engagement and consultation we undertook. A series of implementation plans will be developed to take forward specific actions to realise the ambition and deliver the strategy.

THEME	DESCRIPTOR
1. An Engaged, Motivated and Healthy Workforce	Everyone in the pharmacy workforce will feel valued and supported wherever they work.
2. Attraction and Recruitment	All pharmacy team roles will be highly visible and well understood by the public and other professionals with clear pharmacy career pathways accessible for all roles in all sectors.
3. Seamless Workforce Models	Cultural changes will result in the enhanced skillset of the pharmacy workforce being more fully integrated with multi-professional teams from different agencies, to deliver the best care.
4. Building a Digitally Ready Workforce	The digital capabilities of the pharmacy workforce will be well developed and widespread to help us deliver the best possible care for people using the latest advances in technology.
5. Excellent Education and Learning	Investment in education and development for pharmacy teams will deliver the skills and capabilities the workforce needs to care for the people in Wales.
6. Leadership and Succession	Using collective and compassionate leadership principles, our pharmacy teams will work effectively to lead the medicines agenda to provide high quality care.
7. Workforce Supply and Shape	We will have a diverse and sustainable pharmacy workforce in sufficient numbers to meet the health and social care needs of our population.

6: What will our workforce look like in the future?

Our stakeholders have described how pharmacy workforce roles will look in the future and some of these are summarised in the table below and supported in the literature.

Stakeholder Views of Future Pharmacy Roles

Pharmacy professionals have a greater presence in clinical teams and have clinical caseloads.	Pharmacists are routinely using Independent Prescribing skills, having capacity released by technology, skilled pharmacy technicians and support staff	Pharmacy teams are active in genomics and Advanced Therapy Medicinal Products which are in the 'mainstream'
Pharmacy professionals are care providers in clinical pathways enhanced by technology (e.g. artificial intelligence and telehealth)	A better understanding of pharmacy roles leads to different interactions with the public and others in health and care	There are more domiciliary roles reducing medicines related hospital admissions, particularly pharmacy technicians
Pharmacy team members routinely input to professional training for their own and other health and care workers	The professional workforce are mostly generalists, but with clear routes to clinical specialisation and consultant practice.	The benefits of multi-sector and portfolio roles to service users and the workforce are well accepted
Some support worker roles are person-facing (diagnostics/vaccinations) or reconciling medicines where this is still required. Some workplaces are 'support worker-led', including managing medicines storage devices	e-Prescribing and technology allow prioritisation of the 'greatest need first' and more 'time to care' and there are increasing robotic solutions for medicines supply	Universal pharmacy credentials are required to provide NHS care in all sectors (Post-registration Foundation, Advanced and Consultant)

With partners, we have identified specific actions in this plan which come together to make a difference to our workforce. This section describes some of the differences that will be experienced by our workforce during implementation of the workforce plan.

1 - An Engaged, Motivated and Healthy Workforce

As pharmacy team members are supported to become more impactful in their leadership roles with medicines, so they will **experience more engagement and value carrying out their roles**. This will lead to measurable **improvements in workforce wellbeing**.

2 - Attraction and Recruitment

Following implementation of the strategic pharmacy workforce plan, our colleagues, the public and **those in all our schools will have an increased awareness of pharmacy roles from earlier ages**. As we build our evidence base about what attracts people into pharmacy roles, we will use this to **attract people from a more diverse range of groups and backgrounds, mirroring the populations we serve**. This will build on work on widening access that has already been started in partnership with our universities.

In **rural areas, pharmacy roles are likely to be adapted** as scarce resources are deployed in ways that maximise value for people in those areas. We will have bespoke measures in place, not only to **grow the pharmacy workforce from grass roots in rural communities**, but to **support those arriving in rural areas to settle and realise the personal and social benefits** from living in rural parts of Wales.

As employers plan for **more of the workforce to have portfolio roles**, or time for research, leadership, and training activities, so they will **reduce the need for the workforce to move jobs to gain professional development opportunities** to fulfil career development frameworks. The profile of research active environments will also be utilised to attract and retain staff.

Career progression will be competence based requiring Royal Pharmaceutical Society credentials and the equivalent for pharmacy technicians. These **competency-based roles provide a path to more comparative total remuneration packages** between employers.

Pharmacy teams have already been adapting positively and flexibly to change, moving at pace whilst maintaining key safety features of systems. A more digital future with healthcare provision, being organised around safety and care of the people, will **continually generate additional ways of working**. New opportunities will be harnessed to create **more flexible working options** and healthy working environments for our teams.

3 - Seamless Workforce Models

Wherever medicines are a part of care, pharmacy input will be provided from **a position fully integrated in the multi-disciplinary team**.

A greater level of consistency between pharmacy skillsets across all sectors, along with **clear messaging means that, in future, the public will be more confident accessing the most appropriate route to medicines**. As we recognise and support greater interdependencies across different contractors in primary care and between other interfaces of health care, so **the activities of our workforce will develop to become more co-ordinated**.

4 - Building a Digitally Ready Workforce

As we begin to comprehend the degree to which pharmacy roles will be transformed by digital and technological advances, HEIW have been leading on the development and implementation of a digital capability framework.²⁶ This self-evaluation tool will provide individuals with the opportunity to understand and **develop the skills and behaviours required to help them to succeed in the digital environment.**

The HEIW network of **Digital Champions, who influence and lead digital workforce transformation, will be extended to include pharmacy team members.** A peer network will be set up and Digital Champions will have access to a range of training and resources including opportunities to undertake formal education.²⁷

Pharmacy professionals with advanced digital informatics skills will **assure quality and safety during digitalisation of systems and processes for medicines use** for example through the potential of Chief Pharmaceutical Information Officer roles.

5 - Excellent Education and Learning

We are on the verge of having a complete set of visible and accessible **career frameworks for our whole pharmacy workforce.** Terminology will become embedded and well understood; 'Access to' pathways for non-registrants; Post-registration Foundation and Advanced level frameworks for all pharmacy professionals; and Consultant level for the most advanced clinical pharmacists.

Consistent implementation of these centrally resourced career development frameworks by our partners across all sectors will support real **'equity of esteem' between comparative pharmacy roles in any sector.**

By working with our Schools of Pharmacy and training providers, HEIW will **ensure that the next generation of pharmacy teams are highly digitally capable.** Keeping up to date with technological advances such as genomics, advanced therapy medicinal products and artificial intelligence (AI), with the associated ethical and patient safety considerations will involve, postgraduate training, **and lifelong learning for all our professionals.**

To address current constraints in the development of future pharmacy professionals **the use of virtual placements, as one solution to supplement face-to-face methods of training, will be maximised** along with growing our pool of supervisors and trainers. This will be subject to robust evaluation and feedback.

The importance of being able to respond to the linguistic needs of the population is acknowledged in 'Mwy na Geiriau'.²⁸ The pharmacy workforce will be **supported to identify Welsh speakers and use basic greeting phrases and know what to do if more specialised Welsh language services are needed.** We will **help all team members who have lost confidence in their Welsh language skills** or want to expand them, to improve.

6 - Leadership and Succession

The pharmacy professional workforce has been maturing and is **ready to take up their leadership role in relation to medicines**, which is urgently required by NHS Wales.

The role of leadership in contributing to the success of Pharmacy Delivering a Healthier Wales cannot be over emphasised. The Welsh Government support our approach of **embedding a collective and compassionate leadership culture across NHS Wales**. The approach, developed by Professor Michael West, Kings Fund ²⁹ is already providing the foundations for leadership in health and care across other parts of the UK and Ireland. There is clear evidence of the link between these approaches and benefits to workforce wellbeing and the quality of care.

We will support the pharmacy workforce taking up clinical and non-clinical leadership roles in multi-disciplinary teams. In future we will have a sufficient pool of pharmacy professionals with leadership experience to fill senior pharmacy and healthcare vacancies.

HEIW Leadership Fellows including those with a digital focus, will continue and are encouraged.

7 - Workforce Supply and Shape

Across the health and care system we are learning how we need to plan for a more sustainable pharmacy workforce model with **diverse skills mix to fully utilise the enhanced skillset of each member of the pharmacy team** as an integral part of the multi-disciplinary team.

Soon we will have complete visibility of the shape and size of the whole pharmacy workforce wherever they are providing NHS services. This is via Wales National Workforce Reporting System, the NHS Electronic Staff Record as well as development of our Education to Employment Pipeline tool. We will draw together this data to provide insight to pharmacy workforce patterns trends. **We will be able to measure the impact of our commissioning, attraction, recruitment and retention strategies and make better data driven decisions.**

HEIW have a range of workforce planning tools and we will bring pharmacy into multi-professional networks where they can build skills and make the required connections to further drive integration of pharmacy team members within the whole healthcare workforce.

7: The actions

What follows next is an agreed set of actions, grouped by Workforce Strategy theme, which have been developed with our stakeholders through engagement and consultation, in the true spirit of collaboration.



Theme 1 – An engaged, Motivated and Healthy Workforce

By 2030, Everyone in the pharmacy workforce will feel valued and supported wherever they work

key findings to date

- ❏ We urgently need to reduce the rate of exit from the pharmacy workforce to stabilise the current position, from which we can build.
- ❏ A culture of extreme working has developed in pharmacy through workload intensification, long working days, long working weeks, lack of rest breaks and lack of locum availability
- ❏ High levels of vacancies across all sectors and unplanned community pharmacy closures, due to the absence of a Responsible Pharmacist, exacerbate the workload pressures for those remaining in the system, with a negative impact on workforce mental health and wellbeing.
- ❏ Frustration with health systems by service users can result in aggression towards pharmacy teams on the front-line.
- ❏ Staff are leaving jobs with the highest proportion of time spent public facing as these roles are so demanding, physically and mentally to deliver full time. Providing time for other essential tasks like team meetings, change implementation, service improvement, developing self and the team will aid retention.
- ❏ Current culture favours staff release for developments that are linked to direct service provision e.g. vaccinations and independent prescribing. Securing time for leadership, training and research activities is more challenging due to a lack of understanding of the benefits these bring to the employer and service user through increasing staff engagement.
- ❏ Uptake of central development funding for pharmacy teams, secured via the HEIW Education and Training Plan, has been suboptimal due to lack of protected development time, or withdrawal of time due to lack of cover.
- ❏ Our pilot showed that, when community pharmacists had protected development time this resulted in them expanding their scope of practice and the range of services offered from their community pharmacies. If they had not been released in work time, they would not have undertaken the development, or doing so in their own time would have negatively impacted their wellbeing.

Actions

Action 1 Agree a range of actions to be implemented with partners, which improve the mental health and wellbeing of the pharmacy workforce

Description Pharmacists, pharmacy technicians and their support staff work in safety-critical roles. The consequences of being tired or distracted can have serious consequences on the public if an error is made. Healthy working arrangements and environments must include proper rest breaks for staff and may require co-ordination between Health Board teams or Primary Care Clusters to maintain access to services

Action 2 Develop pharmacy job planning guidance and a toolkit which will bring the right balance of service delivery, development of self and others, leadership, research and innovation when implemented by employers

Description Job planning recognises the need to develop people and organisations alongside sufficient capacity to deliver services. To support transformation and application of career development frameworks, job plans will be developed for all pharmacy team roles providing NHS services, with progress on implementation monitored by HEIW.

Action 3 The NHS Staff Survey, or an equivalent, will be extended to include those working for NHS contractors as well as those in NHS employment to assess progress with staff engagement, experience and wellbeing

Description By extending the NHS Staff Survey beyond those in NHS employment to include those working for NHS contractors in the pharmacy workforce, we can implement a consistent approach to monitoring and measuring employee experience. This will include an ongoing engagement index score that enables us to capture staff experience across different settings, professional groups and protected characteristics

Action 4 The electronic 'Catalogue of Workforce Solutions',¹⁶ a tried and tested collection of interventions to reduce pharmacy workforce pressures, should be reviewed and developed.

Description This catalogue is a collection of interventions, already tried and tested in Wales, that can alleviate acute workforce pressures when providing NHS pharmacy services. These solutions are captured within a digital catalogue available to all stakeholders. The catalogue will be maintained by HEIW until March 2024 where a decision will be made on further use/investment as a method of sharing good practice

Theme 2 – Attraction and Recruitment

By 2030, clear pharmacy career pathways will be accessible in all sectors. All pharmacy team roles will be highly visible and well understood by the public and other professionals

key findings to date

- ❏ The attractiveness of pharmacy roles is linked to a number of the actions in this plan
- ❏ To attract school children and others considering a health career, readily accessible materials are needed. These must give confidence to careers advisors and attract a diverse workforce, reflective of the people and communities of Wales
- ❏ Wales needs improved visibility UK wide around the differential and attractive roles on offer so these can be readily marketed at key points in pharmacy careers.
- ❏ Qualitative research is needed to understand what the future workforce considers to be an attractive job offer, and this learning needs to be shared with employers.
- ❏ To aid retention, solutions are needed to close gaps between the call for flexible jobs from the workforce and the working patterns demanded by current public facing jobs.
- ❏ We heard that there may be a number of employee, employer and public benefits to 'portfolio job roles', but many barriers around having multiple employers need to be addressed to facilitate more professionals to be able to work that way.
- ❏ There are particular 'hard to recruit to' geographies in Wales that may require flexibility to apply novel attraction strategies and a strategic approach with other professional groups.
- ❏ Clinical academic and research roles should be encouraged in the pharmacy workforce to promote excellence and improvement.
- ❏ As the clinical role of the pharmacist has changed to prescriber, so the roles of the pharmacy team should have developed, but there are pockets of outdated practice still to update.

Actions

Action 5 Develop an inclusive, strategic, All-Wales approach to promoting all pharmacy team careers in Wales

Description

Short-term project to scope and develop an inclusive, strategic plan for increasing attraction into pharmacy roles, including schoolwork experience, vacation placements, open events and recruitment events in pharmacy in Wales. Specifically, this will include additional outreach to ensure the diversity of our workforce reflects the diversity of our communities including Welsh language schools, communities with high levels of deprivation and rural areas where pharmacy vacancies are particularly hard to fill. It will build on current Train Work Live 30 and Careersville 31 pharmacy content and support the mental health and primary care workforce plans.

Action 6 Create and share an evidence base that describes pharmacy job roles and total reward package that will retain the current and attract the future pharmacy workforce

Description

Short-term project to scope and summarise the job offers and total attraction packages system wide. Secure research resource (via Pharmacy Research Wales or HEIW Clinical Fellows) to capture views, at grassroots level, about the job offer each pharmacy staff group are looking for. Learning will be shared with all employers to use in a local context to create rewarding jobs that will also meet future service need.

Action 7 Develop bespoke solutions to improve attraction and recruitment into pharmacy roles in areas where rurality is a specific challenge

Description

Identify and deliver solutions to the disincentives associated with attraction and retention of pharmacy workforce into rural areas via a multi-professional approach.

Action 8 Develop Clinical Researcher and Clinical Academic career pathways for pharmacy professionals with equitable access to training and funding opportunities

Description

Work with Pharmacy Research Wales and other partners to develop research career pathways for pharmacy professionals and ensure access to training and funding is equitable to dental and medical opportunities.

Action 9

To support consistent implementation of career development frameworks across all NHS services areas, all job descriptions for pharmacy roles are mapped to the skills and competencies of recognised national pharmacy career frameworks (e.g. Royal Pharmaceutical Society)

Description

A project to support identification of pharmacy job roles by level of practice or competency required against the relevant career development framework, rather than by location of work (and Band for NHS).

For the NHS, scope the opportunity to update pharmacy job profiles so that descriptions are aligned to skills and competencies of the specific pharmacy career development framework

Theme 3 – Seamless Workforce Models

By 2030, cultural changes will result in the enhanced skillset of the pharmacy workforce being more fully integrated with multi-professional teams from different agencies, to deliver the best care

key findings to date

- ❏ Pharmacy roles are rapidly changing following regulatory and contractual mandates. Also service change and technological advances are in implementation phases, specifically: -
 - ❏ new Initial Education and Training Standards (IETs),
 - ❏ a new Community Pharmacy Contractual Framework,
 - ❏ a Welsh Government Commissioned Hospital Pharmacy Service Review,
 - ❏ the Transformation Access to Medicines (TrAMs) project,
 - ❏ the Digital Medicines Transformation Portfolio.
- ❏ The amount of medicines reconciliation required between care settings will be reduced due to technology and those with the greatest need for pharmacy input will more easily prioritised.
- ❏ Work is needed across the health and care pathways so that there are seamless referrals or direct access to the appropriate clinician in each care setting.
- ❏ New pharmacy roles and career pathways need to be better understood, firstly by those in our own workforce, as well as by the public, other health care professionals and services leads.
- ❏ Pharmacy teams in all sectors will need more routine involvement in design of care pathways to make sure pharmacy professionals are utilised where they can make a positive difference to seamless medicines management between primary, secondary and specialist services.
- ❏ In community pharmacy in particular, insufficient time, infrastructure or fora to improve communication or collaborative working relationships was reported as a current barrier.
- ❏ Work commenced on the role of Consultant Pharmacists, the most senior clinical leaders in pharmacy, must be completed to de-mystify the roles and describe their place, embedded in clinical teams leading transformational change across the health and social care interfaces, where there are large volumes or complex medicines.
- ❏ the workforce has identified the need to improve, develop, and strengthen working relationships, collaboration, and communication pathways within and across the primary care space

Actions

Action 10 Improve public awareness and understanding of the changing pharmacy roles in healthcare

Description A national media campaign to improve public understanding of how pharmacy roles and services are transforming. This will retain public trust and support a reduction in workforce pressures through appropriate accessing of services.

Action 11 As a foundation from which to build more collaborative working with the wider health and social care workforce, improve the understanding of how all pharmacy roles are transforming

Description Short-term project to scope the current understanding and learning needs of our Health and Social Care Partners about the new 'Initial Education and Training Standards',³ 'A New Prescription',¹⁵ and 'Transforming Access to Medicines',³² and explore how working relationships and interfaces with pharmacy services will change to benefit the public.

Improved understanding will help with development of referrals pathways that include pharmacy and support seamless working. Findings will be taken forwards into relevant fora which will include, for example, the Primary Care Workforce Strategy, Strategic Programme for Primary Care and Urgent and Planned Care workstreams

Action 12 Agree and implement a Consultant Pharmacist Strategy Wales

Description This work will increase the pool of 'consultant-ready' pharmacists in Wales. Where there is service need in clinical teams, where patients have complex medicines needs, this will support development of consultant pharmacist posts providing clinical career pathways that will retain specialist pharmacists and better support medicines education, training and research agendas for the whole multi-professional clinical team

Theme 4 - Building a Digitally Ready Workforce

By 2030, the digital capabilities of the pharmacy workforce will be well developed and widespread to help us deliver the best possible care for people using the latest advances in technology

key findings to date

- ❏ Digital advances, once properly embedded, have the potential to benefit the public and the workforce through more 'time to care', improved safety, better communication, reduced waste and workplace pressures associated with paper based systems. Implementation of systems such as electronic prescribing and medicines administration are considered long overdue by the pharmacy workforce in all sectors.
- ❏ The inadequacies of some existing digital systems were frequently raised as having a negative impact on unscheduled care provision at the front-line and increasing workplace pressure. We heard that assuring the usability, accessibility, and reliability of digital tools is an important part of supporting and valuing the workforce.
- ❏ The pharmacy workforce will need the skills to navigate a data-rich healthcare environment and be well equipped to prioritise interventions and make clinical treatment decisions from data captured in digital devices, such as wearable monitoring technology.
- ❏ Although pharmacy teams are eager to embrace technology that will improve care, little consideration has been given to which advances are likely to become mainstream during the implementation phase of this workforce plan, up to 2030. Consideration must be given to the new working practices that result from engaging new technology as well as forecasting how job roles and skills mix of teams might best be developed in the next 5 and 10 years as a result.
- ❏ The pharmacy workforce needs the skills to deliver compassionate care through a variety of methods including digital, telephone and in-person consultations. They will design their service arrangements to be inclusive so individuals will be able to engage in the most appropriate way for them.
- ❏ Advances in digital clinical systems may support more flexible deployment of pharmacy expertise, especially where resources are scarce.
- ❏ Pharmacy teams everywhere will routinely use electronic decision support tools at every level from personalising medicines, to reviewing prescribing data and population health outcomes.
- ❏ More automated pharmacy systems will improve opportunities for audit, benchmarking, for quality assurance and improvements lead by a skilled pharmacy team. Pharmacy teams must develop new technology research partnerships.
- ❏ Wales has created the Digital Capability Framework and the Digital Health and Care Academy to support our workforce to prepare for the technological advances coming online now and in the future. Though pharmacy have been outside of the initial pilot, this plan will take our workforce on a journey including routine skills mapping against the Digital Framework.
- ❏ HEIW figures commissioning data suggest there is either a lack of awareness of new Digital Health and Care Academy developments for clinical leaders, or these are poorly subscribed to by our workforce for other reasons.

- As pharmacy professionals in every sector are increasingly needed to input medicines expertise into design of Apps, digital medicines, electronic prescribing, robotics and Artificial Intelligence tools, some individuals need to develop skills and knowledge to collaborate effectively with users, developers, and analysts.
- Good governance and effective use of technology demands that pharmacy professionals will be part of eHealth teams for example Digital Information Officer roles. They will plan system changes, manage clinical risks, and oversee transitions.

Actions

Action 13 Commission a digital pharmacy project to complete a horizon scan of technological advances that will impact pharmacy workforce roles

Description Commission work to complete a scoping exercise, including literature review and engagement on the implications of emerging technologies on pharmacy workforce roles and training in the next 5 and 10 years. Work with Digital Health and Care Wales and other digital partners, such as Tec Cymru, to understand how digital workplans will impact pharmacy roles

Action 14 Develop consistent generic digital skills, competencies and behaviours within the pharmacy workforce using the HEIW Digital Capability Framework

Description Assess and develop the knowledge skills and competence of the pharmacy workforce, training needs will be identified and supported against the HEIW Digital Capability Framework ²⁶ for Healthcare in Wales so everyone can engage with new technologies that deliver clinical advances. This will include identifying and creating Digital Champions and networks to support operational transformational and collaborative work

Action 15 Develop Digital Clinical Leaders within Pharmacy to influence and lead digital transformation

Description Identify the individuals in pharmacy to develop against The Digital Skills Academic Framework, ³³ an academic pathway for clinicians to develop digital, technology and informatics skills to shape the health care digital revolution.

This supports advanced clinical staff developing additional skills to bring technology into their clinical practice (e.g. Artificial Intelligence and Robotics) to improve specific clinical outcomes in a service user group.

Following on from the success of Clinical and Nursing Information Officer roles, supporting implementation of the Welsh Nursing Care Record, we will explore the potential of the role of Chief Pharmacy Information Officer to support electronic advances relating to medicines.

Theme 5 - Excellent Education and Learning

By 2030 the investment in education and development for pharmacy teams will deliver the skills and capabilities needed to care for the people in Wales

key findings to date

- ❏ With high workplace pressures, training capacity in clinical practice is limited, virtual clinical environments must be used to increase training capacity, supplementing face-to-face supervised clinical placements.
- ❏ With pharmacy undergraduate placements (PUPs) beginning in the academic year 2022, it is essential that workplace experiences are positive. Poor experiences risk deterring future pharmacists from an employer, a sector or even Wales.
- ❏ Universal pharmacy career development frameworks for every pharmacy staff group, linked to central development resources received the highest levels of support from stakeholders. The value of career development frameworks to consistently map knowledge and skills, irrespective of sector of practice was recognised.
- ❏ When trainees work across sectors, they see the interface problems and report this changes their practice. There is current disparity between the trainee pharmacist multi-sector experience and the pre-registration pharmacy technician experience being uni-sector.
- ❏ There was an enthusiasm for more interprofessional learning because this helps prepare professionals to work together in practice.
- ❏ Concerns about bias impacting access to developments for all was raised through our workforce surveys. Also, we learned some managers may themselves need access to developments to better support a diverse workforce and promote inclusivity in the workplaces so that everyone has the opportunity to develop, thrive and reach their full potential
- ❏ Nationally we see an attainment gap in pharmacy where ethnic minorities perform less well which needs to be addressed before training starts.
- ❏ There are limited numbers of trainers, mentors and supervisors in the workplace which is limiting the number of training places available.
- ❏ In order to provide a positive training experience pharmacy teams need to have dedicated time that they can spend developing those on learning programmes in the workplace.

During our engagement pharmacy professionals have articulated that they envisage having key roles emerging in genomics and precision medicines use in Wales. They will help other health professionals understand genomics and advanced therapy medicinal products.

Actions

Action 16 Expand the access to immersive technologies for the pharmacy workforce during their healthcare education and development in Wales

Description Pharmacy is increasingly engaged with the co-ordinated centralised vision for embedding immersive technologies across healthcare education and training with the HEIW digital team. This may include scoping the ways that enhanced digital and simulation-led learning can be used to support the integration of complex problem solving and improve multi-professional team working and learning at all stages of the pharmacy career development pathways

Action 17 Ensure all HEIW funded training programmes are delivered in accordance with the HEIW Quality Framework

Description This includes Quality planning; from 'needs assessment' to 'commissioning', Quality Management; with enhanced monitoring, Quality Assurance; through audit and evaluation and Quality Improvement; through developing best practice.

Action 18 Explore the opportunities for multi-sector training opportunities for pre-registration pharmacy technicians

Description Short-term project to scope the benefits and needs to transform pharmacy technician training to a multi-sector experience

Action 19 Work with partners to develop proposals for the inclusion of genomics and advanced therapy medicines products within the education and training of the workforce

Description Education and training will be made available across career pathways to ensure the pharmacy workforce can respond to the changes genomics and advanced therapy medicinal products will bring to practice

Action 20 From 2026 all new pharmacist registrants in Wales will be supported to follow the Royal Pharmaceutical Society Foundation, Advanced and Consultant level framework

Description Career progression will be competence based and registrants will need to achieve RPS credentials to progress from post-registration foundation to advanced or consultant practice

Action 21 Improve access to central resources which support career development frameworks for all roles in the pharmacy team

Description As part of the annual Education and Training Plan HEIW will review resources available to each pharmacy workforce group (support staff, professional trainees, pharmacy technicians and pharmacists) at each level of credentialing and we will address any gaps.

Action 22 Increase numbers of Designated Supervisors, tutors and mentors at all stages of pharmacy career frameworks

Description Short-term project to scope and report on options within and outside pharmacy to grow numbers of Designated Supervisors, tutors and mentors to meet the growing pharmacy workforce need. Support will need to be multi-professional.

Action 23 Increase multi-professional training opportunities for pharmacy professionals

Description Despite evidence of the benefits of multi-professional learning, there are limited opportunities for pharmacy professionals to train with others.

Scope and highlight priority areas for multi-professional development for national training programmes for each pharmacy staff group and for post-registration career frameworks. Progress these with professional partners.

Theme 6 – Leadership and Succession

By 2030 all pharmacy team members will demonstrate collective and compassionate leadership skills and effective team working to provide high quality care whilst leading the medicines agenda in Wales

key findings to date

- ❏ During our engagement we learnt that there has been a deficit in investment in leadership skills of pharmacy professionals in favour of clinical therapeutic developments, or those related to service delivery, and a more balanced approach is needed going forwards.
- ❏ Survey responses gave an insight into the perceived inability of pharmacy professionals to change their own work situation for the better.
- ❏ In contrast, consultant pharmacist roles, freed to provide medicines leadership in multi-professional teams, have delivered some of the most significant transformations to public health outcomes in Wales.
- ❏ Service users, other healthcare professionals and the public have yet to benefit from the full potential of pharmacy professionals leading on medicines related matters.
- ❏ The pool of applicants for senior pharmacy positions has been too small due to too few professionals having built leadership experience throughout their careers.
- ❏ Leadership opportunities are emerging involving transformation in primary and secondary care, care closer to home, prescribing, genomics and precision medicine, digital transformations in specialist services, manufacturing and procurement.

Actions

Action 24 Establish tailored access routes for each pharmacy staff group to engage with the compassionate and collective leadership tools and resources available on Gwella.

Description All those supporting NHS service provision must engage with Compassionate Leadership Principles if we are to succeed in providing compassionate care through our services. We will increase engagement with leadership development offerings through the HEIW Gwella website and develop signposting to pharmacy support staff and professionals at each stage of the pre- and post-registration, advanced and consultant level frameworks. Compassionate leadership will help create cultures where employees feel valued safe and empowered to improve care.

Action 25 Develop and deliver clinical and professional leadership solutions aligned to the Workforce Strategy for Health and Social Care that reflect the pharmacy workforce requirements

Description Effective medicines leadership at team and service level is essential to the quality of health services and can be provided by pharmacy professionals. Whilst we must avoid a silo approach in the development of our leaders, there is an argument to suggest that we need to increase momentum in the roll-out of leadership development where the pharmacy workforce has historically been underdeveloped.

Action 26 Deliver and develop professional leadership solutions that align to the leadership strategy for health and care in Wales and reflect the pharmacy workforce requirements

Description The quality of senior leadership is essential to the positive culture and working environment in pharmacy services. Initial support targeted at senior pharmacy leaders will support them to develop collective and compassionate leadership culture for junior staff coming through.

Theme 7 - Workforce supply and Shape

By 2030, we will have a diverse and sustainable pharmacy workforce in sufficient numbers to meet the health and social care needs of our population

key findings to date

- ❏ Pharmacy workforce intelligence is fragmented and needs further development and alignment to support workforce planning. Currently planning occurs in silos.
- ❏ Leaders want to be in a position to make more data driven decisions. Wales needs to transition from operational reporting in individual workplaces or sectors into more advanced reporting and analytics countrywide.
- ❏ We need to attract wider range of people into pharmacy careers so that the workforce more closely represents the local population it serves.
- ❏ Where pharmacy professionals can delegate responsibilities, they should cease undertaking some roles and focus on what is needed to deliver, 'A Healthier Wales'.
- ❏ The shape and size of the pharmacy workforce needs to change to support future models of care, policy, legislative context and in response to implementation of new technologies. This is expected to include a more diverse team, particularly in specialist services where scientists and other professionals may be well qualified.
- ❏ Workforce information and data is available to NHS managers through NHS Business Intelligence but is not fully utilised for planning purposes. With development of Wales National Workforce Reporting System (WNWRS), and expansion to include community pharmacy, analytical skills development is needed for pharmacy system leaders.
- ❏ A gap in provision has been highlighted with HEIW unable to respond effectively to requests to a pathway to registration for refugees living here who are pharmacy registrants overseas.

Actions

Action 27 Improve access to workforce information and ensure visibility of pharmacy data and outcomes in HEIW Education to Employment Pipeline

Description Work with partners so that pharmacy workforce information is available quarterly for all pharmacy sectors by staff group, health board and cluster by aligning datasets for NHS, general practice and community pharmacy workforces

Action 28 Introduce a systematic analysis of data and workforce planning for a sustainable pharmacy workforce to enable better data driven commissioning

Description Assemble a group to identify current and future risks and opportunities to pharmacy workforce sustainability who will monitor progress with developing a workforce reflective of our population's diversity, Welsh language, and cultural identity. Escalate issues needing to be addressed with partners. Explore what processes can be implemented in the UK to raise awareness of major trends affecting pharmacy, gathering external information for forecasting to aid responsiveness and resilience as seen in the American Pharmacy Forecast ³⁴

Action 29 Develop workforce planning skills amongst pharmacy professionals in all health boards and all sectors and across different clinical specialities

Description Support pharmacy practitioners in the service to influence or produce speciality workforce plans for their area of practice, (local, regional, or national) prioritised in line with National Clinical Plans. This may include access to multi-professional developments or part-time short-term secondments to access HEIW resources.

Action 30 Collaborate to ensure a clear narrative for pharmacy roles and workforce development running through all Integrated Medium-Term Plans with local adaptations

Description Clear proactive messaging from the professions via workforce plans for Health Boards as part of the IMTP and commissioning cycles. This includes general practice and community workforces, which represents the majority of the pharmacy workforce.

Action 31 Report on the feasibility of a wider range of 'supply' options into the pharmacy registrant workforce.

Description Options appraisal work will explore the feasibility and priority of re-freshing 'Return to Practice', packages, developing pharmacy degree apprenticeships, undertaking international recruitment programmes, and creating a pathway to registration in Wales for displaced pharmacists and pharmacy technicians with refugee status.

8: The benefits

Implementation of the 31 actions in the Strategic Pharmacy Workforce Plan will bring benefits across different stakeholder groups.

Benefits to citizens:

- ☒ more timely access to medicines, including prescribed medicines, wherever they are in Wales
- ☒ increased medicines safety through pharmacy professionals leading digital medicines systems and medicines use in clinical care pathways
- ☒ seamless transition of medicines information and supplies between care settings
- ☒ more options for person-centred support with medicines from pharmacy teams who are, 'closer to home', including
 - ☒ self-care and treatment of minor illnesses, and
 - ☒ highly specialist care from pharmacy professionals leading on medicines from within multi-professional clinical teams
 - ☒ more direct contact with pharmacy professionals who have skills and knowledge assured through career development framework 'credentials'
- ☒ to be treated compassionately by pharmacy teams who are culturally competent and responsive to the language needs of individuals
- ☒ more opportunities to influence, through public engagement, with pharmacy service developments
- ☒ safe and timely access to the latest evidence-based medicines and technologies to improve health.

Benefits to the pharmacy workforce:

- ☒ time in work to; provide care, develop self and others, to lead improvement and participate in research
- ☒ increased wellbeing, motivation, and job satisfaction
- ☒ compassionate cultures, role modelled by excellent leaders
- ☒ more flexible working opportunities
- ☒ better access to development opportunities within career frameworks for all staff groups
- ☒ better access to supervisors, mentors and coaches
- ☒ consistently high-quality training
- ☒ effective multi-professional working relationships across all care settings
- ☒ equity of esteem of pharmacy professional roles through use of career development frameworks in all sectors

A statutory duty of Health Boards and Statutory Health Authorities is to improve the quality of their health services, and those of the organisations they contract with.³⁵ This workforce plan is a significant enabler for organisations working to fulfil this duty.

Benefits to Health Boards/Trusts, Statutory Health Authorities and employers:

- ✦ a pharmacy workforce with enhanced clinical, education, research, and leadership skills to accelerate service transformations
- ✦ delivery of the strategic goals within 'A Healthier Wales', to shift more care into the community
- ✦ a compassionate culture
- ✦ better staff retention and fewer vacancies
- ✦ improved attraction and recruitment
- ✦ increased training capacity to grow pharmacy registrant numbers in Wales
- ✦ improved pharmacy workforce information for planning
- ✦ capacity and capability to adopt new technologies that improve health outcomes
- ✦ new skills mixing opportunities in multi-professional clinical teams

9: Implementation

The launch of this Strategic Pharmacy Workforce Plan signals our commitment to address the most urgent challenges facing the pharmacy workforce delivering NHS services swiftly and decisively. Wales has a strong commitment to working with partners and this will be key in the next phase of implementation. The plan requires a collective effort to stabilise the current workforce base from which we can build.

An implementation plan will be developed by September outlining how these actions will be achieved over the next 3 years. Some actions within the plan can be taken forward within existing resources or with minimal investment, and these will be progressed without delay. Others will require additional investment which will be subject to discussion through individual cases and plans. The 31 actions will be grouped into manageable portfolios of work to be taken forwards with partners at local, regional, and national levels overseen by robust implementation arrangements

10: Governance and accountability

The Strategic Pharmacy Workforce Plan Project Team will report on progress with implementation of the 31 actions to the HEIW Pharmacy Transformation Board which is accountable to HEIW Executive Team.

The HEIW Chief Executive reports on all strategic workforce plans to the Welsh Government Strategic Workforce Implementation Board. The Board, chaired by Judith Paget, reports to the Minister for Health and Social Services.³⁶

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