

Registrant Survey 2013

initial analysis

April 2014

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Background and introduction

In autumn 2013 the GPhC commissioned NatCen Social Research to carry out a survey of registered pharmacy professionals. All pharmacy technicians (21,672) and a large probability sample of pharmacists (30,040) were invited to take part in the survey asking about their work, practice and responsibilities. There was also a separate set of questions about prescribing practice, sent to all pharmacists with a prescriber annotation (2,954) either as a part of the probability sample or separately, to create a census of prescribers. The overall response rate to the survey was a commendable 55%, with 29,068 registrants taking part.

As well as providing detailed and current information about those working in pharmacy, the Registrant Survey 2013 creates an important benchmark against which the impact of future initiatives can be measured, such as increasing prescribing by pharmacists, new approaches to continuing fitness to practise, and changes in pharmacy service provision.

The survey will provide important data as we develop new regulatory policies which need to take into account the pharmacy workforce and pharmacy settings, as well as wider policy trends and impact of legislative changes across Great Britain, the UK and Europe.

The last census of pharmacists in Great Britain was undertaken by the Royal Pharmaceutical Society of Great Britain (RPSGB) in 2008. Although some comparison can be drawn from looking at previous RPSGB census information, changes in survey methodology and regulatory approach mean that comparisons should be made cautiously.

The regulation of pharmacists, pharmacy technicians and pharmacies changed with the establishment of the GPhC as the independent regulator of pharmacy in 2010. The Registrant Survey 2013 provides a first look at a pharmacy field which has expanded to include pharmacy technicians as part of the regulated pharmacy team.

We further expect significant interest in this work from others with an interest in policy development and research including academia and government and expect that this research will provide a significant resource for others as they consider wider issues within pharmacy and the pharmacy workforce beyond regulation. Although our analysis of the findings is, necessarily, only at a preliminary stage, further analysis will be done, cross-referencing with a wide range of policy development in the GPhC including, but not limited

to: development of professional standards; review of our registered pharmacy standards; the development of risk models; consideration of our work in response to rebalancing including the wider question of supervision; and the future role (and regulation) of pharmacists, pharmacy technicians and the pharmacy team.

Overview

1. Summary of findings

- At the point they responded to the survey, 90% of pharmacists and 95% of pharmacy technicians reported holding jobs related to pharmacy. When looking back over the previous 12 months, nearly all registrants had worked in a pharmacy related role at some point (98% of pharmacists and 99% pharmacy technicians).
- The 10% of pharmacists and 5% pharmacy technicians not working in jobs related to pharmacy most commonly reported being away from work to care for a family (pharmacists 4% and pharmacy technicians 3%, with women and younger groups more likely to do so). Only 2% of pharmacists reported being unemployed, and 0% of pharmacy technicians.
- On average, pharmacists reported working 35.7 hours per week and pharmacy technicians 32.5 hours per week.
- 73% of pharmacists work full-time in their main job, the remainder working part-time, though this varies between settings. For pharmacists, jobs in primary care are more likely to be part time.
- 70% of pharmacy technicians work full-time in their main job. For pharmacy technicians, part time jobs are more likely to be in community pharmacy.
- Looking overall at main jobs, 74% of pharmacists classify themselves as employees, 18% report that they are locums, self-employed or contractors and 8% of pharmacists report that they are business owners. There were differences here between the settings, with 24% of all jobs undertaken in community pharmacies being on a locum, self-employed or contractor basis.
- Regardless of setting, pharmacy technicians are mainly employees, with only 1% being business owners, and 2% working as locums or contractors.
- Although a large proportion of pharmacists report having just one job, as many as one in ten (10%) report having two jobs, and 3% report working in three or more jobs.

- Among pharmacy technicians, a clear majority (95%) report having one job only. 3% have two jobs and very few have three or more jobs.
- For both registrant groups, those who work in primary care (other than community pharmacy) are most likely to have more than one job.
- Community pharmacy is the largest setting in which pharmacy professionals work in their main job, with hospital pharmacy being the second largest. Primary care is the third most common setting, although significantly smaller.
 - 53% of pharmacy technicians' and 72% of pharmacists' main jobs are in community pharmacy.
 - Hospitals are the setting for 39% of pharmacy technicians' and 23% pharmacists' main jobs.
 - Primary care accounts for just 6% of both pharmacy technicians' and pharmacists' main jobs.
- With a little over a tenth of pharmacists reporting having more than one job, some analysis was also carried out of pharmacists' second jobs:
- Community pharmacy is the largest setting for second jobs. 69% of second jobs are in community pharmacy, which is the most common setting for a second job regardless of where a pharmacist worked in their main job.
 - 13% hold second jobs in primary care, and 11% in education and research.
 - The number of pharmacy technicians who had more than one job was so small that detailed analysis was not carried out.
- Understanding the extent of work across more than one setting may be one of the areas to look into in the future.

2. Professional responsibilities

The survey was an opportunity not only to learn more about where and how pharmacy professionals work but also what responsibilities they have in their work roles. Therefore a question was included to capture the typical responsibilities which pharmacy professionals had in specific job settings.

The three most common main responsibilities for pharmacists were:

- In community:
 - providing advice and information to patients and carers (84%);
 - supplying medicines and medical devices (84%); and,
 - management of staff (35%).
- In hospital:
 - providing advice and information to health professionals (77%);
 - providing advice and information to patients and carers (57%); and,
 - any other clinical work (41%).
- In primary care:
 - providing advice and information to health professionals (74%);
 - governance, policy, regulation and other administrative work (45%); and,
 - providing advice and information to patients and carers (32%).

The three most common main responsibilities for pharmacy technicians were:

- In community:
 - supplying medicines and medical devices (82%);
 - providing advice and information to patients and carers (68%); and,
 - routine tasks to manage pharmacy environment (66%).
- In hospital:
 - supplying medicines and medical devices (65%);
 - providing advice and information to patients and carers (42%); and,
 - routine tasks to manage pharmacy environment (32%).
- In primary care:
 - providing advice and information to patients and carers (47%);
 - providing advice and information to health professionals (47%); and,
 - supplying medicines and medical devices (30%).

Analysis

For the GPhC, understanding pharmacy professionals and the settings they work in is key to developing effective regulatory approaches.

This is the first time research of this kind has been carried out since the non-practising register was abolished and replaced with a single, practising register. The findings suggest

that those on the register are indeed actively practising, with 90% of pharmacists and 95% of pharmacy technicians currently working in pharmacy related roles.

Both pharmacists and pharmacy technicians on the GPhC register are less likely to be unemployed on average than the economically active population, 2.0% compared to 7.6% in the same period. However, they will also work shorter hours on average, at 35.7 hours per week for pharmacists and 32.5 hours for pharmacy technicians, compared to 37.6 hours per week for the economically active population as a whole¹.

The survey findings also draw a picture of two very different pharmacy professions. Whereas pharmacy technicians typically hold one job and work in one setting as employees, most commonly in either community or hospital, pharmacists seem to work across different settings, and there is a greater mix of business owners, employees, locums and contractors.

The size of healthcare organisations and businesses may be a factor in the balance of pharmacists and pharmacy technicians within teams. The largest multiples in community pharmacy have almost the same proportion of pharmacy technicians in their pharmacy teams as hospital pharmacies, whereas independent pharmacies are more likely to be the primary domain of pharmacists. Given that a large proportion of independent pharmacies are single handed operations, run by many of the 8% of pharmacists who report that they are business owners, this is hardly surprising. However, it may suggest that opportunities for development for pharmacy technicians in independent pharmacy may be more limited than in other areas.

Looking at the findings, it would however appear that roles of pharmacists in hospital and community are rather different. Those working in community identified supply of medicines and medical devices as a main responsibility, alongside advising patients and carers. Hospital pharmacists' main responsibilities focused on providing advice to other healthcare professionals, as well as other clinical work, in addition to providing advice to patients and the public.

¹ Labour Market Statistics, November 2013, ONS http://www.ons.gov.uk/ons/dcp171778_332467.pdf

Pharmacy technicians' main responsibilities tend to be similar across both community and hospital pharmacy and include supplying medicines and medical devices, providing information to patients and carers and routine tasks to manage the pharmacy environment. Their role in hospital pharmacy enables pharmacists to undertake clinical work. However, the difference in proportions between community and hospital pharmacy technicians' responsibilities may suggest that hospital pharmacy technicians have more diverse responsibilities than those who work in community.

As the largest setting of practice, community pharmacy would also appear to be the most transient. Second jobs in community as well as locum and part time work all seem prevalent in this setting. Roles in community are almost always patient-facing. The majority of pharmacists identify the provision of information as one of their main responsibilities, alongside with supplying medicines and medical devices. Similarly, pharmacy technicians also identify these as being their main responsibilities.

Pharmacy professionals working in hospital tend to have one job only. All in all, pharmacy professionals in this sector are predominantly employees, and very few are working as locums. Pharmacy technicians are more likely to be working full-time in hospitals than in other settings. Both groups work in patient facing roles in the main, although some 15 % of pharmacy technicians reported never being patient facing. Pharmacy technicians and pharmacists also have quite distinct responsibilities in hospital pharmacy. Pharmacy technicians most commonly said the supply of medicines and medical devices is one of their main responsibilities, whereas pharmacists' most commonly named responsibility was providing information and advice to health professionals.

Appraisals

Summary of findings

- Six in ten pharmacists (60%) and seven in ten pharmacy technicians (72%) reported having had an appraisal in the last 12 months.
- Appraisals are more common in hospital. Pharmacists only working in a hospital setting were most likely to report having had an appraisal (80%). Pharmacy technicians only working in a hospital setting were most likely to report having had an appraisal (81%).
- Appraisals are less likely in community. Half of pharmacists (51%) and two thirds of pharmacy technicians (65%) in a community setting report having had an appraisal. Only 14% of pharmacists in a locum main job in a community setting had an appraisal in the last 12 months.
- Prevalence of appraisals varies significantly by type of community setting. 69% of pharmacists working in large multiples have appraisals, whereas just 17% of pharmacists working in a community pharmacy with four or fewer stores were appraised. There was a similar difference for pharmacy technicians, although less marked.
- Pharmacists with a patient facing role in a community or primary care setting were less likely to have had an appraisal than those in non patient facing roles, but there was no significant difference for those working in a hospital setting. There were also no significant differences between patient and non patient facing roles among pharmacy technicians in community, primary care or hospital settings.
- Having an appraisal by a pharmacy professional was most common in hospital settings for both pharmacists and pharmacy technicians, but when appraisals in smaller community pharmacy settings occurred, these were described by respondents as more likely to be carried out by a peer than appraisals carried out in multiples.

Analysis

In November 2013, the GPhC Council agreed a draft framework for assuring the continuing fitness to practise of pharmacy professionals. The framework had three components: a peer review process, review of continuing professional development and the use of external performance indicators. The draft framework states that the review should build on existing processes such as appraisals where possible. It was also recognised that appropriate modifications would need to be made to existing processes so that they deal with professional issues.

Overall, appraisals are more common in hospital than in community settings, for both pharmacists and pharmacy technicians. While typically appraisals are more common in multiples, they are more likely to be focused on organisational and financial targets, rather than professional development. Whilst appraisals are less likely to occur in smaller community pharmacy settings, when they do occur, they are more focused on professional matters.

Patients have a reasonable expectation that healthcare professionals will keep their knowledge and skills up to date, and interacting with others through working in teams can provide an important informal mechanism to enable this to happen. The findings provide clear evidence that we need to further consider the policy development for continuing fitness to practise, in relation to the use and weight we can place on appraisals for those working as a locum, self-employed and contractor basis. Peer support and scrutiny is critical and all health professionals must have opportunities to reflect on the safety and effectiveness of their practice. As expected the role of locums will need further analysis. While they can provide useful insights into pharmacy settings where they are working in for the first time and not directly employed, they can also act as a valuable bridge for best practice to be shared between teams. This presents both challenges and opportunities in community pharmacy, where a quarter of the pharmacist workforce is engaged in this way.

The findings also confirm that if appraisal were to figure as a significant part of any continuing fitness to practise mechanism significant work will be required with professional leadership bodies and with employers to build on existing appraisal systems. They also highlight the general need for pharmacy organisations to ensure that there are systems in place to enable pharmacists and pharmacy technicians to keep up to date professionally.

Prescribing

Summary of findings

- Three quarters (74%) of prescribers had prescribed at some point since their annotation and of these, 82% had prescribed in the last 12 months (61% of all with a prescriber annotation).
- The reasons prescribers gave for not prescribing are a lack of opportunities and changes in circumstances, as well as personal reasons such as retirement and maternity leave.
- Prescribers are predominantly working in hospital settings (61%) and primary care settings (30%), and less so in community settings (11%).
- The three most frequently given areas for prescribing were antibiotics (39%), pain management (38%) and cardiovascular (37%).
- Two-thirds (64%) prescribed to 10 patients or fewer in a typical week.
- 54% of those who had prescribed in the last 12 months prescribed 10 items or fewer in a typical week.

Analysis

As expected, prescribing is more prevalent in hospital and primary care, reflecting the priority that has been given to training pharmacists in hospital and primary care to become independent prescribers. While the community sector currently lags behind hospital and primary care, new models of pharmacy service promoted by the respective governments and administrations in England, Scotland and Wales, provide a clear indicator of future public policy direction of travel and there is significant potential for this profile to change.

Across all sectors, the fact that a quarter of qualified prescribers have never prescribed in practice requires further exploration and to some, although expected, will be a major concern. The low numbers of patients being seen by prescribers, with 40% of pharmacists prescribing to 5 or fewer patients in a typical week, is a clear indication that there is a gap between the original policy intent and the reality on the ground where prescribing is still low, even among active prescribers.

The survey will be an important benchmark, and possibly stimulus, against which the major initiatives in all three GB countries can be considered. Whether it be NHS England's

Community Pharmacy Call to Action, Prescription for Excellence in Scotland, or proposed changes to the pharmacy contract in Wales, increased prescribing within pharmacy is clearly something governments wish to achieve. We will be able to use the survey findings to inform the review of the standards for initial education and training of pharmacists (and pharmacy technicians) as well as standards for the accreditation of independent prescribing programmes and share them with stakeholders such as higher education institutions and the independent prescribing focus group.

Conclusion

As with all large scale research initiatives, perhaps the biggest conclusion we may end up drawing is that further research is needed. That said, we are already able to use the findings to inform current initiatives and there has been significant interest in the findings from colleagues across government, pharmacy and academia.