

Survey of Registered Pharmacy Professionals 2019 - Questionnaire

Key

Free text
Pharmacist only
Pharmacy technicians only
Prescribers only

Background questions

Q1) What type of pharmacy professional are you?

Pharmacist

Pharmacy technician

Q2A) When did you first register with the GPhC (or the RPSGB)?

Before 1970

1970-1979

1980-1989

1990-1999

2000-2009

2010-2015

2016 or after

Q2B) When did you first register with the GPhC?

2010-2015

2016 or after

Q3A) Which route did you use to register with the GPhC (or the RPSGB)?

UK (qualified in England, Scotland, Wales or Northern Ireland)

EEA (qualified in an EU country, Norway, Liechtenstein, Iceland or Switzerland)

Overseas (qualified in a non-EEA country)

Q3B) Which route did you use to register with the GPhC?

*NB. Grandparenting transitional arrangements applied to pharmacy technicians who had already qualified in the UK or overseas (non-EEA countries) when mandatory registration was introduced in 2011. This enabled registration with the GPhC without completing further qualifications or work experience. Grandparenting did not apply to EEA pharmacy technicians who could apply through the EEA route to the register.

Grandparented* UK (qualified before 1 July 2011 in England, Scotland, Wales or Northern Ireland and applied to register under grandparenting transitional arrangements)

UK (qualified in England, Scotland, Wales or Northern Ireland with full registration requirements of 2 UK qualifications + 2 years' work experience)

Grandparented* overseas (qualified in a non-EEA country and applied to register before 1 July 2011 under grandparenting transitional arrangements)

Overseas + UK (qualified in a non-EEA country and completed 2 additional UK qualifications)

EEA (qualified in an EU country, Norway, Liechtenstein, Iceland or Switzerland)

ASK ONLY IF PHARMACIST (Q1) REGISTERED SINCE 2016 (Q2), AND UK OR OVERSEAS (Q3A)

Q4) Where did you achieve your MPharm degree or OSPAP qualification?

[List of Universities in UK]

ASK TO BOTH ROLES ONLY IF REGISTERED SINCE 2016 (Q2), UK OR OVERSEAS (Q3A OR Q3B)

Q5A) Where did you complete your pre-registration training? If you spent time in more than one location, please select where you spent the majority of your time.

England

Scotland

Wales

Northern Ireland --> Q6

Channel Islands or Isle of Man --> Q6

Q5B) Where in England did you complete your pre-registration training? If you spent time in more than one location, please select where you spent the majority of your time.

[List of counties in England]

Q5C) Where in Scotland did you complete your pre-registration training? If you spent time in more than one location, please select where you spent the majority of your time.

[List of areas in Scotland]

Q5D) Where Wales did you complete your pre-registration training? If you spent time in more than one location, please select where you spent the majority of your time.

[List of areas in Wales]

Section A: Work in Great Britain in the last 12 months

Q6) In the last 12 months in which of the following types of settings in Great Britain have you worked in a pharmacy related role? Select all that apply

I have not worked in a pharmacy related role in the last 12 months

I have only worked in pharmacy related roles outside of Great Britain in the last 12 months

Community pharmacy (including online only pharmacy) – select to expand below

- Independent pharmacy or chain (1-5 pharmacies)
- Small to medium multiple pharmacy chain (6-100 pharmacies)
- Large multiple pharmacy chain (Over 100 pharmacies)
- Online only pharmacy

Primary care (other than community pharmacy) – select to expand below

- General practice
- Urgent care provider/service (e.g. out of hours and NHS 111 service)
- Hospice
- Mental Health and Learning Disability Service/Trust
- Care home
- Online only prescribing service
- **Other primary care provider/organisation, please specify**

Secondary care (including hospital pharmacy) – select to expand below

- Hospital pharmacy (NHS or private hospital)
- Urgent care provider/service (e.g. A&E)
- Mental Health and Learning Disability Service/Trust
- Ambulance Service/Trust
- Hospice
- **Other secondary care provider/organisation, please specify**

Prison pharmacy

Healthcare commissioning organisation (eg. CCG or CSU)

Research, education or training provider

Pharmaceutical industry

Armed forces

Other (write in)

Section B: Current working status

Q7A) What is your current working status? Select all that apply

Working in a paid pharmacy role in Great Britain (full-time or part-time)

Working in a paid non-pharmacy role in Great Britain (full-time or part-time)

Temporarily away from work (e.g. maternity or paternity leave/ sick leave/ other approved leave)

In full-time education and intending to return to pharmacy practice in Great Britain

Not employed but looking for paid pharmacy work in Great Britain (either full-time or part-time)

Not employed and not looking for work in Great Britain (e.g. career break or full-time parent/carer)

Working abroad/outside of Great Britain

Other (write in)

Q7B) Do you currently have caring responsibilities for children/family members/other individuals? This does not include anything you do as part of your paid employment.

Yes --> Q7C

No --> Q7D

Q7C) Which of the following best describes your caring responsibilities:

Not working with full-time caring responsibilities [SHOW IF Q7A=3,4,5,6,8]

Not working with part-time caring responsibilities [SHOW IF Q7A=3,4,5,6,8]

Working part-time with caring responsibilities [SHOW IF Q7A=1,2,7,8]

Working full-time with caring responsibilities [SHOW IF Q7A=1,2,7,8]

Other (write in) [SHOW TO ALL]

Q7D ONLY ASKED IF WORKING OR TEMPORARILY AWAY FROM WORK IN Q7A

Q7D) How satisfied or dissatisfied are you with your work-life balance?

Very satisfied

Quite satisfied

Neither satisfied nor dissatisfied

Quite dissatisfied

Very dissatisfied

Q8 ONLY ASKED IF WORKING OR TEMPORARILY AWAY FROM WORK IN Q7A

We'd now like to know information about your current job/jobs

Q8) How many paid pharmacy related jobs (full-time or part-time) do you currently work in? Only include jobs held in Great Britain

0 --> Q12A

1 --> Q9A

2 --> Q9A

3 --> Q9A

4 --> Q9A

5 or more --> Q9A

Section C: Current employment in pharmacy

Please let us know details of the paid pharmacy positions you currently hold in Great Britain. We have included space for you to tell us about up to three different jobs.

If you have more than one job, please start with the one you consider to be your main job.

Job 1

Q9A) Please select the job title(s) which best describe(s) your role. Select all that apply

Pharmacist
Locum Pharmacist (community)
Locum Pharmacist (hospital)
Relief Pharmacist
Pharmacist Manager
Practice Pharmacist
Medicines Optimisation Pharmacist
Specialist Clinical Pharmacist
Advanced / Senior / Lead Clinical Pharmacist
Foundation / Junior Clinical Pharmacist
Chief Pharmacist / Director of Pharmacy
Superintendent Pharmacist
Academic Pharmacist/Researcher
Pharmaceutical Scientist/Researcher
Industrial Pharmacist
Sterile/non-sterile Manufacturing or Quality Assurance Pharmacist
Clinical Trials Pharmacist
Training / Education / Development Pharmacist
Medicines Information Pharmacist
Other Pharmacist (write in)

Pharmacy Technician
Locum Pharmacy Technician
Dispensing Pharmacy Technician
Senior Pharmacy Technician
Manager / Team leader
Accuracy Checking Pharmacy Technician
Practice Pharmacy Technician
Training / Education / Development Pharmacy Technician
Medicines Management / Ward-based Pharmacy Technician
Medicines Information Pharmacy Technician
Medicines Optimisation Pharmacy Technician
Clinical Trials Pharmacy Technician

Prescribing Support Pharmacy Technician

Sterile/non-sterile Manufacturing or Quality Assurance Pharmacy Technician

Quality Assurance Pharmacy Technician

Other Pharmacy Technician (write in)

Q9B) How many hours do you typically work in this job? Type in the number of hours to the nearest decimal place in the format 00.0 hrs p/w

Q9C) What type of setting(s) do you practise in, in this job? Select all that apply

Community pharmacy (including online only pharmacy) – select to expand below

- Independent pharmacy or chain (1-5 pharmacies)
- Small to medium multiple pharmacy chain (6-100 pharmacies)
- Large multiple pharmacy chain (Over 100 pharmacies)
- Online only pharmacy

Primary care (other than community pharmacy) – select to expand below

- General practice
- Urgent care provider/service (e.g. out of hours and NHS 111 service)
- Hospice
- Mental Health and Learning Disability Service/Trust
- Care home
- Online only prescribing service
- Other primary care provider/organisation, please specify

Secondary care (including hospital pharmacy) – select to expand below

- Hospital pharmacy (NHS or private hospital)
- Urgent care provider/service (e.g. A&E)
- Mental Health and Learning Disability Service/Trust
- Ambulance Service/Trust
- Hospice
- Other secondary care provider/organisation, please specify

Prison pharmacy

Healthcare commissioning organisation (eg. CCG or CSU)

Research, education or training provider

Pharmaceutical industry

Armed forces

Other (write in)

Q9D) What is your employment status in this job?

Employee

Business owner (including pharmacy owner)

Locum

Self-employed/ freelancer/ contractor (excluding locum)

Q9E) In which country is your main workplace for this job? If you mainly work from home please use the location of your home address

England --> Q9F

Scotland --> Q9G

Wales --> Q9H

No fixed place --> Q9J

Q9F) Where in England is your main workplace for this job?

[List of counties in England]

Q9G) Where in Scotland is your main workplace for this job?

[List of areas in Scotland]

Q9H) Where in Wales is your main workplace for this job?

[List of areas in Wales]

Q9I) What is the first half of the postcode of your workplace? Type your postcode below. If you mainly work from home please use the location of your home address. We only need the first part e.g. SO14

Q9J) Is this a patient facing role? By patient facing we mean roles delivering care and services directly to individual patients or members of the public (including technology enabled care)

Yes, all or most of the time

Yes, some of the time

Yes, occasionally

No, rarely or never

Q9K) and Q9L) What responsibilities do you have in this job?

Please select all responsibilities that apply AND Please select your three main responsibilities

Providing advice and information to patients and carers

Providing treatment to patients

Providing advice and information to health professionals

Supplying medicines and medical devices (for example: supervising sales, selling, dispensing, accuracy checking)

Medicines reconciliation pre-/post-discharge

Repeat prescription management

Patient consultations

Diagnosing of minor ailments

Diagnosing in specialist area(s)

Any other clinical work (for example: long term disease management, health checks, vaccinations, ward rounds, complex/high risk medicines monitoring)

Preparation and manufacturing of medicinal products (for example: extemporaneous/ aseptic preparation, accuracy checking)

Quality assurance of medicinal products and/ or their distribution (for example: batch checking, pharmacovigilance)

Management of staff

Routine tasks to manage the pharmacy environment (for example: disposal of medicines, ordering, receiving & checking stock)

Home visits or domiciliary reviews (care homes and care at home)

Education, training, mentoring and tutoring

Research, innovation, audit and quality improvement

Governance, policy, regulation and other administrative work

Development and management of pharmacy IT systems and technology

Risk management (for example improving medication safety or reducing risk of antimicrobial resistance)

Prescribing (any setting)

Other (write in)

Q9M)? How would you rate your overall level of satisfaction in this job?

Very satisfied

Quite satisfied

Neither satisfied nor dissatisfied

Quite dissatisfied

Very dissatisfied

Job 2 (if applicable, otherwise go to Q10A):

Q10B, Q10C & Q10D are repeats of questions Q9B, Q9C & Q9D

Job 3 (if applicable, otherwise go to Q10A):

Q11B, Q11C & Q11D are repeats of questions Q9B, Q9C & Q9D

Q11E ONLY ASKED IF HAS MORE THAN 3 PHARMACY JOBS IN Q8

Q11E) You mentioned earlier that you have more than three pharmacy related jobs. How many hours a week do you work in these additional pharmacy related roles? Please do not include hours for the three jobs you have already told us about. Type in the number of hours to the nearest decimal place in the format 00.0 hrs p/w

Section D: Work not related to pharmacy

Q12A) Do you currently work in a paid non-pharmacy role (full-time or part-time) in Great Britain?

Yes --> Q12B

No --> Q13

Q12B) How many hours do you typically work in your non-pharmacy related job(s)? Type in the number of hours to the nearest decimal place in the format 00.0 hrs p/w

Section E: Work in Great Britain as a pharmacist prescriber in the last 12 months

Q13) Are you annotated as a prescriber on the GPhC register?

Yes, annotated as an independent prescriber --> Q15

Yes, annotated as a supplementary prescriber --> Q15

Yes, annotated as both an independent and supplementary prescriber --> Q15

No --> Q14

Q14) Do you intend to gain a prescribing qualification and annotation in the next five years?

Yes --> Q23

Undecided --> Q23

No --> Q23

Q15) Which of these areas did you specialise in for your prescribing training and qualification?

Acute conditions

Anticoagulation

Antimicrobials

Cardiovascular

Care of the elderly

Chronic/long-term conditions

Dermatology

Discharge medication

Ear/nose/throat

Endocrinology (including diabetes)

Gastrointestinal disease

Hepatic

Hypertension

Infectious diseases

Medicines optimisation and reviews (including management of polypharmacy and deprescribing)

Mental health

Minor ailments

Musculoskeletal
Non-surgical cosmetic interventions
Obstetrics
Oncology
Paediatrics
Pain management
Palliative care
Renal
Respiratory
Substance misuse
Total Parenteral Nutrition (TPN)
Travel medicine
Other (write in)

Q16) Have you ever practised as an independent or supplementary prescriber in Great Britain since your annotation in the register as a pharmacist prescriber?

Yes

No --> Q22

Q17) Have you changed your scope of practice since your initial training and qualification as an independent/supplementary prescriber?

Yes

No

Q18) In the last 12 months, which of these areas have you prescribed in as a pharmacist prescriber in Great Britain? Select all that apply

I have not prescribed in the last 12 months in Great Britain --> Q22

Acute conditions

Anticoagulation

Antimicrobials

Cardiovascular

Care of the elderly

Chronic/long-term conditions

Dermatology
Discharge medication
Ear/nose/throat
Endocrinology (including diabetes)
Gastrointestinal disease
Hepatic
Hypertension
Infectious diseases
Medicines optimisation and reviews (including management of polypharmacy and deprescribing)
Mental health
Minor ailments
Musculoskeletal
Non-surgical cosmetic interventions
Obstetrics
Oncology
Paediatrics
Pain management
Palliative care
Renal
Respiratory
Substance misuse
Total Parenteral Nutrition (TPN)
Travel medicine
Other (write in)

Q19) In the last 12 months, which of the following types of settings have you worked in as a pharmacist prescriber? Select all that apply

Community pharmacy (including online only pharmacy) –select to expand below

- Independent pharmacy or chain (1-5 pharmacies)
- Small to medium multiple pharmacy chain (6-100 pharmacies)
- Large multiple pharmacy chain (Over 100 pharmacies)
- Online only pharmacy

Primary care (other than community pharmacy) – select to expand below

- General practice
- Urgent care provider/service (e.g. out of hours and NHS 111 service)
- Hospice
- Mental Health and Learning Disability Service/Trust
- Care home
- Online only prescribing service
- **Other primary care provider/organisation, please specify**

Secondary care (including hospital pharmacy) – select to expand below

- Hospital pharmacy (NHS or private hospital)
- Urgent care provider/service (e.g. A&E)
- Mental Health and Learning Disability Service/Trust
- Ambulance Service/Trust
- Hospice
- **Other secondary care provider/organisation, please specify**

Prison pharmacy

Healthcare commissioning organisation (eg. CCG or CSU)

Research, education or training provider

Pharmaceutical industry

Armed forces

Other (write in)

Q20) In a typical week, how many patients do you see (in person or remotely) in your capacity as a pharmacist prescriber? For example, monitoring, prescribing, de-prescribing, advice etc.

Fewer than 5

6-10

11-20

21-30

31-40

41-50

51+

Q21) What approximate proportion of your time do you spend on prescribing activities? Please type a percentage figure in the box below.

Q22a and Q22b) Why have you not practised as a pharmacist prescriber in Great Britain (in the last 12 months)? Select all that apply

Moved employment to an area where prescribing practice is not needed

Lost interest in prescribing

Career break including maternity/paternity leave, sick leave or sabbatical

Working abroad

Retirement

Lack of opportunity to prescribe in current role

Lack of funding/resources/facilities to deliver prescribing services

Lack of support, training or guidance for pharmacist prescribers

Lack of confidence as a pharmacist prescriber

General lack of available prescribing roles

Lack of prescribing roles in my specialist area

Other (write in)

Section F: Additional qualifications and registrations

Q23) In addition to the qualification(s) you needed to register, which, if any, of the following UK qualifications have you completed? Please only include qualifications that relate to your pharmacy practice. The list below includes qualifications for both pharmacists and pharmacy technicians. Select all that apply

Graduate level (Graduate certificate or diploma, Foundation or Bachelor's degree)

Postgraduate level (Postgraduate certificate or diploma, Masters degree. NB Excludes MPharm and prescribing qualifications)

Doctoral (PhD, Professional Doctorate)

Other pharmacy related higher education qualification (i.e. degree level or above) (write in)

Accuracy Checking Pharmacy Technician

Certificate in Medicines Management

Certificate in Medicines Optimisation

Consultation skills for pharmacy technicians (Level 4)

Independent professional pharmacy practice (Level 4)

Delivering pharmacy public health services (Level 4)

Professional Development Award (PDA) final accuracy checking by pharmacy technicians

Higher National Certificate (HNC) Pharmacy Services Development and Management

PDA assessment and supply of individual patients' medicines

Procedures for Pharmacy Aseptic Checking Technicians

Other pharmacy related further education qualification (i.e. below degree level) (write in)

No, none of the above

Q24) Do you intend to undertake any further qualifications in the next three years (excluding prescribing qualifications)?

Yes

Undecided

No

Q25) Are you registered with any other healthcare regulator either in Great Britain or overseas? Select all that apply

No, I am only registered with the GPhC

Yes, I am registered with another non-pharmacy healthcare regulator in Great Britain

Yes, I am registered with another pharmacy regulator outside Great Britain

Yes, I am registered with another non-pharmacy healthcare regulator outside Great Britain

Section G: Future plans for registration and professional practice

Q26) Do you intend to renew your pharmacist/pharmacy technician registration with the GPhC next time it comes up for renewal?

Yes --> Q27

Undecided --> Q27

No --> Q28

Q27) Do you intend to continue practising as a pharmacy professional in Great Britain over the next three years?

Yes -> Q29

Undecided -> Q29

No -> Q28

Q28) Why do you not intend to continue practising as a pharmacy professional in Great Britain? Select all that apply

- I anticipate not being able to work due to an illness or disability
- I anticipate not being able to work due to lack of work in my local area
- I intend to work in a different sector (non-pharmacy)
- I intend to leave Great Britain
- I intend to go into full-time education
- I intend to stop working to look after my family/home
- I intend to work in a pharmacy role that does not require registration
- I intend to retire

Other reason (write in)

Q29 In relation to your pharmacy work, do you intend to do any of the following over the next three years? Select all that apply

- Change workplace setting
- Change role
- Move location
- Increase number of hours worked overall
- Decrease number of hours worked overall
- None of the above

Section H: Equality and diversity

The GPhC is committed to promoting equality, valuing diversity and being inclusive in all its work as a health professions regulator, and to making sure it meets our equality duties.

The following questions relate to our equality and diversity work and add to our understanding of the diversity of the pharmacy profession, so that we can make sure our services and events reflect this diversity.

You do not have to answer these questions if you would prefer not to.

Q30) What is your sex?

- Male
- Female
- Other

Prefer not to say

Q31) Does your gender identity match your sex as registered at birth?

Yes

No

Prefer not to say

Q32) What is your age?

16-24 years

25-29 years

30-34 years

35-39 years

40-44 years

45-49 years

50-54 years

55-59 years

60-64 years

65+ years

Prefer not to say

Q33) What is your sexual orientation?

Heterosexual/straight

Gay woman/lesbian

Gay man

Bisexual

Other

Prefer not to say

Q34A) Do you consider yourself disabled?

Disability is defined in the Equality Act 2010 as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".

Yes --> Q34B

No --> Q35

Prefer not to say --> Q35

Q34B) What type of disability do you have? Select all that apply

Physical impairment

Mental impairment

Other

Prefer not to say

Q35) What is your race? Choose the appropriate box to indicate your ethnic group/cultural background.

White

British

Irish

Gypsy or Irish traveller

Other white background

Black or Black British

Caribbean

African

Other black background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Other mixed background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background

Arab

Other

Prefer not to say

Q36) What is your religion?

None

Buddhist

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Hindu

Jewish

Muslim

Sikh

Any other religion

Prefer not to say

Q37) Have you taken any of the following types of leave within the past year?

Maternity leave – statutory

Maternity leave - extended

Paternity leave

Shared parental leave

Adoption leave

None of the above

Prefer not to say

Q38) In which of these countries do you live?

England

Scotland

Wales

Outside of Great Britain

Prefer not to say

Q38A) Where in England do you live?

[List of counties in England]

Q38B) Where in Scotland do you live?

[List of areas in Scotland]

Q38C) Where in Wales do you live?

[List of areas in Wales]

Q39) And finally, what is the first half of your home postcode? Type your postcode below. We only need the first part e.g. SO14

Thank you for taking the time to complete this survey. Your views are greatly appreciated. Please click the tick button below to send your response.