

# ENHANCING SKILL-MIX IN COMMUNITY PHARMACIES: Executive Summary

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# Executive Summary

## Background context

The role of the community pharmacy in the healthcare service is expanding. The change in the community pharmacy contractual framework in 2005 allowed pharmacists to provide services which were previously carried out by GPs and to delegate certain pharmacist tasks to other members of the pharmacy team. These developments have prompted growing interest in optimising the mix of staff (skill-mix) within community pharmacies. In addition to a pharmacist, the team can comprise pharmacy technicians, accuracy checking technicians (ACTs), dispensing assistants and medicine counter assistants (MCAs), amongst others. However, in community pharmacy there is no set requirement for the constitution of the pharmacy team.

The re-allocation of pharmacists' and other team members' tasks and responsibilities requires a shift in entrenched views on roles and duties and a change in the community pharmacy culture. Despite being willing to delegate parts of the dispensing process, pharmacists still carry out tasks which could be performed by pharmacy technicians or ACTs. From the research literature, factors influencing delegation and skill-mix optimisation include: staffing and workload, premises (size and space), resources (for training, funding and pay), management support, relationships (with GPs/others, trust in staff abilities), professional identity (leadership, isolation) and patient awareness and perceptions.

## Aims

Our aim in this study was to report on barriers to skill-mix in community pharmacy and explore how they can be addressed so that skill-mix may be optimised. The objectives were to:

1. identify pharmacists' understanding of the skills, competencies and responsibilities of members of the pharmacy team;
2. gauge pharmacists' readiness to employ extended roles and responsibilities;
3. document perceptions of barriers and enablers to effective delegation;
4. provide case studies of exemplar team working;
5. develop learning groups for those considering enhancing skill-mix; and
6. make recommendations for skill-mix in community pharmacy.

## Methods

The study adopted a mix-methods design in four main stages: a scoping exercise (face-to-face meetings with community pharmacy groups and literature review), a survey of community pharmacists across Great Britain (using a piloted postal questionnaire which was also available online), five case studies of diverse community pharmacies (observation and interviews with staff), and feedback (from our advisory group and events).

## Survey results

We received 1209 returns (1119 paper-based; 90 online) representing a 9% voluntary sample. Most were from England (96%), were pharmacy chains (76%), commonly open 40-49 hours (43%), and dispensing fewer than 6,000 prescriptions per month (41%). Over half (51%) had between 5-8 members of staff. Of these pharmacies, a pharmacy technician was included in 46% of them and an ACT in 23%. Rarely did these pharmacies use a dispensing hub (6%) or a robot (2%). Most offered a prescription delivery service (86%). Larger pharmacies (seven or more staff) dispensed more prescriptions. Those employing pharmacy technician(s) offered significantly more commissioned professional services ( $p < 0.01$ ;  $\chi^2 = 14.444$ ). Pharmacies with a pharmacy technician offered more services than those without ( $p < 0.01$ ;  $\chi^2 = 14.588$ ).

From a factor analysis of responses to 26 opinion statements, we identified six factors. Those perceiving the skill mix to be 'working well' (factor 1) tended to be pharmacy owners and those from

single businesses, dispensing fewer prescriptions and open for shorter hours. Pharmacy chains, open for longer hours, handling large numbers of prescriptions and those pharmacists in a manager position were more likely to be 'feeling the pressure' (factor 2). Views on 'pharmacy technicians' pay and conditions' (factor 3) and the 'pharmacy contract' (factor 4) varied by business type (chain/single business) and pharmacist role. More pharmacy owners were uncertain about 'scope of practice' including extent of roles, responsibilities and legalities (factor 5). Those fewer years qualified or owners or those based in single business open for longer were more likely to recognise 'room for improvement' related to a diversity of aspects including leadership training, use of extended roles and staff turnover (factor 6).

The great majority of respondents (88%) reported feeling confident about delegating workload to other members of their team. The role of the pharmacy technician was valued by most: they were seen as having knowledge, skills and experience which enabled them to make valuable contributions to specific tasks and relieve the work pressure of the pharmacist. However, a minority viewed them as having limited value compared to dispensers.

Although a sizeable number of our respondents desired no change as their team was already working well, the majority wanted to make some change; most commonly cited changes were the recruitment of new staff, staff training, and developing team experience. Others commented on the need to improve staff attitudes. A variety of staff roles was identified by the near 50% of respondents who wanted to make a new appointment. These included ACTs (identified by 71% of those wanting to recruit new staff), MCAs (66%), dispensing assistants (NVQ L2) (65%), pharmacists (62%), pharmacy technicians (57%) and pre-registration trainee pharmacists (54%). Such new appointments were seen as easing workloads and releasing pharmacist time for services and allowing greater patient contact.

Barriers to developing roles and responsibilities included financial and budgetary issues, lack of time to train staff owing to high workload and insufficient staffing levels. Other barriers included uncertainty about scope of practice or regulatory guidelines. Enablers for developing roles and responsibilities included more staff cover, more time and funding for training of all team members and, improved pay.

Summary points from the survey include:

- The sample is diverse (single businesses/chains; managers/owners) and circumstances and opinions differ.
- Pharmacy chains open for longer hours, handling large numbers of prescriptions and those in a manager position seem to be feeling the pressure most.
- Respondents in a position to influence (perhaps exemplified by the experienced, small business owner) may have felt more empowered to affect change and make a difference.
- Key barriers to developing roles and responsibilities are time and money.
- Training is part of the solution (scope of practice, legalities, leadership) but is challenged by lack of time and resources.

### **Summary points from the case studies**

- All pharmacies were patient- rather than prescription-focused and offered a range of services. Staff members took pride in providing a good service to customers; staff seemed committed to treating people well.
- Staff described how they covered each other's roles and adopted a flexible approach to managing workload.
- Strong leadership was evident and staff felt valued. Regular staff meetings were used to aid communication.
- The importance of staff development was recognised although the pharmacy leads were accepting that not all staff wished to develop their role.

- Three of the pharmacies have made a conscious decision to restrict retail to healthcare-related products only in order to enhance their image as a professional healthcare service. This may have contributed to staff feeling more like professionals rather than shop assistants and possibly had a positive effect on attitude and commitment.

## Conclusions and recommendations

Opinions on *how* skill-mix ‘worked’ and for *whom* it worked seemed to differ. It looked more likely to be perceived as working well by pharmacy owners and those from single businesses, dispensing fewer prescriptions and open for shorter hours. In contrast, workload pressures seemed to be felt more intensely by those in pharmacy chains, open for longer hours, handling large numbers of prescriptions and those pharmacists in a manager, rather than owner position. Such workload pressure could be alleviated by delegation and indeed, the great majority of respondents were confident to delegate to other members of their team. Our survey findings on the key barriers to delegating and developing staff roles and responsibilities chimed with existing literature and included resources (funding, time for training, pay), staffing and workload, and relationships (within the team and with GPs/others). We also found some uncertainty about scope of practice amongst pharmacy owners.

The role of the pharmacy technician was appreciated by most and seen as relieving the work pressure of the pharmacist. However, survey responses raised questions about support staff’s scope of practice. Some members of the team were working beyond their qualification and training levels. Reasons for this are unclear but could include workforce pressures and available skills within the team, or lack of understanding of scope of practice. Such explanations may have influenced comments which questioned the value of the pharmacy technician relative to dispensers. That more wanted an MCA (66%) or dispensing assistant (65%) than a pharmacy technician (57%) could be linked to staff working beyond their qualification level and a lack of understanding of scope of practice. Despite a degree of uncertainty about role remit, less qualified roles were viewed positively and seen as easing workloads and releasing pharmacist time for services and greater patient contact.

The case studies provide illustrations of skill-mix ‘working’ and indications about *why* it works. What stood out across the case study pharmacies was dynamic leadership, staff feeling valued and taking pride in their work, a strong patient-focus and a systematic but flexible approach to managing workload where staff roles could be covered by more than one staff member.

### Recommendations

1. Skill-mix optimisation is about using people in the right role for the task in hand. Workload pressures can be eased for pharmacists where they are able to delegate tasks. Consideration should be given to all members of the team, not just those who are most qualified.
2. Making best use of the skill-mix takes leadership and needs support from the management. Appropriate leadership and management training should be made available to all those in senior positions.
3. More training opportunities in enhancing understanding of scope of practice are needed but these should be properly resourced in terms of time and funding.
4. Interest in learning groups for those considering enhancing skill-mix needs to be established. We had difficulty in rallying interest in participation in such learning groups but is something we continue to explore.
5. A patient focused approach is a good driver which can motivate staff and enhance commitment. Patients should be emphasised in any review of the pharmacy mission and strategy.
6. The importance of affective factors needs wide recognition: attitudes matter and teamwork is enhanced where there is trust– in staff abilities and the trust of others (notably GPs) in pharmacists.