

# Developing the Skills of Pharmacists in Workforce Planning: An Evaluation of the Pharmacy Workforce Planning Project

Final Report: Executive Summary

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# Executive Summary

## Background

Strategic workforce planning is central to the delivery of healthcare services and aims to get the right people with the right skills in the right jobs at the right time. It is currently managed in the NHS by specialist workforce planning and organisational development teams. It is now recognised that enabling a wider group of managers and clinical leaders to become skilled in utilising workforce planning methodologies could provide a valuable complement to the specialist services. However, workforce planning is complex and there is no agreement on the best approach, although there is consensus in the wider literature that an integrated approach is needed, which considers both workforce supply and demand, and which, in the context of skill mix developments, addresses issues across professional groups.

Pharmacy professionals need to be equipped with workforce planning skills to enable them to plan better for services across all sectors of the NHS and contribute to the delivery of “A Healthier Wales”. Thus, a group of pharmacy leads were offered training in the “six-steps” method of workforce planning, provided by Skills for Health. Training comprised an initial two-day course (4-5th November 2019) followed by five facilitated action learning set (ALS) meetings (between December 2019 and August 2020) where participants were supported in the practical application of the planning toolkit and their planning projects. The programme closed with a final meeting on 24th September 2020.

## Aims

The intention of this evaluation was to provide a longitudinal study of the programme, exploring the impact of the training on the participants’ workforce planning. The specific objectives were fourfold, to review:

1. whether and how the participating pharmacists apply the six-step method to planning practice
2. whether there is a detectable impact on transforming pharmacy services from using the workforce planning method across Wales
3. what changes are needed to improve outcomes
4. how learning from this exemplar could be used by other professional groups.

## Methods

We employed qualitative data collection techniques, gathering data in two phases:

Phase 1: two focus groups with pharmacists (n=5 and n=3) on the training programme plus one telephone interview, approximately 4-6 weeks after completing the training. A further participant responded to questions via email.

Phase 2: approximately nine months after completing training, one-to-one telephone interviews with two participants and three responses to questions via email.

Thus, data were collected from 10 of the 13 participants in phase 1 and from five in phase 2. Focus groups and interviews were recorded (total time 2 hours 20 minutes) and transcribed and then transferred into NVivo for pattern coding, along with over 1800 words of written responses. We organised the codes into themes and mapped the results to the objectives.

## **Results**

Phase 1 revealed some common themes around participants' views and perceptions of the pharmacy workforce planning programme which were sustained overtime. The six-steps were regarded as a logical, structured process that could be applied to planning practice across pharmacy sectors and across healthcare professions. Participants spoke positively of their experience of the pharmacy workforce planning programme, particularly the shared learning and networking with other pharmacy workforce professionals. Nonetheless, they had suggestions for how the programme could be improved, such as a more practical approach to the initial two-day training event and later identification of individual projects.

Implementation of the six-steps method was limited, notably restricted by time and the pandemic (obj 1). Such factors impeded participants' completion of their projects and also the wider application of the approach. Largely because of limited use and incomplete projects, there was very little reporting of the impact of the six-steps on workforce outcomes (obj 2). That said, participants expected that there would be more use of the method in future and anticipated significant impacts. To improve outcomes (obj 3), participants needed more time for workforce planning which was only one part of complex and demanding roles, and work demands were exacerbated by the pandemic. Participants were confident that the training was suitable for other pharmacy sectors and professions (obj 4): reference was made to allied health professionals, medics, multi-professional groups (from hospital, primary care and contractors) and "anyone in a managerial role". They suggested that it suited those in senior roles who would have the authority to implement workforce planning projects.

Interpretation of these findings should be understood in the context of the low number of participants that agreed to take part in the longer-term follow up. This limits the scope for generalisability.

## **Conclusion**

Training in the six-steps was valued and participants endorsed the suitability of the six-steps method for other healthcare services staff concerned with workforce planning.