




South East London Integrated Care System One Pharmacy Workforce Model

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Background and Context

South East London Integrated Care System (SELICS) has recognised that there is a need to bring together all health and care pharmacy and workforce stakeholders to share one approach to attracting, developing and retaining a flexible and satisfied pharmacy workforce. There is a recognition that initiatives to improve the experience of the pharmacy workforce are not aligned under a strategic framework leading to isolated approaches across the wider system. This has led to unwarranted variation and destabilisation of services.

In June 2023, NHS South, Central, and West (SCW) Commissioning Support Unit were commissioned by SELICS to design a 'One Pharmacy' workforce model to support the attraction, development and retention of pharmacists, pharmacy technicians and pharmacy assistants through a shared approach across health and care organisations.

The aim of operating as one pharmacy workforce is to optimise workforce capacity through:

- Flexible resourcing
- Collective system leadership
- Collaboration
- Career development opportunities
- Sustainable careers
- Multidisciplinary team (MDT) working

These are in addition to a range of other solutions.

The aim of the model was to understand and represent the contextual complexity for the pharmacy workforce. This was further developed into an overarching framework for the workforce model that encapsulated priorities from a SEL system level with reference to national policy and programmatic influences. The model was also designed to be adaptable to other systems, which are likely to have some of the same challenges as SELICS. A diagram illustrating the levels of influence on the pharmacy workforce can be found on slide 4 in [Appendix A](#).

The model recognises that multi-level work design interventions will be key to the future development and sustainability of the workforce. Interventions can be top-down, focused on improving system wide approaches that collectively benefit all working environments or sectors, so that the pharmacy workforce has increased mobility to work across different sectors. Interventions will also need to be bottom-up, allowing individuals and teams to adapt and flex their roles to maximise the effectiveness and efficiency of teams. There are several

underpinning principles that need to be considered as part of all levels of work design interventions.

SELICS can be a trailblazer in implementing the 'One Pharmacy' workforce model which considers how complex workforce challenges can be solved through collective approaches and shared vision. The pharmacy workforce model was developed based on a review of multiple sources of evidence and prioritised the voice of the pharmacy workforce across health and care sectors. Further detail on the approach to developing the model can be found on slide 3 of [Appendix A](#). The multi-level work design model outlined in this report is a starting point to articulate the current and future priorities for pharmacy workforce development and transformation.

The focus of this report has been to identify recommendations for a range of universal, targeted, and integrated intervention approaches across all pharmacy-related working environments in healthcare. The priority is to create 'One Pharmacy' workforce. This does not mean that all roles should become generic but instead, should equally advocate for:

- Opportunities for integrating ways of working
- Opportunities for differentiation

This recognises the contributions of different working environments and the unique roles of pharmacists, pharmacy technicians and pharmacy assistants.

For the workforce model to be successfully implemented, there will need to be:

- A top-down approach - effective and credible collective leadership
- A bottom-up approach
- A shared vision
- Shared accountability for ensuring that SELICS can adapt to the changing population needs

There are opportunities for SELICS to make a start on creating an environment that enables the pharmacy workforce to thrive and consider local approaches where there are gaps and inconsistencies in the national approach.

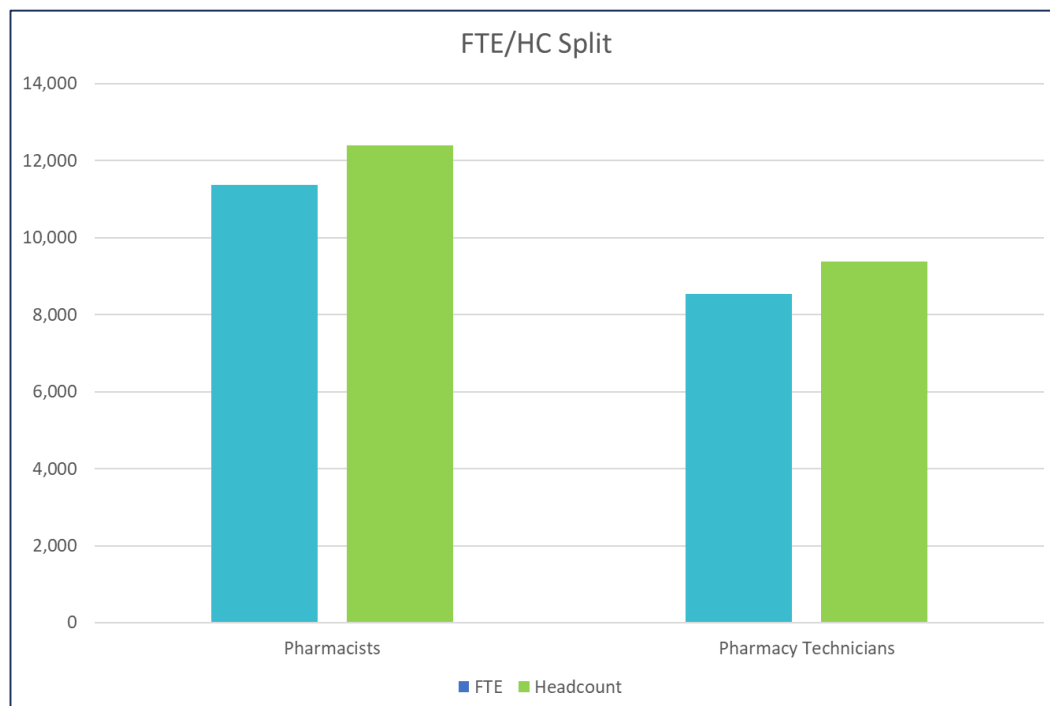
Through the development of this model, pockets of best practice have been identified that could be built upon to be delivered at scale. This model offers a baseline and will need to evolve to reflect progression as SELICS move towards one pharmacy workforce.

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It is important to note that this model is not equally representative of all pharmacy roles, therefore recommendations need to be considered with this in mind. Equally, it is not intended to be a step-by-step guide for operating as one pharmacy workforce. Rather, it is indicative of the steps and considerations that might support this transition.

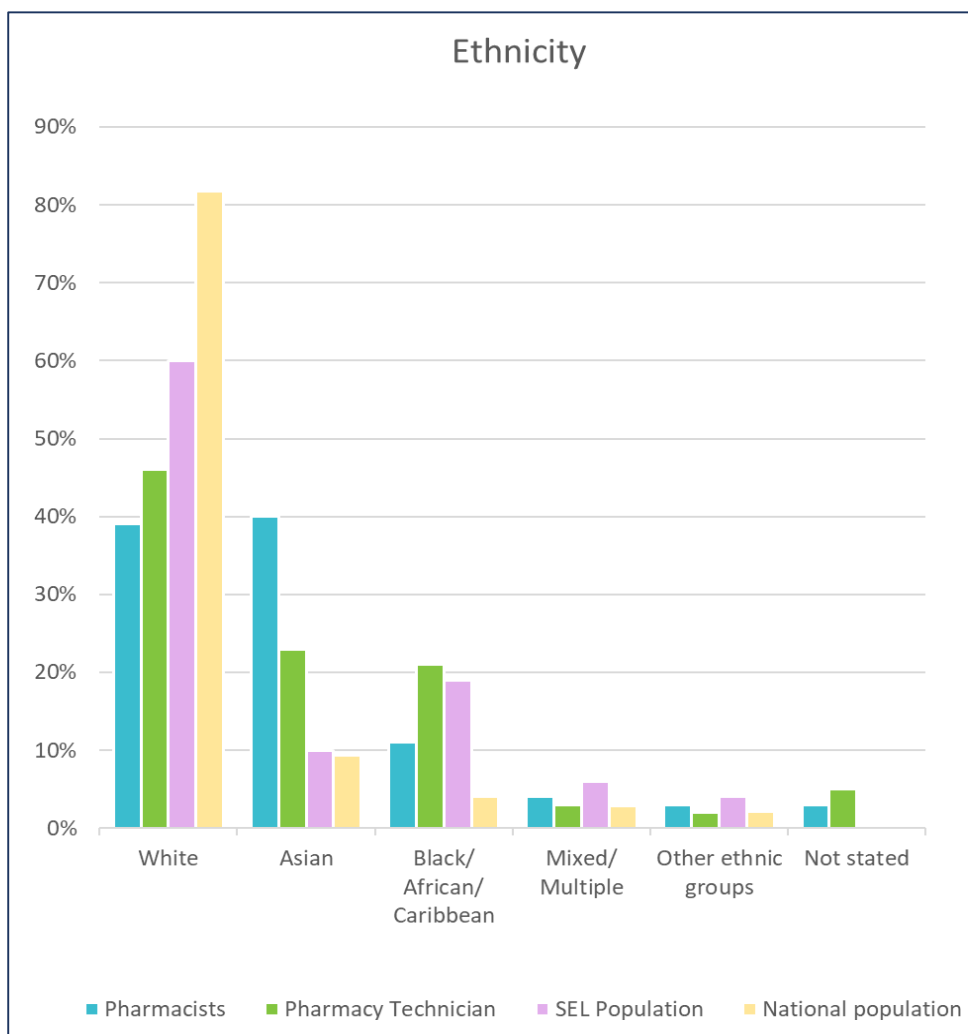
SELICS Pharmacy Workforce Data

Figure 1: Full Time Equivalent/Head Count Split



The workforce data suggests that there is a significant portion of the workforce working part-time hours (Figure 1). In addition to this, pharmacists appear to be working more part-time hours than pharmacy technicians. There is an opportunity to consider how SEL pharmacy workforce uses each role to meet local needs and replicate any best practice across the pharmacy network.

Figure 2: Ethnicity

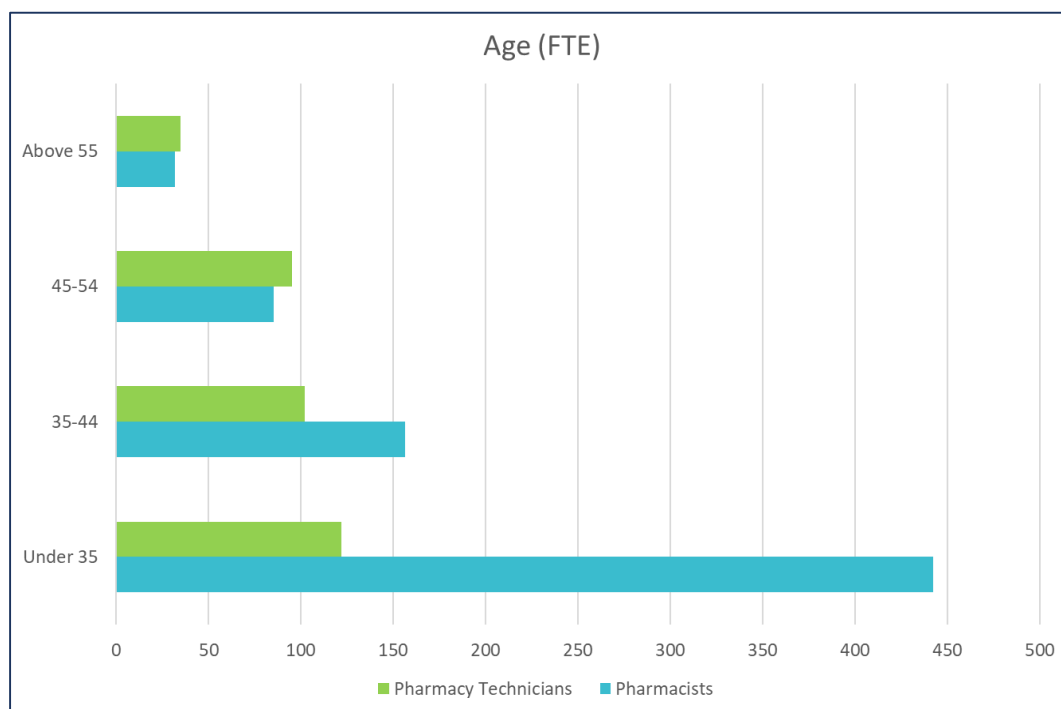


When viewing the SEL pharmacy workforce ethnicity against the general SEL population, the Asian population are notably overrepresented accounting for 40% of pharmacists and 23% of pharmacy technicians compared with the 10% of the SEL general population (Figure 2). The Black/Caribbean/African population are well represented in pharmacy technician roles and underrepresented in the pharmacist roles. In comparison to the national ethnicity statistics, we can see that in both pharmacist roles and pharmacy technician roles, the Asian, Black, and mixed communities are well represented.

SEL pharmacy workforce overall is largely in line with national ethnicity reporting according to the September 2023 Pharmacy Workforce Race Equality Standard Report. As of March 2022, 43.3% of pharmacists in England were from Black, Asian, and minority ethnic (BAME) backgrounds. While overall there is a significant percentage of pharmacists from Black, Asian, and minority ethnic backgrounds, this is not reflected equally across Agenda for Change

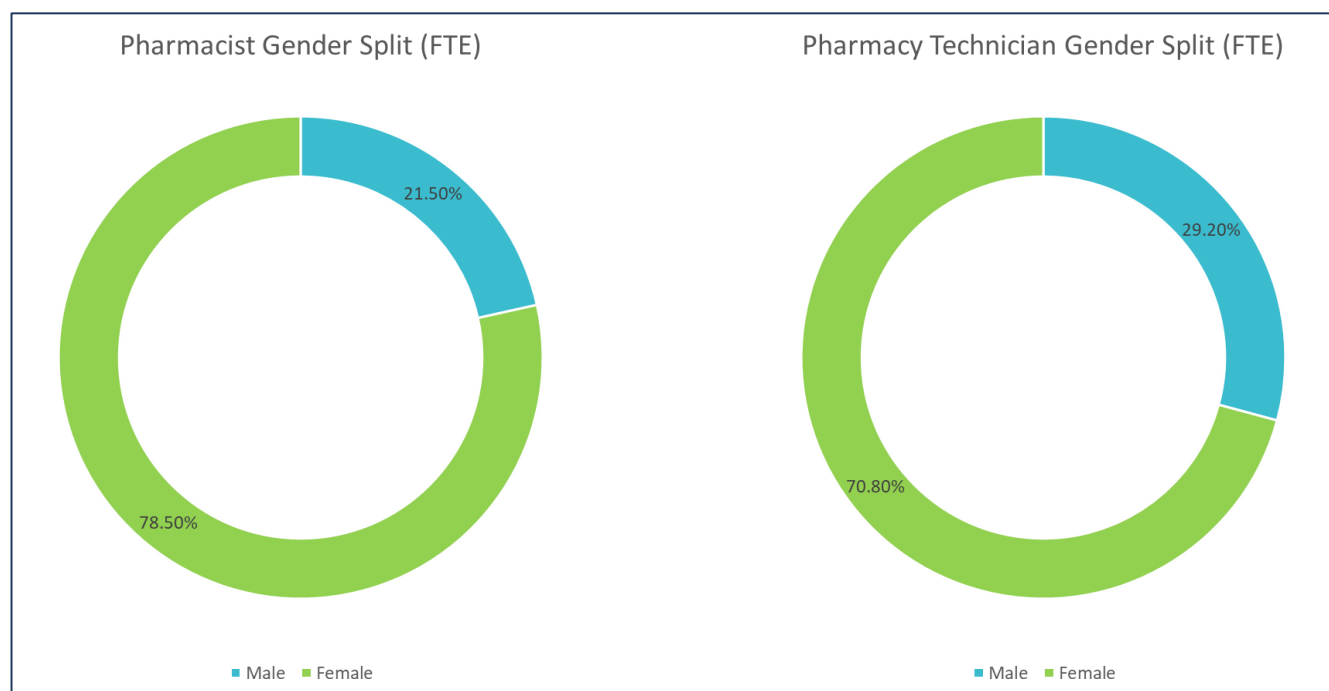
bands with only 20.3% represented in band 9, compared to 37.5% in band 8a. This pattern of decreasing representation indicates an underrepresentation of BAME pharmacists in higher-level pharmacist roles relative to their overall share of the workforce. Similarly, pharmacy technicians from Black, Asian and minority ethnic backgrounds were overrepresented in Agenda for Change (AfC) bands 4 and under (23.7%) compared to making up 19.2% of the overall pharmacy technician workforce. While this data was not available at a regional level at the time of this project, there is a need to consider the impact of ethnicity on career progression in SEL.

Figure 3: Age (Full Time Equivalent)



The risk of retirement varies across both pharmacist and pharmacy technician roles however pharmacy technician roles are at the highest risk with 9.8% of their workforce being over the age of 55 (Figure 3). There is an opportunity to work closely with the pharmacy technician workforce to mitigate this risk. Considering a strategic approach to succession planning is important. This includes both considering the leadership potential from across the pharmacy network and considering how to share insights and retain knowledge and experience of late career professionals as they plan for retirement.

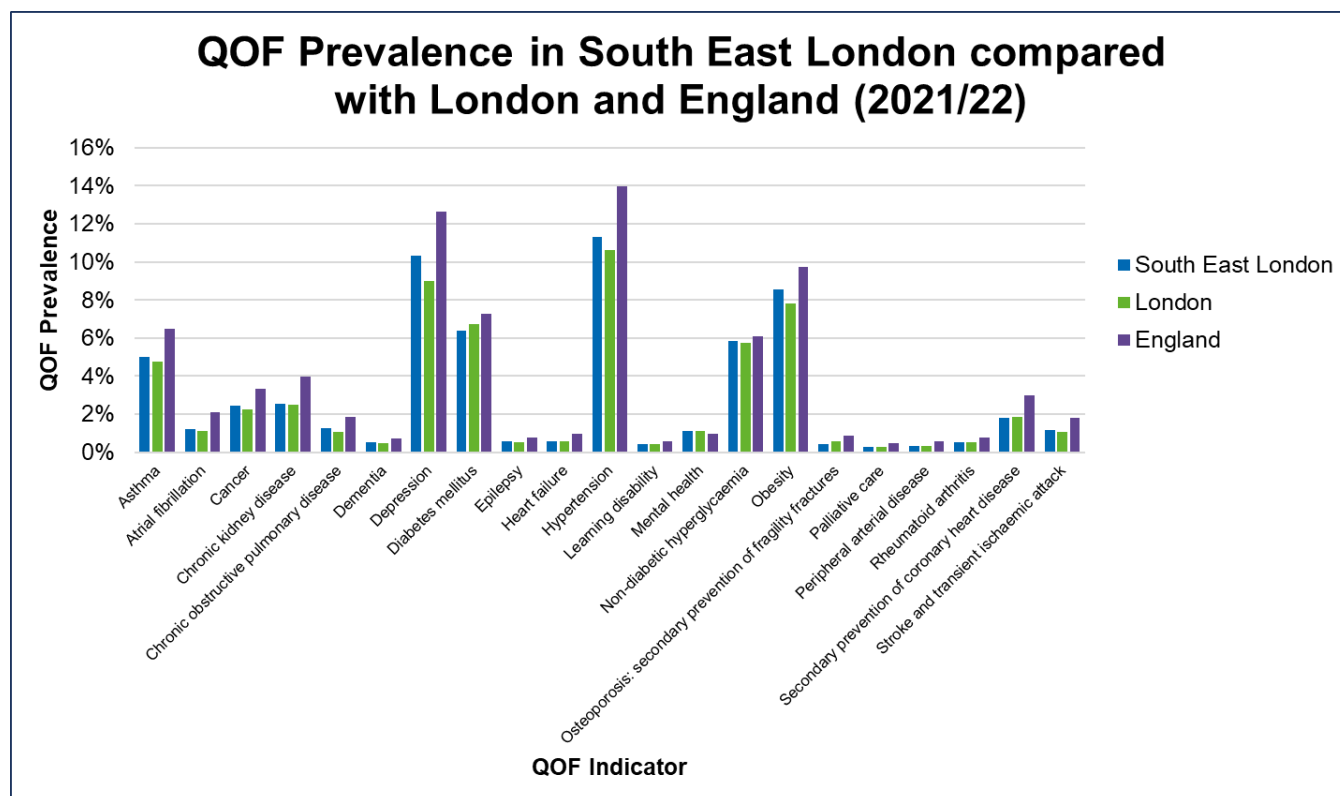
Figure 4: Gender Split (Pharmacists and Pharmacy Technicians)



The majority of pharmacists and pharmacy technicians are females under 35 meaning that this group are the most likely to start families (Figure 4). Our recommendations emphasize supporting young females in the pharmacy workforce whose priorities are both to have families and to maintain job security. This includes our approach on reducing workload and maximising skillsets.

SELICS Population Health Data

Figure 5: Quality Outcome Framework (QOF) Prevalence 2021/22



South East London has a notably higher prevalence of asthma, depression, hypertension, and obesity compared to the London average (Figure 5). However, prevalence of all these indicators remains significantly lower than the average for England.

Generally, South East London is comparable to the wider London average across all QOF indicators, and prevalence across all QOF indicators is consistently lower in South East London compared to the average for England.

This suggests that population health in South East London is generally better than the England average. This may reflect a larger population of young people.

The 'One Pharmacy' Workforce Model Explained

What is an evidence-based multi-level work design model?

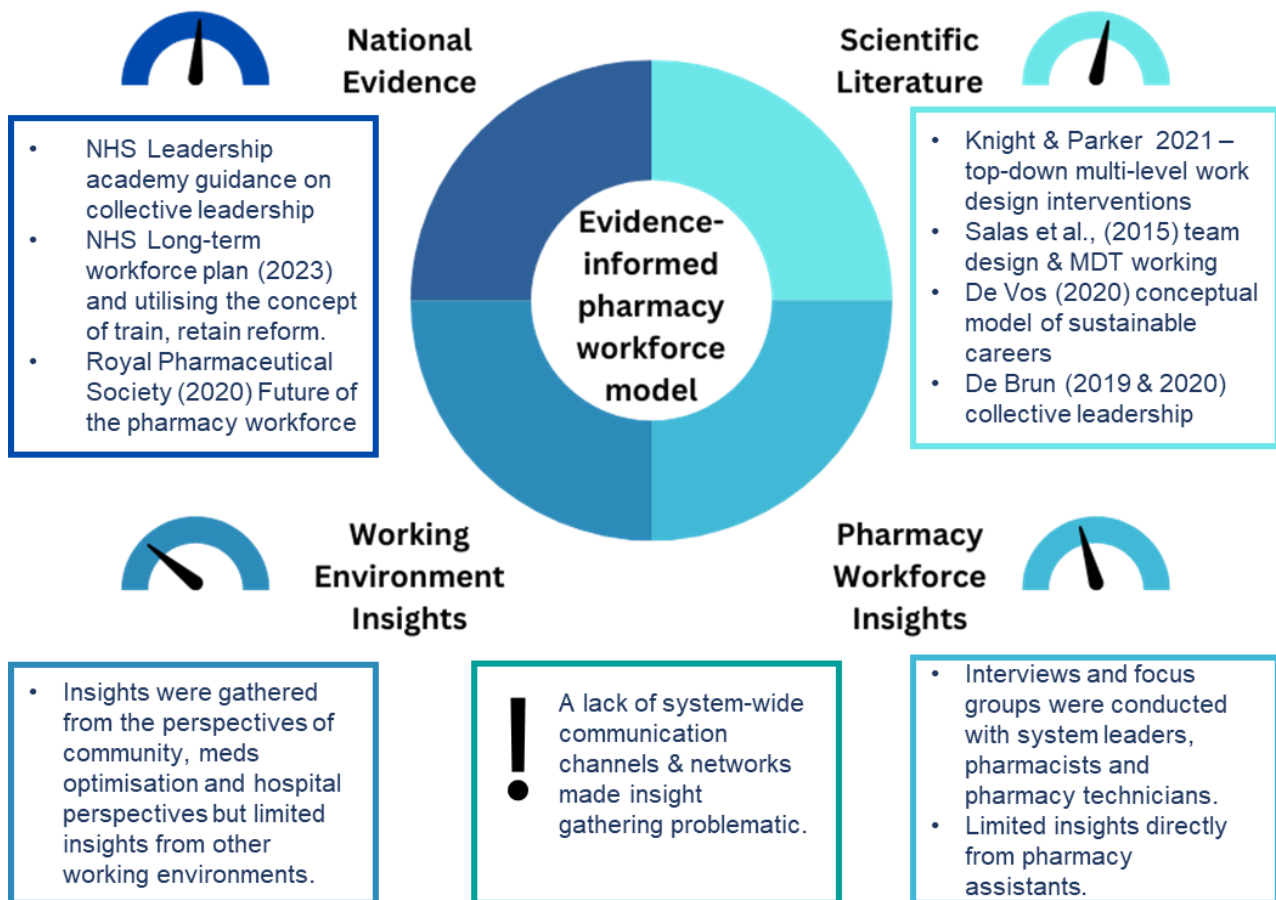
What is work design?

Work design can be simply defined as the content and load of one's work tasks, activities, relationships, and responsibilities. However, work design should not be solely explored at an individual or team level but also at an organisational, sector (working environment) or system level to ensure there is a shared vision and approach to creating a satisfied and sustainable workforce. This is particularly important for the pharmacy workforce as they offer versatility and a range of transferable skills that could be more effectively utilised across SELICS but are currently constrained by siloed approaches to delivering care. Work design interventions are more successful when there is consideration of what good looks like at all levels and considers implications of change for other areas of the pharmacy workforce if the focus is on one specific group/profession of the pharmacy workforce (role/environment). Failure to consider change from a collective perspective has been shown to lead to destabilisation, competition and frustration amongst the workforce.

How were multiple sources of evidence used to shape the workforce model?

In the discovery phase of the design process, a range of evidence was collated, analysed and combined to inform the structure, design principles and content of the model. The structure was strongly influenced by top-down multi-level work design interventions framework (Knight & Parker, 2021) but was enhanced with the inclusion of a system level (and primarily requirement for collective leadership) to better illustrate the complexity of integrating work design approaches at scale. The model also utilised the Long-term workforce plan (NHSE, 2023) to consider the priority of work design interventions depending on the maturity of current approaches. Insights from the workforce influenced the main priorities outlined in the overarching framework (slide 10 in [Appendix A](#)) which are likely to change as the model evolves.

Image 1: Evidence-base for the multi-level design



Overarching framework for 'one pharmacy' workforce model

The overarching framework can be found on slide 10 in [Appendix A](#). Additionally, a full outcomes matrix can be found in [Appendix B](#).

This framework has been designed to provide stakeholders with an overview of the breadth and depth of interventions that will need to be considered as part of implementing the model. It has been created to demonstrate the complexity of the context and requirements for attracting and retaining the pharmacy workforce.

Further information on each level of the model and the underpinning principles can be found in [Appendix C](#).

Multi-level interventions and underpinning principles explained

Multi-level interventions

- **System Level Priorities:** The main system level priority for the pharmacy workforce model is bringing together leaders and stakeholders across the different sectors/working

environments to have a shared vision and strategy for the future development and sustainability of the workforce. This will require collective leadership and mechanisms for hearing the voice of the SELICS Pharmacy workforce.

- **Working Environment/Sector Priorities:** The priority for working environments/sectors is to consider how they support the attraction and retention of the pharmacy workforce and enable more mobility across boundaries that reduce silo working. They should consider how they can support supply and talent pipeline, recognising there will be natural movement, but the goal is to stop individuals from leaving the profession or destabilisation.
- **Team Level Work Design Priorities:** The main priority for teamwork design is to consider how the different pharmacy workforce roles of pharmacists, pharmacy technicians and pharmacy assistants work together to maximise the effectiveness and efficiency of team performance. There may be overlap in skills between the roles but there needs to be role clarity. Organisations should also be considering wider MDT working with other disciplines.
- **Individual Role Design Priorities:** The priority for individual role design is to ensure that individuals feel fulfilled and satisfied in their roles and have opportunities to develop and progress in their careers. This requires a shared responsibility between individuals and organisations to ensure that roles are designed to accommodate changes in professional training, allow for expansion of roles and offer equity of opportunity.
- **Clarification of train, retain and reform:** The categories of 'train, retain and reform' have been used in this model as a way of differentiating priorities based on the maturity of the design of pharmacy workforce roles and the progression towards equity of priority between the roles. If a role is aligned to one category it does not mean that there are not requirements in the other categories e.g., focus for pharmacists is reform for career pathways but there are needs in train and retain.

Underpinning principles

- **Integration and differentiation:** The model recognises there is a need to increase integrated working across the working environments/sectors to improve the delivery of healthcare at scale. However, the model also recognises there are specialist roles/priorities that must be maintained through equally prioritising differentiation.
- **Leadership and management framework:** The model recognises leadership and management has not been a core consideration in the education and training of the pharmacy workforce and this needs further consideration. The model also recognises not everyone will want to progress through a leadership pathway and considers alternatives.

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- **Health and wellbeing:** There is recognition wellbeing is influential at all levels of the model. Top-down interventions should focus on improving culture and offering universal wellbeing solutions and bottom-up interventions should focus on reducing workload through work design and offer targeted wellbeing solutions.
- **Equality, diversity and inclusion:** EDI is a golden thread that should form part of all interventions. The system level priorities should consider how EDI can be interwoven into the strategy and offer approaches at scale. Individual organisations and teams also have a responsibility to build EDI solutions into design of their roles.
- **Education and training reform:** The model recognises there are a range of education and training programmes offered at both a national and local level, but these tend to be focused on a single area of the model and may not evaluate the ripple effect which can lead to unintended outcomes. SELICS should review this collectively.
- **Sustainable careers:** Sustainable careers, supporting the pharmacy workforce to stay within the pharmacy profession is a key priority and requires consideration at all levels. There is a shared responsibility for the system and individuals to work together to identify how careers can become more sustainable.

System-level intervention priorities: collective system leadership

The system-level intervention priorities can be found on slide 11 in [Appendix A](#). This diagram provides further detail on system level priorities and how collective leadership could be achieved in SELICS and considers different approaches that can support the pharmacy workforce to develop a shared vision and strategy for creating a sustainable pharmacy workforce. Key themes for developing a shared vision can be found in [Appendix D](#).

As part of creating the pharmacy workforce model, we recognised exploring the current priorities and future ambitions of the pharmacy and workforce system leaders would be crucial to understanding what the areas of strength and areas of development are for SELICS. The need for collective leadership at a system level was a consistently strong theme across all areas of the evidence review and will be crucial to managing the dynamics between different groups as the one pharmacy workforce model is implemented. Collective leadership is different from traditional 'individual-based skills' focused leadership training in health and care and will require skills development to take place collaboratively and focus on building shared understanding, relationship navigation and balancing the needs of the system with advocating for the changes needed for a particular profession or working environment.

SELICS has already begun the process of coming together through provider collaborative and

local care partnerships, but they need to ensure pharmacy leaders have a shared voice at a system level. The key priorities for SELICS will be to develop a network of leaders who are thinking beyond their own piece of the puzzle, looking to develop shared vision and strategic approach that equalises the sectors and leaves no one behind. Collective leadership can feel elusive and will require effort and perseverance. Below is an overview of the findings and the supporting evidence:

Table 1: Collective system leadership priorities

Findings	Supporting Evidence
Leaders need to galvanise transformational change across working environments by implementing collective approaches to optimising the impact of the pharmacy workforce through a shared vision through representative SELICS partnerships and networks.	The overarching priority for pharmacy leaders identified through a theory of change session was to create one profession and grow the pharmacy workforce. There was also consensus across individual interviews and focus groups that a collective approach under credible collective leadership was needed to solve inequity in training and development opportunities, pay, reward and recognition and to create an approach that enabled shared effective and efficient governance and processes for workforce development. The scientific literature and insights from NHS Leadership Academy highlight that transformation at scale across areas with competing demands requires collective leadership that promotes a consistent top-down intervention that aggregates information about translates this into practical and often radical change that is meaningful. This approach requires all leaders to understand the system they are working within and clearly articulate the contributions of the pharmacy workforce as well as the constituent parts.
Leaders need to role model positive behaviours for collective leadership and advocate for the needs of the pharmacy workforce through engaging, motivating and promoting their opinions and	A consistent theme across interviews and focus groups was the feeling that traditional leadership and management positions were the only option for career progression for the pharmacy workforce and for many this was not why they became a pharmacy professional. From the evidence there is an assumption that leadership is solely about developing strategies and managing people. There was consensus for further work being needs to define opportunities for specific pharmacy leadership roles that don't automatically align to traditional models. This is where other forms of collective leadership can play a role in creating a sustainable pharmacy workforce for example shared leadership arrangements between pharmacy and non-pharmacy professionals in pharmacy environments to

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<p>ambitions for a sustainable future career in SELICS.</p>	<p>allow leaders to work together to collaboratively craft their leadership roles. The scientific literature highlighted that collective leadership should be role modelled and leaders have a responsibility for:</p> <ul style="list-style-type: none"> • Creating and cementing professional identity and networks • Promoting flexible working and creating opportunities for workforce who may have limited career options due to poor role design. • Leaders need to recognise and demonstrate the versatility of the pharmacy workforce by effectively communicating the potential for, specialisation, role expansion and skills enrichment to solve complex problems and issues facing the health and care in SELICS.
<p>Systems need to prioritise interventions that promote collective leadership development and opportunities for collaborative networks.</p>	<p>Scientific Literature identified best practice for developing collective leadership. Some recommendations are outlined below:</p> <p>Team building, training and development: Protected space for feedback, role training, developing openness and assertiveness. Shared understanding and appreciation of the skills of others. Role clarity and recognitions of team boundaries and interdependencies as part of MDT working. Collaborative crafting of team careers, priorities, shared mental models and common goals.</p> <p>Co-design service improvement/ transformation interventions: Collaborative self-management skills. Empowerment, motivation, and shared sense of responsibility across leaders. Dedicated time to reflect and discuss strategies for change/ transformation.</p> <p>Open, regular and inclusive communication and decision making: Communication, influence, negotiation, compromise and respect must be created. Shared resources and non-hierarchical culture of trust. Need to practice collective leadership around specific examples, pilots. Map out current position, future ambition and steps to move towards future position. Map out interdependencies between entities and agree accountabilities.</p>

Work environment intervention priorities: mobility beyond boundaries

The work environment interventions priorities can be found on slide 12 in [Appendix A](#). This diagram provides further detail on work environment level priorities and includes equal prioritisation of interventions that support integrated working across sectors and maintaining

specialisms through differentiation. There is a need to create a shared understanding of what the pharmacy workforce can offer and how rotational and joint roles can support career pathways.

As part of our review, we recognise that there is a need to think about how pharmacist, pharmacy technicians and pharmacy assistants can work across the different working environments. The insights interviews highlighted the opportunities for new ways of working, including career pathway mapping, and further training across the different environments to understand the generalist and specialist skills within the pharmacy workforce and how these can be transferred across the pharmacy system. There is also an opportunity to improve communication between the environments to promote the sharing of best practice as well as develop a workforce wide understanding of the roles and responsibilities of different job families within each of the working environments.

A key priority of mobility across working environments is considering how the workforce understands the opportunities surrounding different environments as well as recognising areas of skill that can be developed through rotational or cross sector working. Understanding the overlap of skills across working environments and the opportunities for increased career mobility and clearer career pathways would support a more integrated and connected pharmacy workforce. The table below highlights the findings with the strongest evidence base:

Table 2: Mobility beyond boundaries priorities

Finding	Supporting Evidence
Developing formal and informal pathways that allow shadowing opportunities	Our insights showed that there is currently not a consistent approach to shadowing opportunities, while there are limited pockets of shadowing being available as part of the on-boarding process for new starters this is usually limited to the shadowing of colleagues within their own working environment. Interviews highlighted the current barriers to shadowing across the different environments are due to the limited relationships between teams, particularly between hospital and community settings. Developing these pathways would allow the workforce to have a broader more holistic view of patients journeys as well as providing insight into the role opportunities across the sector.

Developing training focused on mobility across sectors	As part of the insights there was discussion around the current training opportunities to support transitions between working environments. Currently individual areas of the system have developed training and support for individuals who transition between environments however this has not been developed into a standardised training offer and is dependent on the individual settings. Mapping of the roles across the pharmacy workforce suggests significant cross over of skills and responsibilities already exists in some working environments, for example prisons and care homes, therefore the opportunity to develop training and education that targets career development through transition would enable a more mobile workforce.
Developing a communication strategy that includes the whole SEL pharmacy workforce	While there are a variety of communication methods across the pharmacy workforce, they are often target specifically to job role or working environment. Throughout our insights it was highlighted that while each working environment understands their own context, including upcoming changes and examples of good practice, they are less clear on other working environments. This lack of transparency and clarity prevents the workforce from gaining a broad view of the shared challenges and good practice across the wider pharmacy landscape.

Team-level intervention priorities: optimising composition & configuration

The team-level intervention priorities can be found on slide 13 in [Appendix A](#). This diagram provides further detail on team level work design priorities. This is an area that is often overlooked in optimising performance and should consider how the pharmacy workforce roles can work together and how the pharmacy workforce can work with other disciplines in an MDT.

As part of our review, we recognise that we needed to think about how the roles of pharmacists, pharmacy technicians and pharmacy assistants work together. We examined what best practice said around the composition and the configuration of the pharmacy workforce. We found that there no specific focus on team design, much of the information is around interventions at an individual level or at a working environment level. The content which has informed this section of the model has mainly been scientific evidence and inferences based on our understanding of the responsibilities of each of the pharmacy roles.

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This is an area which needs to be considered in more depth and needs further work to obtain the goal of a one pharmacy one workforce model.

The main priority for teamwork design is to consider how the different pharmacy workforce roles of pharmacists, pharmacy technicians and pharmacy assistants work together to maximise the effectiveness and efficiency of team performance. There may be overlap in skills between the roles but there needs to be role clarity. Organisations should also be considering wider MDT working with other disciplines. The critical considerations for MDT working can be found in [Appendix E](#). The table below highlights the findings with the strongest evidence base:

Table 3: Optimising composition and configuration priorities

Finding	Supporting Evidence
Defining core competencies and expectations	Defining core competencies for all pharmacy roles in different working environments has not been ratified at a national level. Our insights showed that considerations about roles are at an independent level and there is a lack of understanding of what other roles do. More communication and focusing on the skills needed for the different roles and teams is necessary. Scientific literature consolidated this as we discovered that while the Royal Pharmaceutical Society have competencies you need to fulfil to become a consultant pharmacist, there are no reliable definitions of the knowledge skills and behaviours that define the role of a clinical pharmacy technician (CPT) or pharmacy assistant. Street and Taylor (2023) identified a total of 61 criteria for the role of a CPT across all healthcare sectors, which could be considered as a starting point when defining core competencies for clinical pharmacy technicians. Through the process of skills mapping each role we found that the generic skills for pharmacy assistants are the same generic skills for pharmacy technicians, highlighting the need for role clarity.
Developing pathways and training	Our insights did not inform us on how specialist roles would function within an MDT. However, insights did show that introducing more competency/gateway focused approaches to career progression, specifically for pharmacy technicians and pharmacy assistants, would support the pharmacy workforce to embed their skills before they move

	<p>into more senior roles. Interviews also highlighted the need for non-clinical sessions such as care navigation and leadership courses. Standardised training and development could be better defined when there is clear stratification of roles within working environments. Existing scientific literature suggests that pharmacy technician and assistant roles should release capacity for pharmacists to focus on more complex patient cases and take on more clinical governance responsibility.</p>
Interdependence and interconnectivity	<p>Organisations are not currently thinking about this at a team level, but as independent roles. We did not identify common principles to share with SE London around best practice for MDT through the insights, however through skills mapping each role we found a multitude of cross sector opportunities. Pharmacy technicians in community, primary care, hospitals and mental health share the same responsibilities so could easily transfer between working environments. Pharmacists in primary care and hospital share similar responsibilities and therefore could potentially transfer easily. Pharmacists in prison, care homes and mental health all share the same responsibilities which could offer an opportunity for integration. Stakeholder insight also identified that it is important to consider pharmacy support staff and the role they play. There are retention issues around pharmacy support staff. This is especially true in community pharmacy, where staff in the pharmacy workforce are often underutilised and could be upskilled through short placements in a hospital.</p> <p>Without establishing how all pharmacy roles function within a pharmacy MDT, applying the principles around integration and differentiation are not possible. This is an issue which should be flagged and escalated at a system level.</p>

Individual-level intervention priorities: flexibility and satisfaction

The individual-level intervention priorities can be found on slide 14 in [Appendix A](#). This diagram provides further detail on individual level role design priorities. The role of pharmacists is the most mature in terms of role design, pharmacy technicians has had increased focus on expanding their roles, but this needs further consideration. The pharmacy assistant role is the least developed.

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As part of our review, we recognise the need to consider integration and differentiation opportunities that aim to address flexibility and job satisfaction for the individual. Through qualitative interviews, these were identified as key priorities for the SEL pharmacy workforce. This includes identifying opportunities for training and education across the workforce, creating career development opportunities (including into leadership and management) at all levels, clearly defining roles and responsibilities for all pharmacy roles, promoting understanding of the wider system, and increasing visibility and recognition of specific roles.

The overview slide above highlights best practice regarding improved job satisfaction and flexibility. However, in the context of SEL, some elements of this model are supported by a greater level of evidence than others. Limitations included a lack of representation from pharmacy assistant insights, or insights from working environments including care homes, health and justice, and mental health. The table below highlights the findings with the strongest evidence base:

Table 4: Flexibility and satisfaction priorities

Finding	Supporting Evidence
Recognition of the pharmacy roles	During interviews and focus groups, it was identified that pharmacy assistants and pharmacy technicians both face challenges regarding recognition in terms of their professional identity, and individuals in all pharmacy roles have experienced a degree of uncertainty around the value their role adds to the wider workforce. Additionally, scientific literature shows that pharmacists working in retail environments also feel they are often not recognised as clinicians by other healthcare professionals. Therefore, there is a need to develop recognition schemes that support all pharmacy roles in feeling valued in the workforce.
Visibility of pharmacy technicians	Interviews with pharmacy technicians identified that pharmacy technicians often do not feel valued in the pharmacy workforce, both by other pharmacy professionals and patients who do not understand the purpose of their role. It was shared that patient understanding of their role is generally poor. There is a need to build a positive and clear narrative around these roles.

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Career development, career pathways and sustainability of careers	The scientific literature shows that roles need to be clearly defined to enable clear career pathways to be developed. During interviews and focus groups, all pharmacy roles were identified as having unclear career pathways and poorly defined roles, especially for pharmacy assistants beyond band 4 who do not want to train to be pharmacy technicians and pharmacy technicians who do not want to go into management. Additionally, there is no good pathway to support individuals moving between working environments. Therefore, there is a need to better define a range of career pathways for all pharmacy roles, that do not only follow traditional routes. Interviews also identified an issue with 'accidental managers' where formal training on management and leadership is not in place. This supports a need for an education and training reform.
Pay and rewards	Interviews and focus groups identified that for all pharmacy roles, motivation and enjoyment needs to outweigh pay and rewards. This is especially the case for pharmacy assistants and pharmacy technicians who seem to be moving out of the pharmacy workforce for better job opportunities. Improving motivation and job satisfaction may be supported with employee recognition schemes, wellbeing initiatives, appropriate and proportionate training opportunities, introducing opportunities for flexible working and more.
Skills mix	Focus groups identified that to encourage collaboration between working environments, organisations need to create more opportunities for pharmacy roles to build skills that allow them to move between working environments. Currently, there is some, but limited, overlap in skills between roles in different working environments (as highlighted in the team configuration slides). Having a mix of specialist and generalist skills can be advantageous, particularly in terms of managing workloads effectively.
Communication and shared accountability	Interviews and focus groups identified that the lack of communication between working environments can make it challenging to work collaboratively. It was identified that improving communication could be key to improving understanding of job roles and developing shared accountability and governance of shared workforce priorities.

	Additionally, improving communication can increase visibility of training opportunities that benefit individual career development.
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Stakeholder insights identified a range of key challenges and opportunities for the individual. Insights can be found in the diagram on slide 15 in [Appendix A](#). This includes challenges around lack of clearly defined roles, lack of clear career pathways and disjointed communication, as well as opportunities around job crafting, career customisation and improved supervision and support throughout careers.

This provides important context around the key challenges faced by those working within South East London and these insights supported with identifying the key priorities for individual-level intervention found in the previous slide.

Further, these insights aligned with the skills mapping (further information can be found in [Appendix F](#)) completed for the pharmacy workforce because they highlighted the challenges for individuals looking to move between working environments and into new roles. Therefore, there is a key piece of work down around enabling people to move between different roles and working environments to gain a range of skills and experience. This will have an overall benefit for the pharmacy workforce.

Underpinning Principles

Leadership and management framework

This framework can be found in the diagram on slide 17 in [Appendix A](#). This framework sets out that leadership and management should be a core part of the education and training for pharmacy professionals, from pre-registration to bespoke training and education opportunities for pharmacy professionals at all stages of leadership. Leadership and management should not only be about people management but should also promote a range of options that aim to retain pharmacy identity. The overall aim is to utilise mobility and choice to keep talented and inspiring leaders in SELICS and in the pharmacy profession.

Pharmacists should have a range of options for more generalist and specialist leadership roles aligned to reforms in how pharmacy career pathways are structured.

Pharmacy technicians should be provided with opportunities for development of their role and leadership in its own right. Their voice needs to be more prominent at system level to support understanding of the unique contribution of the pharmacy technician role.

Pharmacy assistants should have opportunities for developing their role to include supervisory roles.

Integration and differentiation

This diagram can be found in the diagram on slide 18 in [Appendix A](#). This diagram provides a frame of reference for considering the need for integration and differentiation across the different levels of the pharmacy workforce. It provides an overview of how integration and differentiation can be utilised to meet the needs of individuals and organisations.

Implementing strategies that support the integration and differentiation of skills, roles and teams will support improved career pathway planning, optimisation of teams and retention across the workforce as a whole.

Sustainable careers

This diagram can be found in the diagram on slide 19 in [Appendix A](#). This diagram provides a frame of reference for designing interventions for sustainable careers. It sets out an overview of the shared responsibilities between the individuals and organisation/ system. It includes the strategic approaches and how sustainable careers should be considered at each level of the model from individuals develop career self-management strategies to systems having an overarching intervention approach.

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Success in defining career development and pathways for all roles will be crucial in the attraction and retention of the pharmacy workforce.

Health and wellbeing & EDI

This diagram can be found in the diagram on slide 20 in [Appendix A](#). The model recognises that psychological capital is essential for satisfaction of staff. Organisations need to inspire hope, resilience, optimism and efficacy through their approach to Health and Wellbeing and EDI.

Education and training reform

This diagram can be found in the diagram on slide 21 in [Appendix A](#). The model recognises there are a range of education and training programmes offered at both a national and local level, but these tend to be focused on a single area of the model and may not evaluate the ripple effect which can lead to unintended outcomes. SELICS should review this collectively.

Stakeholders reported that some training is currently inaccessible to some pharmacy assistants and pharmacy technicians due to visa complications, insufficient pay to motivate them to stay on apprenticeships, and a lack of clear guidance around career pathways and progression opportunities. Additionally, some staff feel like they are being aged out of the workforce because they do not have the skills or experience to supervise the skills the new workforce are coming in with straight from education.

Therefore, there needs to be a reform to education and training, especially for pharmacy assistants and pharmacy technicians. This needs to recognise that not all training routes are appropriate for all people and take into consideration different career pathways.

Recommendations for Implementing the Workforce Model

Recommended enablers for top-down interventions

Interventions will need to develop the pharmacy workforce at all levels: system level, working environment level, team level and individual level. From a top-down perspective, this will require leaders to buy-in to a range of initiatives and be proactive in engaging the workforce to move this model forward. Leaders should consider how they communicate system priorities with the wider pharmacy workforce and work collaboratively to identify accountability and governance structures to support this. Below are a range of recommended opportunities for the system, working environments and organisations to begin mobilising the One Pharmacy Workforce Model and supporting the pharmacy workforce at a regional and local level.

System Level

- Collective leadership: Facilitated sessions for pharmacy leaders across SELICS to come together to develop skills in collective leadership, develop a shared vision, and create communication and governance structure.
- Implementing the One Pharmacy Workforce Model: Develop a collaborative pharmacy network with representation from all levels of leadership to create a plan for how the One Pharmacy Workforce Model will be implemented.

Working Environment Level

- Pathway Mapping: System level mapping of pathways to identify maturity for integration across working environments whilst advocating for retaining differentiation where appropriate.
- Rotational and Joint Role: Agreed processes and shared accountability for optimising environments for rotational and joint roles.

Team Level

- Guidance for Team Optimisation: To map and develop guidance for the configuration and composition of pharmacists, pharmacy technicians, and pharmacy assistants and provide to local leaders to aid decisions on how to optimise efficiency and effectiveness of team working for their circumstances.
- MDT Case Studies: To demonstrate the versatility of the pharmacy workforce with clarity on what they can offer and provide case study examples of how they can best work as part of an MDT with non-pharmacy professionals.

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Individual Level

- **Sustainable Careers:** Creating a top-down framework that enables the pharmacy workforce to consider different options for a sustainable career that is supported by a range of informal and formal training and education offers.
- **EDI and Health and Wellbeing:** Pharmacy workforce strategy should demonstrate equal priority for pharmacy assistants, pharmacy technicians and pharmacists. EDI and Health and Wellbeing should be a corner stone of all workforce transformation initiatives to prevent exclusion or disadvantage.

Recommended enablers for bottom-up interventions

Interventions will need to develop the pharmacy workforce at all levels: system level, working environment level, team level and individual level. From a bottom-up perspective, this will require individuals to embrace opportunities for integration, multi-disciplinary team (MDT) working, and flexibility in design of established and new career pathways. Each role - pharmacists, pharmacy technicians and pharmacy assistants - will need be considered when developing initiatives to support these opportunities. Below are a range of recommended opportunities for pharmacists, pharmacy technicians and pharmacy assistants to begin mobilising the One Pharmacy Workforce Model and supporting the pharmacy workforce at a regional and local level.

System Level

- **Shared Strategies for Workforce Transformation:** Co-design service of improvement and transformation interventions. Empower leaders from across the pharmacy workforce to come together to identify shared strategies for piloting and implementing a workforce transformation. E.g., identifying ways of designing roles that allow more flexibility and balanced work-life priorities.
- **Collective Leadership Opportunities:** Create regular space and time for aspiring leaders to access informal and formal collective leadership opportunities.

Working Environment Level

- **Collaborative Spaces for Addressing Workforce Challenges:** Creating opportunities for the pharmacy workforce to come together across working environments to understand shared and differentiated challenges and opportunities and create local working arrangements to optimise health and care delivery.

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- **Role Design and Flexibility:** Prioritising interventions that focus on good role design that enable the pharmacy workforce to have choice and flexibility to either have mobility across boundaries or to progress and develop in a specialist career pathway.

Team Level

- **Integrated Team Working:** Developing an initiative to support current and potential leaders and managers of pharmacy teams/pharmacy workforce to create an environment and culture that promotes integrated team working with consideration given to changes in team composition.
- **Team Level Work Design and Collaborative Job Crafting:** Prioritising the development of initiatives to support leaders to effectively carry out team level work design that considers unique contribution of each pharmacy role and how to blend with non-pharmacy professionals. Where there are changes in team composition, support collaborative job crafting across the team.

Individual Level

- **Career Self-Management in line with Education and Training:** Each of the individual roles should be empowered to self-manage their careers but this is achieved through systems designing new roles to fit with changes to education and training.
- **Anchoring in Early Careers:** Designing pathways and entry points for the future workforce that are clear and accessible, allowing the talent pipeline to come from the local community and influence high quality care in SELICS and demonstrating why a pharmacy workforce role is a sustainable career across the lifespan.

References

- Arthur, N., & McMahon, M. (Eds.). (2018). *Contemporary theories of career development: International perspectives*. Routledge.
- Arthur, M. B., & Rousseau, D. M. (1996). Introduction: The boundaryless career as a new employment principle. In M. B. Arthur and D. M. Rousseau (Eds.). New York: Oxford University Press.
- Barends, E., & Rousseau, D. M. (2018). *Evidence-based management: How to use evidence to make better organizational decisions*. Kogan Page Publishers
- Breuer, E., Lee, L., De Silva, M., & Lund, C. (2015). Using theory of change to design and evaluate public health interventions: a systematic review. *Implementation Science*, 11, 1-17.
- Briner, R. (2014). The emergence of evidence-based management. In *The (Oxford) Handbook of Management*
- De Brún, A., & McAuliffe, E. (2020). Identifying the context, mechanisms and outcomes underlying collective leadership in teams: building a realist programme theory. *BMC Health Services Research*, 20, 1-13.
- De Brún, A., O'Donovan, R., & McAuliffe, E. (2019). Interventions to develop collectivistic leadership in healthcare settings: a systematic review. *BMC Health Services Research*, 19, 1-22.
- De Vos, A., Van der Heijden, B. I., & Akkermans, J. (2020). Sustainable careers: Towards a conceptual model. *Journal of vocational behavior*, 117, 103196.
- Edwards, G., & Bolden, R. (2023). Why is collective leadership so elusive? *Leadership*, 19(2), 167-182.
- Eva, N., Cox, J. W., Herman, H. M., & Lowe, K. B. (2021). From competency to conversation: A multi-perspective approach to collective leadership development. *The leadership quarterly*, 32(5), 101346.
- Government. (2022). Regional ethnic diversity. Retrieved from: [Regional ethnic diversity - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://ethnicity-facts-figures.service.gov.uk/)
- Grant AM and Parker SK (2009) Redesigning work design theories: The rise of relational and proactive perspectives. *The Academy of Management Annals* 3(1): 317–375.

- Knight, C., & Parker, S. K. (2021). How work redesign interventions affect performance: An evidence-based model from a systematic review. *Human relations*, 74(1), 69-104.
- Kossek, E. E., & Ollier-Malaterre, A. (2020). Desperately seeking sustainable careers: Redesigning professional jobs for the collaborative crafting of reduced-load work. *Journal of Vocational Behavior*, 117, 103315.
- Lent, R. W., & Brown, S. D. (2013). Social cognitive model of career self-management: Toward a unifying view of adaptive career behavior across the life span. *Journal of Counselling Psychology*, 60(4), 557–568.
- Medici, G., Igic, I., Grote, G., & Hirschi, A. (2023). Facing Change with Stability: The Dynamics of Occupational Career Trajectories. *Journal of Career Development*, 50(4), 883-900.
- NHS England (2023) NHS Long Term Workforce Plan. Retrieved from: <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>
- Parker, S.K., Morgeson, F.P. & Johns, G. (2017). One hundred years of work design research: looking back and looking forward. *Journal of Applied Psychology* 102(3) 403-420.
- Royal Pharmaceutical Society (RPS, 2020). The Future of Pharmacy in a Sustainable NHS: Key Principles for Transformation and Growth. Retrieved from: <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/future-of-pharmacy>
- Salas, E., Shuffler, M. L., Thayer, A. L., Bedwell, W. L., & Lazzara, E. H. (2015). Understanding and improving teamwork in organizations: A scientifically based practical guide. *Human resource management*, 54(4), 599-622.
- Street, K. A., & Taylor, A. D. J. (2023). A consensus building study to define the role of a 'clinical' pharmacy technician in a Primary Care Network environment in England. *International Journal of Pharmacy Practice*, 31(1), 62-69.
- Van der Heijden, B., De Vos, A., Akkermans, J., Spurk, D., Semeijn, J., Van der Velde, M., & Fugate, M. (2020). Sustainable careers across the lifespan: Moving the field forward. *Journal of Vocational Behavior*, 117, 103344.

Appendices

Appendix A: Diagrams to Supplement the Report

Please see the attached document: 'SEL One Pharmacy Workforce Model Supporting Diagrams'.

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Appendix B: Outcomes Matrix

A larger version can be found in the attached document: 'SEL One Pharmacy Workforce Model Outcomes Matrix'.

Level	Objective	Outcomes				
		1	2	3	4	5
Collective System Leadership	Train: Collective Leadership Development	Role modelling collective behaviours that align with strategic priorities for creating one workforce	Listen & advocate for the voice of the workforce at all levels: system, organisation, team and individual professions	Offering openness, optimism, recognition, authenticity and humility whilst leading beyond boundaries.	Encourage exploratory learning, new ways of working and continuous improvement on behalf of the workforce.	Demonstrate fairness, transparency, compassion, commitment, equity of opportunity and integrity to all pharmacy workforce.
	Retain: Collaborative Pharmacy Networks	Developing a shared understanding, vision, priorities & accountability for the pharmacy workforce	Ensure that all pharmacy working environments and pharmacy workforce professions are equally considered and represented.	Championing both integrated and differentiated (specialist) solutions across the workforce	Facilitate opportunities for the pharmacy workforce to come together to identify opportunities to take practical actions towards one workforce	Communicating the unique value, contribution and future outcomes of the pharmacy workforce across health and care.
	Reform: System Outcomes	Greater understanding of how pharmacy workforce can be optimised to deliver patient care.	Increased alignment, commitment and communication will strengthen pathways between sectors.	Increased interdependencies and shared ways of working to solve complex systemic problems.	More career opportunities and mobility will support sustainable careers for all pharmacy workforce.	The workforce will have increased understanding and investment in SEL ICS's pharmacy workforce strategy and actively participate in reform.
Mobility across working environments	Train: Education for integration and differentiation	Development of pathways and training to support movement between working environments	Consider the 'DNA' of the pharmacy workforce to identify generalist skills required in all working environments and specialist skills associated with each working environment	Develop informal pathways for cross sector shadowing opportunities	Develop approach to supporting career crafting for individuals dependant on if they want to work across environments	Understand the importance of generalised and specialised roles and skills across the whole workforce and the implications on cross sector working
	Retain: Communicate values of multi-sector workforce	Improve understanding of similarities and differences within each roles across working environments	Develop communication strategy that includes the whole of the workforce	Develop case studies that highlight good practice from MDT working including the impact on patients of working collaboratively across working environments	Develop clear career progression pathways that include single environment and omnienvironment roles	Communicate the importance of integrated and collaborative work across working environments and the opportunities for career development in different environments
	Reform: Innovation pilots to test new ways of working	Development of a jointly owned, standardised training approach for transitions and cross sector working	Mapping of existing pathways to identify opportunities for joined up, collaborative across working environments	Development of cross sector working policies including lines of supervision and accountability	Mapping of career pathways that include cross sector and rotational roles	The workforce will be better able to plan and craft their own careers that can include a supported approach to cross sector working
Team configuration and composition	Train: Develop breadth and depth of skills within teams	Define expectations around knowledge and behavioural skills for all pharmacy roles	Define core competencies for all pharmacy roles in different working environments	Develop clear pathways into specialisms and identify training opportunities to support these pathways	Standardised training and development to be implemented for all team members to enhance collaboration and understanding of roles	Increased training opportunities for developing competencies such as medicines management, dispensing, general management and accuracy
	Retain: Team connectivity, shared contribution and role clarity	Establish common principles and shared accountability to enable MDT working within and across working environments	Ensure there is task interdependence demonstrated so that there is clear role-specific activities	Introduce flexible working policies and a balance of flexi roles (e.g. utilise full time pharmacy technicians or flex their positions to complement part time pharmacists)	Introduce funded courses and programmes to optimise the role of pharmacy technicians and pharmacy assistants and foster support for leadership	Establish more pharmacy networks for collaborations and learnings
	Reform: Building pathways and partnerships with MDTs	Better career progression opportunities across all roles within teams: improve retention through pay & reward, training and work experience	Introduce leadership opportunities for pharmacy technicians around decision making to reduce workload for pharmacists (e.g., patient prescriptions)	Further considerations for pharmacy support staff is required (e.g., business managers, invoice clerks, ordering clerks)	Build awareness around the MDT structures and functions in other working environments and recognise when MDT working is not appropriate	Improved audit and quality awareness across all sectors
Individual job satisfaction and flexibility	Train: Increase recognition and opportunities for pharmacy assistants	Offering improved and consistent mentoring, knowledge sharing and training mechanisms to support retention	Consolidation and proportionate training	Motivation, enjoyment and satisfaction outweighing pay and rewards	Anchoring in early careers from local populations	Re-deployment of skills over the lifetime of an individual's career
	Retain: Increased visibility and appropriate role expansion and enrichments for pharmacy technicians	Understanding generalist and specialist skills of pharmacy technicians in different working environments	Establish a clear career pathway for pharmacy technicians	Distinguish the pharmacy technician role from the pharmacist role	Increase professional visibility of pharmacy technician role	Potential to expand the pharmacy technician role to increase the opportunities for progression
	Reform: Standardise career pathways and improve sustainability for pharmacists	Need to offer more comprehensive training and supervision around developing management and leadership skills	Develop governance structures, a shared vision and principles and shared accountability	Develop alternative career pathways that offer increased pay without moving into management	Improving communication channels and shared responsibility between working environments	Develop pharmacist roles that are more standardised and are designed to offer sustainable careers

Appendix C: Frameworks used to design the workforce model

<p>Collective Leadership:</p> <p>Is defined by the participation of multiple entities/individuals in the leadership process to achieve shared objectives (Eva et al, 2021). Key models include De Brun and colleagues, 2019 & 2020 for understanding possible interventions, contextual influences, mechanisms and outcomes for creating a collective pharmacy leadership.</p>	<ul style="list-style-type: none"> • A concept that is crucial across working environments and within working environments to identify pharmacy workforce priorities and will be influenced by system dynamics and contextual influences such as national legislation, policies and interventions (positive and negative) • Integration priorities: system leaders will need to identify ways of developing and flexibility to allow workforce mobility across sectors with generalist, transferable skills supported by interventions such as modular training and education, staff passport, innovation pilots etc. • Differentiation priorities: system leaders will need to identify and maintain strategies that recognise specialist or unique skills for different working environments that cannot be completed by generalist skills.
<p>Work Design:</p> <p>Is defined as content and organisation of work tasks, activities, relationships and responsibilities (Parker, 2014). This includes pathway work design connecting two or more work environments, teamwork design, critical considerations of MDT working (Salas 2015) and individual role design (Knight and Parker (2021) Integrative theoretical framework of top-down work design interventions</p>	<ul style="list-style-type: none"> • A concept that is crucial for considering how the different roles identified within the pharmacy workforce will work in a way that supports workload management, productivity, satisfaction, effectiveness and efficiency and is linked to psychological safety and patient outcomes. • Integration priorities: will need to identify ways of creating effective team design that meets the job/career expectations of each team member through shared processes, stability, composition and culture to enable role enrichment, role enhancement, rotational, joint or portfolio roles. • Differentiation priorities: will need to identify and create an understanding of the specific skills

<p>offer a general framework to support the pharmacy workforce model.</p>	<p>and role clarity across the different workforce roles and how this is different across working environments.</p>
<p>Sustainable Careers:</p> <p>Is defined by individual and contextual (organisation/system) shared responsibility to support individuals to maintain and manage their occupation/career within or across organisations over the lifespan in face of changes to working environments. Must consider development opportunities, balance with work-life and provides diverse work experiences for the pharmacy workforce (Van der Heijden et al, 2020)</p>	<ul style="list-style-type: none"> • A concept that is important at supporting pharmacy assistants, pharmacy technicians and pharmacists grow and develop within health and care. Aim is to ensure the workforce is not leaving their occupation/profession completely by supporting flexibility, development and satisfaction. • Integration priorities: shared responsibility between individual and organisation and looking for mutual benefit from skills and balance productivity with work-life balance. Identifying shared or existing solutions to address challenges for the pharmacy workforce. • Differentiation priorities: will need to identify the specific requirements for each role type and specific requirements to meet specialist/unique skills and competencies for work environments.

Appendix D: Engaging pharmacy workforce towards a shared vision

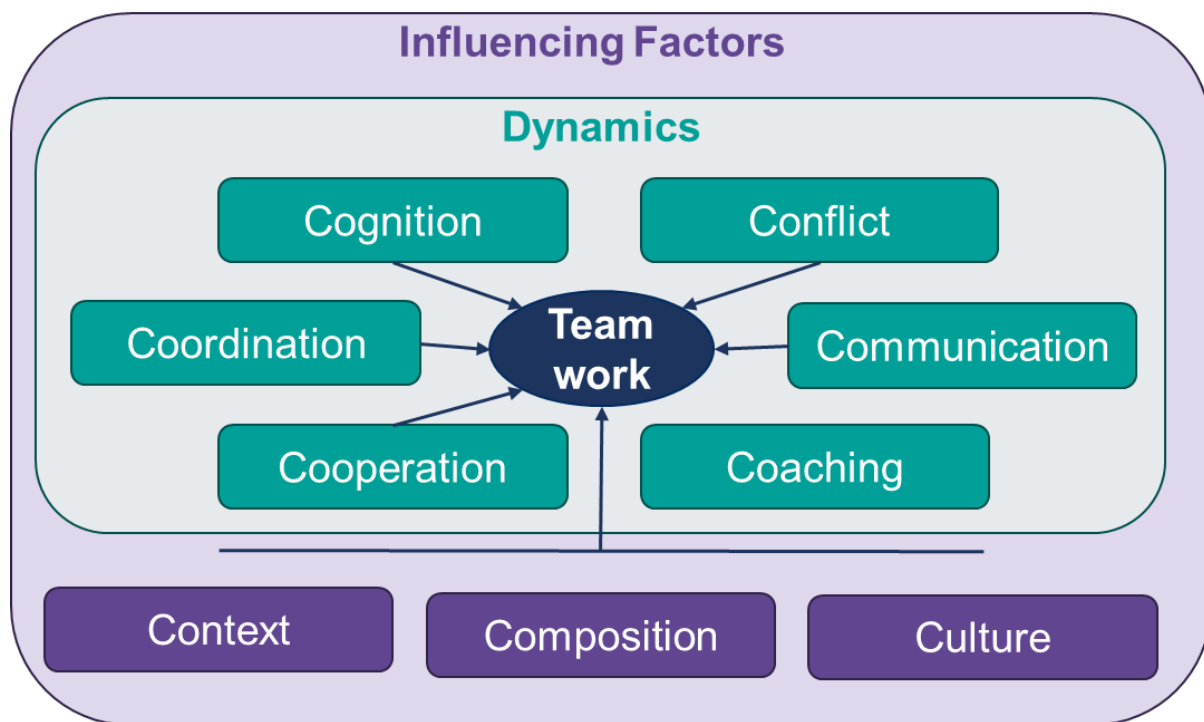
Image 2: Key themes for creating a shared vision and principles for collaborative pharmacy networks.



Appendix E: Critical considerations for MDT working

In the development of the one pharmacy workforce model, it was noted that little had been done to consider the optimal ways in which pharmacists, pharmacy technicians and pharmacy assistants could work collectively as a team and how the composition and configuration would differ for working environments. Many work design interventions focus on roles individual rather than collectively considering how roles can work in a blended way whilst maintain role identity and clarity. Team level work design interventions are particularly important as trends in work design suggest over 50% of work task priorities require collaborative approaches. This is a priority to resolve.

Image 3: 9 critical considerations for MDT working



Outlined below are the 9 critical considerations for MDT working (Salas et al., 2015) which should be central to the design and implementation of team level work design interventions.

Influencing Factors:

- **Context:** situations, events or circumstances which influence the functioning of teams. These can be external or internal.
- **Composition:** the structure, ways of working and an individual's attributes that contribute to a team's effectiveness.

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- **Culture:** relationships between people within the organisation, team and individuals that forms the basis of people's beliefs, behaviours and values.

Dynamics within teams:

- **Cooperation:** The motivational drivers of teamwork focusing on the attitudes, beliefs and feelings of the team that drive behavioural action
- **Coordination:** The processes necessary to perform a task and transform team resources into outcomes.
- **Cognition:** Team cognition includes knowledge of roles and responsibilities; team objectives; the situation within which the team is operating; and familiarity with teammate knowledge, skills, and abilities
- **Conflict:** The perceived incompatibilities in the interests, beliefs or views held by one or more team member.
- **Communication:** A reciprocal process of team members' sending and receiving information that forms a team's attitudes, behaviours and cognitions.
- **Coaching:** The enactment of leadership behaviours in a team to establish goals and set direction that leads to the successful accomplishment of the goal.

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Appendix F: Pharmacy Skills Mapping

As part of this work, we reviewed the current national NHSE defined roles and responsibilities of the different pharmacy roles in each of the working environments explored in this model. We then mapped the key skills required and identified areas of overlap between roles and working environments. Through this, we were able to identify opportunities in the workforce for pharmacy roles to move between working environments more readily, as well as opportunities for responsibilities to be delegated to allow each role to be utilised most effectively.

A larger version can be found in the attached document: 'Pharmacy Skills Mapping'.

Image 4: Pharmacy skills mapping

Community			Primary Care		Care Homes		Hospital			Health & Justice			Mental Health	
Pharmacists	Pharmacy Technicians	Pharmacy Assistants	Pharmacists	Pharmacy Technicians	Pharmacists	Pharmacy Technicians	Pharmacists	Pharmacy Technicians	Pharmacy Assistants	Pharmacists	Pharmacy Technicians	Pharmacy Assistants	Pharmacists	Pharmacy Technicians
Excellent communication skills	Ability to explain clearly to members of the public	To deliver, under supervision, patient care and pharmaceutical services	Clinical expertise, education, advice and support to members of the public	Ability to explain clearly to members of the public	Handling, ordering, supply and delivery of medicines with attention to detail	Providing safe and effective medicines with attention to detail	Clinical expertise, education, advice and support to members of the public	Responsible, accurate and methodical	Responsible, accurate and methodical	Handling, ordering, supply and delivery of medicines with attention to detail	Ability to explain clearly to members of the public	No information on pharmacy assistants	Handling, ordering, supply and delivery of medicines with attention to detail	Ability to explain clearly to members of the public
An understanding of business processes	Ability to deliver patient care and pharmaceutical services	Develop a working knowledge of products, services and standards of practice	Manage the systems of medicines, including the supply chain and distribution	Ability to deliver patient care and pharmaceutical services	Ensure accurate and effective medicines, including the supply chain and distribution	Ensure accurate and effective medicines, including the supply chain and distribution	Manage the systems of medicines, including the supply chain and distribution	Close attention to detail	Close attention to detail	Ensure accurate and effective medicines, including the supply chain and distribution	Ability to deliver patient care and pharmaceutical services	Also serves as a first point of contact for patients with concerns	Ensure accurate and effective medicines, including the supply chain and distribution	Ability to deliver patient care and pharmaceutical services
Ability to inspire the trust of others	Ability to follow instructions	Knowledge of relevant legislation and regulatory requirements	Managing, auditing and ensuring compliance with relevant legislation and regulatory requirements	Ability to follow instructions	Managing, auditing and ensuring compliance with relevant legislation and regulatory requirements	Managing, auditing and ensuring compliance with relevant legislation and regulatory requirements	Managing, auditing and ensuring compliance with relevant legislation and regulatory requirements	Ready to refer to the pharmacist when necessary	Ready to refer to the pharmacist when necessary	Managing, auditing and ensuring compliance with relevant legislation and regulatory requirements	Ability to follow instructions	Ability to follow instructions	Managing, auditing and ensuring compliance with relevant legislation and regulatory requirements	Ability to follow instructions
A willingness to take on a high level of responsibility	Ability to refer to pharmacist when necessary	Responsible, accurate and methodical	Reduce workload and ensure compliance with relevant legislation and regulatory requirements	Ability to refer to pharmacist when necessary	Reduce workload and ensure compliance with relevant legislation and regulatory requirements	Reduce workload and ensure compliance with relevant legislation and regulatory requirements	Reduce workload and ensure compliance with relevant legislation and regulatory requirements	Understand law and guidance on medicines	Understand law and guidance on medicines	Provide training, education and support of care home colleagues to ensure the safe use of medicines	Ability to refer to pharmacist when necessary	Ability to refer to pharmacist when necessary	Provide training, education and support of care home colleagues to ensure the safe use of medicines	Ability to refer to pharmacist when necessary
Ability to work in a MDT, as well as lead others in a team	Provide safe and effective pharmacy services	Ability to read and carry out instructions	Ability to work in a MDT, as well as lead others in a team	Provide safe and effective pharmacy services	Ability to work in a MDT, as well as lead others in a team	Ability to work in a MDT, as well as lead others in a team	Ability to work in a MDT, as well as lead others in a team	Ability to work in a MDT, as well as lead others in a team	Ability to work in a MDT, as well as lead others in a team	Ability to work in a MDT, as well as lead others in a team	Ability to work in a MDT, as well as lead others in a team	Ability to work in a MDT, as well as lead others in a team	Ability to work in a MDT, as well as lead others in a team	Ability to work in a MDT, as well as lead others in a team
Dispensing of prescriptions and over-the-counter medicines	Supply medicines and medical devices to patients	Ability to read and carry out instructions	Dispensing of prescriptions and over-the-counter medicines	Supply medicines and medical devices to patients	Dispensing of prescriptions and over-the-counter medicines	Dispensing of prescriptions and over-the-counter medicines	Dispensing of prescriptions and over-the-counter medicines	Dispensing of prescriptions and over-the-counter medicines	Dispensing of prescriptions and over-the-counter medicines	Dispensing of prescriptions and over-the-counter medicines	Dispensing of prescriptions and over-the-counter medicines	Dispensing of prescriptions and over-the-counter medicines	Dispensing of prescriptions and over-the-counter medicines	Dispensing of prescriptions and over-the-counter medicines
Assembling and accurately checking medicines for prescriptions	Managing series of medicines supply such as dispensaries	Handling patient queries and providing advice to support where needed	Assembling and accurately checking medicines for prescriptions	Managing series of medicines supply such as dispensaries	Handling patient queries and providing advice to support where needed	Assembling and accurately checking medicines for prescriptions	Managing series of medicines supply such as dispensaries	Handling patient queries and providing advice to support where needed	Assembling and accurately checking medicines for prescriptions	Managing series of medicines supply such as dispensaries	Handling patient queries and providing advice to support where needed	Assembling and accurately checking medicines for prescriptions	Managing series of medicines supply such as dispensaries	Handling patient queries and providing advice to support where needed
Supervising the preparation of any medicines when not occupied by manufacturers	Maintaining stock and handing it correctly	Supervising other pharmacy staff	Supervising the preparation of any medicines when not occupied by manufacturers	Maintaining stock and handing it correctly	Supervising other pharmacy staff	Supervising the preparation of any medicines when not occupied by manufacturers	Maintaining stock and handing it correctly	Supervising other pharmacy staff	Supervising the preparation of any medicines when not occupied by manufacturers	Maintaining stock and handing it correctly	Supervising other pharmacy staff	Supervising the preparation of any medicines when not occupied by manufacturers	Maintaining stock and handing it correctly	Supervising other pharmacy staff
Maintain accurate pharmacy profiles, patient profiles, change prescriptions, GP and on phone	Managing patient and customer queries (P2P and on phone)	Pre-packing, assembling and labelling medicines	Maintain accurate pharmacy profiles, patient profiles, change prescriptions, GP and on phone	Managing patient and customer queries (P2P and on phone)	Pre-packing, assembling and labelling medicines	Maintain accurate pharmacy profiles, patient profiles, change prescriptions, GP and on phone	Managing patient and customer queries (P2P and on phone)	Pre-packing, assembling and labelling medicines	Maintain accurate pharmacy profiles, patient profiles, change prescriptions, GP and on phone	Managing patient and customer queries (P2P and on phone)	Pre-packing, assembling and labelling medicines	Maintain accurate pharmacy profiles, patient profiles, change prescriptions, GP and on phone	Managing patient and customer queries (P2P and on phone)	Pre-packing, assembling and labelling medicines
Managing a range of controlled drugs for legal and stock control purposes	Managing, assembling and labelling medicines	Pre-packing, assembling and labelling medicines	Managing a range of controlled drugs for legal and stock control purposes	Managing, assembling and labelling medicines	Pre-packing, assembling and labelling medicines	Managing a range of controlled drugs for legal and stock control purposes	Managing, assembling and labelling medicines	Pre-packing, assembling and labelling medicines	Managing a range of controlled drugs for legal and stock control purposes	Managing, assembling and labelling medicines	Pre-packing, assembling and labelling medicines	Managing a range of controlled drugs for legal and stock control purposes	Managing, assembling and labelling medicines	Pre-packing, assembling and labelling medicines
Using verbal and written communication to review, monitor and evaluate the effectiveness of medicines	Management of pharmacy finances and medicines budgets	Referring problems or queries to the pharmacist	Using verbal and written communication to review, monitor and evaluate the effectiveness of medicines	Management of pharmacy finances and medicines budgets	Referring problems or queries to the pharmacist	Using verbal and written communication to review, monitor and evaluate the effectiveness of medicines	Management of pharmacy finances and medicines budgets	Referring problems or queries to the pharmacist	Using verbal and written communication to review, monitor and evaluate the effectiveness of medicines	Management of pharmacy finances and medicines budgets	Referring problems or queries to the pharmacist	Using verbal and written communication to review, monitor and evaluate the effectiveness of medicines	Management of pharmacy finances and medicines budgets	Referring problems or queries to the pharmacist
Advising the public on medicines	Ordering and dealing with pharmaceutical supplies or drugs	Referring problems or queries to the pharmacist	Advising the public on medicines	Ordering and dealing with pharmaceutical supplies or drugs	Referring problems or queries to the pharmacist	Advising the public on medicines	Ordering and dealing with pharmaceutical supplies or drugs	Referring problems or queries to the pharmacist	Advising the public on medicines	Ordering and dealing with pharmaceutical supplies or drugs	Referring problems or queries to the pharmacist	Advising the public on medicines	Ordering and dealing with pharmaceutical supplies or drugs	Referring problems or queries to the pharmacist
Responsible, accurate, methodical	Ability to pay close attention to detail	Ability to understand law and guidelines of medicines	Responsible, accurate, methodical	Ability to pay close attention to detail	Ability to understand law and guidelines of medicines	Responsible, accurate, methodical	Ability to pay close attention to detail	Ability to understand law and guidelines of medicines	Responsible, accurate, methodical	Ability to pay close attention to detail	Ability to understand law and guidelines of medicines	Responsible, accurate, methodical	Ability to pay close attention to detail	Ability to understand law and guidelines of medicines
Interested in population and people's health	Excellent customer service skills		Interested in population and people's health	Excellent customer service skills		Interested in population and people's health	Excellent customer service skills		Interested in population and people's health	Excellent customer service skills		Interested in population and people's health	Excellent customer service skills	

Further information on how these roles are defined can be found here: [Careers Map -](#)

[Pharmacy Careers \(careersinpharmacy.uk\)](#)