



PDA 2022 Safer Pharmacies Survey results

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Introduction

Keeping patients safe is key to the role of every pharmacist. But less-than-safe working conditions risk harm to patients as well as damaging consequences for pharmacists – such as impacting on their physical or mental health.

Consistently, the PDA supports members who experience challenging conditions and less-than-optimal physical work environments, which not only impacts on patient safety but on pharmacists' physical and mental health and wellbeing as well. To help address these issues and enable them to take a proactive approach to support its members, the PDA conducts an annual survey of pharmacists based on the seven commitments in its Safer Pharmacies Charter.

About the PDA's Safer Pharmacies Charter

In 2017, PDA members developed a charter of seven commitments to improve safety and care for patients, through better working conditions in UK pharmacy practice.

The charter defines basic standards to ensure safe practice wherever pharmacists work. These are:

1. No self-checking
2. Safe staffing
3. Access to a pharmacist
4. Adequate rest
5. Respect for professional judgement
6. Raising concerns
7. Physically safe

The commitments outlined in the PDA's Safer Pharmacies Charter should be standard practice whenever and wherever pharmacy practice is carried out. We actively encourage other interested parties to endorse the Charter and those who own or manage pharmacies to adopt the charter and ensure the commitments are fulfilled in their pharmacies.

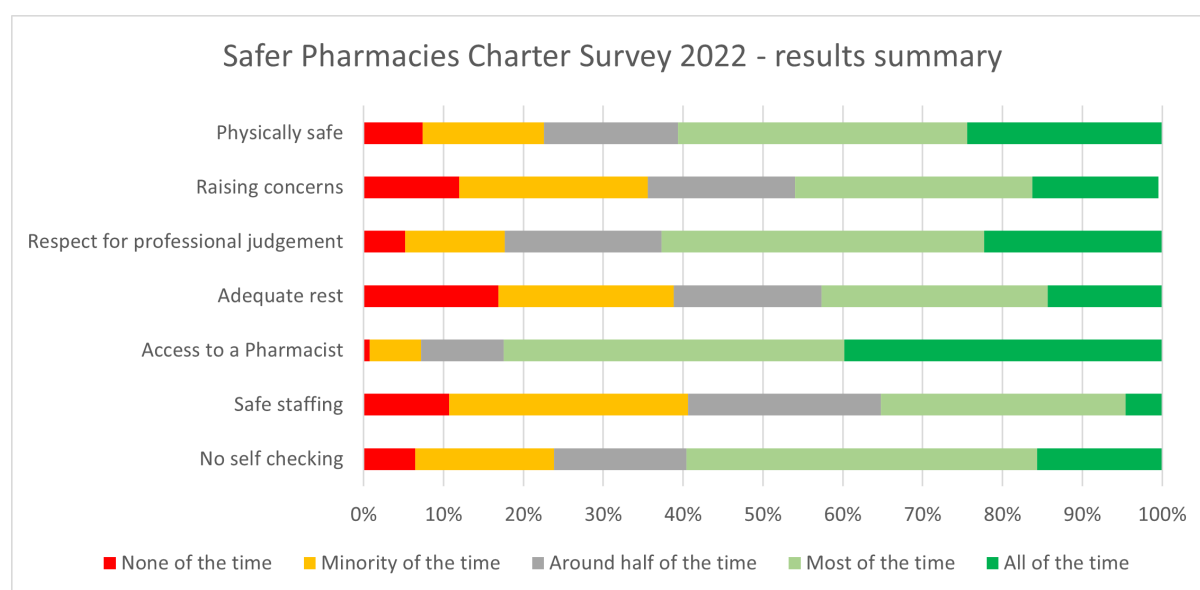
Pharmacies need to be safe places for patients, pharmacists, and everyone.

2022 results

With the benefit of having several years of feedback from members around the Safer Pharmacies Charter, in addition to handling around 5,000 calls to its Member Support Centre each year, the PDA can comment from an informed position on the state of safe practice environments for pharmacists, and where risk to patient safety occurs.

The member survey conducted in 2022 saw an increase in participation, in line with the PDA's growing membership numbers.

Overview

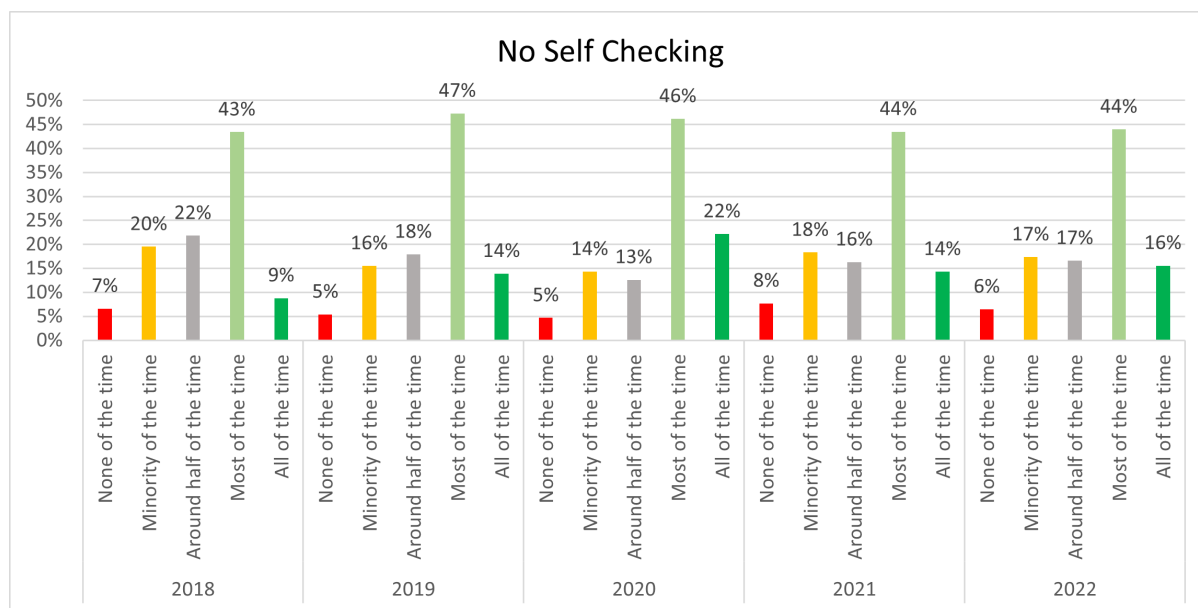


Summary of the results on specific charter commitments:

1. No self-checking

Where pharmacists are directly involved in dispensing, or other processes requiring a high degree of accuracy, a suitably trained and competent member of staff will be always readily available in the pharmacy to provide an independent accuracy check. An independent second check improves patient safety by preventing errors.

The annual survey asks PDA members how often this commitment has been met in the last 6 months.



Feedback from PDA members remains relatively static around self-checking, with over three quarters saying that they are required to self-check at least half of the time. Slightly more pharmacists report that they are self-checking all of the time (16% compared to 14% in 2021).

Whilst anecdotally, self-checking is becoming an inevitability for many PDA members, mainly due to reductions in well-trained staff by the operators of many community pharmacies, this should not become the expected norm, removing the requirement for an independent second accuracy check by a suitably trained and competent member of staff increases the risk of patient harm and the likelihood of errors occurring.

The PDA is an organisation focussed on supporting its members to practice safely and increase patient safety.

Some comments from members:

"I'm currently a relief for X but working full time in a store that dispenses 5000 items and the staffing model provides only enough hours for one pharmacist each day. This means clinical checking 1000 items each weekday which I feel is completely impossible."

"Some 100-hour pharmacies have no additional staff to help the pharmacists for up to 6 hours per day so do they expect 6 hours of self-checking."

"Staff hours and numbers are being cut and hours reduced to the extent that we become increasingly unsafe both in terms of checking and physical safety."

"I have seen a decline this year with weekend days where it is seen as acceptable for the pharmacist to work alone and lack of trained staff causing situations where self-checking is required."

Related articles:

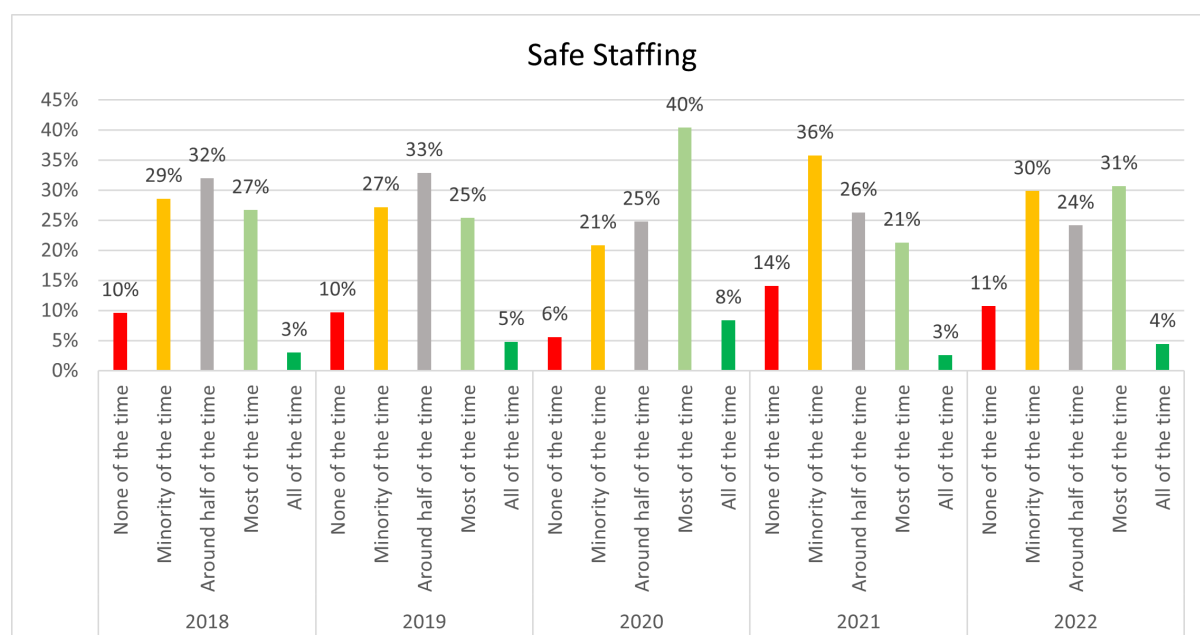
- [Skill mix role needs defining](#)

2. Safe staffing

Staffing levels will be sufficient to allow all legal, contractual, and regulatory obligations to be met; to meet the workload involved in following standard operating procedures; and to carry out other work in accordance with the organisation's expectations. All staff must be suitably trained and competent to carry out the pharmacy work they are involved in.

Providing enough suitably trained staff improves patient safety, quality of care, and service.

PDA members were asked how often this commitment has been met in the last six months.



Informed by calls to the PDA Member Support Centre from affected pharmacists, along with the frequency of unplanned temporary community pharmacy closures which have remained an ongoing backdrop, the results on this element of the Charter are concerning but unsurprising.

Only 4% of pharmacists responding to the survey felt that they had safe levels of staffing all of the time in their workplace in the last 6 months. 65% reported working with less-than-optimal staffing levels around half of the time or more frequently, with over 1 in 10 saying that the commitment has not been met in the last 6 months.

Some comments from members:

“Staffing levels being insufficient is making waiting times long and placing massive stress levels on the staff and the pharmacist!”

“Woefully inadequate safety and staffing levels. Why does the GPhC allow multiples to have such dangerous staffing levels. Stress is constant and staff morale at rock bottom. It will take the death of a patient before something happens.”

“Staffing levels main issue. We do more as healthcare professionals with same or less support staff. Burn out a real issue for us all. Company profits soar. Much more needs done to tackle this, both for staff and patients.”

“I feel that employers should have guidance on staffing levels. All too often, as a Locum, I find myself doing a shift with only one member of staff, and often that person is untrained and unable for example to track a prescription, or use pharm outcomes. Very seldom do I find myself working with a well-qualified dispenser, and the difference to patient care is immense! One untrained staff member on a Saturday, for example, is unacceptable.”

“X are dangerously understaffing and not supporting pharmacists in their clinical concerns.”

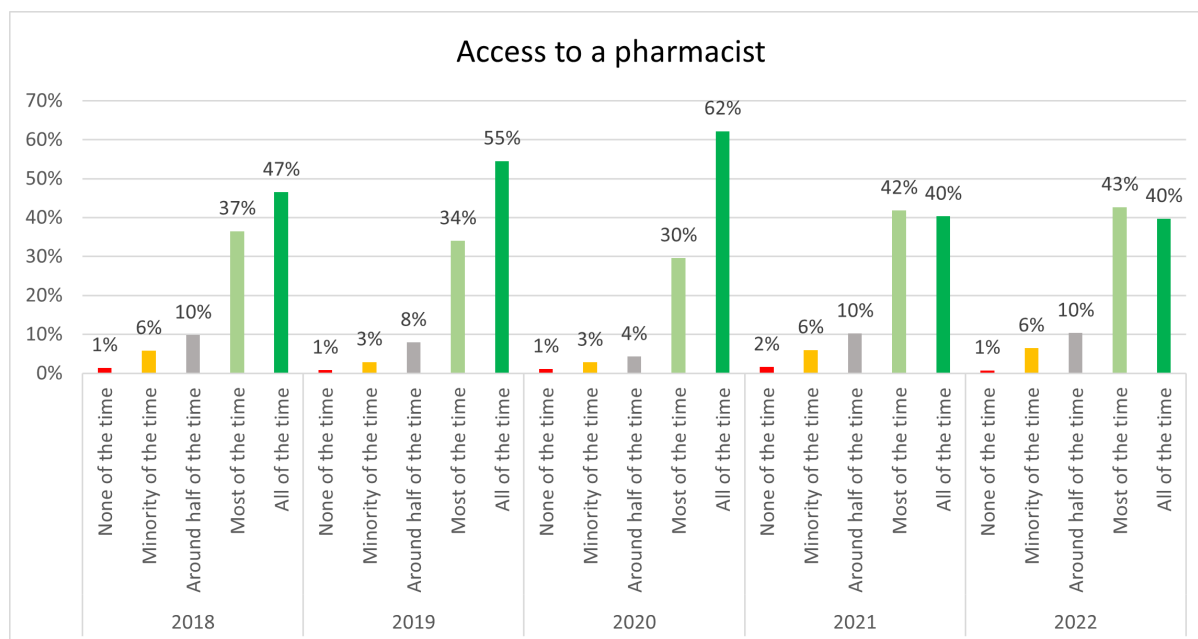
Related articles:

- [Community Pharmacy closures: Employed pharmacist offered to work, but employer chose to close](#)
- [PDA publishes open letter demanding action on patient safety concerns around pharmacy closures](#)
- [PDA responds to PSNI consultation on staffing levels](#)

3. Access to a pharmacist

A pharmacist is traditionally one of the few healthcare professionals accessible to patients without an appointment. A pharmacist must be available wherever patients expect immediate access to face-to-face expert advice on any medicines-related matters. The pharmacy owner or employer will meet this expectation by ensuring a pharmacist is available to patients and present in the pharmacy throughout its hours of operation. Pharmacists are the experts in medicines and must be present to ensure that medicines provided to patients are safe and appropriate.

The survey asks how often this commitment has been met in the last 6 months.



The results indicate that PDA members feel that the access to a pharmacist is consistent with the previous year's results and slightly lower than 2020, when the Covid-19 pandemic was at its height.

83% of PDA members responding said that there was access to a pharmacist for all or most of the time. Some members commented on the expectation of a pharmacist being immediately available as challenging with current workload pressures and frequently inadequate staffing levels.

Some comments from members:

"On call duties are not safe; pharmacists are expected to lone work, dispense, and self-check."

"More also needs to be done to protect the wellbeing and mental health of all colleagues working in the difficult, changing pharmacy sector where there are many demands from customers and patients to see a healthcare professional as a result and of inaccessibility to their GP practices."

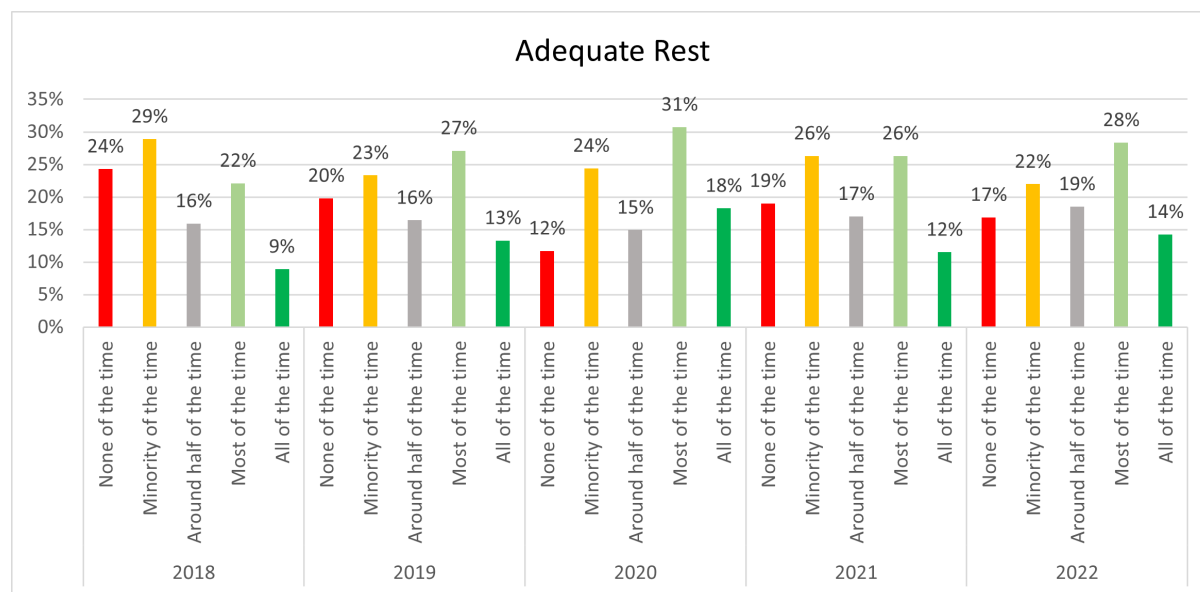
Relevant articles:

- [The high pressure and stress of working as a community pharmacist](#)
- [HSE Stress and Wellbeing Survey results](#)
- [Hospital pharmacy, more than just dispensing medications](#)

4. Adequate rest

Pharmacists must be able to take at least their statutory and contractual breaks and rest periods, and additional breaks as required to meet their professional obligations. Pharmacists will be enabled to take these without interruption and will not be placed under any direct or indirect pressure to forfeit. To keep patients safe, pharmacists must be alert at work.

The survey asked how often this commitment has been met in the last 6 months.



The number of respondents saying that this commitment has been met all of the time has increased by 2% on last year's Safer Pharmacy Charter survey results, along with an increase to 28% of respondents saying that they are getting adequate rest most of the time.

There is a small decrease in the number of pharmacists that report that this commitment has not been met at all, with almost 6 in 10 having adequate rest half of the time or less.

Some comments from members:

"I currently work for a big multiple pharmacy as a relief pharmacist. I have found that over the last few years a significant amount of cuts have been made. Many pharmacists have left the company meaning workload has increased and we are required to travel further distances and work longer hours. This has resulted in the company closing branches due to lack of pharmacists and adjusting pharmacy opening hours. Furthermore, it appears the company is prioritising profit over patient care by refusing to arrange for pharmacist cover due to high wages and instead closing branches. While I understand that companies are struggling due to the pandemic, I find it difficult to believe that they cannot keep branches open. The reason pharmacists are requesting higher wages is due to the significant workload being placed on us which is affecting our own wellbeing. We are expected to always care for our patients and rightly so. However, it seems no one cares about our well-being. Unrealistic targets continue to be set with reduced staff and opening hours. The company expects us to

continue to provide set targets of advanced services such as NMS's and flu vaccinations when we are struggling to keep stores open and provide essential services such as dispensing medicines for our patients in need. As a result, I am regularly required to work late unpaid or work through lunch breaks just to keep up with company expectations. I understand that this is the reality of pharmacy, life and work in general. However, when I come home from work with no energy but to force myself to eat, shower and sleep with no time for leisure it becomes extremely mentally draining. It is very difficult to switch off and feels like it is a never-ending cycle of work until burnt out."

"Need protected lunch and rest breaks."

"Clarity needed on rest breaks for locum pharmacists."

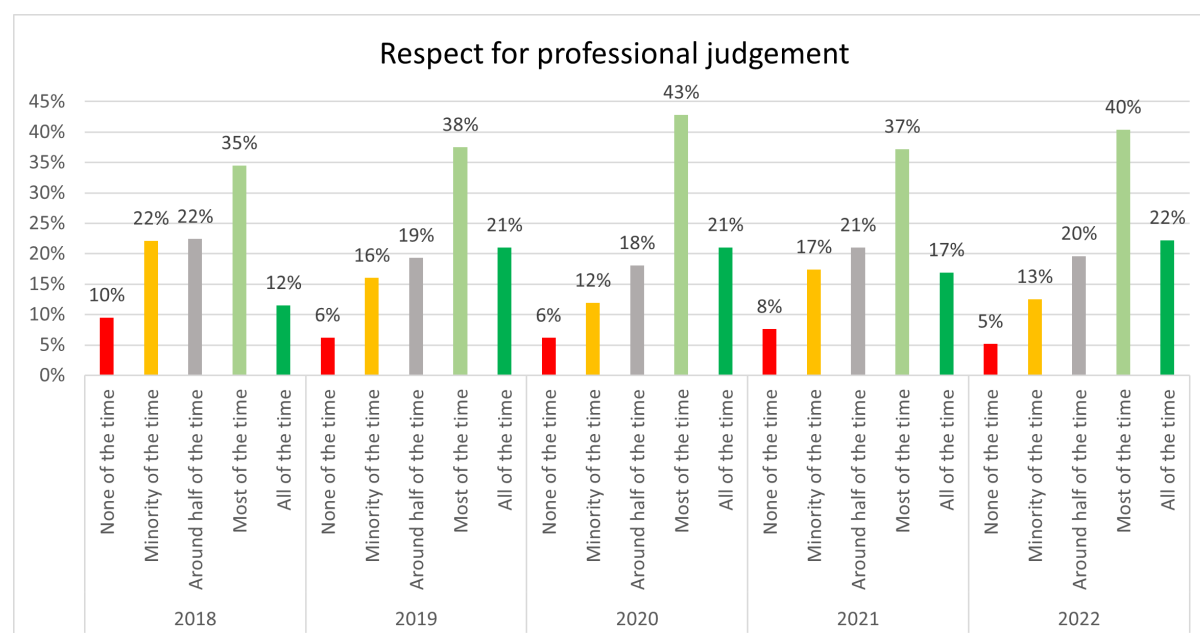
Relevant articles:

- [PDA urges pharmacists to stay safe and take adequate rest breaks](#)
- [Stress in the workplace](#)
- [Employers' report into pharmacy workforce challenges does not address their basic responsibilities](#)

5. Respect for professional judgement

Pharmacists will be enabled and encouraged to exercise professional decision-making in the workplace, so that patient safety and professional standards can be placed above any commercial or other operational considerations. Organisational and other targets must not inhibit professional autonomy. As health professionals, pharmacists put patients' health first.

The survey asked how often this commitment had been met in the last 6 months.



The survey results show an improvement in the number of respondents feeling that the commitment around professional judgement had been met compared to 2021's feedback. 62% felt that the commitment had been met most or all of the time.

Compared with the Safer Pharmacies Charter survey results in 2018, when more than half of responses (54%) said that they felt that the commitment had been met around half the time or less, pharmacists responding to the survey in 2022 appear to be more positive in this area, although there is still significant room for improvement.

Some comments from members:

"There should be some sort of SOP that the company/management should not put commercial targets that undermine the pharmacist's professional judgement."

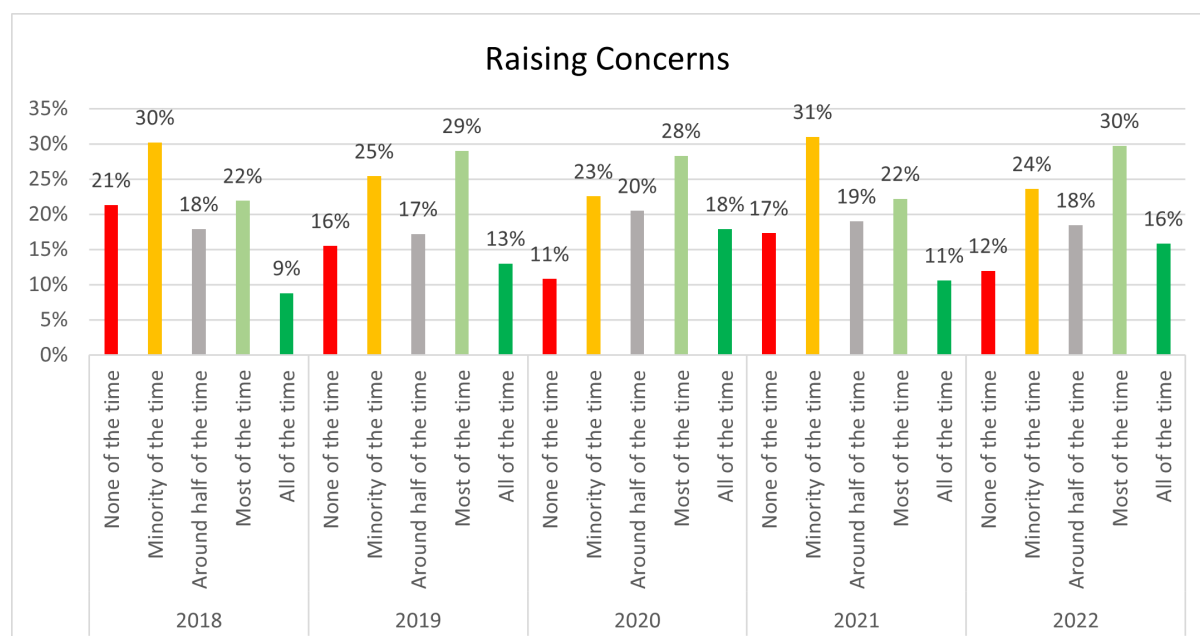
Related articles:

- [The impact of automation and online pharmacy provision on patient safety and practice](#)
- [Pharmacists prioritising a safety-first approach to flu vaccinations](#)
- [Advice and FAQs for prescribing and non-prescribing pharmacists in primary care](#)

6. Raising concerns

Pharmacists will be able to raise concerns without reprisal or fear. This will be facilitated by a supportive, open and receptive organisational culture. Issues identified will be promptly addressed and robust and enduring solutions implemented without delay. Concerns at work which could impact on patient safety need to be raised and resolved without delay.

The survey asks how often this commitment has been met in the last 6 months.



Following a significant decrease in members reporting that the commitment had been met most of or all of the time in 2021, responses to the 2022 survey show a more positive result around this commitment being met all of the time (16%) or most of the time (30%).

12% of respondents, however, reported that the commitment had never been met in the previous 6 months, and almost a quarter reported that they were able to raise concerns a minority of the time.

Some comments from members:

“Even though rather understaffed, safe practices are implemented. When dispensing on my own it can be left for the following colleagues to be double checked next day. The only issue is that any concerns there are rarely considered and acted upon. Store management seems inadequately aware of pharmacy problems and one has no one to speak to really.”

“X are dangerously understaffing and not supporting pharmacists in their clinical concerns.”

“There is one specific store where pharmacists are expected to self-check as a norm. Concerns were raised but was ignored.”

“The staffing levels have actually worsened this year to the point where I have contacted the chief pharmacist directly with my concerns. I have also refused to return to some stores where I feel staffing is most inadequate. The charter is an excellent idea, but it’s not being adhered to in the area I work in. I have had assurances of improvements; however, nothing has changed thus far. Morale has never been so low.”

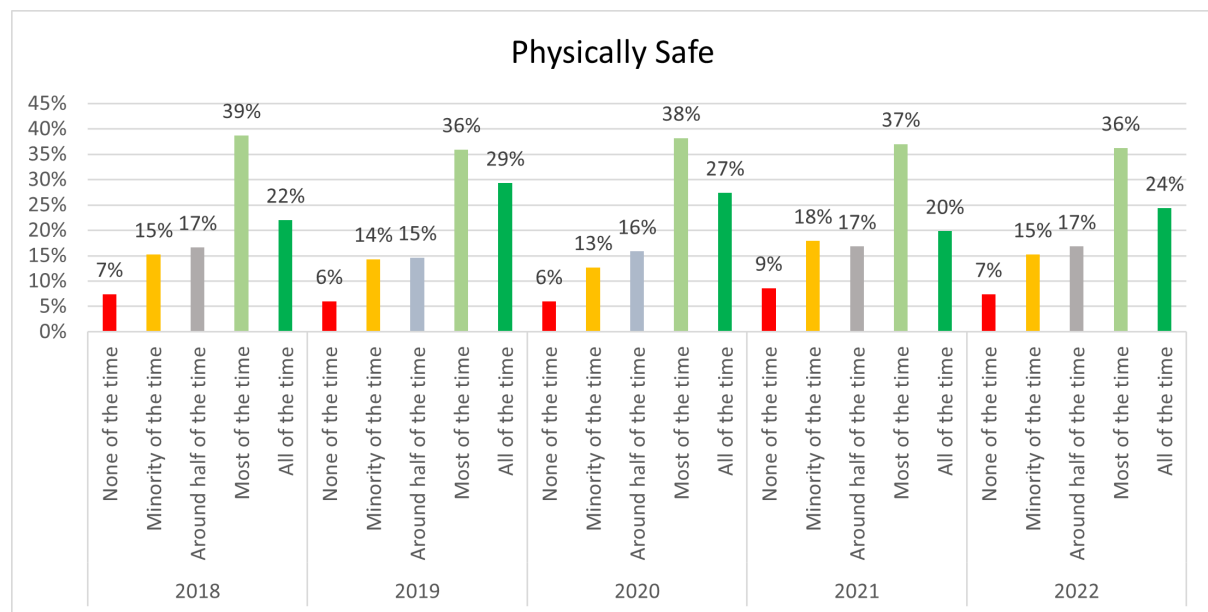
Related articles:

- [Well Pharmacy allow Covid positive staff to work in pharmacies](#)
- [PDA responds to PSNI Guidance on Raising Concerns](#)
- [PDA demands action on patient safety concerns around pharmacy closures](#)

7. Physically safe

Pharmacists will not have to work in the pharmacy alone and will have access to the necessary support at all times to perform their roles. Risks will be assessed, and preventive measures put in place so that patients and staff are safe – and can feel safe. A zero-tolerance approach will be taken to violence or abuse of pharmacists and other pharmacy staff. Pharmacies need to be safe places for patients, pharmacists and everyone.

The survey asks how often in the last 6 months this commitment has been met.



The feedback around physical safety does show an improvement on the 2021 results, where 24% of pharmacists responded by saying that the commitment was met all of the time compared to 20% in 2021. There was also a positive improvement in the number of members (7% vs 9% in 2021) who said that the commitment was not met at all.

The PDA continues to hear reports from members about incidents of violence and abuse in pharmacy, with recent examples being around medicines shortages. A specific survey around this issue highlighted availability of medicines as being a significant flash point for unacceptable behaviours. The research featured in a Health Service Journal article in January 2023.

During 2022, the PDA also highlighted the issue of violence and abuse in the national media, which included coverage on [BBC Breakfast](#) and main news bulletins.

No-one should feel unsafe at work, particularly in a healthcare environment. There are several contributory factors which can mean that situations quickly escalate, and the pharmacist and pharmacy team becomes the place where frustrations are aired, such as with supply issues, as already mentioned.

The PDA continues to encourage employers to risk assess their pharmacies to mitigate against pharmacists and pharmacy teams feeling unsafe, and to take meaningful action against offenders when incidents occur. [Posters](#) and resources are provided by the PDA to reinforce a zero-tolerance approach to violence and abuse in pharmacy premises. We also actively encourage all stakeholders to support the Charter and demonstrate their commitment to the safety of everyone who uses and works in pharmacy settings.

In addition to concerns about the threat of violence and abuse, the impact on pharmacist's mental health and wellbeing is reflected in member's comments. The PDA's ['It's Time to Address Stress' campaign](#) looks at the causes and symptoms of stress in the workplace and provides advice on ways pharmacists can access support and improve working conditions.

Some comments from members:

“Zero tolerance to abuse needs to be publicly advertised and mandated.”

“The daily abuse we get from patients due to low staff levels or general exterior factors affects the mental health of all staff. The company do not value or appreciate their staff at all.”

“A lot of abuse from patients, no breaks given, dispensing and checking my own work. I live in fear of making mistakes and sometimes it’s so busy everything is such a blur.”

“Levels of abuse of pharmacy staff greatly increased with patients less willing to take responsibility for themselves, unrealistic expectations of surgeries to provide a prescription requested but expecting pharmacy staff to sort it.”

“More needs to be done by owners and companies to keep pharmacy teams safe in the workplace from violence, aggression and abuse from the public and being a victim of crime and threats in the community. Our safety should be a priority for all employers before any profit and target. More also needs to be done to protect the wellbeing and mental health of all colleagues working in the difficult, changing pharmacy sector where there are many demands from customers and patients to see a healthcare professional as a result and of inaccessibility to their GP practices.”

We put up no-abuse posters and the manager took them down. Patients keep on abusing us for not working fast because they’re getting late for an appointment in next ten minutes. I have lost sleep at night; managers make back handed insulting comments. I have tried telling them, but they just brush it under the carpet.”

“I feel scared at work - from patients and from head office. Many of my staff have broken down in tears at the treatment- this happens so regularly that we are numb to it. I mean every few days. We are chronically understaffed and often I work by myself. I have to self-dispense and check often in every shift. We have said it to head office so many times and nothing changes. We desperately need some de-escalation training to deal with angry customers due to wait times due to having less than half the staff we need. We are basically not supported by head office and it just continues and I don’t know if it will change.”

“Would like to see the multiples sign up to it and adhere to it. I’m scared.”

Related articles:

- [PDA’s campaign to stop violence in pharmacies now has support from the National Police Chiefs’ Council](#)
- [PDA highlights ongoing concerns about increasing levels of violence and abuse in community pharmacy](#)

Conclusion

It has been five years since the launch of the Safer Pharmacies Charter and the linking of the PDA annual safer pharmacies survey to the charter commitments. Survey respondents are all pharmacists who are practising in the UK and the information they provide gives a clear indication of conditions at the frontline. This fifth iteration of the survey provides both a snapshot of current conditions and builds the picture of safety trends over the last five years.

By design, the charter commitments are basic safety factors which pharmacy employers should ensure are in place all of the time. The pharmacy regulators are the GPhC and PSNI, each of whom regulate pharmacy owners as part of their purpose to make sure people receive safe and effective pharmacy care and have trust in pharmacy. That they allow such conditions to exist makes it harder for individual employed or locum pharmacists to challenge the employers, who control whether the charter commitments are met in their pharmacies. That each of these basic conditions are not present should also be of significant concern to the national NHS organisations across the UK, and for the Ministers that are responsible for their performance.

Combining the survey results with other methods in which the PDA receives information from 36,000 members, the PDA believes these conditions are a major contributory factor to the number of experienced pharmacists who are reducing their working time, becoming locums rather than employees, or leaving practise entirely. Government, employers, and others concerned with workforce planning should prioritise getting these basic safety standards in place in every pharmacy, all the time, if they want pharmacy to be adequately resourced in future.