



Latest Research Findings **Workload and Skill Mix**

Issue 1, 26 September 2011

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PHARMACISTS' WORKLOAD

Workload in community pharmacies in the UK and its impact on patient safety and pharmacists' well-being: a review of the evidence

Article in Health and Social Care in the Community, 2011

What is the evidence that workload is affecting hospital pharmacists' performance and patient safety?

A report for the Centre for Workforce Intelligence, 2011

Workload pressure among recently qualified pharmacists: an exploratory study of intentions to leave the profession

Article in The International Journal of Pharmacy Practice, 17,3:181-87, 2009

Delivering healthcare through community pharmacies: are working conditions deterring female pharmacists' participation

Article in Journal of Health Services Research and Policy, 14,3:141-49; 2009

The impact of increasing workloads and role expansion on female community pharmacists in the UK

Article in Research in Social and Administrative Pharmacy, 3:285-302, 2007

Spotlight on Workload

- Community pharmacy workload has increased
- Community pharmacists are feeling stressed due to the volume of work
- Increasing workload has a deleterious impact on well-being and job satisfaction
- There is little hard evidence to confirm workload is harming patients
- Workload pressures are influencing newly qualified pharmacists
- In hospital settings high workload is associated with an increase in medication errors

Spotlight on Skill Mix

- Substitution is acceptable to users and providers of healthcare
- Substitution is safe and effective
- Pharmacists and technicians can undertake enhanced roles in an effective and safe way
- Training to provide enhanced roles may have resource implications
- There is very little evidence that labour substitution is cost effective

SKILL MIX

Work for the Centre for Workforce Intelligence commissioned from the CPWS team at the University of Manchester provides evidence about skill mix and labour substitution in pharmacy.

This briefing paper considers the evidence for using skill mix and labour substitution in pharmacy, to address a number of outcomes such as making efficiency savings.

Evidence related to two forms of labour substitution is reviewed:

- Substitution consisting of inter-professional role substitution (such as pharmacists taking on the role of doctors).
- Substitution involving intra-professional role substitution (such as reconsidering the roles within the pharmacy team—technicians performing tasks previously performed by pharmacists).

The evidence that exists is based on small-scale, descriptive studies where the research design prevents generalisation to other settings.

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