IMSN Survey Quarter 3 2022: Extent & Impact of Hospital Pharmacist shortages on Medication Safety in Irish hospitals

Introduction:

Anecdotal reports were received by the Irish Medication Safety Network (IMSN) of significant staffing shortages amongst hospital pharmacists in Ireland in September 2022 (in the less acute COVID-19 pandemic landscape). Although not a phenomenon unique to hospital pharmacists, a formal survey was developed by attending members of the IMSN to measure the extent and impact of hospital pharmacist shortages on Medication Safety in Irish hospitals nationally. A number of safety agencies and best-practice healthcare standards including HIQA and the State Claims Agency acknowledge the imperative need for pharmacists in hospitals to reduce the variety of risks (some potentially serious and fatal) that medicines pose to patients.

Aim:

To measure the extent and impact of hospital pharmacist shortages on Medication Safety in Irish hospitals.

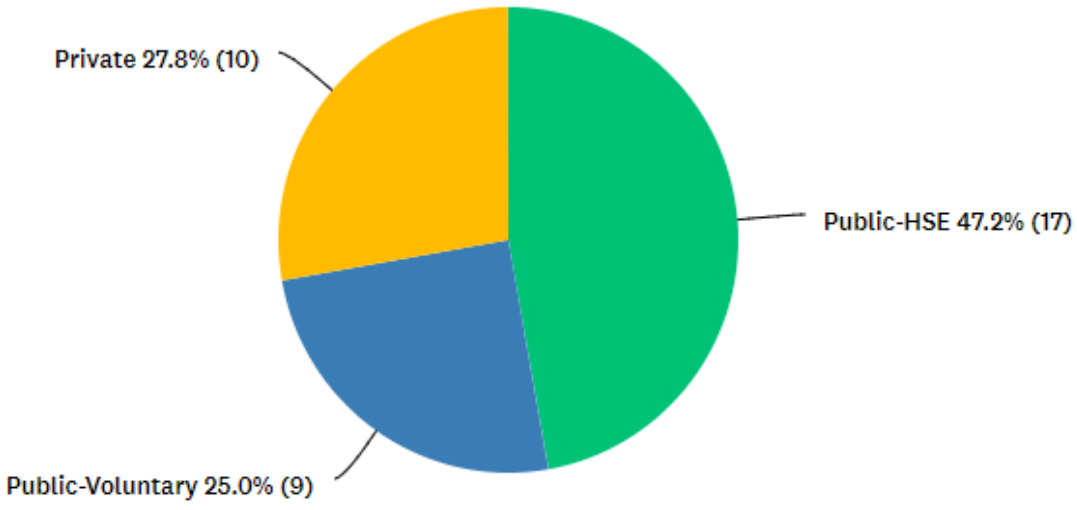
Methodology:

A nine question survey was designed by attending members of the IMSN, with Survey Monkey® the tool used to collect data. The survey was circulated to all circulating members of the IMSN with a request that one survey be completed per hospital. The survey was circulated to 55 hospitals in total, encompassing model 2-4 public hospitals, community hospitals, private hospitals, maternity hospitals, with a national geographic distribution.

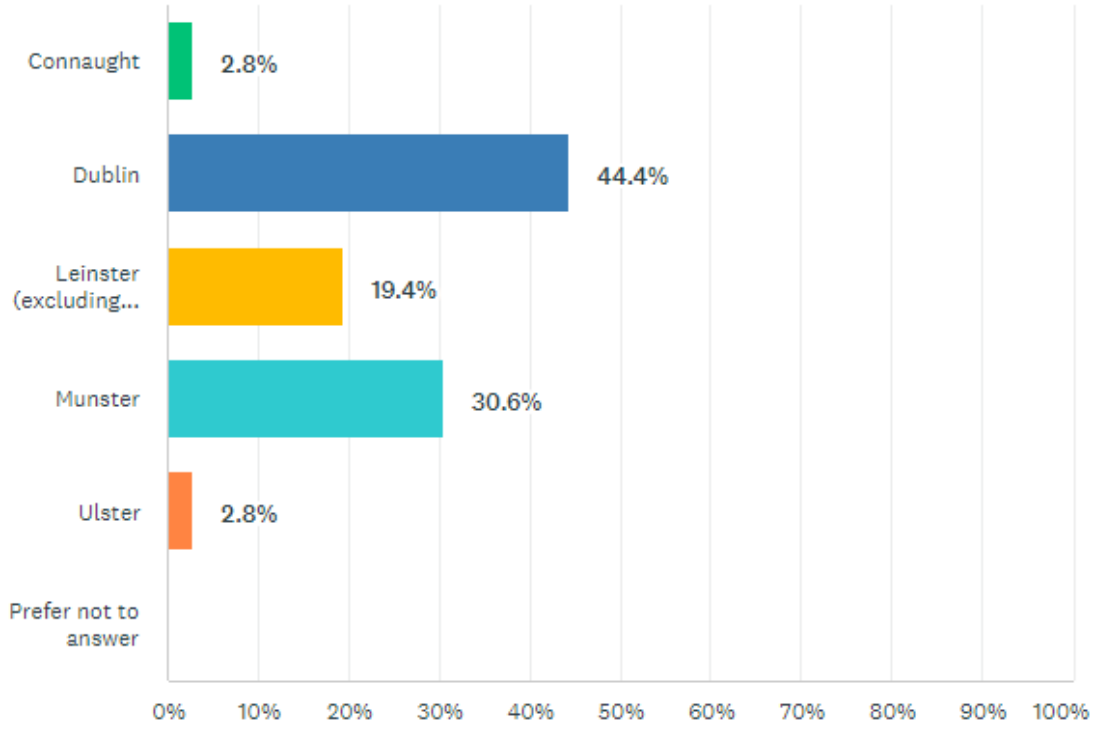
Results:

A total of 36 responses were received between 15th Sept 2022 and 10th October 2022, giving a response rate of 65%

Hospital Type:



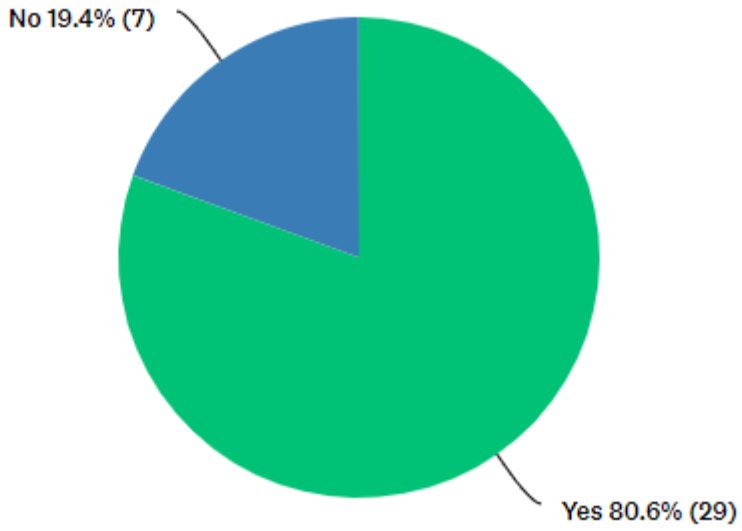
Geographical area:



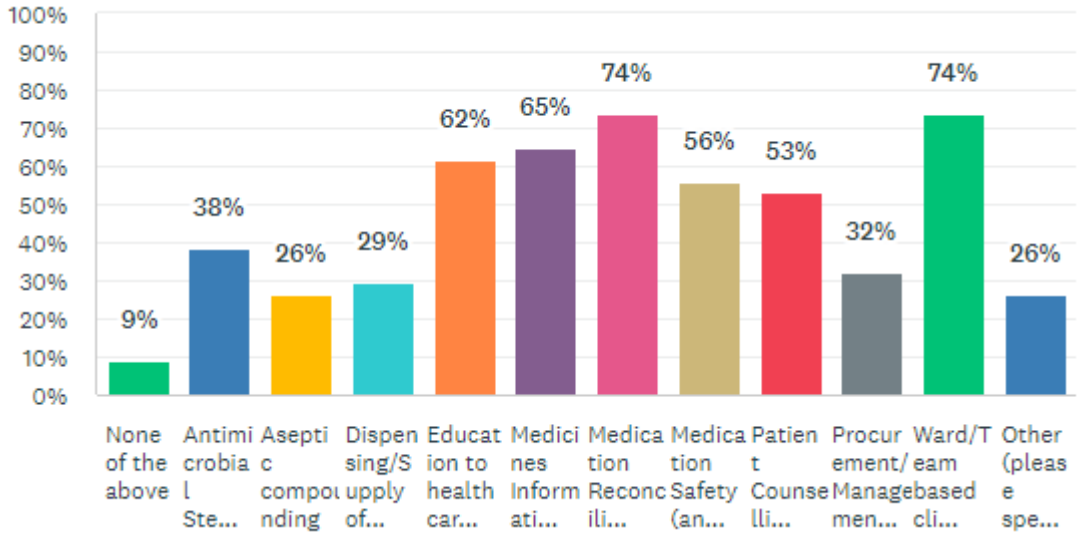
ANSWER CHOICES	RESPONSES	
Connaught	2.78%	1
Dublin	44.44%	16
Leinster (excluding Dublin)	19.44%	7
Munster	30.56%	11
Ulster	2.78%	1
Prefer not to answer	0.00%	0
TOTAL		36

The nature of the responses to individual question regarding hospital pharmacist staffing shortages can be found below.

Is your hospital dealing with recruitment challenges for hospital pharmacists?



What pharmacy services are currently impacted by pharmacist vacancies (i.e. previously delivered but not able to currently due to vacancies or greatly reduced due to vacancies)?

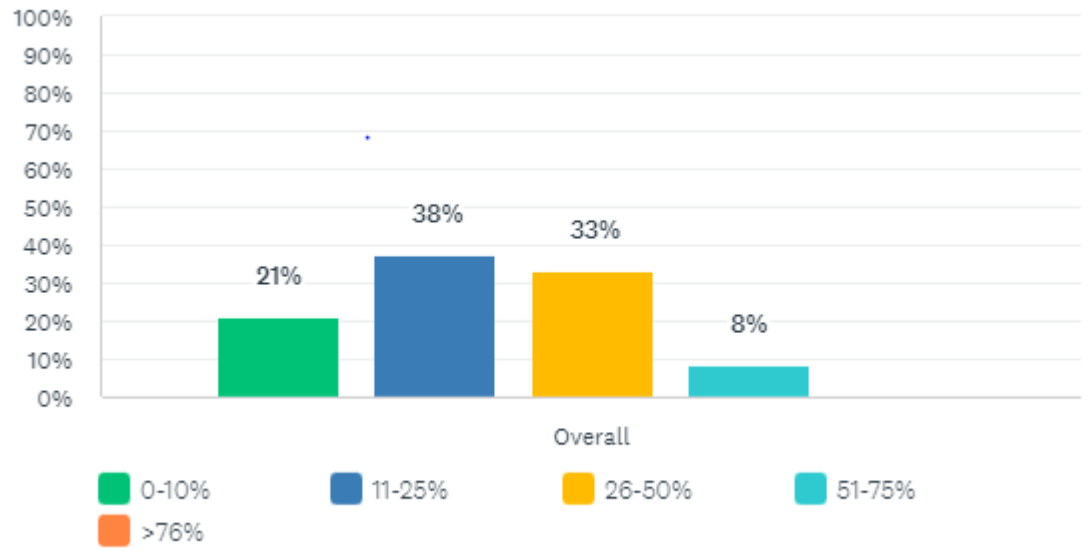


ANSWER CHOICES		RESPONSES	
Medication Reconciliation		74%	25
Ward/Team based clinical pharmacy service (e.g. MPAR/prescription review)		74%	25
Medicines Information (including guideline review/update and development)		65%	22
Education to healthcare professionals (within and outside the department)		62%	21
Medication Safety (analysis, reporting and learning from incidents)		56%	19
Patient Counselling/Education		53%	18
Antimicrobial Stewardship		38%	13
Procurement/Management of shortages/Formulary management/Cost-effectiveness		32%	11
Dispensing/Supply of medicines		29%	10
Aseptic compounding		26%	9
Other (please specify)	Responses	26%	9
None of the above		9%	3
Total Respondents: 34			

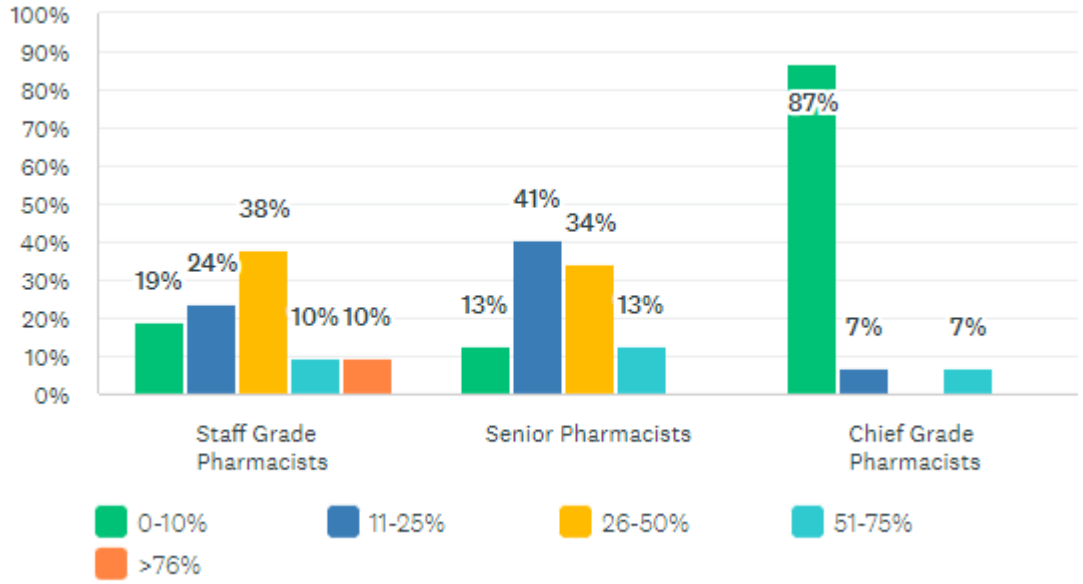
'Other' service impact responses (n=9) were as follows:

Organisation and Management Functions
Management role as Chief Pharmacist now in operations for at least 50% of the time
Clinical ward services prioritised over office-based duties, and annual leave restricted
SOP development and update
Psychiatry service and Emergency Department service
Reduced mental health service from 3 days/week to 2 days/week
More than half of wards receive no clinical pharmacist service
Discharge review and counselling
Intended service expansion for newly approved positions impacted

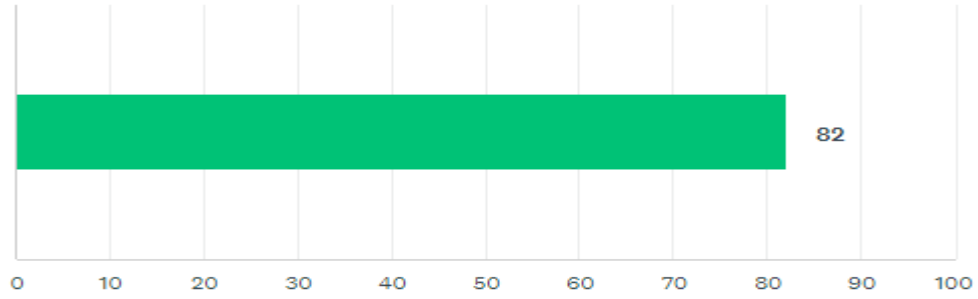
What is your current overall vacancy rate for pharmacists?



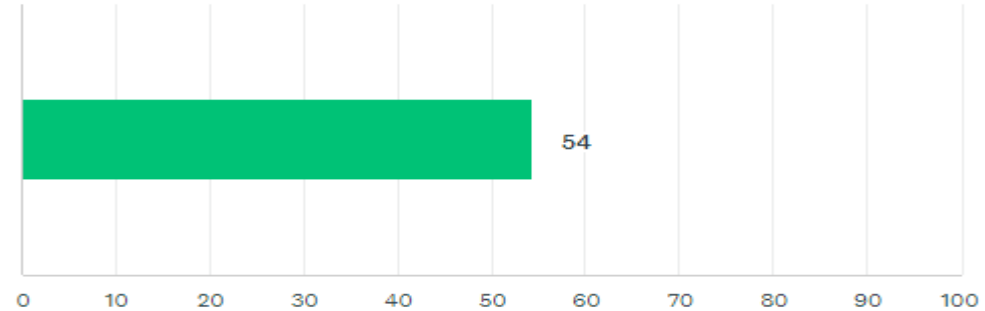
What is your vacancy rate for different grades of Pharmacists?



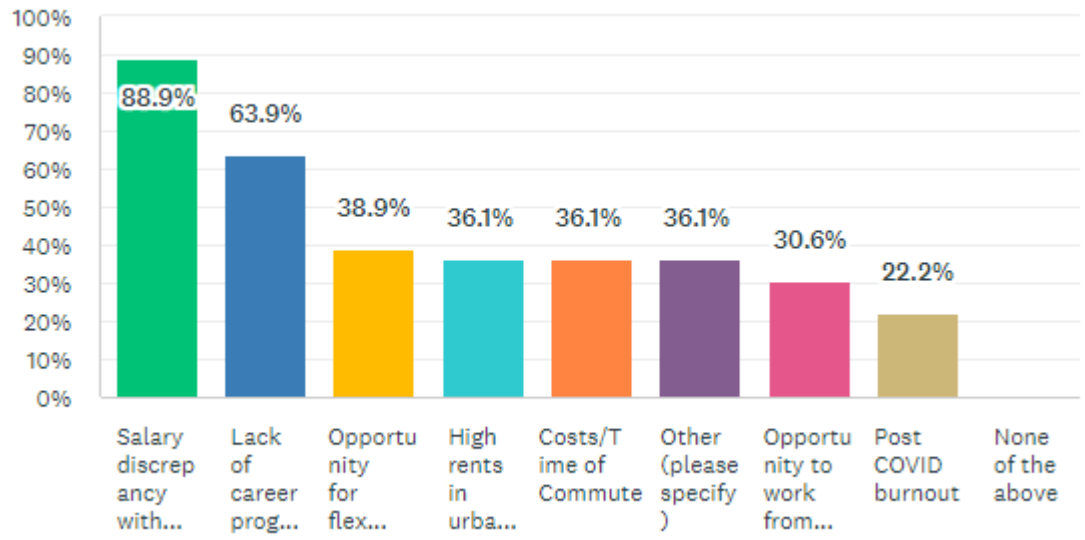
If you had/have your full staffing complement, what proportion of wards/teams in your hospital are served by a clinical pharmacist service?



Given current vacancies in your department, what proportion of wards/teams are served by a clinical pharmacist service? (*This is the same number as previous question if you have no vacancies)



What factors have been relayed to you that you know are impacting recruitment/retention of hospital pharmacists?



ANSWER CHOICES		RESPONSES	
Salary discrepancy with other sectors		88.9%	32
Lack of career progression opportunities		63.9%	23
Opportunity for flexible working day(s)		38.9%	14
High rents in urban area		36.1%	13
Costs/Time of Commute		36.1%	13
Other (please specify)	Responses	36.1%	13
Opportunity to work from home		30.6%	11
Post COVID burnout		22.2%	8
None of the above		0.0%	0
Total Respondents: 36			

A summary of 'Other' factors impacting recruitment and retention of hospital pharmacist were noted and themed as follows: (9 respondents added 'other' factors)

No national approach to pharmacy
Unplanned and uncontrolled growth of Pharmacy Service in the absence of any co-ordinated national workforce plan/strategy
Not enough graduates
Lack of suitable candidates with sufficient experience for senior/clinical role applying
Insufficient qualified pharmacists interested in working in this geographical area
Delays in recruitment (maternity leave replacements not approved, positions not advertised in a timely fashion)
Reluctance to join a department already clearly struggling / depleted
Lack of sufficient staffing to do the required work even if current full complement of staff were hired
The last two resignations were because we cannot offer specialisation. We are having to assign pharmacists dispensary, procurement, cancer services and general clinical first with specialist roles being left vacant.
Lack of specialisation opportunities; perception of being not valued

Absence of career structure
No Chief post here, seniors have to manage department; lack of parity with other hospitals and colleagues in other allied health disciplines within sector (principal psychologist/OT/social work posts, no chief pharmacist post).
Virtually all CPD is self-funded and in own time,
No standardised, structured format for training posts
Cost of living crisis-Needs to be a Dublin allowance similar to London
Not wanting to travel to a less urban location
Lack of benefits eg. pension, maternity leave

Respondents were given the opportunity to add any other comment to the survey. 13 respondents chose to utilise this option, with themes summarised below:

There have been numerous new posts developed in Cancer Services, HSE Corporate (NCCP and AHDMP) and Antimicrobial stewardship services amongst others over the last 12-18months+ with additional funds for these selected areas provided to various services. • Whilst welcome in many respects, the entirety of hospital pharmacy services and their staff should be examined on both a strategic and practical level through comprehensive workforce planning. • In the absence of a national workforce strategy for hospital pharmacy and medicines management, clinical pharmacy and other pharmacy services are being decimated both numerically and experientially. • Engagement with Hospital Pharmacies is necessary to grow services in a planned and responsible manner. This will require cross sectoral engagement with Pharmacy Managers, Pharmacy Staff, HSE and Schools of Pharmacy to ensure we have co-ordinated, controlled and sustainable growth of our services. • The only option for hospital pharmacies at the moment is to compete with each other for the same small number of staff over and over again.
• When we successfully recruit a senior pharmacist we know that we are taking a pharmacist from another hospital. • We have new funded posts that have never been filled, maternity leaves and resignations that although approved cannot be successfully filled. • I have been unable to fill funded posts for extension of clinical pharmacy (to cover more wards) for 2 years.
• Service delivery projects and research is harder to deliver with current vacancies as well as appointment into newly approved positions. Improved awareness of the role of hospital pharmacists at undergraduate level may support recruitment.
• Brexit - the number of Irish undertaking undergraduate training in the UK has fallen sharply (due to new fees required). For 2017 to 2020 (last available data) the number of registrants from the UK colleges equalled the number of graduates from Irish universities. The problem of recruitment is only going to get worse and the salaries in community will rise further.
• Shortages of pharmacists overall is the biggest issue but salary is the biggest barrier for recruitment to hospital over community due to cost of living.
• The salary differential between hospital and community is so stark currently that only community pharmacists with 13+ years experience will consider moving to basic grade posts. New graduates are unwilling to accept 35k (with associated public service levies) per annum in hospital when they could get >60k (without levies) in community.
An important aspect of this that is difficult to quantify but is most certainly happening in our hospital is a significant deterioration in the quality of service which is not captured by this survey. • Our experience is that we are reducing services and less patients are being seen, however the emphasis also moves from offering a quality broad service that improves patient care - medication

reconciliation, education, advising doctors/nurses on best use of medicines etc. to simply screening patients to prevent harm. This is further complicated by enormous loss of experience in clinical services – at present we are replacing experienced staff, often with newly qualified pharmacists who cover patients but with not nearly the same level of knowledge/experience. With the best of intentions, the quality of service diminishes further. The absolute numbers of Pharmacists may stack up to a point, but the experience doesn't. I would estimate loss of experience in our Pharmacy at about 100-150 years over the last 18-24 months.

- One other issue which causes a spiralling effect is morale – as the number of Pharmacists diminish along with the quality of service, the remaining team becomes demoralised and they start seeking alternative roles in areas which are more attractive e.g. Cancer services where there is significant investment or perhaps where the job offers a better life/work balance. In essence a contagion effect.

We still cover the same number of wards but the quality of clinical pharmacy cover has fallen with only basic screening work undertaken.

- We have filled some senior positions with basic grades who are coming to us from community pharmacy with no hospital experience, to help against the salary discrepancy but acknowledge training needs. Our designated medication safety and AMS pharmacists have also had to support the clinical pharmacy service. This has a massive training and supervision burden on senior staff and the chief pharmacist.
- We have also found that in some cases new staff are so mobile they leave after a period of 6 months.

- There is no flexibility around senior posts, i.e. highly experienced community pharmacists are not eligible for senior posts; I have taken this up with HR nationally but they have said there is no scope for flexibility. The acute sector is literally hemorrhaging pharmacists, often to back office HSE roles (HMMS, EPAR etc).
- Our profession is dominated by women and mothers and the vast majority want part-time hours and flexibility. I am very accommodating and try my best to work with people on this, however, the 'dance of the position numbers' is a very difficult one. If I reduce somebody's hours, I will not necessarily backfill those hours, and I end up losing WTEs. However, it is better to have somebody 3 days a week than no days a week.

Hospital pharmacies do not have a level playing field when recruiting pharmacists.

- Sometimes similar sizes hospitals have a vastly different number of pharmacists and grades. For example in relation to the position of the medication safety pharmacist, I have seen it advertised as a Chief position in two hospitals recently but as a Senior in a similar sized hospital, this hinders the ability of some hospitals to recruit for the same position as people don't want to do the same work as someone else but at a lower grade, pharmacists will move to the hospital with the higher grade.
- I think that all pharmacy departments should be reviewed nationally and positions and grades allocated on number of beds as well as services provided.
- Those hospitals with a smaller number of pharmacists are not as attractive to new recruits as they know the increased workload will limit their opportunities to develop. This will have a knock-on effect on medication safety in the hospital with less clinical pharmacists on the wards.
- With the difficulties in recruiting and retaining a limited number of pharmacists some hospitals have an unfair advantage over others.
- The flexibility of new roles in community e.g. antimicrobial pharmacists makes it difficult to retain pharmacists in hospital.
- Regarding career structure, senior grades in particular are left in limbo with no clear pathway to progress, the possibility of the specialist grade will take years to materialise, if at all. The new career structure will lead to further difficulties in retaining and recruiting hospital pharmacists in my opinion.

- Inequity in pharmacy staffing levels and structures across hospitals / groups that pre-dated the current crisis is now making recruitment even more difficult for smaller sites.

- We are a small hospital so any opportunity to recruit that goes unfulfilled has a huge impact. On rare occasions we have seen staffing pressures around unscheduled leave resulting in the pharmacy being

forced to close. This is highly problematic for the department and the hospital. From my discussions with other small hospitals this is not unique to us.
• On Monday of this week I was the only pharmacist on duty for the whole hospital. Two colleagues were on planned leave, and all the others called in sick. With our vacancy rate of 60%, this meant I was on my own. This is an unusual occurrence here and my staff are hugely committed, but I think this just demonstrates the pressures we are under. I closed the department for 30 minutes so that I could take a break.
• Difficult to attract senior pharmacists against model 4 hospitals in Dublin area due to lack of career progression
• Delay in revised career structure implementation, impeding personal development planning and career enhancement opportunities
• Alot of Managers are understandably frustrated by the lack of recognition of our value
• The HSE process for recruitment takes a very long time, from interview to commencing job can be months. This needs to be streamlined.
• Very difficult to find staff in particular for maternity leave cover in particular as they are shorter contracts but our department heavily impacted by Maternity Leave. Skill mix is a big problem and can impact annual leave availability. The delay in rolling out the new grades is impacting recruitment also
The recruitment process can only be described as tortuous. • Replacement posts must be approved by two committees, one local and another at group level. They meet every few weeks which means that it takes months and months to advertise and fill posts. • I have not yet managed to backfill a maternity leave for a pharmacist... in over 3 years.

Summary and actions:

- It is evident from the results of this survey that significant shortages in hospital pharmacists are being experienced by the majority of hospitals across the country irrespective of geography, type of hospital or sector.
- 80% of hospitals reported hospital pharmacist vacancies in excess of 10%, 41% in excess of 25%, and 8% in excess of 50%.
- Multiple impacts on medication safety were reported. Overall a reduction of approximately 30% in provision of clinical pharmacy service has been reported as a result of vacancies, affecting medication reconciliation and clinical/prescription review most commonly, following by provision of medicines information.
- This report is being circulated back to participating hospitals for local use.
- The IMSN will share findings of this report with national stakeholders.