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Mapping the Community Pharmacy Workforce in Kent Surrey and Sussex

A pilot study by Health Education Kent Surrey and Sussex on behalf of Health Education England

Research conducted and results presented by University of Brighton School of pharmacy and Biomolecular Sciences and Medway School of Pharmacy

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Table of Contents

The Community Pharmacy Workforce in the Kent Surrey Sussex Region

Summary

Introduction: Health Education Kent, Surrey, Sussex (HEKSS) wished to better understand the current numbers and skill mix in the community pharmacy workforce in order to plan future investment in education. With this in mind, HEKSS commissioned the University of Brighton School of Pharmacy and Biomolecular Sciences, in collaboration with the Medway School of Pharmacy, to carry out a workforce survey.

Method: The survey was undertaken in the Kent, Surrey and Sussex region, the research tools selected being an online survey with weekly email reminders sent to non-responders. To improve the response rate, follow-up reminders were also undertaken by telephone, which included an opportunity to provide data over the telephone to an interviewer. Somewhat more limited data collection procedures were agreed for members of the Company Chemists' Association (typically the larger multiple pharmacy chains and some supermarkets) with the survey conducted through the members head offices, Company Chemists' Association. Community pharmacies were not identified individually in the analysis. The results have been expressed in terms of Clinical Commissioning Group areas and county. Pharmacy staff working outside of pharmacy related healthcare services were excluded from the survey.

Results: From the independent sector (including small multiples) 400 questionnaires were completed, producing a response rate of 83.3% from the 482 pharmacies invited to participate. Responses in relation to 398 pharmacies were received from members of the Company Chemists' Association (CCA), supplied by the nine head offices. Overall, for both groups (independent sector and CCA members) the regional workforce there was a total of 5,489.5 (FTE) staff, of which pharmacists were 1,022 (19%), preregistration pharmacists 120 (2%), registered pharmacist technicians 412 (7%), pre-registration trainee pharmacy technicians 135 (2%), trained dispensing assistants 1,176 (21%), trainee dispensing assistants 598 (11%), trained medicines counter assistants 996 (18%) and trainee medicines counter assistants 985 (18%). Many staff were actively undergoing training for their roles and the survey identified problems recruiting trained non-pharmacist staff. The independent and smaller multiple pharmacies were asked about additional training needs and the results highlighted a range of areas, notably for additional healthy living pharmacy, dementia, and locally commissioned service training; two thirds of respondents also saw the need for training in MURs, NMS and other advanced services.

Conclusion: The breakdown in the workforce in community pharmacies providing healthcare services was identified, and from this a clear need for additional training in specific areas highlighted to deliver enhanced care to the public.

Introduction

Health Education Kent, Surrey, Sussex (HEKSS) wished to better understand the current numbers and skill mix in the community pharmacy workforce in order to plan future investment in education. The research was initiated by the HEKSS Pharmacy Workforce Group which represents all sectors of pharmacy practice (covering community pharmacy employers' small to large). HEKSS has the new remit of supporting the professional practice development of the whole workforce providing NHS services within their region. Although the makeup of the workforce for the services directly managed by the NHS (such as the hospital sector) is readily available, knowledge of the workforce supplying many primary care services, such as community pharmacies, is much less well understood. In particular, more information is needed on skill mix, skill sets and geographical spread. In order for the HEKSS to properly plan investments in education commissioning, it needs to understand the demand and supply in relation to the workforce. This survey was therefore designed to scope the community pharmacy workforce in KSS.

Research design

The research was undertaken by the University of Brighton School of Pharmacy and Biomolecular Sciences (Dr Peter Fearon, Professor John Smart, Vanessa Stone de Guzman) working closely with GK Research (Graham Kelly), Marketing Means (Dr Chris Bowden) and Medway School of Pharmacy (Professor Tali Gill), in consultation with Sally Greensmith at NHS England, Surrey and Sussex and Gail Fleming from HEKSS.

Two data collection methods were used for the survey: an online survey among independent pharmacies and a data collection tool managed via the Company Chemists' Association.

Independent pharmacies

The data collection tool used among independent pharmacies was an online survey, with weekly email reminders sent to non-responders. To improve the response rate, follow-up reminders were also undertaken by telephone, which included an opportunity to provide data over the telephone to an interviewer. An option to visit pharmacies for a face-to-face interview was available but not used **in this survey.**

Large multiple pharmacy chains

Somewhat more limited data collection procedures were agreed for the multiple pharmacy chains with the survey conducted through the Company Chemists' Association, with data collated at head office level, rather than by individual community pharmacies.

More detail on the methodology is available in Appendix 1.

Response rates

Survey response rates are calculated by dividing the number of completed questionnaires by the number of those invited to complete a questionnaire, and expressed as a percentage. Table 1 below provides the relevant figures to enable calculation of the response rate for this survey of community pharmacies.

Table 1. Response rate for the independent (non CCA members) pharmacies

Status	Number	%
Issued in the original sample	482	
Replied to confirm ineligibility (not a community pharmacy)	2	
Eligible to participate	480	100
No reply received online - refused or no response to telephone reminders	80	16.7%
Completed online or by telephone	400 (288 online, 112 by telephone)	83.3%

This is a very high response rate. For purposes of comparison we note the following response rates for broadly comparative studies:

- The Local Government Workforce Survey for England 2007/2008 achieved 53%
- The NHS Occupational Health Workforce Mapping Survey in 2008 achieved 31%
- The Children's Nursing Workforce Survey in 2008 achieved 17%
- The Work Based Learning Workforce Survey 2011/12 achieved 22%
- The Workplace Employment Relations Survey 2011 achieved 43% (among the fresh cross-section, at the management questionnaire stage)

The CCA have confirmed that their response covers every one of the 398 member pharmacies in the region, so this would mean that 91% of pharmacies have been covered in total by the two forms of data collection across Kent, Surrey and Sussex.

Results

Responses were obtained across the Kent Surrey Sussex regions from pharmacies of varying sizes (Table 2). The split between CCA members (larger multiples and supermarkets with in-store pharmacies) and independent pharmacies was about equal, while Surrey had slightly less participation in the survey relative to Kent and Surrey.

Table 2. Respondent Breakdown by CCG area

	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	160	96	144	400
CCA	124	126	148	398
Total	284	222	292	798

In all cases the detailed split into Clinical Commissioning Group areas is shown in the Excel worksheets (Appendix 3), and this section is a summary of the overall situation in the three counties across the region.

Pharmacists

With regard to pharmacists taking part in this survey there were 1.3 FTE pharmacists per pharmacy equalling a 1.7 headcount. It is worth noting that breaking this down by area reveals that Kent is slightly higher than the other counties at 1.33 FTE versus Surrey 1.25 and Sussex 1.26. The difference is very slight, but there is near census, so unlikely to be related to sampling error (i.e. margins of error/confidence interval would be very small suggesting a real difference). Similarly for the headcount of pharmacists, Kent seems slightly better staffed with 1.79 headcount per pharmacy, versus 1.68 Surrey and 1.65 Sussex.

The ratio of pharmacists to pharmacies was similar for the multiple and independent (AIMP/Independent) section, but with CCA members having slightly lower numbers in terms of FTE and headcounts (Table 3). The vacancy rate was very low, just over 1% (calculated as 100 x FTE vacancies divided by the sum of the FTE in post and the FTE vacancies) with little difference between CCA members and independents.

Table 3. Pharmacist numbers in community pharmacy

What is the total number of full-time equivalent pharmacists?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	213.5	122.9	194.2	530.5
CCA	164.6	153.7	172.9	491.2
Total	378.1	276.6	367.1	1021.7
What is the headcount figure for pharmacists?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	306.0	186.0	268.0	760.0
CCA	201.0	187.0	213.0	601.0
Total	507.0	373.0	481.0	1361.0
What is the total number of full-time equivalent pharmacist vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	2.5	1.9	2.0	6.4
CCA	3.0	0.5	2.0	5.5
Total	5.5	2.4	4.0	11.9
What is the headcount figure for pharmacist vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	4.0	2.0	3.0	9.0
CCA	5.0	2.0	2.0	9.0
Total	9.0	4.0	5.0	18.0

Preregistration Pharmacists

There were 119 preregistration places across the almost 800 pharmacies in the survey, apparently spread across the regions, but 77% of these were in the independent rather than the CCA member sector (Table 4), which differs a little from figures of a few years ago where the two largest multiple pharmacy groups accounted for about a third of preregistration training places in England 2009/10 (Modernising Pharmacy Careers Programme Review of pharmacist undergraduate education and pre-registration training and proposals for reform, MEE, April 2011). There were a surprisingly large number of vacancies in the independent sector (30%), which suggests that there may be excess training capacity available.

Table 4: Pre-registration trainee pharmacists

What is the headcount figure for pre-registration trainee pharmacists?*				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	36.0	30.0	27.0	93.0
CCA	9.0	5.0	14.0	28.0
Total	45.0	35.0	41.0	121.0
What is the headcount figure for pre-registration trainee pharmacist vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	18.0	12.0	9.0	39.0
CCA	0.0	0.0	0.0	0.0
Total	18.0	12.0	9.0	39.0

*GPhC preregistration training years are all full-time, so the headcount and FTE figures will be the same.

Registered Technicians

There were 0.5 FTE registered technicians per pharmacy across the region, with a slightly higher proportion in the 400 independent sector pharmacies, than in the 398 CCA pharmacies (Table 5). Generally, vacancy numbers were low; 3.2% FTE. Many registered technicians work part time.

Table 5: Registered pharmacy technicians				
What is the total number of full-time equivalent registered pharmacy technicians?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	104.7	28.1	96.6	229.4
CCA	59.1	54.6	69.2	182.8
Total	163.8	82.6	165.9	412.2
What is the headcount figure for registered pharmacy technicians?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	122.0	35.0	114.0	271.0
CCA	79.0	67.0	97.0	243.0
Total	201.0	102.0	211.0	514.0
What is the total number of full-time equivalent registered pharmacy technician's vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	4.5	2.5	4.5	11.5
CCA	1.0	1.0	0.0	2.0
Total	5.5	3.5	4.5	13.5
What is the headcount figure for registered pharmacy technician's vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	5.0	3.0	5.0	13.0
CCA	1.0	1.0	0.0	2.0
Total	6.0	4.0	5.0	15.0

Accredited/ Accuracy checking technicians

In Table 6, staff specifically described as having an 'accuracy checking' role are considered. These are predominantly registered pharmacy technicians but not exclusively: approximately 33% of ACTs in the independent sector are not registered. The differential between registered and unregistered was not reported through the CCA. There is a move towards the registration of those in an ACT role and therefore it would be expected that the percentage unregistered would decline in future years. The ratio of ACTs across counties is broadly similar to pharmacy technician staffing. The findings indicate that vacancy rates for ACTs are low.

Table 6: Accuracy checking technicians

What is the headcount figure for accuracy checking technicians?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	67.0	20.0	74.3	171.3
CCA	41.0	24.0	41.0	106.0
Total	108.0	44.0	115.3	277.3
What is the headcount figure for accuracy checking technician vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	4.0	0.0	5.0	9.0
CCA	0.0	0.0	1.0	1.0
Total	4.0	0.0	6.0	10.0
What is the headcount figure of accuracy checking technicians that are not registered pharmacy technicians?				
	Kent CCGs	**Surrey CCGs**	**Sussex CCGs**	**All**
AIMP/ Independent	19.0	6.0	28.0	53.0
CCA	N/A	N/A	N/A	N/A

Pre-registration trainee pharmacy technicians

Across the region there were 135 trainee technicians, with the CCA members undertaking more of such training (circa 60%, Table 7). There were only 7 apprentice preregistration technicians reported, with few vacancies for any of the trainee posts (8% for the independents and only 1% for the CCA). This low percentage of trainees using the apprenticeship route suggests there is a lesser reliance on apprenticeships as a source of funding compared with other parts of England (Skills for Health data 2013/14 indicate there are 492 certificated pre-registration trainee pharmacy technician apprentices)

Table 7: Pre-registration trainee pharmacy technicians

What is the total number of full-time equivalent pre-registration trainee pharmacy technicians?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	18.8	7.5	28.6	54.9
CCA	24.5	31.4	24.6	80.5
Total	43.2	38.9	53.2	135.4
What is the headcount figure for pre-registration trainee pharmacy technicians?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	21.0	8.0	34.0	63.0
CCA	26.0	34.0	26.0	86.0
Total	47.0	42.0	60.0	149.0
What is the total number of full-time equivalent apprentice pre-registration trainee pharmacy technicians?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	1.8	2.0	3.0	6.8
CCA	0.0	0.0	0.0	0.0
Total	1.8	2.0	3.0	6.8
What is the headcount figure for apprentice pre-registration trainee pharmacy technicians?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	2.0	2.0	3.0	7.0
CCA	0.0	0.0	0.0	0.0
Total	2.0	2.0	3.0	7.0
What is the total number of full-time equivalent pre-registration trainee pharmacy technician's vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	2.0	0.0	3.0	5.0
CCA	1.0	0.0	0.0	1.0
Total	3.0	0.0	3.0	6.0
What is the headcount figure for pre-registration trainee pharmacy technician's vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	2.0	0.0	3.0	5.0
CCA	1.0	0.0	0.0	1.0
Total	3.0	0.0	3.0	6.0

Trained dispensing assistants

There seemed to be many more trained dispensing assistants working in community pharmacies than qualified technicians (approximately 3:1) notably these are in larger multiple pharmacy chains (Table 8). Many of these appear to be working part time (total FTE 1176.1, total head count 1573 giving an average FTE of close to 0.75)). There also appears to be few vacancies for these roles (circa 3% vacancy rate; independent pharmacies 8% and CCA 0.2%.

Table 8: Trained dispensing assistants

What is the total number of full-time equivalent trained dispensing assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	202.6	71.2	165.1	439.0
CCA	273.5	193.8	269.9	737.2
Total	476.1	265.1	435.0	1176.1
What is the headcount figure for trained dispensing assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	252.0	95.0	206.0	553.0
CCA	383.0	252.0	385.0	1020.0
Total	635.0	347.0	591.0	1573.0
What is the total number of full-time equivalent trained dispensing assistant's vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	12.3	5.1	15.5	32.8
CCA	0.5	0.0	1.8	2.3
Total	12.8	5.1	17.3	35.1
What is the headcount figure for trained dispensing assistant's vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	16.0	8.0	18.0	42.0
CCA	1.0	0.0	3.0	4.0
Total	17.0	8.0	21.0	46.0

Trainee dispensing assistants

There are a large number of trainee dispensing assistant across the region (598, 0.78 FTE per pharmacy), a majority of these (69%) being in the larger multiple sector, which presumably have formalised structures to achieve this (Table 9). Many of these work part-time as might be expected, and would work and study at the same time, so are a valuable resource for the pharmacy. The survey findings suggest that trainee dispensing assistants funded through apprenticeships were only in the independent sector. Generally, there seem to be very few trainee dispensing assistants, constituting only 3% of staff in this category overall. However, they did account for 9% of the independent sector FTE.

Table 9. Trainee dispensing assistants

What is the total number of full-time equivalent trainee dispensing assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	102.8	30.8	54.0	187.6
CCA	107.4	141.8	161.8	411.0
Total	210.2	172.6	215.8	598.6
What is the headcount figure for trainee dispensing assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	127.0	39.0	74.0	240.0
CCA	129.0	156.0	190.0	475.0
Total	256.0	195.0	264.0	715.0
Of these, what is the total number of full-time equivalent apprentice trainee dispensing assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	14.8	1.0	1.0	16.8
CCA	0.0	0.0	0.0	0.0
Total	14.8	1.0	1.0	16.8
Of these, what is the headcount figure for apprentice trainee dispensing assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	15.0	1.0	1.0	17.0
CCA	0.0	0.0	0.0	0.0
Total	15.0	1.0	1.0	17.0
What is the total number of full-time equivalent trainee dispensing assistant's vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	2.5	8.0	11.5	22.0
CCA	0.0	0.4	0.0	0.4
Total	2.5	8.4	11.5	22.4
What is the headcount figure for trainee dispensing assistant's vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	4.0	10.0	13.0	27.0
CCA	0.0	1.0	0.0	1.0
Total	4.0	11.0	13.0	28.0

Trained medicine counter assistants

The trained medicine counter assistants were the third most numerous members of the workforce in community pharmacies (Table 10). There were approximately 1.25 trained medicine counter assistants per pharmacy, across the independent and CCA sectors. Medicine counter assistants accounted for only a small number of reported vacancies for these posts, with slightly more in the independent sector when compared with CCA members.

Table 10: Trained medicine counter assistants

What is the total number of full-time equivalent trained medicine counter assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	214.6	105.9	185.8	506.3
CCA	162.4	162.6	165.3	490.2
Total	377.0	268.5	351.0	996.5
What is the headcount figure for trained medicine counter assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	329.0	164.0	271.0	764.0
CCA	286.0	304.0	283.0	873.0
Total	615.0	468.0	554.0	1637.0
What is the total number of full-time equivalent trained medicine counter assistants vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	17.7	7.5	11.3	36.5
CCA	0.5	0.0	3.0	3.5
Total	18.2	7.5	14.3	40.0
What is the headcount figure for trained medicine counter assistants vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	19.0	9.0	18.0	46.0
CCA	1.0	0.0	5.0	6.0
Total	20.0	9.0	23.0	52.0

Trainee medicine counter assistants

Trainee medicine counter assistants also made up a major part of the workforce in the survey, it is worth noting that they were largely working in the large multiples sector (about 8 in 10 trainee medicine counter assistants worked for CCA pharmacies), who presumably offer their own in-house training courses for these staff (Table 11). This is in fact the biggest single staff group in the CCA workforce at 24% (just ahead of trained dispensing assistants, which make up 22%).

Apprentice trainee medicine counter assistants were few in number (8) and all worked for independents. There were relatively few vacancies for these roles (circa 3%).

Table 11: Trainee medicine counter assistants

What is the total number of full-time equivalent trainee medicine counter assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	77.6	43.9	49.3	170.8
CCA	227.5	305.0	282.0	814.5
Total	305.1	349.0	331.3	985.3
What is the headcount figure for trainee medicine counter assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	137.0	64.0	80.0	281.0
CCA	256.0	338.0	313.0	907.0
Total	393.0	402.0	393.0	1188.0
Of these, what is the total number of full-time equivalent apprentice trainee medicine counter assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	5.0	1.0	2.0	8.0
CCA	0.0	0.0	0.0	0.0
Total	5.0	1.0	2.0	8.0
Of these, what is the headcount figure for apprentice trainee medicine counter assistants?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	5.0	1.0	2.0	8.0
CCA	0.0	0.0	0.0	0.0
Total	5.0	1.0	2.0	8.0
What is the total number of full-time equivalent trainee medicine counter assistants vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	5.5	8.5	14.7	28.7
CCA	0.0	0.0	2.0	2.0
Total	5.5	8.5	16.7	30.7
What is the headcount figure for trainee medicine counter assistants vacancies?				
	Kent CCGs	Surrey CCGs	Sussex CCGs	All
AIMP/Independent	8.0	11.0	20.0	39.0
CCA	0.0	0.0	2.0	2.0
Total	8.0	11.0	22.0	41.0

In summary, the workforce in the Kent Surrey Sussex region community pharmacy sector, based on the circa 91% pharmacies surveyed is shown in Table 12.

Table 12: Summary of the Kent, Surrey, Sussex community pharmacy workforce numbers

Role	Full time equivalent	% FTE	Headcount	% Head-count
Pharmacists	1021	19%	1361	18%
Preregistration pharmacists	120	2%	121	2%
Registered pharmacist technicians (including registered ACTs)	412	7%	514	7%
Unregistered Accuracy checking technicians	46.5	1%	53	1%
Pre-registration trainee pharmacy technicians	135	2%	149	2%
Trained dispensing assistants	1176	21%	1573	22%
Trainee dispensing assistants	598	11%	715	10%
Trained medicines counter assistants	996	18%	1637	22%
Trainee medicines counter assistants	985	18%	1188	16%
Total	5489.5	100%	7311	100%

Table 13 shows that the average full-time equivalent hours vary across the different job roles, Calculated by dividing the FTE figure by the headcount figure, to show the FTE level worked by the average person in these roles. Virtually all pre-registration trainee pharmacists work full-time. In contrast, part time working seems most common amongst trained medicines counter assistants, who on average worked 0.61 FTE at the time of the survey. Indeed most of the higher figures are reported for trainee/pre-registration roles, with the exception being accuracy checking technicians (0.84).

There is no clear pattern of difference between the independent and CCA pharmacies in the use of part-time working. Across all job roles the mean average figure for AIMP/independent is 0.73, compared with 0.77 among CCA pharmacies. Only on trainee medicines counter assistants was there a large difference in the FTE figure between sectors, with a relatively very high figure reported by CCA pharmacies (0.90) and a relatively very low figure reported by independent pharmacies (0.61).

Table 13. Average Full-Time Equivalent hours work in different roles

	AIMP/ independent	CCA	All
Pharmacists	0.70	0.82	0.75
Pre-reg trainee pharmacists	0.98	1.04	0.99
Registered pharmacy technicians	0.85	0.75	0.80
Unregistered Accuracy checking technicians	0.87	0.83	0.84
Pre-reg trainee pharmacy technicians	0.87	0.94	0.91
Trained dispensing assistants	0.79	0.72	0.75
Trainee dispensing assistants	0.78	0.87	0.84
Trained medicines counter assistants	0.66	0.56	0.61
Trainee medicines counter assistants	0.61	0.90	0.83

Opinions on training opportunities

The online survey conducted among independent pharmacies provides an opportunity to explore the training needs of community pharmacists in the Kent Surrey Sussex region within this sector. Details are available in Appendix 3b.

For pharmacy technician and dispensary assistant training, circa 40% of the pharmacy manager respondents thought that there was no need for further training, since adequate provision was already available; whereas circa 60% thought there was a need for new provision, with 8- 11% believing this to be essential.

There was significant support for additional training to be made available and of the 400 independent sector respondents, 85% thought this was required to support healthy living pharmacies, 92% dementia, and 90% for locally commissioned services, with 20- 32% seeing this as essential in each case). Two thirds of respondents also saw the need for training in Medicines Use Reviews, New Medicines Service and other advanced services.

When asked to make suggestions for up to 5 other education and training needs not provided elsewhere, a range of different ideas were raised. However, only one suggestion was made by more than 5% of survey participants: this was "healthy living, monitoring and lifestyle" which was suggested by 7% of the survey sample. In addition, a series of other more specific suggestions were also related to lifestyle as a training need: "smoking" with a further 3%, 2% for "diabetes" and 2% for "weight management", which taken together accounted for 14% of the sample. Other suggestions included "Vaccinations" 3%, "general pharmacy management" 4%, "customer service/IT skills" 4%, "prescription services" 3%, and "cardiovascular/anticoagulant" 3%.

Ease/difficulty of filling vacancies

The proportion answering "don't know" to these role specific questions varied considerably, from around a fifth up to two thirds of survey participants making it challenging to draw conclusions from the data. The high proportion of "don't know" answers probably reflects the fact that some roles do not exist in several pharmacies, or that the pharmacy has not needed to try to fill such a position for some time and was unable to make a judgement in response to the question. Table 14 below shows the proportion answering "don't know" for each role, and specifies the "mean score" given only by those expressing an opinion.

Table 14. Ease/difficulty of filling vacancies for each role in community pharmacy		
	% Don't Know	*Mean Score
Pharmacists	26%	+0.5
Pre-reg trainee pharmacists	50%	+0.5
Registered pharmacy technicians	42%	-0.7
Accuracy checking technicians	52%	-0.8
Pre-reg trainee pharmacy technicians	63%	-0.3
Trained dispensing assistants	25%	-0.4
Trainee dispensing assistants	27%	-0.1
Trained medicines counter assistants	21%	-0.3
Trainee medicines counter assistants	17%	+0.4
Apprentices	66%	.0

*The mean score is calculated by giving a nominal value to each answer, as follows: very easy = +2, fairly easy = +1, neither easy nor difficult = 0, fairly difficult = -1, very difficult = -2

The negative mean scores indicate that, on the balance of opinion, these roles were considered difficult to fill. Starting with the most difficult, those roles were: accuracy checking technicians, registered pharmacy technicians, trained dispensing assistants, trained medicines counter assistants, and pre-registration trainee pharmacy technicians.

In this survey 94% of pharmacies were accredited to provide 'advanced' services.

Extrapolated workforce in Kent Surrey Sussex Region

If it is assumed that workforce of the 16.7% non-responders in the independent pharmacies is the same as that of the 83.3% responders then, based on full-time equivalent, in post (excluding vacancies) and with AIMP/independents adjusted upwards (with figures based on 83.3% response rate grossed up to 100%) the regional workforce would be as shown in Table 15.

Table 15. Composition of the community pharmacy workforce in Kent, Surrey and Sussex region (extrapolated)			
	AIMP/independent	CCA	All
Pharmacists	637 (24%)	491 (15%)	1128 (19%)
Pre-reg trainee pharmacists	109 (4%)	29 (1%)	138 (2%)
Registered pharmacy technicians	275 (10%)	183 (6%)	458 (8%)
Unregistered accuracy checking technicians	55 (2%)	N/A	55 (1%)
Pre-reg trainee pharmacy technicians	66 (2%)	81 (3%)	147 (2%)
Trained dispensing assistants	527 (19%)	737 (23%)	1264 (21%)
Trainee dispensing assistants	226 (8%)	411 (13%)	637 (11%)
Trained medicines counter assistants	607 (22%)	490 (15%)	1097 (18%)
Trainee medicines counter assistants	205 (8%)	814 (24%)	1019 (17%)
Total	2708 (100%)	3236 (100%)	5944(100%)

The largest single group within the workforce are trained dispensing assistants, comprising 21% of full-time equivalent staff, with a fairly consistent proportion across both independent and CCA sectors. The next largest group are the pharmacists, comprising 19% overall, but making up 24% in the independent sector but only 15% in the CCA workforce. The third largest group are trained medicines counter assistants comprising 18% overall, but making up a higher proportion of the independent sector workforce (22%) than the CCA workforce (15%).

CCA pharmacies have a higher proportion of trainee/pre-registration staff, amounting to 40% of the total CCA workforce, compared with only 22% of the AIMP/independent workforce. The biggest single difference is in terms of trainee medicines counter assistants who make up around a quarter of the CCA workforce (24%) compared with only one in 12 of the AIMP/independent workforce (8%).

The details worksheet data

This is presented as Excel spreadsheets in Appendix 3b, along with explanatory notes in Appendix 2a.

Conclusion and Next Steps

A comprehensive and successful survey of the workforce in community pharmacies in the Kent Surrey Sussex region was completed, with a very high response rate. However, some key learning was made over the course of the project that we feel is worth sharing for future surveys of this type.

Issues encountered during the survey were as follows:

- Confidentiality, sharing the names of respondents with others in a 'confidential' survey, could be an issue when following up non-responders. In working with an independent fieldwork company the team were able to follow up non-responders, sending them reminders by email and telephone without compromising on anonymity. The problem was solely around a request to identify non-responders to their company head offices, and to the local pharmaceutical committee to chase up, in terms of breaching the usual rules of confidentiality in such surveys by passing names on.
- Misunderstanding of terminology that needed further contact with respondents: in this case the first question in the survey asked whether they had "Staff or Vacancies" in nine different job roles and the initial results suggested that some pharmacy managers interpreted the question as referring to staff vacancies only, and erroneously answered "No" to employing a pharmacist, or indeed employing staff in any role. These pharmacies were re-contacted and asked to correct the error).

The data collected for this survey, drawn from both the independent and CCA sectors, has been made available as a series of themed excel files in order that further analysis can be carried out by HEKSS. The very high response rate achieved for the survey makes the data-set very valuable in terms of the information collected on the nature of the community pharmacy workforce, their roles, and training needs, that will be very helpful in informing the education and training provision requirements of community pharmacies.

Options for the roll out and maintenance of community pharmacy workforce mapping

The survey achieved a 100% return from CCA members and 83% from independents and small multiples. This return is high for this type of survey however it should be noted that this response required a dedicated team of researchers over 10 weeks to follow up non-responders on multiple occasions using both email and phone. The 100% response from the CCA reflects a return compiled by head offices and therefore it did not require a pharmacist at "branch level" to complete the return within their normal routine. However, because of this the data received from CCA pharmacies was very limited and influenced the questions we asked of the other pharmacies.

The number of non responders who refused to take part was small (37/ 398). This undoubtedly reflects the support put in by the Local Pharmaceutical Committees and senior management within AIMp companies. However, as the responders were given confidentiality we were not able to identify the non-responders (as outlined above) so do not know why they did not respond e.g. too many surveys or not understanding the purpose.

Through the process of designing the survey, building the database and collecting data, it became apparent that other agencies are collecting datasets with some overlap. Pharmaceutical needs assessments conducted by Health and Wellbeing Boards (HWB) collect some high level workforce data with some HWBs collecting more workforce data than others although not in the level of detail in this survey. High level workforce data is also collected as part of NHS England's contract monitoring process. We were also mindful of the fact that community pharmacies are asked to complete several surveys or questionnaires on a regular basis including information governance, pharmaceutical needs assessment and the community pharmacy monitoring questionnaire. The response rates vary depending on whether the process is mandatory or might result in penalties.

Future work may also include triangulating some of this data with that held by the GPhC. Although the GPhC data does not necessarily indicate where a registrant geographically works, it would be useful to compare at a KSS and county level to identify whether GPhC data is broadly similar and could be used as a broad indication of numbers. This would only apply to registered and preregistration pharmacists and pharmacy technicians. It would not be available for counter assistants and dispensing assistants.

This exercise has yielded a healthy dataset and highlighted what data is most useful to HEE when considering workforce planning and development (i.e. which questions we really need to ask). It also provided opportunities to reflect on possible options for how this could be rolled out across England to collect similar data in future.

Option	Advantages	Disadvantages
Option 1 – repeat the same methodology across HEE	CCA data can be used England wide Supports local relationship building	Time consuming Requires active support from LPCs Bespoke budget required Requires data collection and analysis Cannot guarantee 100% return May not be feasible to repeat annually for the above reasons which makes modelling difficult
Option 2 – extrapolate data from HEKSS for England, matching CCGs with similar demographics etc	Data is now available. 21 CCGs in KSS with differing demographics Inexpensive . Employers and contractors would be in favour	No 'inner city' CCGs Ongoing surveys would need to be done in same area to monitor change this would be a burden on these pharmacies and a cost to the local LETB
Option 3 – work with HWB to combine workforce data collection with the PNA process every three years	Reduced frequency of data collection exercise attractive to employers Same data set to be used for dual purposes More comprehensive data could be collected as these surveys completed at branch level Reduced cost	At present not all PNAs the same therefore requires engagement with HWBs Some HWBs have not conducted a community pharmacy survey (used data from previous PNA) Very poor PNA return rates from community pharmacy this year
Option 4 – build data collection into NHS England contract monitoring process	Reduced frequency of data collection exercise attractive to employers/contractors Same data set to be used for multiple purposes More comprehensive data could be collected as these surveys completed at branch level Reduced cost High return as part of monitoring process	May be logistically challenging to implement due to current NHS England reorganisation Likely to be limited data set Requires national online system to collect, remind and interpret data
Option 5 – work with all stakeholders to build data collection into NHS England contract monitoring process, PNA and information governance requirements with one annual community pharmacy questionnaire	Reduced frequency of data collection exercise would be **very** attractive to employers/contractors Sharing of data set across multiple agencies More comprehensive data could be collected as these surveys completed at branch level Reduced cost High return as would be seen as part of monitoring process	Logistically challenging as would need agreement of all agencies and guidance from NHS England Dataset may be limited Requires national online system to collect, remind and interpret data

Appendix 1

Detailed Method

Data was collected from community pharmacies in Kent, Surrey and Sussex (KSS), during the period June 5th to August 27th 2014. It should be noted that community pharmacies belonging to members of the Company Chemists' Association (CCA) undertook a different data collection method from that used with independent community pharmacies (i.e. members of the Association of Independent Multiple Pharmacies (AIMP) and other independents).

Amongst CCA member companies' data was collated by each company head office, using a pre-defined spreadsheet provided by the CCA, to deliver aggregated figures for each Clinical Commissioning Group (CCG) area, rather than at an individual pharmacy level. Individual company responses were consolidated into a single spreadsheet with the assistance of the CCA.

The survey of independent pharmacies (i.e. non-CCA members) was supported by members of the Local pharmaceutical committees in the region, and by the head offices of companies within the AIMP, encouraging local pharmacies to complete the questionnaire. Data was collected data from individual community pharmacies, and was developed and conducted across a number of stages, which are summarised here and described in more detail below:

1. Preparation of the survey sample
2. Development of the questionnaire
3. Piloting of the questionnaire
4. Main fieldwork - online survey
5. Main fieldwork - telephone contact aimed at non-responders to the online survey
6. Fieldwork to correct questionnaire completion error by some respondents
7. Processing of data

Stage 1: Preparation of the survey sample

The NHS in Kent, Surrey and Sussex holds contact details for community pharmacies in the three counties and these were provided to form the sample for the survey. The format differed across counties, requiring standardisation into a consolidated three county sample frame. The next step was to identify missing or apparently incorrect contact details and highlight these to the relevant database managers, who then arranged for the original information to be supplemented or corrected.

Note that the local NHS databases could contain multiple email addresses for an individual community pharmacy. Since there was no way of knowing which email address was most regularly checked, email communications were sent to all available addresses.

Stage 2: Questionnaire development

From the outset NHS Health Education KSS had identified the need to ask about current headcount and full-time equivalent levels in each of the nine community pharmacy roles, as well as gathering the same information for apprenticeships and vacancies.

The questionnaire was developed in an iterative manner, with draft questionnaires circulated and feedback obtained. Five drafts of the questionnaire were produced before the questionnaire was ready for piloting (draft 6). During the questionnaire design process the following changes and additions were made:

- The apprenticeship questions were integrated into the three relevant roles (Pre-Registration Trainee Pharmacy Technicians, Trainee Dispensing Assistants and Trainee Medicines Counter Assistants), rather than being as a separate category of questions
- The vacancy questions were integrated into each of the nine roles, rather than being asked as a separate category of questions
- A question was added to establish how many Registered Pharmacy Technicians were also accredited/ accuracy checking technicians

- A question was added for those with Pre-Registration Trainee Pharmacists, asking permission for the individual pharmacy to be identified, in order that HEKSS has the potential to target appropriate support to these pharmacies
- A number of questions, put forward by the University of Brighton, were added at the end of the questionnaire to explore opinions and priorities around training for community pharmacies, and information about the ease/difficulty of filling vacancies in each of the nine roles. Pharmacies were asked if they were willing for the identity of the community pharmacy to be revealed so that HEKSS could contact them about their training suggestions.

Much of the questionnaire development focused on the introductory sections of the questionnaire, which explained the basis on which questions should be answered. For example, it specified the following:

- that those responding should consider only staff for whom that particular workplace was a "normal and regular place of work",
- it explained that the figures provided should be correct for the week in which the questionnaire was completed, including any "normal and regular" staff off sick or on holiday that week
- it instructed respondents to focus only on staff working on the medicines counter or in the dispensary, excluding those working only on cosmetics etc.
- for those staff training for a higher role but currently employed in a less qualified role, it explained that they should be classed at the higher level for the purposes of the questionnaire responses

Stage 3: Piloting the questionnaire

The online questionnaire was scripted, quality checked and prepared for use in a pilot survey. Three community pharmacists volunteered to complete the pilot questionnaires while feeding back comments in "real-time" to a researcher by telephone. The pilot survey produced very valuable feedback, and a significant number of changes were made as a result. The questionnaire was then finalised in preparation for the main stage of fieldwork and is provided as Appendix 1 of this report.

Stage 4: Main fieldwork - email invitations sent requesting participation in the online survey

The main stage of the fieldwork began on June 5th 2014. The first action was to send an advance notification email directly from NHS HEKSS notifying the sample that they would be receiving a survey invitation, and emphasising that it was a legitimate research exercise being carried on behalf of the local NHS.

Survey invitation emails followed within 24 hours. The invitation email contained a link taking the reader directly to the online survey. Measures were put in place to prevent more than one questionnaire being completed for an individual pharmacy, particularly important given that multiple email addresses had to be used for some pharmacies.

Reminder emails were sent to non-responding community pharmacies on a weekly basis, starting on June 13th 2014.

Stage 5: Telephone contact aimed at non-responders to the online survey

In order to boost the survey response rate non-responding community pharmacies were telephoned from June 23rd 2014 onwards. Those contacted in this way were able to complete the questionnaire verbally with an interviewer if they wished, though some effectively treated the telephone contact as an additional reminder to complete the online questionnaire.

In total 112 late responders completed questionnaires over the telephone and 19 said that they would go and complete it online. 37 told the interviewer that they would not be completing the questionnaire at all, and were therefore classed as a "refusal").

Stage 6: Fieldwork to correct questionnaire completion error by respondents

Not all community pharmacies employ people in all nine of the specialist roles covered in the questionnaire. Consequently, in an attempt to minimise the number of questions that each community pharmacy would be asked, Question 1 was introduced and asked whether they "CURRENTLY HAVE STAFF OR VACANCIES" in each of the nine roles. This enabled the subsequent questions to be asked only for roles for which they have staff or vacancies. This approach had the advantage of saving time for responding pharmacies by only asking

questions relevant to them.

Unfortunately a small but significant minority of those responding to the survey mis-read the question, reading it as only referring to "STAFF VACANCIES". In ticking the "No" box, these pharmacies missed out a significant number of relevant questions. In total 47 answered "No" to all nine roles, while a further 18 answered "No" to the employment of a Registered Pharmacist, despite confirming that they employed or had vacancies for other staff roles. This problem was almost exclusively confined to the self-completion online survey, and only occurred once on telephone interviews assisted by an Interviewer.

These 65 community pharmacies were therefore re-contacted at the end of the survey to check whether their original answer to question 1 was correct, and to give them the opportunity to re-complete the relevant sections of the questionnaire as necessary. All of those responding to this additional request (25 online and a further 28 by telephone) confirmed that they had misunderstood Question 1, and provided updated answers to the relevant questions.

Stage 7: Processing of data

The online and telephone questionnaires were prepared using the same questionnaire design software, making integration of the data from the two sources straightforward to carry out.

Working to an agreed analysis specification, the fieldwork contractor (Marketing Means) processed the independent pharmacies data, including the thematic grouping of answers to open-ended questions, and delivered the findings in Excel.

CCA members reported aggregated data for each CCG area; for each of the nine specific roles, the data from the CCA members covered only the figures for full-time equivalent and headcount - for both current staff and vacancies. Consequently, a data table was produced in the following format:

What is the total number of full-time equivalent pharmacists?	Total figures for the KSS region as a whole	Further columns for each individual CCG, plus a County total
Independents		
CCA members		
Total		

For other questions, more "granular" data tables could be produced, though of course these contained only information from independent community pharmacies.

Appendix 2 Questionnaire

Community Pharmacies workforce mapping survey

Introduction and explanatory notes

Please complete this questionnaire with reference to the workforce at >NAMEOFBRANCH ADDRESSOFBRANCH

Please read the notes below before completing the questionnaire:

When answering the questionnaire please consider only staff for whom this branch is a normal and regular place of work, including locum pharmacists who work regularly, such as once a week or twice a month. Please do not include staff who work here only on an exceptional basis, such as covering for unexpected sickness amongst the regular staff.

The questionnaire asks you for the number of people and the number of full-time equivalents (FTE) in each of nine staff categories. Some staff work part time, so please express hours work as a proportion of full-time equivalent (FTE). For example, if there is one full-time and one half time member of staff please express this as 1.50 FTE (rounding as necessary, to 2 decimal places).

Please provide information for the staffing levels this week, i.e. the week in which you are completing the questionnaire, or if appropriate, the most recent complete seven day period for which you have the necessary figures. Please provide accurate figures for this period even if you do not feel it is a "typical" period. Please include the normal hours of any staff on leave or off sick during the period, but do not count any temporary staff (or temporarily increased hours of other staff) covering for that leave/sickness.

If a member of staff has one qualification (e.g. medicines counter assistant) but is in training for a higher qualification (e.g. preregistration pharmacy technician), they should be counted in the higher band.

The questionnaire asks only about the following types of staff

- pharmacists (both those working in the dispensary, and those providing NHS and public health services within the pharmacy such as advanced or locally commissioned services)
- staff who work on the medicines counter or in the dispensary.

Other staff not working on the medicines counter or in the dispensary (such as those selling cosmetics) are not relevant to this questionnaire.

NOTE: If you need to leave the questionnaire part of the way through, please click the grey 'Save progress' button at the foot of the screen that you're on. You'll be able to resume later by accessing the same weblink.

NOTE: If you tick 'None' or 'Don't know' for certain questions, but then change your mind, you will normally need to click the same box to 'untick' the selection before you can select an answer.

Questions about current staff and vacancies

Q1. Do you currently have STAFF OR VACANCIES in these roles?
Please include self-employed locum staff, as well as directly employed staff.

	Yes	No
Pharmacists (Please include both directly employed staff and self-employed locums)	O	O
Pre-registration trainee pharmacists for whom this pharmacy is their normal place of work	O	O
Registered pharmacy technicians, including those that are also accredited checking pharmacy technicians or accuracy checking technicians (Please include both employed and self-employed registered pharmacy technicians)	O	O
Accuracy checking technicians (ACT) - (Please do not include those that are registered pharmacy technicians)	O	O
Pre-registration trainee pharmacy technicians - enrolled upon (or completed and awaiting registration) a GPhC recognised course. Please include apprentices. Those who have completed the course but have chosen not to register with GPhC should be included under dispensing assistants.	O	O
Trained dispensing assistants (enrolled on a course to provide NVQ level 2, BTEC level 2, City & Guilds level 2 but not yet completed - please also include those who have completed NVQ level 3 but have chosen not to register with the GPhC)	O	O
Trainee dispensing assistants (Enrolled on a course to provide NVQ level 2, BTEC level 2, City & Guilds level 2) (Please include apprentices)	O	O
Trained medicine counter assistants (MCA)	O	O
Trainee medicine counter assistants, enrolled on a General Pharmaceutical Council accredited course* (Please include apprentices)	O	O

*Since 1996, anyone working in a pharmacy who supplies medicine as part of their role must undertake accredited medicines counter assistant course. A list of accredited course can be found here: http://www.pharmacyregulation.org/education/support-staff/medicines-counter-assistant/accredited-courses

For each role coded Yes at Q1 the more detailed questions below were asked.

Section 1. Pharmacists

RP1. What is the total number of full-time equivalent pharmacists?
Please include pharmacists working in the pharmacy including the dispensary, care home dispensing units, and those who may only provide advanced or locally commissioned services.

Please use your own business's definition of full-time equivalent. If you do not have your own definition please use 45 hours per week for pharmacists.

Total employed + self-employed pharmacists (enter FTE figure in the box) _____

RP2. In terms of the headcount figure, how many pharmacists work at this branch as part of the normal establishment figures for the branch?

Total employed + self-employed pharmacists (enter headcount number) _____

If 10+ FTE specified, quality control check asks respondent "Are you sure?"
If 10+ Headcount specified, quality control check asks respondent "Are you sure?"
If FTE figure exceeds Headcount figure, quality control check asks respondents "Are you sure?"

RP3. Do you currently have any vacancies for pharmacists?
Please include any post which is vacant during the week for which you are completing the questionnaire, even if someone has been appointed but is yet to start.

Yes O
No O

If "Yes" to vacancies question, ask…
RP4. How many vacancies do you have for pharmacists?

Enter the number of FTE vacancies for pharmacists _____
Enter the headcount vacancy figure for pharmacists _____

Section 2. Pre-registration trainee pharmacists

RPT1. What is the total number of full-time equivalent pre-registration trainee pharmacists?
Please use your own business's definition of full-time equivalent. If you do not have your own definition please use 40 hours per week for non-pharmacists.

Pre-registration trainee pharmacists (enter FTE figure) _____

RPT2. In terms of the headcount figure, how many pre-registration trainee pharmacists work at this branch as part of the normal establishment figures for the branch?

Pre-registration trainee pharmacists (enter headcount number) _____

If 10+ FTE specified, quality control check asks respondent "Are you sure?"
If 10+ Headcount specified, quality control check asks respondent "Are you sure?"
If FTE figure exceeds Headcount figure, quality control check asks respondents "Are you sure?"

RPT3. Do you currently have any vacancies for directly employed pre-registration trainee pharmacists?

Please include any post which is vacant during the week for which you are completing the questionnaire, even if someone has been appointed but is yet to start.

Yes	O
No	O

If "Yes" to vacancies question, ask…

RPT4. How many vacancies do you have for pre-registration trainee pharmacists?

Enter the number of FTE vacancies for pre-registration trainee pharmacists	_____
Enter the headcount vacancy figure for pre-registration trainee pharmacists	_____

RPT5.NHS Health Education Kent, Surrey and Sussex may be able to target support for pharmacist tutors. In order to do this it would help to know which pharmacies employ pre-registration trainee pharmacists.
Please tick a box below to show whether you do or do not want your pharmacy to be identified as a pharmacy employing a pre-registration trainee pharmacist.

Yes - I am willing for this pharmacy to be identified as employing a pre-registration trainee pharmacist	O
No - I do not want this pharmacy to be identified as employing a pre-registration trainee pharmacist	O

Section 3. Registered pharmacy technicians (including those that are also accredited checking pharmacy technicians or accuracy checking technicians)

RT1. What is the total number of full-time equivalent registered pharmacy technicians?
Please include registered pharmacy technicians working in the pharmacy including the dispensary, care home dispensing units, and those who may only provide advanced or locally commissioned services.
Please use your own business's definition of full-time equivalent. If you do not have your own definition please use 40 hours per week for non-pharmacists.

Total employed + self-employed registered pharmacy technicians (enter FTE figure)	_____

RT2. In terms of the headcount figure, how many registered pharmacy technicians work at this branch as part of the normal establishment figures for the branch?

Total employed + self-employed registered pharmacy technicians (enter headcount number)	_____

RT2a. How many of these are accredited/ accuracy checking technicians? Enter headcount number for employed + self-employed.

Total employed + self-employed registered pharmacy technicians (enter headcount number)	_____

If 10+ FTE specified, quality control check asks respondent "Are you sure?"
If 10+ Headcount specified, quality control check asks respondent "Are you sure?"
If FTE figure exceeds Headcount figure, quality control check asks respondents "Are you sure?"

RT3. Do you currently have any vacancies for registered pharmacy technicians? Please include any post which is vacant during the week for which you are completing the questionnaire, even if someone has been appointed but is yet to start.

Yes	O
No	O

If "Yes" to vacancies question, ask…
RT4. How many vacancies do you have for registered pharmacy technicians?

Enter the number of FTE vacancies for registered pharmacy technicians	_____
Enter the headcount vacancy figure for registered pharmacy technicians	_____

Section 4. Accuracy checking technicians (ACT) - (Please do not include those that are registered pharmacy technicians)

ACT1. What is the total number of full-time equivalent accuracy checking technicians? (Please do not include those that are registered pharmacy technicians). Please use your own business's definition of full-time equivalent. If you do not have your own definition please use 40 hours per week for non-pharmacists.

Directly employed accuracy checking technicians (enter FTE figure)	_____

ACT2.In terms of the headcount figure, how many accuracy checking technicians work at this branch as part of the normal establishment figures for the branch?

(Please do not include those that are registered pharmacy technicians).

Directly employed accuracy checking technicians (enter headcount number) _____

If 10+ FTE specified, quality control check asks respondent "Are you sure?"
If 10+ Headcount specified, quality control check asks respondent "Are you sure?"
If FTE figure exceeds Headcount figure, quality control check asks respondents "Are you sure?"

ACT3. Do you currently have any vacancies for directly employed accuracy checking technicians?

(Please do not include those that are registered pharmacy technicians).
Please include any post which is vacant during the week for which you are completing the questionnaire, even if someone has been appointed but is yet to start.

Yes O
No O

If "Yes" to vacancies question, ask…
ACT4. How many vacancies do you have for accuracy checking technicians?
(Please do not include those that are registered pharmacy technicians).

Enter the number of FTE vacancies for accuracy checking technicians _____
Enter the headcount vacancy figure for accuracy checking technicians _____

Section 5. Pre-registration trainee pharmacy technicians - enrolled upon (or completed and awaiting registration) a GPhC recognised course. Please include apprentices. Those who have completed the course but have chosen not to register with GPhC should be included under dispensing assistants.

PRTP1. What is the total number of full-time equivalent pre-registration trainee pharmacy technicians?
Please use your own business's definition of full-time equivalent. If you do not have your own definition please use 40 hours per week for non-pharmacists.

Pre-registration trainee pharmacy technicians (enter FTE figure) _____

PRTP2.In terms of the headcount figure, how many pre-registration trainee pharmacy technicians work at this branch as part of the normal establishment figures for the branch?

Pre-registration trainee pharmacy technicians (enter headcount number) _____

If 10+ FTE specified, quality control check asks respondent "Are you sure?"
If 10+ Headcount specified, quality control check asks respondent "Are you sure?"
If FTE figure exceeds Headcount figure, quality control check asks respondents "Are you sure?"

PRTP2b. How many of those pre-registration trainee pharmacy technicians are apprentices (funded by apprenticeship funding, also known as the under 25 grant)?

Apprentices (enter FTE figure) _____
Apprentices (enter headcount figure) _____

PRTP3. Do you currently have any vacancies for pre-registration trainee pharmacy technicians?
Please include any post which is vacant during the week for which you are completing the questionnaire, even if someone has been appointed but is yet to start.

Yes O
No O

If "Yes" to vacancies question, ask…
PRTP4. How many vacancies do you have for pre-registration trainee pharmacy technicians?

Enter the number of FTE vacancies for pre-registration trainee pharmacy technicians _____
Enter the headcount vacancy figure for pre-registration trainee pharmacy technicians _____

Section 6. Trained dispensing assistants (Completed NVQ level 3 but not GPhC registered, NVQ level 2, BTEC level 2, City & Guilds level 2)

TDAC1. What is the total number of full-time equivalent trained dispensing assistants? Please use your own business's definition of full-time equivalent. If you do not have your own definition please use 40 hours per week for non-pharmacists.

Trained dispensing assistants (enter FTE figure) _____

TDAC2. In terms of the headcount figure, how many trained dispensing assistants work at this branch as part of the normal establishment figures for the branch?

Trained dispensing assistants (enter headcount number) _____

If 10+ FTE specified, quality control check asks respondent "Are you sure?"
If 10+ Headcount specified, quality control check asks respondent "Are you sure?"
If FTE figure exceeds Headcount figure, quality control check asks respondents "Are you sure?"

TDAC3. Do you currently have any vacancies for trained dispensing assistants?

Please include any post which is vacant during the week for which you are completing the questionnaire, even if someone has been appointed but is yet to start.

Yes O
No O

If "Yes" to vacancies question, ask…
TDAC4. How many vacancies do you have for trained dispensing assistants?

Enter the number of FTE vacancies for trained dispensing assistants _____
Enter the headcount vacancy figure for trained dispensing assistants _____

Section 7. Trainee dispensing assistants (Enrolled on a course to provide NVQ level 2, BTEC level 2, City & Guilds level 2, but not yet completed- please also include those who have completed NVQ level 3 but have chosen not to register with the GPhC)

TDAE1. What is the total number of full-time equivalent trainee dispensing assistants? Please use your own business's definition of full-time equivalent. If you do not have your own definition please use 40 hours per week for non-pharmacists.

Trainee dispensing assistants (enter FTE figure) _____

TDAE2. In terms of the headcount figure, how many trainee dispensing assistants work at this branch as part of the normal establishment figures for the branch?

Trainee dispensing assistants (enter headcount number) _____

If 10+ FTE specified, quality control check asks respondent "Are you sure?"
If 10+ Headcount specified, quality control check asks respondent "Are you sure?"
If FTE figure exceeds Headcount figure, quality control check asks respondents "Are you sure?"

TDAE2b. How many of those trainee dispensing assistants are apprentices (funded by apprenticeship funding, sometimes known as the under 25 grant)?

Apprentices (enter FTE figure) _____
Apprentices (enter headcount figure) _____

TDAE3. Do you currently have any vacancies for trainee dispensing assistants?(i.e. enrolled on a course to provide NVQ level 2, BTEC level 2, City and Guilds level 2 but not yet completed - please also include those who have completed NVQ Level 3 but have chosen not to register with the GPhC)
Please include any post which is vacant during the week for which you are completing the questionnaire, even if someone has been appointed but is yet to start.

Yes O
No O

If "Yes" to vacancies question, ask…
TDAE4. How many vacancies do you have for trainee dispensing assistants?(i.e. enrolled on a course to provide NVQ level 2, BTEC level 2, City and Guilds level 2 but not yet completed - please also include those who have completed NVQ Level 3 but have chosen not to register with the GPhC)

Enter the number of FTE vacancies for trainee dispensing assistants _____
Enter the headcount vacancy figure for trainee dispensing assistants _____

Section 8. Trained medicine counter assistants (MCA) (Completed a General Pharmaceutical Council accredited course)

MCAC1. What is the total number of full-time equivalent trained medicine counter assistants?
Please use your own business's definition of full-time equivalent. If you do not have your own definition please use 40 hours per week for non-pharmacists.

Trained medicine counter assistants (enter FTE figure) _____

MCAC2. In terms of the headcount figure, how many trained medicine counter assistants work at this branch as part of the normal establishment figures for the branch?

Trained medicine counter assistants (enter headcount number) _____

If 10+ FTE specified, quality control check asks respondent "Are you sure?"
If 10+ Headcount specified, quality control check asks respondent "Are you sure?"
If FTE figure exceeds Headcount figure, quality control check asks respondents "Are you sure?"

MCAC3. Do you currently have any vacancies for trained medicine counter assistants? Please include any post which is vacant during the week for which you are completing the questionnaire, even if someone has been appointed but is yet to start.

Yes	O
No	O

If "Yes" to vacancies question, ask…
MCAC4. How many vacancies do you have for trained medicine counter assistants?

Enter the number of FTE vacancies for trained medicine counter assistants _____

Enter the headcount vacancy figure for trained medicine counter assistants _____

Section 9. Trainee medicine counter assistants, enrolled on a General Pharmaceutical Council accredited course* (please include apprentices)

*Since 1996, anyone working in a pharmacy who supplies medicine as part of their role must undertake an accredited medicines counter assistant course. A list of accredited course can be found here: http://www.pharmacyregulation.org/education/support-staff/medicines-counter-assistant/accredited-courses

MCAE1. What is the total number of full-time equivalent trainee medicine counter assistants?
Please use your own business's definition of full-time equivalent. If you do not have your own definition please use 40 hours per week for non-pharmacists.

Trainee medicine counter assistants (enter FTE figure) _____

MCAE2. In terms of the headcount figure, how many trainee medicine counter assistants work at this branch as part of the normal establishment figures for the branch?

Trainee medicine counter assistants (enter headcount number) _____

If 10+ FTE specified, quality control check asks respondent "Are you sure?"
If 10+ Headcount specified, quality control check asks respondent "Are you sure?"
If FTE figure exceeds Headcount figure, quality control check asks respondents "Are you sure?"

MCAE2b. How many of those trainee medicine counter assistants are apprentices (funded by apprenticeship funding, sometimes known as the under 25 grant)?

Apprentices (enter FTE figure) _____
Apprentices (enter headcount figure) _____

MCAE3. Do you currently have any vacancies for trainee medicine counter assistants? Please include any post which is vacant during the week for which you are completing the questionnaire, even if someone has been appointed but is yet to start.

Yes O
No O

If "Yes" to vacancies question, ask…
MCAE4. How many vacancies do you have for trainee medicine counter assistants?

Enter the number of FTE vacancies for trainee medicine counter assistants _____
Enter the headcount vacancy figure for trainee medicine counter assistants _____

GENERAL QUESTIONS

EXT1. In order to support community pharmacies, NHS Health Education Kent, Surrey and Sussex would like to identify gaps in training provision. To what extent would your practice benefit from training in the following areas?

Please read the statements on the left and tick one answer in each row.

	New provision is essential	New provision would be very beneficial	New provision would be fairly beneficial	Already available - No benefit in providing more
Pharmacy technician training	O	O	O	O
Pharmacy dispensary assistant training	O	O	O	O
Training for healthy living pharmacies	O	O	O	O
Dementia care training - pharmacist's perspective	O	O	O	O
Community Pharmacy Advanced Services (MUR and NMS)	O	O	O	O
Locally commissioned services (e.g. public health services, palliative care etc)	O	O	O	O

EXT2a. Please could you also specify up to five other education and training needs for your pharmacy that are not provided elsewhere.

Please specify the first of your pharmacy's other education and training needs in the box below.

If you have no other such needs, please simply type NO.

_____

_____

_____

_____

_____

EXT2aa. To what extent would your practice benefit from training in this area?

New provision is essential	O
New provision would be very beneficial	O
New provision would be fairly beneficial	O

EXT2b. Please specify the second of your pharmacy's other education and training needs in the box below.

If you have no other such needs, please simply type NO.

_____

_____

_____

_____

_____

EXT2bb. To what extent would your practice benefit from training in this second area?

New provision is essential	O
New provision would be very beneficial	O
New provision would be fairly beneficial	O

EXT2c. Please specify the third of your pharmacy's other education and training needs in the box below.

If you have no other such needs, please simply type NO.

_____

_____

_____

_____

_____

EXT2cc. To what extent would your practice benefit from training in this third area?

New provision is essential	O
New provision would be very beneficial	O
New provision would be fairly beneficial	O

EXT2d. Please specify the fourth of your pharmacy's other education and training needs in the box below.

If you have no other such needs, please simply type NO.

_____

_____

_____

_____

_____

EXT2dd. To what extent would your practice benefit from training in this fourth area?

New provision is essential	O
New provision would be very beneficial	O
New provision would be fairly beneficial	O

EXT2e. Please specify the fifth of your pharmacy's other education and training needs in the box below.

If you have no other such needs, please simply type NO.

_____

_____

_____

_____

_____

EXT2ee. To what extent would your practice benefit from training in this fifth area?

New provision is essential	O
New provision would be very beneficial	O
New provision would be fairly beneficial	O

EXT4. We would like to understand which types of vacancies are difficult to fill. Please could you tell us how easy or difficult it tends to be to fill vacancies for the following roles?

Please tick one box on each row below.

	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Pharmacists	O	O	O	O	O	O
Pre-registration trainee pharmacists	O	O	O	O	O	O
Registered pharmacy technicians (including accredited checking pharmacy technicians)	O	O	O	O	O	O
Accuracy checking technicians (ACT)	O	O	O	O	O	O
Pre-registration trainee pharmacy technicians (excluding apprentices)	O	O	O	O	O	O
Trained dispensing assistants (completed NVQ 2, BTEC 2, C&G 2)	O	O	O	O	O	O
Trainee dispensing assistants (enrolled on a course to provide NVQ level 2, BTEC level 2, C&G level 2)	O	O	O	O	O	O
Trained medicine counter assistants (MCA)	O	O	O	O	O	O
Trainee medicine counter assistants	O	O	O	O	O	O
Apprentices (both NVQ 2 & NVQ 3), training supported through apprenticeship funding, and including pre-registration trainee pharmacy technicians	O	O	O	O	O	O

EXT5. Is your pharmacy accredited to provide advanced services?

Yes O
No O

NHS Health Education Kent, Surrey and Sussex may wish to further explore ideas for future training provision with individual pharmacies.

Please tick one of the boxes below to indicate whether or not you agree for your answers to questions about training to be identified as coming from your pharmacy.

Yes - I am willing for my answers to be identified as coming from this pharmacy O
No - I do not want my answers to be identified as coming from this pharmacy O

Thank you for taking part in the survey.

Appendix 3a The excel worksheet data

The first worksheet (WS 1 'Main Qs - inds and CCA') contains most of the essential workforce information. Rows 1-6 summarise the respondent breakdown, showing the number of independent pharmacies and CCA pharmacies in each CCG area, plus the total overall. Below that top summary the worksheet provides information on each of the nine job roles, going down vertically, starting with section 1 for the Pharmacists questions, then below that section 2 for the Pre-Registration Trainee Pharmacists questions, and so on. Every section has the following questions in common, Q1 FTE currently in post, in that role, Q2 Headcount currently in post, in that role, Q4a FTE vacancies currently, in that role and Q4b Headcount vacancies currently, in that role
The following sections had these role-specific additional questions.

- Section 3 Registered Pharmacy Technicians, *Reg PT 2a. What is the headcount figure for those that are accredited / accuracy checking technicians?*
- Section 5 Pre-Registration Pharmacy Technicians, questions Pre-Reg TPT 2b & 2c ask about the apprentice positions, FTE and headcount respectively
- Section 7 Trainee Dispensing Assistants, questions Trainee DA 2b & 2c ask about the apprentice positions, FTE and headcount respectively
- Section 9 Trainee Medicine Counter Assistants, questions MCA 2b & 2c ask about the apprentice positions, FTE and headcount respectively

The second worksheet (WS 2 - Q1) summarises the data gathered at the first question (numbers of each type of pharmacy workforce members posts), which sought to direct pharmacies only to the questions relevant for the jobs/vacancies that exist in their shop. This data indicated a problem of people saying they have no employees, or no pharmacist, when they meant something different. Its main use is as a top-level summary

The third worksheet (WS 3 'Vacancies yes no') asks each pharmacy whether or not they had vacancies, and was asked for every section but is shown on WS 3 because the answer is on a different basis, i.e. questions 1, 2, 4a & 4b are numeric values (i.e. showing vacancy numbers for FTE and headcount (in 'WS 1. Main Qs independs and CCA' worksheet), whereas question 3 was a yes/no question, asking whether or not they had any vacancies

Thus questions 4 a & b should be examined to see the number of vacancies in a CCG area for each role, but the individual vacancy worksheets should be considered for the number of pharmacies in an area that had at least one vacancy for that role. There is no equivalent data from the CCA as they did not supply individual store data.

The fourth worksheet (WS 4 Pre-Reg TP identified) shows the findings for the question on whether those with a Pre-Registration Trainee Pharmacist are happy to be identified (87% yes, 13% no), and this is supplied for information only.

The data for the extra information are found in worksheets 5-10 and there are no CCA data for these. The fifth worksheet (WS 5 Question Ext1) asks independents to rate training options on the basis of new provision being essential, very beneficial, fairly beneficial or not beneficial. The mean score figure provides a useful summary of perceived benefit across the sample. The sixth worksheet (WS 6 Question Ext2a) asked the respondent to make their own suggestions for new training provision. In analysing this, it must be noted that only 124 out of 400 made any suggestions, and

THEREFORE the percentage figure given is based on 124 rather than 400. The seventh worksheet (WS 7 Question Ext2aa) asked those making their own suggestion to rate this suggestion on the scale of essential through to not beneficial. In this case this was only asked of those making a specific suggestion, so the percentage is sometimes based on a very small number (e.g. the 43% regarding minor ailments training as essential is actually only 3 people out of 7 making that suggestion). The eight worksheet (WS 8 Question Ext4) asks how easy or difficult it is to fill vacancies in each of the nine job roles, and all percentages are based on the full 400 respondents. The mean score figure gives a useful quick summary. The ninth worksheet (WS 9 Question Ext5) asks whether they are accredited to provide advanced services (94% yes). The 10th worksheet (WS 10 Question Ext6) asks whether the respondents would be happy for their pharmacy to have its individual answers on the training questions identified to the client (54% yes, 46% no)

- Section 5 Pre-Registration Pharmacy Technicians, questions Pre-Reg TPT 2b & 2c ask about the apprentice positions, FTE and headcount respectively
- Section 7 Trainee Dispensing Assistants, questions Trainee DA 2b & 2c ask about the apprentice positions, FTE and headcount respectively
- Section 9 Trainee Medicine Counter Assistants, questions MCA 2b & 2c ask about the apprentice positions, FTE and headcount respectively

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