

# A Comparison of The Community Pharmacy Workforce in the Kent, Surrey and Sussex region of England between data points in 2014 and 2017



July 2018

## Executive Summary

Health Education England (HEE) commissioned a national Community Pharmacy Workforce Survey for 2017 to better understand the current numbers and skill mix in the community pharmacy workforce, and thus inform planning and future investment in education. This report compares data on the Kent, Surrey and Sussex (KSS) region with results from a workforce survey undertaken in the same geography in 2014 as well as outcomes from a focus group discussion between community pharmacy stakeholders, to provide analysis of workforce trends between these two review points.

### Key Findings

#### 2017 Workforce

The survey process obtained data from 100% of CCA pharmacies and 78.8% of non-CCA pharmacies in the KSS region, which was the highest response rate from all local office areas in the country.

The KSS region of England's community pharmacy workforce was found to contain 7,523 people, filling 5,523 full-time equivalent (FTE) posts, after grossing up based on coverage achieved by the respective data collection exercises<sup>1</sup>. This total was further broken down into different roles and an analysis of workforce trends conducted.

#### Comparison with 2014 Data

The key changes in the workforce between 2014 and 2017 are described below:

- At the point of data collection the total workforce was down 6.4% (headcount) though the number of community pharmacies was down only 1%
- Pharmacists and Trained Dispensing Assistants numbers grew by approximately 20%
- All other roles reduced in numbers, particularly Trainee roles and especially Trainee MCA for which numbers were down 64% on a FTE basis
- The proportion of Trainees who were apprentices increased in all three Trainee roles
- Recruitment across all roles was perceived as more difficult than it was in 2014 (non-CCA data only for this question)

#### Action Points

- To reverse the decline in Pharmacy Technician numbers, a more cohesive career pathway and role definition is needed in community pharmacy. In addition;
- Better understanding of skill mix would enable more effective deployment of staff-this was identified as a learning need by the focus group. This is particularly important as not only are staffing levels down for most roles but the supply line of new staff in the form of trainees has also been significantly reduced. Community pharmacy stakeholders should look carefully at this aspect of their workforce and identify where further training may help

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<sup>1</sup> The survey of non-CCA pharmacies had a response rate of 77.3% in London & South East (across the 2014 and 2017 survey combined) so the total figures from the survey were grossed up to estimate the figures that would have been obtained if 100% of non-CCA pharmacies had responded with the same pattern of answers. No grossing up was applied to CCA pharmacy figures as their participation is understood to have been 100% in 2017.

## Comparison of the Community Pharmacy Workforce in KSS between 2014 & 2017

to support employers. Formation of effective partnerships with HEE, local commissioning and Community Education Provider Networks would be of great value

- The efficient utilisation of Health Champions (many trained through an HEE-funded programme) could help alleviate some of these issues
- The quality of pre-registration training sites is variable and unknown. This is a huge risk for the future workforce and there is a clear need to instil processes that enable potential trainees to identify and train in environments that support their learning. Essentially, as the number of training sites increases trainees should not simply be recruited to fill workforce gaps. It is anticipated that the national recruitment scheme for pharmacy trainees will help support the quality agenda in community pharmacy and provide trainees with a level of assurance that sites within the scheme are of a suitable standard. All community pharmacies hoping to demonstrate the quality of their programmes are encouraged to enrol in the scheme (further details: <https://www.lasepharmacy.hee.nhs.uk/national-recruitment/>)
- Foundation pharmacist training is seen as a positive step within the profession, but it is important that all stakeholders are represented at the outset of programme design to best deliver an effective training programme. HEE LaSE is establishing and evaluating a number of pilots to ascertain the viability of foundation programmes. Community pharmacy is being sought as an active partner; interested parties should contact the LaSE Foundation Training lead for further details ([katie.reygate@hee.nhs.uk](mailto:katie.reygate@hee.nhs.uk)).
- There is an appetite for accessing training, however this needs to be aligned with service provision. Pharmacies are reluctant to free valuable staffing resource unless there is a clear use for the training provided. Effective partnerships between LPCs, HEE and NHS England via CCGs should be formed to enable training needs, provision and commissioning to be aligned
- Multi-professional training across multiple practice areas is a potential way to alleviate workforce pressures, by sharing resource and workload. In particular, increased opportunity for closer training and working with general practice should be sought
- The high response rate to this survey owes much to the pro-active Local Pharmaceutical Committees across KSS and the strong relationship that has formed between LPCs and HEE in this geography; this is to be encouraged.
- There is clear value in repeating this survey at regular intervals to gain insight into workforce trends; however the risk of over-surveying pharmacies is high and further work should be done with stakeholders to see if all data collection could be undertaken once, for example within the annual NHS England CPAF survey.

\*Glossary of key terms/job roles is available at end of full report

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# 1. Introduction

Health Education England (HEE) is responsible for the education, training and workforce planning for NHS staff. HEE supports the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place. HEE needs to plan for future investment in education, and consequently requires good information on the community pharmacy workforce. Although the NHS has good data on the make-up of its directly employed workforce, its knowledge of the workforce in community pharmacies has been based on previous pilot surveys, notably in terms of role mix and geographical breakdown.

HEE commissioned a national Community Pharmacy Workforce Survey for 2017 to better understand the current numbers and skill mix in the community pharmacy workforce, and thus inform planning and future investment in education. In addition to a national report, this report focuses on the Kent, Surrey and Sussex (KSS) region.

## 1.1. Methodology

Separate data collection exercises were undertaken for Company Chemists Association (CCA) and non-CCA sector community pharmacies. An online survey was undertaken among non-CCA community pharmacies, with the option to self-complete online or to complete over the telephone with help from an interviewer. Reminder communications were sent to non-responders, to maximise the proportion of non-CCA pharmacies participating in the survey. A more limited set of questions was agreed for the members of the CCA, and the CCA's member companies conducted their own data collection exercise. Data from the non-CCA sector and CCA surveys was subsequently merged.

The survey was first piloted in KSS in 2014, and further surveys were carried out in both Thames Valley and London regions in 2015. Health Education England decided to complete data collection for the rest of England in 2017, commissioning Marketing Means Ltd to undertake the non-CCA sector data collection and data processing, including the merger of the non-CCA and CCA data files. It was decided to use the Thames Valley and London data from the 2015 collection, but to re-survey KSS. Therefore, as KSS was the only area to have two rounds of data collection, a comparison of the workforce and basic analysis of trends has been made possible.

The KSS CCA data in this regional report was gathered in 2017. The non-CCA sector data was largely gathered in between August and October 2017.

This report does not cover the survey methodology and to enable a full overview of the processes involved, should be read in conjunction with the full report for the Community Pharmacy Workforce 2017 which can be found here: <https://www.hee.nhs.uk/our-work/pharmacy>

## 1.2. Key Findings: 2017 Workforce

The survey process obtained data from 100% of CCA pharmacies and 78.8% of non-CCA pharmacies in the KSS region, which was the highest response rate from all local office areas in the country.

## Comparison of the Community Pharmacy Workforce in KSS between 2014 & 2017

The KSS region of England's community pharmacy workforce was found to contain 7,523 people, filling 5,523 full-time equivalent (FTE) posts, after grossing up based on coverage achieved by the respective data collection exercises<sup>2</sup>. These totals are comprised of the following number of workers by type of role, with the percentage figures based on FTE:

- 1810 Pharmacists, filling 1324 full-time equivalent (FTE) posts - 24% of the FTE workforce
- 107 Pre-Registration Trainee Pharmacists, filling 107 full-time equivalent posts - approximately 2% of the FTE workforce - note that a small number of people in this role work more than full-time hours;
- 522 Pharmacy Technicians, filling 434 full-time equivalent posts - approximately 8% of the FTE workforce
  - Among non-CCA community pharmacies in the Kent Surrey Sussex (KSS) local area 44% of FTE Pharmacy Technicians also had a role as Accuracy Checking Pharmacy Technicians; note that no data was supplied by the CCA on this question
- 141 Accuracy Checkers, filling 123 full-time equivalent posts - approximately 2% of the FTE workforce<sup>3</sup>
- 102 Pre-Registration Trainee Pharmacy Technicians, filling 94 full-time equivalent posts - under 2% of the FTE workforce
- 1965 Trained Dispensing Assistants, filling 1526 full-time equivalent posts - approximately 28% of the FTE workforce
- 773 Trainee Dispensing Assistants, filling 609 full-time equivalent posts - approximately 11% of the FTE workforce
- 1471 Trained Medicine Counter Assistants, filling 941 full-time equivalent posts - approximately 17% of the FTE workforce
- 632 Trainee Medicine Counter Assistants, filling 367 full-time equivalent posts - approximately 6% of the FTE workforce

The survey of non-CCA community pharmacies in the KSS local area identified 72 Independent Prescriber Pharmacists, filling 54 FTE roles in the region, which equates to approximately one Independent Prescriber per nine community pharmacies. This is a little above the per pharmacy figure across the whole of England.

Contained within the above figures were 89 Apprentices filling 81 full-time equivalent posts, thus making up approximately 1.5% of the total workforce, and approximately 7% FTE of the total Trainee workforce (Pre-Registration Trainee Pharmacy Technicians, Trainee Dispensing Assistants and Trainee Medicines Counter Assistants).

Among non-CCA respondents within the region the perceptions of difficulty in recruitment tended to be more negative/less positive in the Kent Surrey Sussex (KSS) local area, particularly for the roles of Trainee Pharmacist, Pharmacy Technician, Accuracy Checker, Trainee Pharmacy Technician and Trained Dispensing Assistant.

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<sup>2</sup> The survey of non-CCA pharmacies had a response rate of 77.3% in London & South East (across the 2014 and 2017 survey combined) so the total figures from the survey were grossed up to estimate the figures that would have been obtained if 100% of non-CCA pharmacies had responded with the same pattern of answers. No grossing up was applied to CCA pharmacy figures as their participation is understood to have been 100% in 2017.

<sup>3</sup> Figures exclude Accuracy Checkers who are also Pharmacy Technicians registered with GPhC.

## Comparison of the Community Pharmacy Workforce in KSS between 2014 & 2017

In KSS the five training topics with the greatest perceived benefit were Supporting People with Mental Health Issues, Independent Prescriber training, Physical and Clinical Assessment Skills, Clinical Medication Review, and Managing Transfer of Care.

Non-CCA pharmacies in KSS were also asked about potential additionally commissioned services, but simply asked whether they were of interest (yes/no), rather than the level of interest. KSS respondents showed lower interest in most additionally commissioned services than was found across England on average. Within the region the greatest appeal was perceived to be in “Medicines Compliance and Support”, “NHS Health Check”, “Emergency Hormonal Contraception” and “Minor Ailment Service”, each of which appealed to between half and two thirds of participants.

The CCA training priorities were provided only at national level based on head office feedback, with no regional breakdown, but were largely similar to the range of subjects suggested in the non-CCA questionnaire. Many topics had widespread appeal, and as a consequence the CCA decided not to produce a ranked order of priorities.

### 1.3 Key Findings: Comparison with 2014 Data

The key changes in the workforce between 2014 and 2017 are described below, and will be discussed in further detail in subsequent sections:

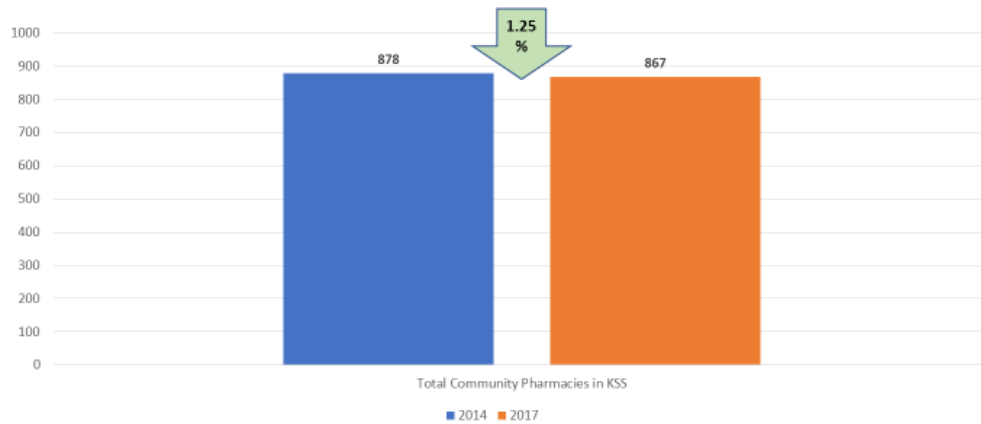
- At the point of data collection the total workforce was down 6.4% (headcount) though the number of community pharmacies was down only 1%
- Pharmacists and Trained Dispensing Assistants numbers grew by approximately 20%
- All other roles reduced in numbers, particularly Trainee roles and especially Trainee MCA for which numbers were down 64% on a FTE basis
- The proportion of Trainees who were apprentices increased in all three Trainee roles
- Recruitment across all roles was perceived as more difficult than it was in 2014 (non-CCA data only for this question)

Data was provided for 100% of CCA member pharmacies in both 2014 and 2017, and hence these were effectively censuses of the CCA sector in KSS. Non-CCA pharmacy response rates were 83% in 2014 and 79% in 2017. The non-CCA pharmacies were consequently “grossed up” to produce an estimate of the numbers that would have been reported had 100% of non-CCA pharmacies responded in both years.

For all tables that follow, the blue bars represent 2014 figures, with the orange bars representing the 2017 findings.

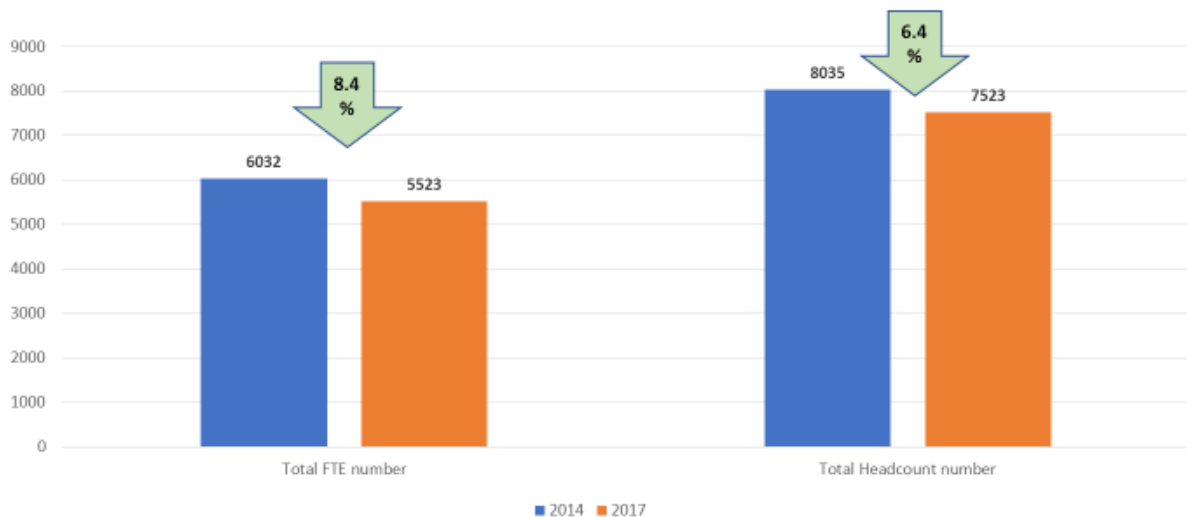
## 2. Overall Workforce Changes

The number of community pharmacies in KSS has remained fairly consistent between 2014 and 2017



The number of community pharmacies suffered a drop of only 1.25% between 2014 and 2017

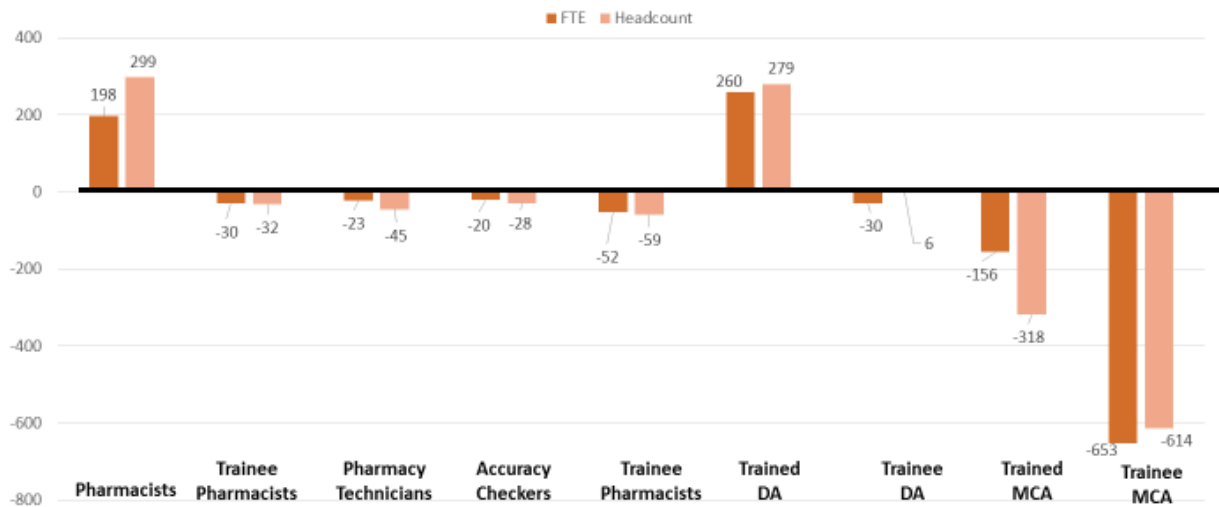
Total workforce has declined between 2014 and 2017



The FTE decline of 8.4% was slightly greater than the 6.4% headcount decline. This suggests that the average worker is working slightly fewer hours than they were in 2014. However, as we will see later this reduction is concentrated in three roles. Pharmacists FTE level has gone down very slightly, Trainee Dispensing Assistant FTE level has gone down a little more, but the main explanation lies in the quite dramatic decline in the FTE level for Trainee Medicines Counter Assistants (MCAs)



## Changes in FTE numbers in KSS by role, 2014 vs 2017



Estimated total universe of non-CCA community pharmacies: 2014 = 878, 2017 = 867

This chart shows workforce change since 2014, with the black line being the baseline, i.e. representing the starting position in 2014. The bars themselves show the change between the two periods for both FTE (darker bars) and headcount figures (lighter bars).

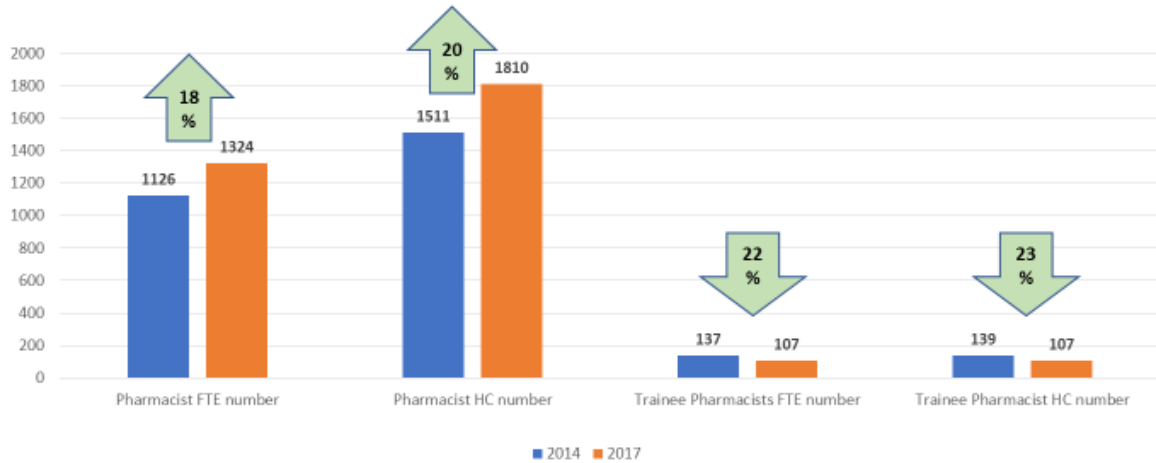
As noted earlier only Pharmacists and Trained Dispensing Assistants (DAs) were more numerous in 2017 than they were in 2014, namely with both of these roles having proportionate increases around 20%, meaning nearly 600 additional workers across the two roles.

Seven of the roles declined in numbers, with a combined loss of 964 FTE and 1106 on a headcount basis across the seven roles. The decline in MCA numbers is dramatic, with the combined headcount across Trained and Trainee MCAs accounting for over 80% of job losses across the seven shrinking roles.

In comparison the decline in other roles looks small, but is partly because these were less numerous roles to start with, and we will see shortly that the percentage decline in the Technical roles (Technicians, Accuracy Checkers and Trainee Technicians) is quite significant.

### 3. Pharmacists and Trainee Pharmacists

Pharmacists numbers up around one fifth,  
Trainee numbers down by the one fifth

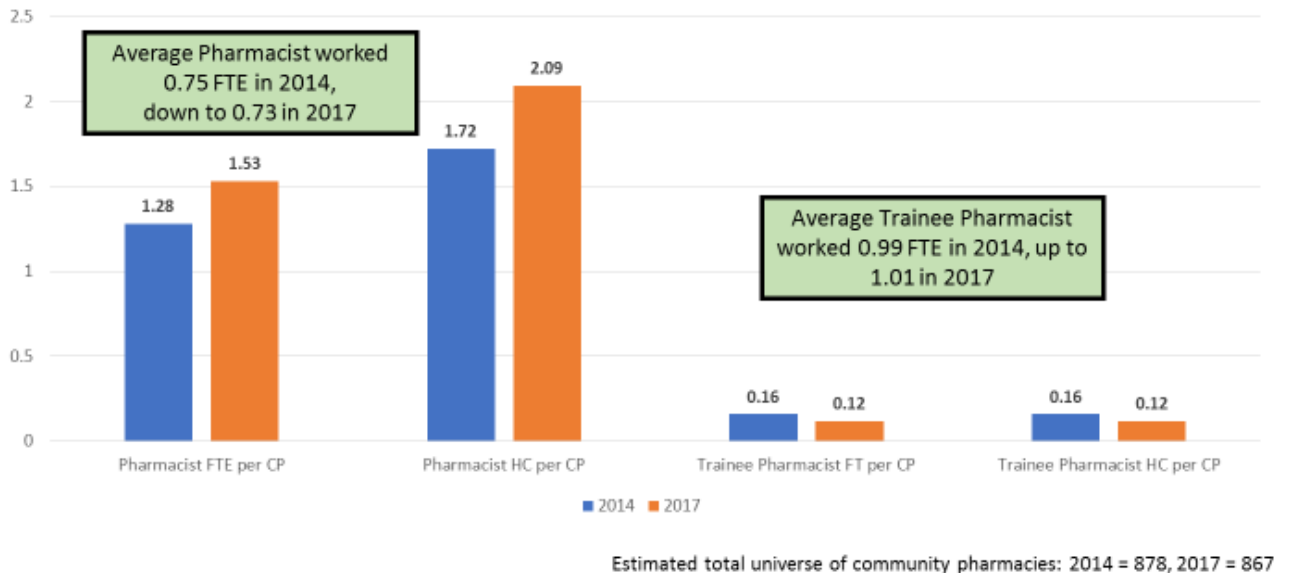


Estimated total universe of community pharmacies: 2014 = 878, 2017 = 867

The role of Pharmacist has increased by 20% in numbers. In 2017 the KSS region had around 300 more Pharmacists employed in community pharmacies on a headcount basis than it did in 2014. This equates to around 200 additional FTE Pharmacists.

Over the same period the number of Trainee Pharmacists has declined by just over 20% in both FTE and headcount terms.

## Pharmacists per pharmacy up around 20%, Trainee numbers down by 23%

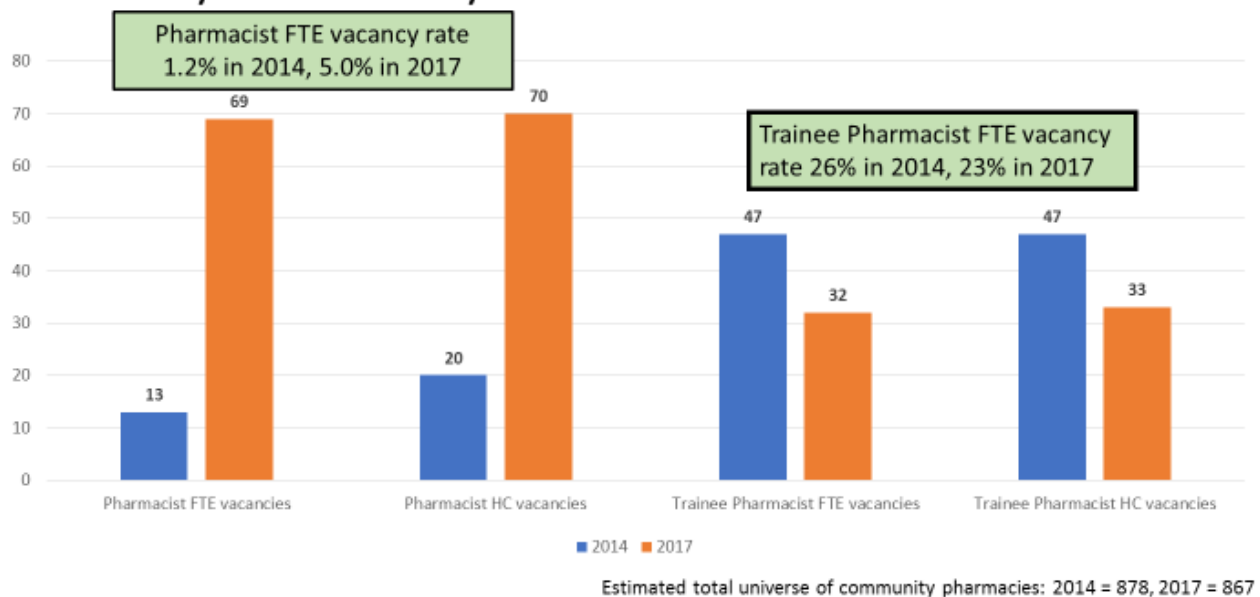


This chart shows the number of each role in the average community pharmacy.

The number of Pharmacists has increased, and this means that in 2017 the average community pharmacy in KSS had slightly more than 2 Pharmacists per pharmacy on a headcount basis, compared with 1.7 per pharmacy in 2014. On a FTE basis there were one and a half Pharmacists per pharmacy in 2017, up from one and a quarter in 2014. During this period there has been a very slight decline in the FTE hours worked by the average pharmacist, 0.73 in 2017, compared with 0.75 back in 2014.

The previous table highlighted that the number of Trainee Pharmacists had gone down by nearly a quarter and this is reflected in these figures, showing that the average community pharmacy had 0.12 Trainee Pharmacists in 2017, down from 0.16 in 2014. The requirements of the training mean that Trainees must work full-time and this is reflected in the average FTE figure shown in the green box, which indicates that 2017's Trainees were working very slightly over 100%.

## Pharmacist vacancy rate up four-fold, Trainee vacancy rate fairly stable



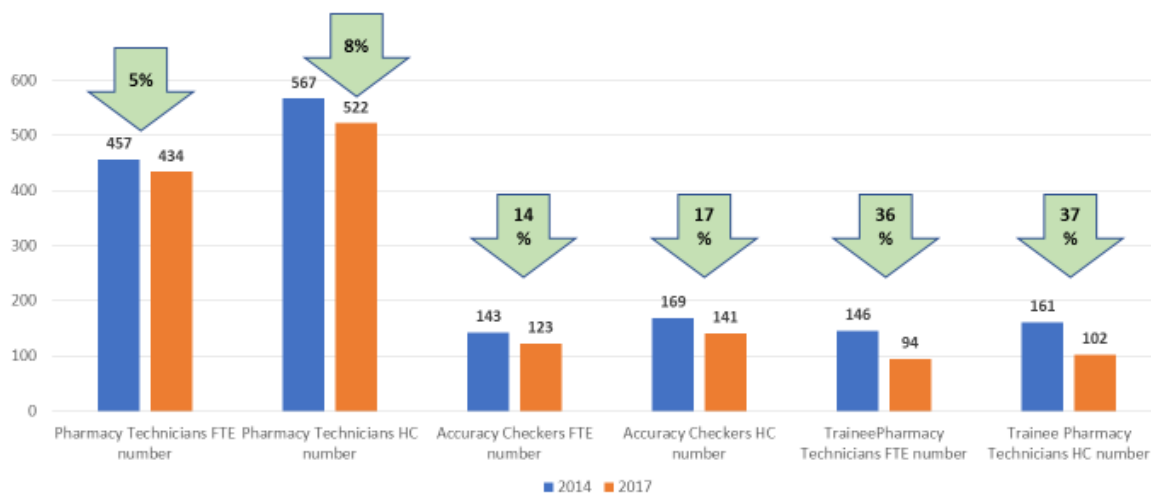
The bars show the number of vacancies reported on FTE and headcount bases, with the actual (rounded) number shown on top. The text in the green boxes shows the percentage vacancy rate (i.e. FTE vacancies as a percentage of FTE filled posts plus FTE vacancies).

We have already seen that the number of Pharmacists employed in the KSS workforce increased substantially. The four-fold increase in the vacancy rate would suggest that demand for Pharmacists is still strong.

The concept of having a vacancy for a Trainee Pharmacist raises problems for a survey of this nature, since only premises approved as a training site by the General Pharmaceutical Council could take a pharmacy trainee, and even those approved may have had a change in circumstance for this questionnaire (for example a tutor leaving). The questionnaire did not collect data on that approval/readiness status. This is likely to be part of the reason for the Trainee Pharmacist vacancy rate being so high, as a pharmacy might say they had a trainee vacancy, but this does not mean they could potentially have a trainee.

## 4. Pharmacy Technicians, Accuracy Checkers and Trainee Pharmacy Technicians

Numbers down for Technicians, and more so for Accuracy Checkers and especially Trainee Technicians



Estimated total universe of non-CCA community pharmacies: 2014 – 878, 2017 – 867

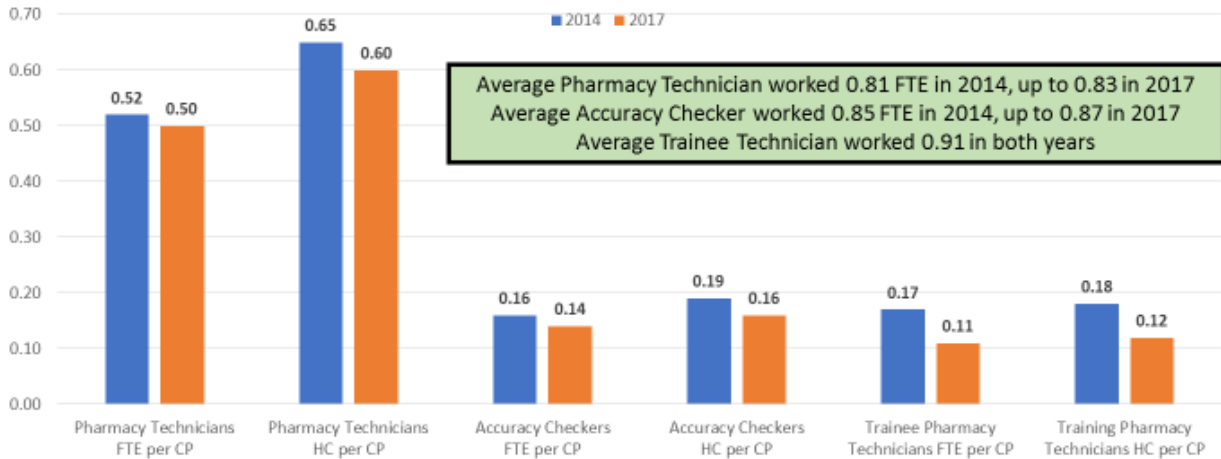
The chart shows that the number of employees in these technical roles has declined since 2014.

This is particularly the case for Trainee Pharmacy Technicians whose numbers are down in excess of one third.

Accuracy Checkers are also down substantially, losing about one in six from their 2014 level. The decline is less marked for Pharmacy Technicians but still down by a significant proportion.

## Comparison of the Community Pharmacy Workforce in KSS between 2014 & 2017

Per pharmacy figures show a slight decline for Pharmacy Technicians and Accuracy Checkers but Trainee Technicians are down 36%

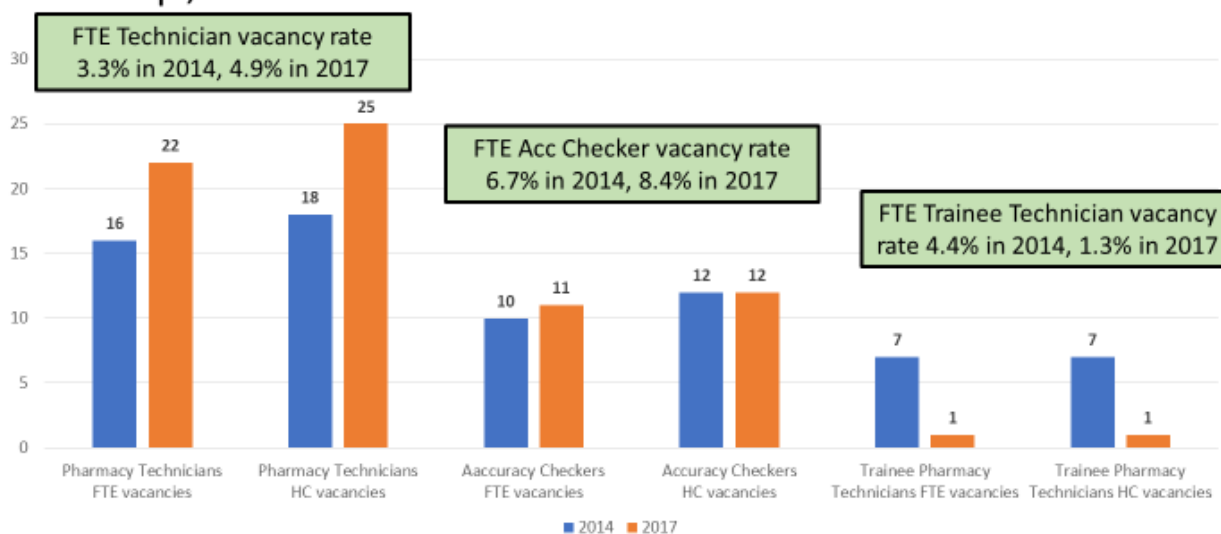


Estimated total universe of community pharmacies: 2014 = 878, 2017 = 867

The number of employees in each of these roles “per pharmacy” is in decline. As noted on the previous slide the decline is most notable among Trainee Pharmacy Technicians who now exist in only around one in eight community pharmacies on average.

In the case of Pharmacy Technicians and Accuracy Checkers the FTE figure per pharmacy reduction is slightly less marked than it is in headcount figures, because as noted in the green box the average hours worked in each of these roles has slightly increased – perhaps because of the decline in headcount numbers, i.e. it is possible that the remaining people in these roles are working slightly longer hours to make up for the reduced headcount.

## Vacancy rates for Technicians & Accuracy Checkers were up, but down for Trainee Technicians



Estimated total universe of community pharmacies: 2014 = 878, 2017 = 867

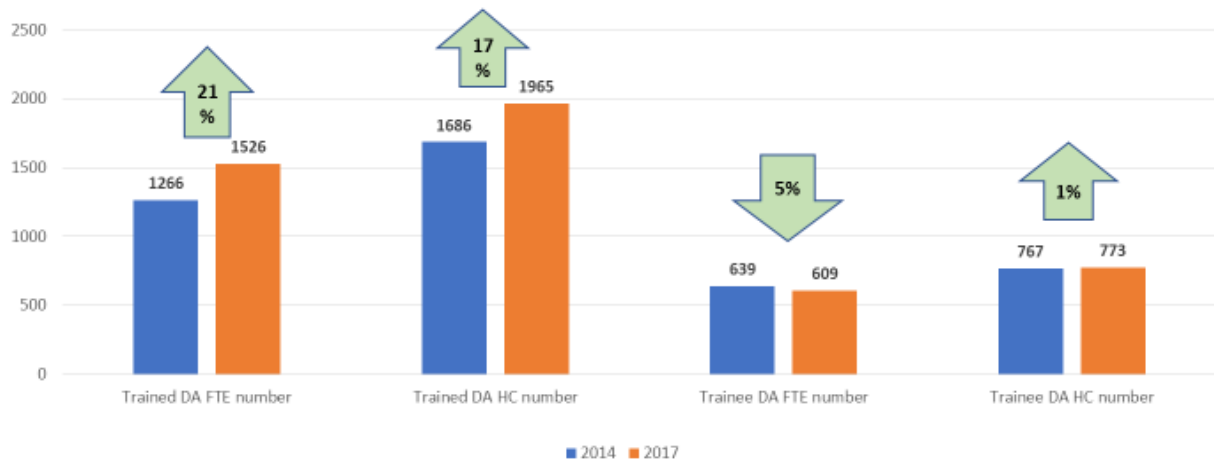
The bars show the number of vacancies reported on FTE and headcount bases, with the actual (rounded) number shown on top. The text in the green boxes shows the percentage vacancy rate (i.e. FTE vacancies as a percentage of FTE filled posts plus FTE vacancies).

The number of employed Pharmacy Technicians and Accuracy Checkers has declined, and it is therefore perhaps not surprising to see that FTE vacancy rates rose, with the rate for Pharmacy Technicians rising around 50%, and the rate for Accuracy Checkers up by around 25%.

The same is not true for Trainee Pharmacy Technicians. With only one FTE vacancy reported across the whole of KSS it would appear that the number of Trainee Technicians will continue to decline over the foreseeable period.

## 5. Dispensing Assistants

Trained DA numbers up substantially,  
Trainee DA numbers down slightly

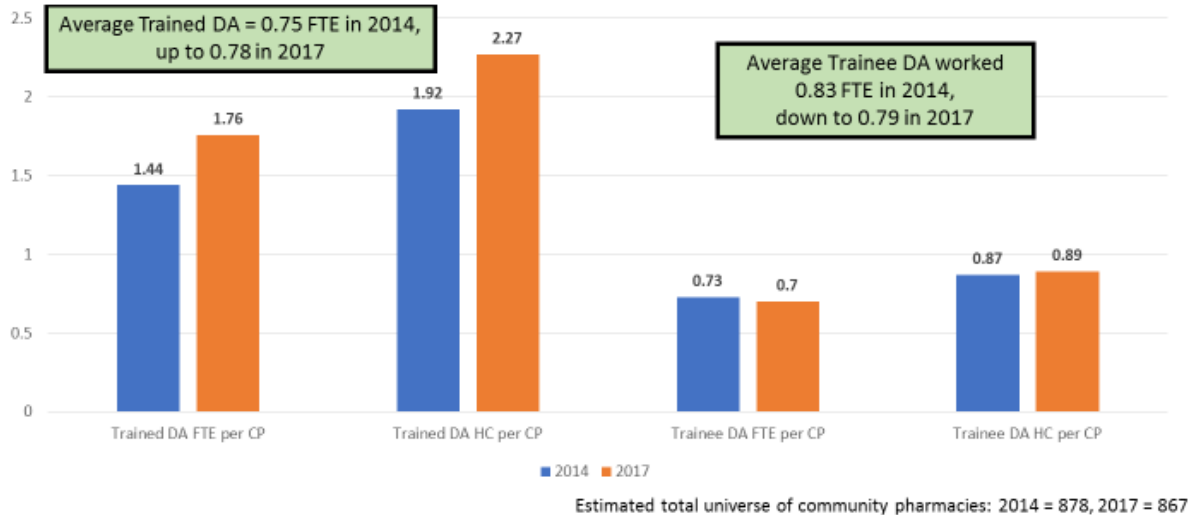


Estimated total universe of community pharmacies: 2014 = 878, 2017 = 867

The number of Trained Dispensing Assistants has increased substantially since 2014, but over the same period there was a decline in the number of FTE Trainee Dispensing Assistants even though the headcount number was very slightly up.



Trained DA per pharmacy up around 20%,  
Trainee DA per pharmacy was stable

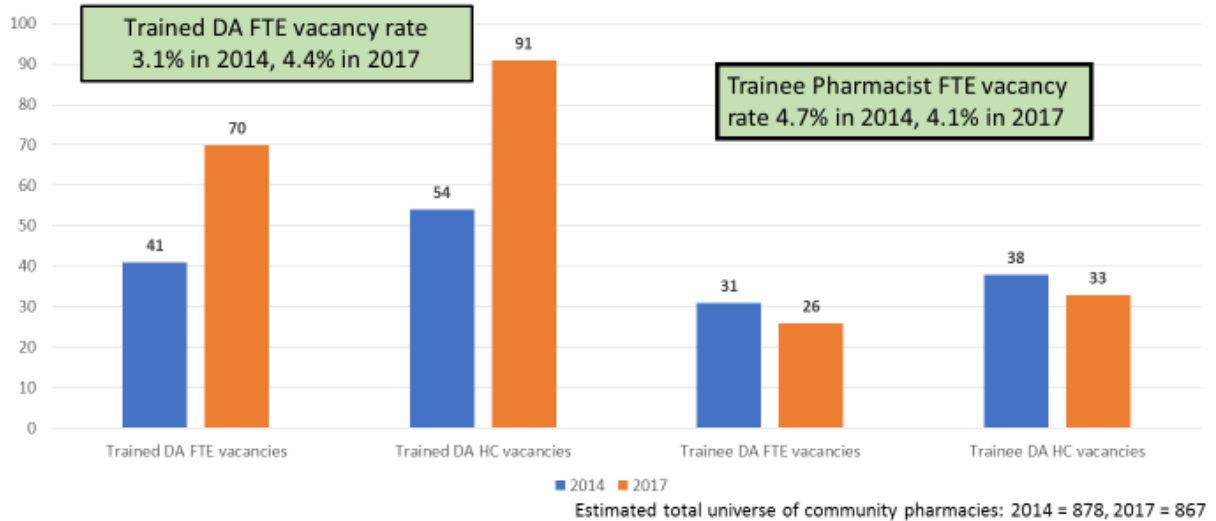


In terms of Dispensing Assistants this chart shows that working hours as well as headcount numbers have an impact on the numbers present in the average community pharmacy.

The number of Trained Dispensing Assistants per community pharmacy has increased from just under one and a half, to a figure of one and three quarters in 2017. We saw on the previous chart that the FTE figures had a higher proportionate rise than did the headcount figures, and this is explained in the green box which tells us that the average Trained DA worked slightly longer hours in 2017 than they did in 2014 (0.78, up from 0.75 FTE).

Among Trainee Dispensing Assistants the previous chart showed that numbers were down 5% on a FTE basis but up 1% on headcount bases. The figure in the green box here explains this discrepancy by the fact that among Trainee DAs working hours have been in decline over this period (now only 0.79, down from 0.83 FTE).

## Trained DA vacancy rate increased, Trainee DA vacancy slightly reduced



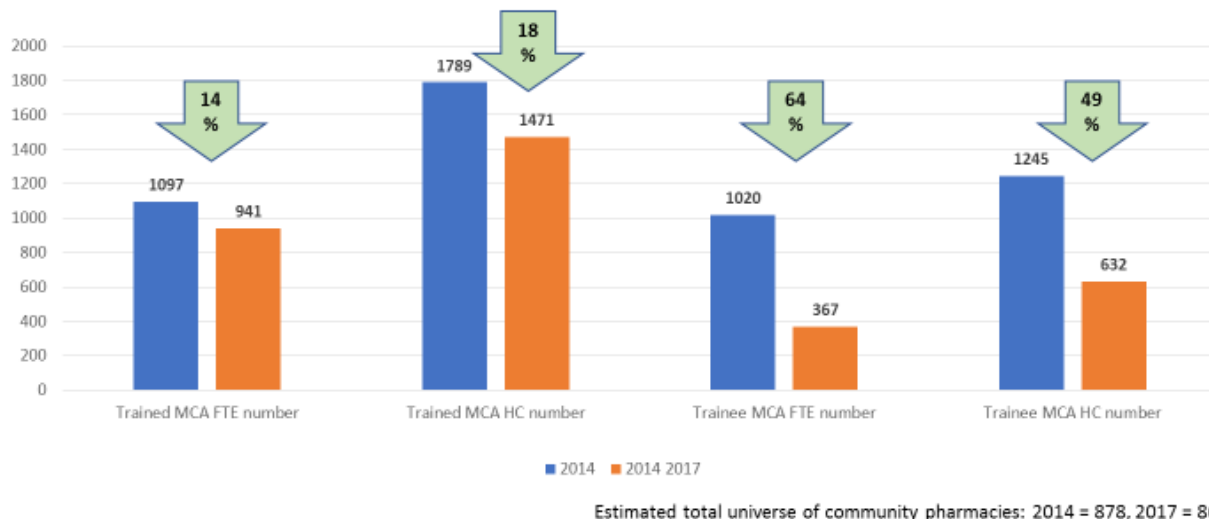
The bars show the number of vacancies reported on FTE and headcount bases, with the actual (rounded) number shown on top. The text in the green boxes shows the percentage vacancy rate (i.e. FTE vacancies as a percentage of FTE filled posts plus FTE vacancies).

The number of Trained DA positions in KSS community pharmacies increased substantially but the number of FTE vacancies increased more rapidly, seemingly reflecting increased demand. Consequently, the FTE vacancy rate percentage has increased by around one third.

The situation for Trainee DA is quite different, with the number of FTE vacancies falling and the FTE vacancy rate percentage also declining.

## 6. Medicines Counter Assistants

Trained MCA numbers down substantially,  
Trainee MCA numbers halved or more

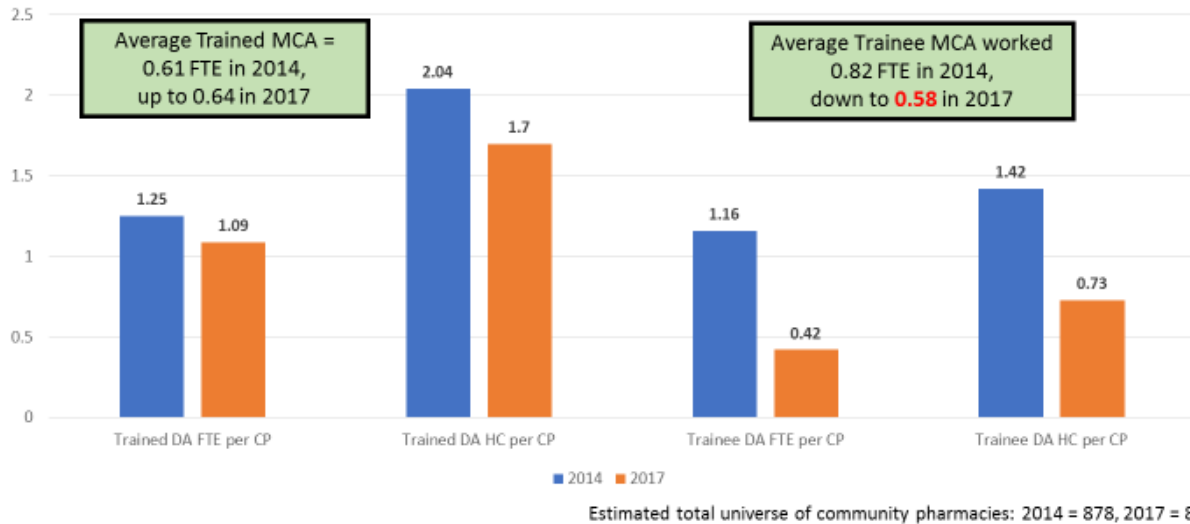


The number of Medicines Counter Assistants fell very sharply between 2014 and 2017 in KSS. The figures are particularly dramatic for the Trainee MCA role with declines of half on a headcount basis and nearly 2/3 on the basis of FTE.

Among non-Trainee roles, only Accuracy Checkers declined by a similar proportion to the decline witnessed for Trained MCA.

Seven of the nine community pharmacy roles saw numbers reduced over the 2014-2017 period. Across those seven roles 964 FTE jobs were lost and 84% of those losses were concentrated in these two MCA roles (68% of the losses were Trainee MCA and 16% were Trained MCA). On a headcount basis the reduction across the seven roles totalled 1106, of which 85% were concentrated in the MCA role (56% Trainee MCA and 29% Trained MCA).

## Trained MCA per pharmacy reduced, Trainee MCA per pharmacy reduced dramatically

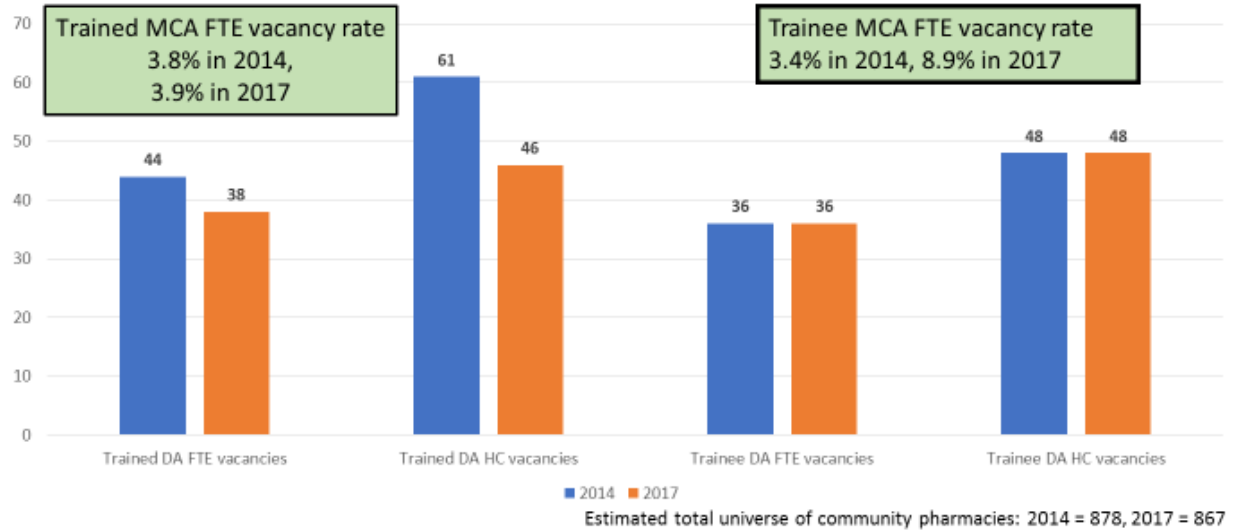


As expected based on the sharply falling numbers seen on the previous chart, the number of both Trained and Trainee MCA per community pharmacy has fallen substantially.

For Trained MCA we saw on the previous chart that the headcount decline was greater than the FTE number. The figures in the green box above explain how this can be, with the average Trained MCA increasing working hours over the 2014-2017 period, from 0.61 FTE to 0.64.

The per pharmacy figure for the Trainee MCA role is half its previous headcount level, and less than half its previous FTE level. In addition to the declining headcount numbers, the working hours for the average Trainee MCA have dropped from 0.82 in 2014 to 0.58 in 2017, i.e. previously an average of around a four-day week, declining to an average of approximately a three-day week.

## Trained MCA vacancy rate stable, Trainee MCA vacancy rate more than doubled



The bars show the number of vacancies reported on FTE and headcount bases, with the actual (rounded) number shown on top. The text in the green boxes shows the percentage vacancy rate (i.e. FTE vacancies as a percentage of FTE filled posts plus FTE vacancies).

The FTE vacancy rate for Trained MCA was remarkably stable between 2014 and 2017.

The FTE vacancy rate for Trainee MCA more than doubled over this period. However, it should be noted that the number of vacancies was the same in 2017 as it was in 2014, but the percentage vacancy rate rose because the size of the Trainee MCA population shrank dramatically at this time and the vacancy number now represents a much bigger proportion of the whole “universe” i.e. filled posts + vacancies. It is possible that the higher FTE vacancy rate for Trainee MCA in 2017 indicates that the rate of shrinkage of this role has at least slowed down, if not stopped.

## 7. Apprentices

### Apprentices: Pre-Registration Trainee Pharmacy Technicians

	2014	2017
FTE number	9	23
FTE percentage	6%	25%
Headcount number	10	26
Headcount percentage	6%	25%

Between 2014 and 2017 in KSS the number of Apprentices in Trainee Pharmacy Technician roles more than doubled, both as a number and as a proportion of total Trainees in this role. One quarter of all Trainee Pharmacy Technicians were Apprentices in 2017, up from just one in 16 at the 2014 survey. Note however that the very strong percentage increase is also influenced by the reduction in the total number of Trainee Pharmacy Technicians, down 36% between 2014 and 2017 on a headcount basis.

### Apprentices: Trainee Medicines Counter Assistants

	2014	2017
FTE number	9	18
FTE percentage	1%	5%
Headcount number	9	19
Headcount percentage	1%	3%

As we have seen with the other Trainee roles there has been an increase in Apprentices for the Trainee MCA role between 2014 and 2017 in KSS.

The number of Apprentices in this role has doubled.

The proportion of Trainee MCA made up by Apprentices has more than doubled, because the number of Apprentices has been increasing while the total number of Trainee MCAs has been shrinking. Nevertheless, the proportion of Apprentices is still relatively low, and has only increased from an extremely small base.

## Apprentices: Total across all three Trainee roles

	2014	2017
FTE number	39	81
FTE percentage	2%	8%
Headcount number	39	89
Headcount percentage	2%	6%

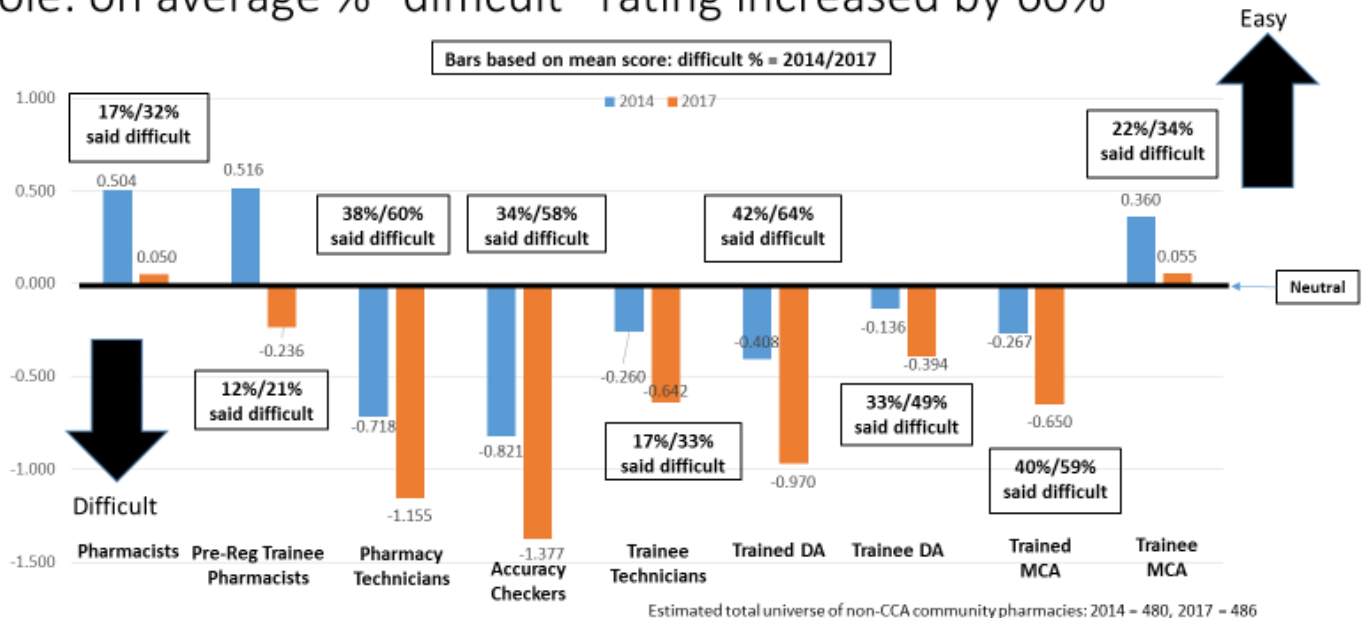
This chart combines the figures for the three Trainee roles to show the total number of Apprentices across those three roles.

At this aggregate level we can see that the number of Apprentices has doubled and the proportion of all Trainees who are Apprentices has quadrupled on the FTE measure, and tripled on the headcount measure. This has happened because the number of Apprentices has been increasing whilst the total number of Trainees has been declining in the Pharmacy Technician and MCA roles.

Note that although there was increased use of Apprenticeships, the number of Trainees across the three roles declined by 666 (headcount) between 2014 and 2017 in KSS – a 31% decline proportionately.

## 8. Perceived ease/difficulty of recruitment

Non-CCA: Recruitment perceived as more difficult for every role: on average % “difficult” rating increased by 60%



This chart shows data for non-CCA community pharmacies only, since this question was not asked in the CCA survey of its own member pharmacies.

The text boxes show the proportion reporting that recruitment is “difficult” for each role in 2014/2017.

The bars are based on mean score calculations in which a response of “very easy” was given a score of +2, a response of “fairly easy” = +1, a response of “neither easy nor difficult” = 0, a response of “fairly difficult” = -1, and a response of “very difficult” = -2. This gives a more nuanced single figure summary of the situation than is provided by easy or difficult percentages, as they can be somewhat misleading, e.g. a high “difficult” percentage may be accompanied by a high “easy” percentage if the response is polarised.

The black line represents the neutral position of “neither easy nor difficult” and any bars above this line are tending towards “easy” recruitment, and those below are tending towards “difficult” recruitment.

The key feature of the chart is that the orange bars showing the 2017 response are more negative/less positive than the 2014 blue bars in all seven cases. This shows that recruitment was perceived to have become more difficult over this period.

The only roles for which recruitment was considered to be on the easy side of neutral were Pharmacists and Trainee MCA, but in 2017 even these positive figures have dropped down to very close to the neutral position.

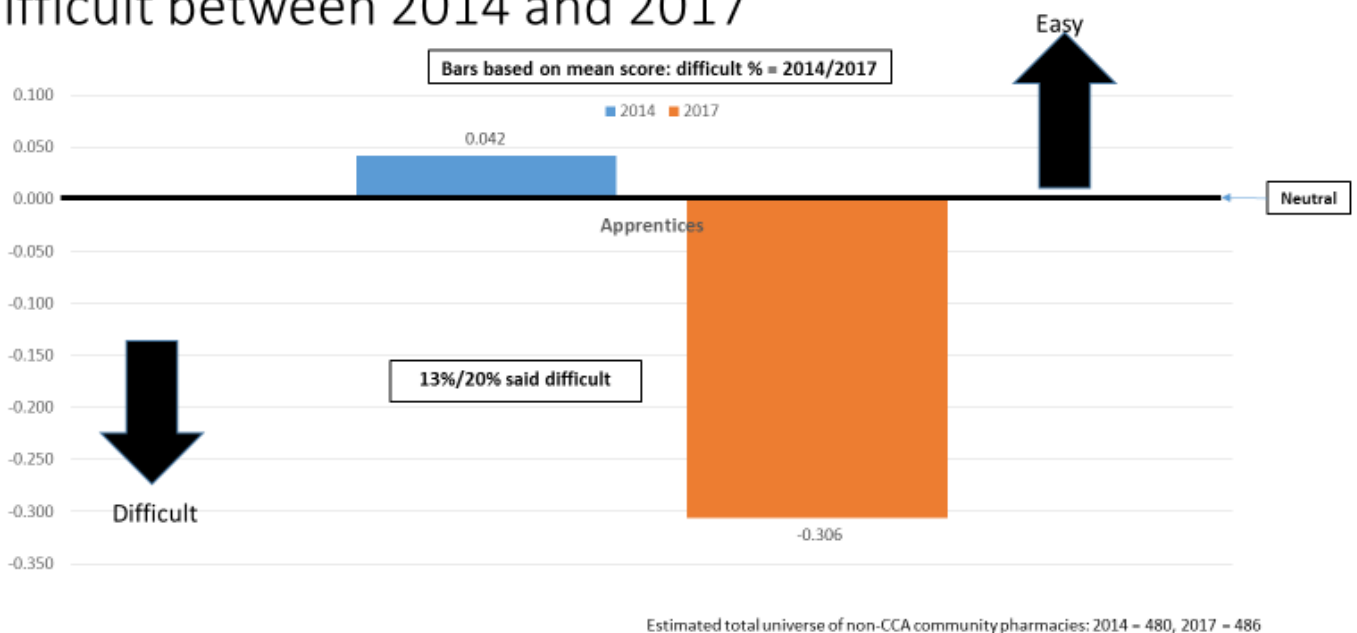


## Comparison of the Community Pharmacy Workforce in KSS between 2014 & 2017

Recruitment for Trainee Pharmacists was considered to be on the easy side of neutral in 2014, but is now on the difficult side of that line.

All other roles were considered to be on the difficult side of neutral in 2014 and perceptions had become more negative by 2017. Accuracy Checkers and Pharmacy Technicians remain the most difficult positions to recruit for, but in terms of the increased proportion saying recruitment is “difficult”, the recruitment environment has deteriorated most sharply for Pharmacists and Trainee Pharmacy Technicians, with the 2017 “difficult” figures being nearly double the 2014 figure in both cases.

### Non-CCA: Recruitment of apprentices has become more difficult between 2014 and 2017

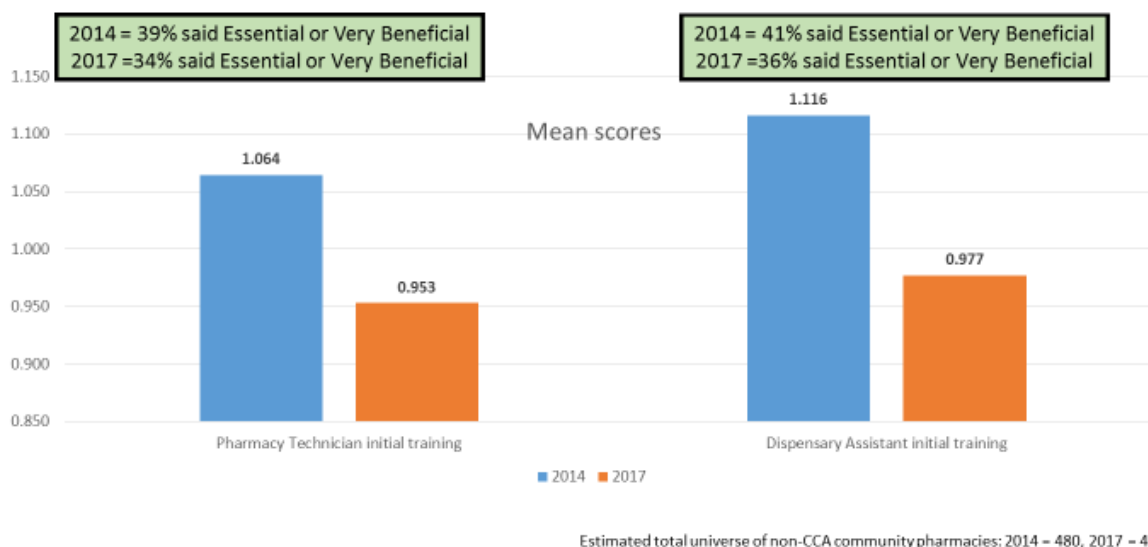


This chart focuses on Apprentice recruitment, but is on the same basis as the previous one covering recruitment perceptions across the nine roles.

Consistent with the nine community pharmacy roles the perception is that recruitment of Apprentices has become more difficult between 2014 and 2017, moving from a position just slightly on the positive side of neutral, to a much more pessimistic position.

## 9. Training

### Perceived benefit in training topics



CCA community pharmacies provided qualitative information about their training priorities but did not answer the same specific questions as asked of non-CCA pharmacies.

This chart consequently shows data only from the non-CCA sector.

The list of training topics asked about in 2017 differed greatly from the list in the 2014 questionnaire. Only these two topics were consistent across both questionnaires (Technician initial training and DA initial training) – and therefore 2014/2017 comparisons can be provided only for these two topics.

The chart is based on mean scores, similar to the earlier charts on recruitment perceptions. In this case a response of “Essential” was given a score of +3, a response of “Very Beneficial” = +2, “Fairly Beneficial” = +1 and “Not Beneficial” = 0.

The percentage saying Essential or Very Beneficial is shown in the green boxes. The overall picture is one of reduced interest in these training topics between 2014 and 2017. This may be because training on these topics was provided after the 2014 survey and therefore previously built up demand has been addressed in the intervening period.

## Comparison of the Community Pharmacy Workforce in KSS between 2014 & 2017

The following table highlights the specific topics where perceptions of need were sought, and the KSS responses against the national average:

<b>Non-CCA pharmacies only</b>	<b>New provision essential</b>	<b>New provision very beneficial</b>	<b>New provision fairly beneficial</b>	<b>Already available/staff trained - no benefit</b>
<b>Training topics</b>	<b>England/KSS</b>	<b>England/KSS</b>	<b>England/KSS</b>	<b>England/KSS</b>
Supporting people with mental health issues	19%/20%	39%/31%	34%/45%	8%/4%
Independent prescriber initial training	23%/23%	31%/25%	32%/43%	14%/10%
Using physical and clinical assessment skills	18%/19%	34%/28%	36%/45%	13%/8%
Delivering advanced services	21%/20%	35%/29%	21%/14%	23%/37%
Clinical Medication Review	19%/19%	34%/27%	29%/40%	19%/14%
Palliative Care (a medicines optimisation role)	15%/16%	35%/25%	37%/49%	12%/11%
Managing Transfer of Care (e.g. supporting discharge)	17%/19%	32%/24%	37%/48%	14%/10%
Supporting people with learning disability	14%/14%	32%/26%	42%/52%	12%/8%
Domiciliary Care (a medicines optimisation role)	13%/13%	31%/23%	40%/53%	17%/12%
Supporting learners in the workplace e.g. pre-registration pharmacists, pre-registration technicians	15%/18%	29%/21%	33%/44%	23%/18%
Using telephone triage or assessment skills	14%/15%	26%/21%	41%/54%	19%/11%
Care Homes (support for care staff and residents)	11%/12%	26%/20%	39%/52%	24%/16%
Supporting early career (foundation) pharmacists	13%/15%	24%/19%	38%/47%	26%/20%
Pharmacy technician initial training	12%/16%	28%/31%	25%/21%	35%/32%
Pharmacy dispensary assistant initial training	14%/19%	27%/32%	19%/17%	40%/33%

## 10. Focus Group Discussion

A focus group was convened in July 2018 to discuss the results and analyse in greater depth some of the trends observed. Members of the focus group consisted of 15 representatives from Kent Surrey and Sussex Local Pharmaceutical Committees, facilitated by the HEE LaSE Pharmacy team. Discussions were themed around key topics drawn from the survey results:

**The role and uptake of pharmacy technicians, dispensing assistants and ACTs in Community Pharmacy:** *what does the data tell us and how is this impacting or affected by the availability of funded ACPT training? What should we be doing to support this that we are not currently doing?*

The focus group felt that a key reason for the fall in numbers was that pharmacy technicians (PTs) were lost to hospital, as there was more of a career pathway for them there. This in turn resulted in a reduction in numbers trained, as there was a feeling of training up staff only to lose them. There are no clearly defined roles for PTs in community pharmacy; certainly far less than in hospital and for emerging General Practice posts. However larger stores still had PTs as part of the workforce, particularly in pharmacies that had large dispensaries and/or a large service focus. Some larger pharmacy companies had been investing in PTs in anticipation of the outcomes of the 'Rebalancing Medicines Legislation and Pharmacy Regulation' review being undertaken by the government, but the delay in delivery of these outcomes meant there was less enthusiasm now than a year or so ago. However, there was a general consensus that employers still needed help with identifying skill mix, with the feeling that pharmacy technicians could undertake more tasks to free up the pharmacist to deliver better service provision.

For the smaller pharmacies there was a likelihood of decreasing PTs and replacing these with Dispensing Assistants (DAs), and an additional focus on training Medicines Counter Assistants (MCAs) and DAs as Health Champions. Further upskilling of this workforce and potentially progressing them to PTs more rapidly than at present was seen as a possibility particularly as many pharmacies utilised the HEE-funded Health Champion training programme to upskill their frontline pharmacy staff, with the result that nearly 700 individuals were trained and could significantly contribute to this aim.

Additionally, it was felt that the new GPhC approach to regulating pharmacies was more outcome focused and therefore owners had more freedom in how they defined and designed their workforce. In this context it was common to train trainee pharmacy technicians, but many didn't go on to professionally register as they didn't want to pay for registration or undertake further CPD as an additional requirement. Registration is not mandatory, and in community they could perform the same roles without this even though they had trained as a PTs.

It was recognised that there was a shortage in this workforce now, made worse by the fact that General Practice was also looking at incorporating PTs into their multi-professional teams. Many at the focus group were therefore keen to explore if pharmacy technician pre-registration trainees could be trained in a cross-sector programme, incorporating time in both GP and community pharmacy. This was also true of DAs and MCAs-some had been lost to General Practice to work as receptionists and it was felt that it may be sensible to work more closely with GP and form joint training pathways to aid management of referrals and share staffing workload.

### **Trainee MCAs and reducing numbers**

*the numbers have decreased. Why is this and how does this impact upon roles and services?*

Again, the funding cuts were felt to be the main contributor to the fall in numbers. The cuts had a significant effect on the workforce, meaning that training for specific roles was potentially changing. For example, one multiple representative reported that they were focusing on training up 'pharmacy advisors' to work across the pharmacy, rather than in specific roles. This shift was further supported by the rise of centralised hub/spoke models and robot dispensing, which were sold and marketed on the basis that they would reduce staffing costs. Therefore, having fewer staff able to work across multiple areas in these models was seen as a viable option when funds were extremely limited.

One rep suggested that they may have traditionally recruited to these roles via the apprenticeship route; with accredited training providers increasing their training costs hugely during a time of austerity, it was felt that some pharmacies were refusing to pay for training on principle. This was compounded by a number of societal factors contributing to low uptakes. It was felt that the workforce was increasingly transient in their employment. Employees in these roles were not necessarily seeking long-term careers in pharmacy; the working environment had also become much harder, there was increasing demand and expectation from patients, and frontline staff were being asked to perform more and more tasks. Therefore, where in the past local pharmacies were often counter-staffed by middle-aged women from the locality, for whom remuneration was not the primary factor, the increasing stresses linked with the role were putting such people off from applying. Added to this was the living wage; staff were expected to study, train and work in a stressful environment but still in many cases were paid less than they could earn by doing much less stressful non-healthcare supermarket-type roles. The representatives from the smaller independent pharmacies certainly felt they were unable to pay their staff what they deserved, and so lost good people they would have liked to retain. Another potential factor was thought to be the dearth of school-leavers looking for work at 16; larger numbers attended university and as graduates would not be interested in counter assistant roles.

**Training Needs:** *A general discussion around some of the training topics identified by survey respondents as being high priorities.*

**Mental health:** participants were surveyed before a national and well-publicised rollout of mental health training material by the Centre for Postgraduate Pharmacy Education (CPPE). The focus group was therefore asked if this was still a key learning need; it was felt that the CPPE material was of good quality and there was now sufficient resource available for this not to be as high a priority as at the time of the survey.

**Independent prescribing (IP)/physical assessment skills:** HEE-funded physical assessment skills training in KSS (<https://www.lasepharmacy.hee.nhs.uk/primary-care/community-pharmacy-workforce/>) had seen great interest from community pharmacists, but notably almost exclusively from the non-CCA sole traders or small multiple pharmacies. The CCA representatives felt that their organisations were waiting to see the impact of such training before committing their staffing resource to attend. Similarly, there was a feeling that IP training would only gain momentum in community if it was linked to a service model within which it would be used, otherwise it was felt that this would lead to rapid de-skilling and simply facilitate a greater drain on the workforce leaving for other practice areas where the qualification could be used.

### Foundation pharmacist training

There was a general consensus that foundation training across practice areas was a good direction of travel, however was fraught with employment issues and conferred more risk on community pharmacies. However, focus group members felt that issues were not insurmountable and could be alleviated if community pharmacy input was sought at the outset of any programme design. Indeed, it was felt that in an environment where portfolio working was increasing, being part of a foundation programme could potentially lead to retention of high quality pharmacists.

### Palliative Care

This was seen as the biggest learning need. Focus group members felt that confidence was lacking when supplies were made in palliative patients as the doses prescribed were often off label. It was felt that training to increase this knowledge gap would be most beneficial to pharmacists, especially those that were, for example, associated with supplies to care homes.

**Pharmacy Trainee (Pre-reg) numbers:** *Numbers of available places on Oriel have increased for pre-registration pharmacy trainees. Is the number continuing to increase in KSS and how will this affect future workforce? What about the risks of not being able to fill these places?*

The number of pre-reg places in Oriel this year increased from 2100 to just under 3000, with a significant number in community continuing to recruit outside this process. Almost all this increase can be attributed to community pharmacy and focus group members felt that this may be due to employers seeing pharmacy trainees as a way to fill workforce gaps, particularly when pharmacy technicians left or couldn't be recruited. There were concerns that placements may not be of sufficient quality and that trainees would not gain the appropriate skills required to either pass their registration exam or be fully competent on qualification. Additionally, it was felt that there was currently no way for trainees to be able to differentiate between good and poorer quality training sites, and the idea of pass rate league tables or similar differentiators was mooted.

## 11. Recommendations

- To reverse the decline in PT numbers, a more cohesive career pathway and role definition is needed in community pharmacy. In addition;
- Better understanding of skill mix would enable more effective deployment of staff-this was identified as a learning need by the focus group. This is particularly important as not only are staffing levels down for most roles but the supply line of new staff in the form of trainees has also been significantly reduced. Community pharmacy stakeholders should look carefully at this aspect of their workforce and identify where further training may help to support employers. Formation of effective partnerships with HEE, local commissioning and Community Education Provider Networks would be of great value
- The efficient utilisation of Health Champions (many trained through an HEE-funded programme) could help alleviate some of these issues
- The quality of pre-registration training sites is variable and unknown. This is a huge risk for the future workforce and there is a clear need to instil processes that enable potential trainees to identify and train in environments that support their learning. Essentially, as the number of training sites increases trainees should not simply be recruited to fill workforce gaps. It is anticipated that the national recruitment scheme for pharmacy

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trainees will help support the quality agenda in community pharmacy and provide trainees with a level of assurance that sites within the scheme are of a suitable standard. All community pharmacies hoping to demonstrate the quality of their programmes are encouraged to enrol in the scheme (further details:

<https://www.lasepharmacy.hee.nhs.uk/national-recruitment/>)

- Foundation pharmacist training is seen as a positive step within the profession, but it is important that all stakeholders are represented at the outset of programme design to best deliver an effective training programme. HEE LaSE is establishing and evaluating a number of pilots to ascertain the viability of foundation programmes. Community pharmacy is being sought as an active partner; interested parties should contact the LaSE Foundation Training lead for further details ([katie.reygate@hee.nhs.uk](mailto:katie.reygate@hee.nhs.uk)).
- There is an appetite for accessing training, however this needs to be aligned with service provision. Pharmacies are reluctant to free valuable staffing resource unless there is a clear use for the training provided. Effective partnerships between LPCs, HEE and NHS England via CCGs should be formed to enable training needs, provision and commissioning to be aligned
- Multi-professional training across multiple practice areas is a potential way to alleviate workforce pressures, by sharing resource and workload. In particular, increased opportunity for closer training and working with general practice should be sought
- The high response rate to this survey owes much to the pro-active Local Pharmaceutical Committees across KSS and the strong relationship that has formed between LPCs and HEE in this geography; this is to be encouraged.
- There is clear value in repeating this survey at regular intervals to gain insight into workforce trends; however the risk of over-surveying pharmacies is high and further work should be done with stakeholders to see if all data collection could be undertaken once, for example within the annual NHS England CPAF survey.

## 12. Conclusion

The survey of non-CCA pharmacies, combined with the CCA data collection, has enabled the establishment of the size and profile of the community workforce in England and in its regions. There was a high level of participation in both data collection exercises, and this has produced high-quality data from which to produce the estimates.

In addition, the KSS region has now undertaken the full survey twice, enabling a workforce comparison not currently afforded to the other regions. This report also provides useful information on training priorities and in conjunction with the full national report has identified some notable variations across regions and local office areas, particularly around issues such as vacancy rates and roles considered difficult to fill.

Discussions within the focus group highlighted some common perceptions around the drivers behind the downward recruitment trend for the majority of the roles, but also a willingness to embrace new ways of working and training to enable effective service delivery.

## Glossary

### Accuracy Checkers

Members of the pharmacy team who check the accuracy of dispensed medication in terms of counting, pouring and picking of the right medicine, against a prescription or other authorising document. Accuracy checkers cannot assess the clinical validity of medicines, which is the pharmacist's responsibility. As a minimum have undertaken the equivalent of a level 2 NVQ training programme approved by the pharmacy regulatory body, the General Pharmaceutical Council (GPhC). Accuracy checkers may also be pharmacy technicians (see below) but do not need to be in order to perform this function.

### CCA Pharmacies

Those pharmacies belonging to the Company Chemists' Association, the trade association for large pharmacy operators in England, Scotland and Wales (member pharmacies: <https://www.thecca.org.uk/members>)

### CPAF Survey

Community Pharmacy Assurance Framework Survey, issued on behalf of NHS England annually to monitor community pharmacy compliance with their NHS contract. Mandatory for all community pharmacies to complete.

### Dispensing Assistants

Members of the pharmacy team who assist with the process of dispensing medicines (as above), but do not have the authority to perform accuracy checks. As a minimum have undertaken the equivalent of a level 2 NVQ training programme approved by the pharmacy regulatory body, the General Pharmaceutical Council (GPhC)

### Health Champions

Members of the pharmacy team who are trained and accredited through a structured training program to help customers adopt healthier lifestyles by providing health and wellbeing advice and signposting them to other community services

### Independent Pharmacies

Pharmacies that are generally pharmacist-owned and privately held businesses. They may consist of single or multiple stores, but are not operated by publicly-traded companies.

### Local Pharmaceutical Committee

A representative body that operates on behalf of community pharmacies within their geographical remit, working with all stakeholders to plan healthcare services



## **Comparison of the Community Pharmacy Workforce in KSS between 2014 & 2017**

### **Medicines Counter Assistants**

Members of the pharmacy team who act as the first point of contact for over-the-counter medicines requests or other healthcare queries. As a minimum have undertaken the equivalent of a level 2 NVQ training programme approved by the pharmacy regulatory body, the General Pharmaceutical Council (GPhC)

### **Pharmacy Technicians**

Professionals registered with the GPhC who adhere to the same regulatory Standards for Pharmacy Professionals as pharmacists. Under pharmacist supervision, technicians assemble and supply medicines to patients and provide information to patients and healthcare professionals. They may also manage areas of medicines supply, supervise other staff and also perform accuracy check functions.

### **Trainee Pharmacists (Pre-reg Pharmacists)**

Trainees who have completed a 4-year MPharm degree and must successfully complete one year of supervised practice and examination before qualification as a pharmacist