

# Foundation Training Year Workforce and Development Landscape: Kent and Medway ICS Baseline Report

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## Background:

To support the implementation of the [GPhC initial education and training \(IET\) reforms January 2021](#) and meet the supervision requirements for foundation trainees, there is a need to identify the potential workforce available to act as Designated Supervisors (DS) and Designated Prescribing Practitioners (DPP) during the foundation training year (see Appendix 1 for definitions).

As part of the [HEE LaSE early careers workstream](#), HEE LaSE have created Early Careers Training Programme Director (EC TPD) roles. The purpose of these roles is to work with stakeholders to scope the pharmacist workforce information from organisations and various data sources to develop a picture of the existing workforce within each Integrated Care System (ICS). Identifying the current workforce will enable both HEE and stakeholders to identify potential gaps in staff headcount and training in their ICS workforce that will impact implementation of GPhC IET reforms over the next 5 years. This data can then be used to support workforce planning to address these gaps during the IET implementation transitional period and will ensure organisations are ready and able to support full IET implementation in 2026-27.

## Purpose of Report:

This report has been created to provide an overview of the current pharmacy workforce landscape within Kent and Medway Integrated Care System in relation to the foundation trainee pharmacists' workforce, development and infrastructure for support.

## Governance and Reporting:

This report will be shared with Kent and Medway ICS and Pharmacy Leads in all pharmacy sectors to support conversations regarding early careers training and workforce development. It may also be shared with the HEE LaSE Early Careers Steering Group.

## Methodology:

The following data sources have been used to collate workforce data where applicable:

- GPhC foundation pharmacist data 2021-2022
- NHS Digital GP Workforce Bulletin, August 2021
- NHS Digital PCN Workforce Bulletin, June 2021
- HEE Pharmacy Employers and Programme Information from 2020 (Oriel)
- HEE Trainee Pharmacist in General Practice programme data 2021 - 2022
- Organisation supplied data (stakeholders from acute trusts, CCG and LPC) September to October 2021.

## Data Collection Limitations:

There are some key caveats and limitations around the data and recommendations based on the data. These are listed in more detail in Appendix 2 but should be considered when interpreting the data and recommendations.

## Part 1: Current Trainee Pharmacists in Kent (intake 2021)

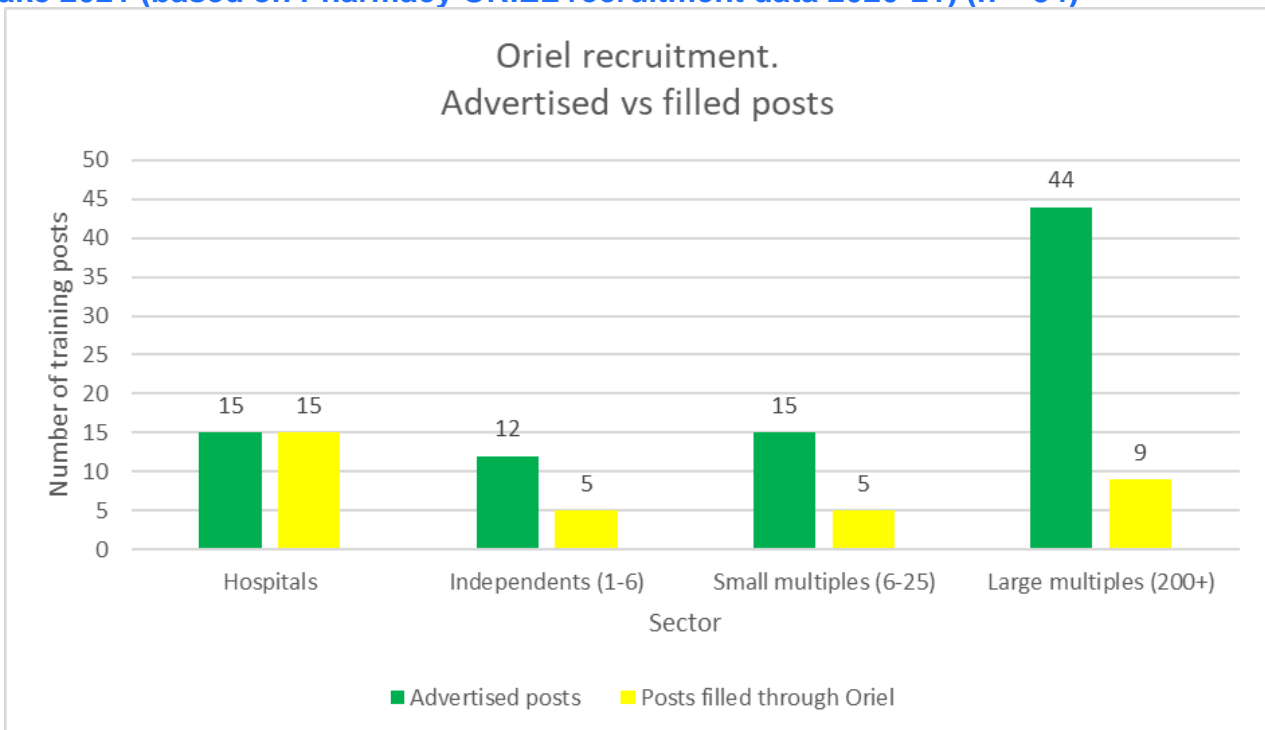
**Key points: 34 Trainee pharmacists were recruited through Oriel (86 training places were advertised through Oriel with a 40% fill rate). All hospital training places were filled (n=15), with a 27% fill rate for community pharmacy (n = 19). Five of the 2021-22 training places include more than one sector - these places had a 100% fill rate.**

**An additional 11 trainee pharmacists have been identified through community pharmacy stakeholders within Kent who were recruited externally to Oriel.**

The following charts give an overview of the foundation training landscape for the intake year 2021-22 in Kent and Medway ICS. This is based only on ORIEL recruitment data and does not include trainees recruited directly by employers.

- There are 45 foundation training places in Kent and Medway ICS.
- The majority of available training places are in community pharmacy (30 out of 45).
- For acute trusts, distribution across sites is as follows:
  - Dartford and Gravesham NHS Trust = 2
  - Maidstone and Tunbridge Wells NHS Trust = 4
  - Medway NHS Foundation Trust = 3
  - East Kent Hospitals University NHS Foundation Trust = 6

**Chart 1. Number of Foundation Training Year places in Kent and Medway ICS by sector, intake 2021 (based on Pharmacy ORIEL recruitment data 2020-21) (n = 34)**



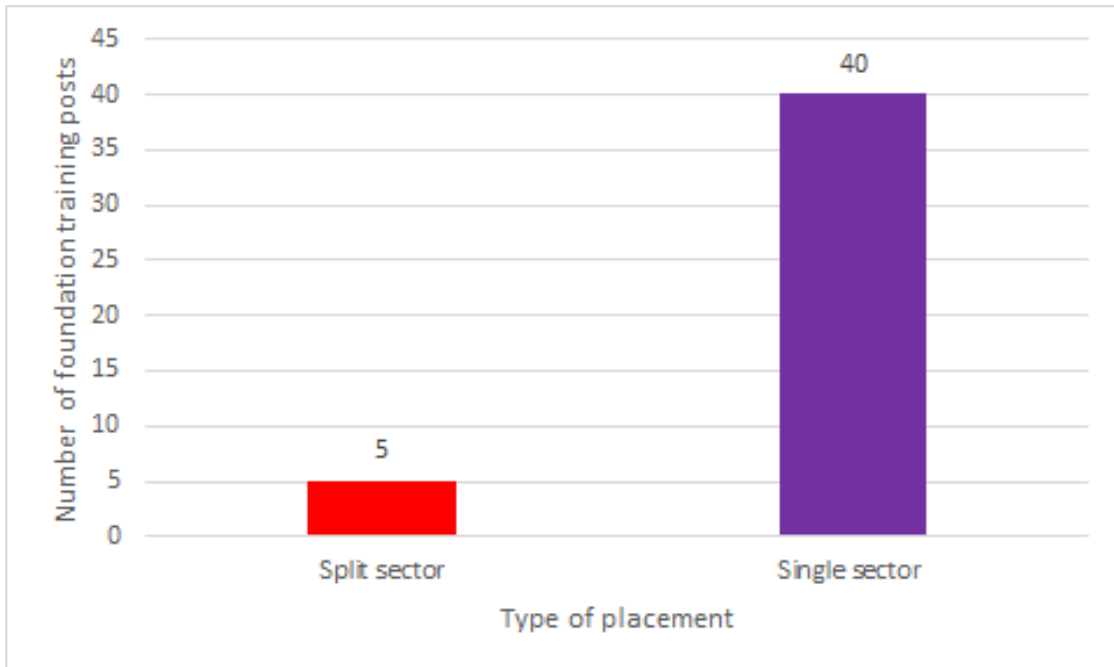
Note: All GP placements are split with either hospital or community pharmacy. See section 1.1 for details on split placement structure and numbers.

## 1.1 Split sector training within Kent and Medway

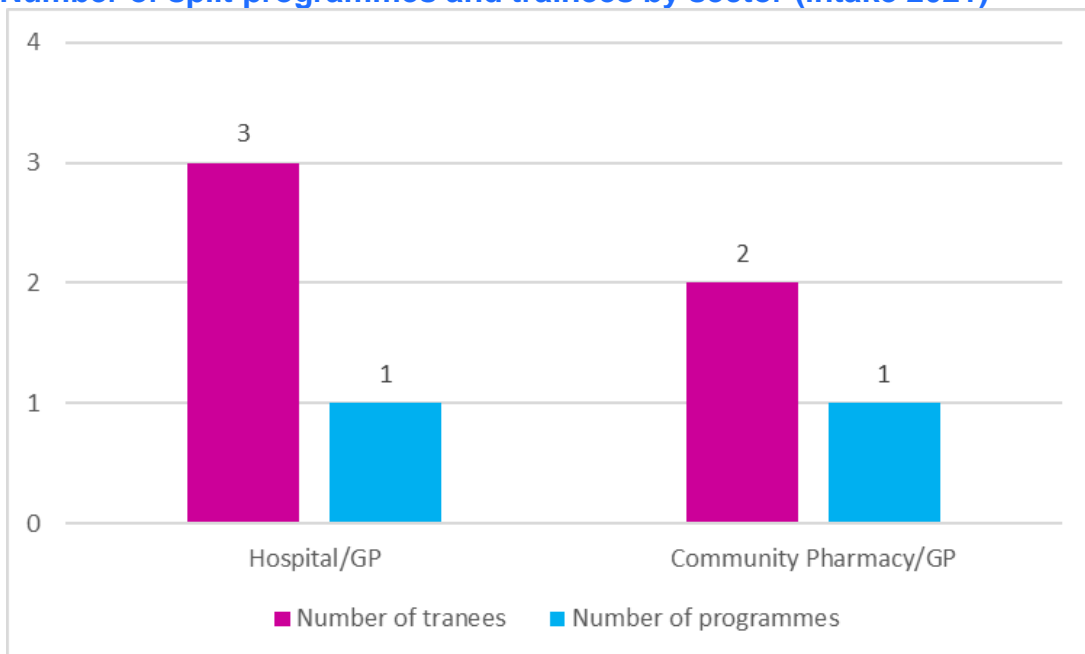
The future development for pharmacist training will be to ensure trainee pharmacists gain experience across more than one sector to develop knowledge and skills to work more flexibly, work across the system and better support the patient journey.

Only a small proportion of trainees in their foundation training year (intake 2021) are in split sector placements. There are 5 foundation trainee pharmacists across 2 training programmes (see Chart 2 and 3 below). Split sector training places across Kent and Medway had a 100% fill rate.

**Chart 2. Numbers of Foundation Training Places in Kent and Medway ICS (intake 2021) (n=34)**



**Chart 3. Number of split programmes and trainees by sector (intake 2021)**



## Part 2: Foundation Training Year Supervision Capacity

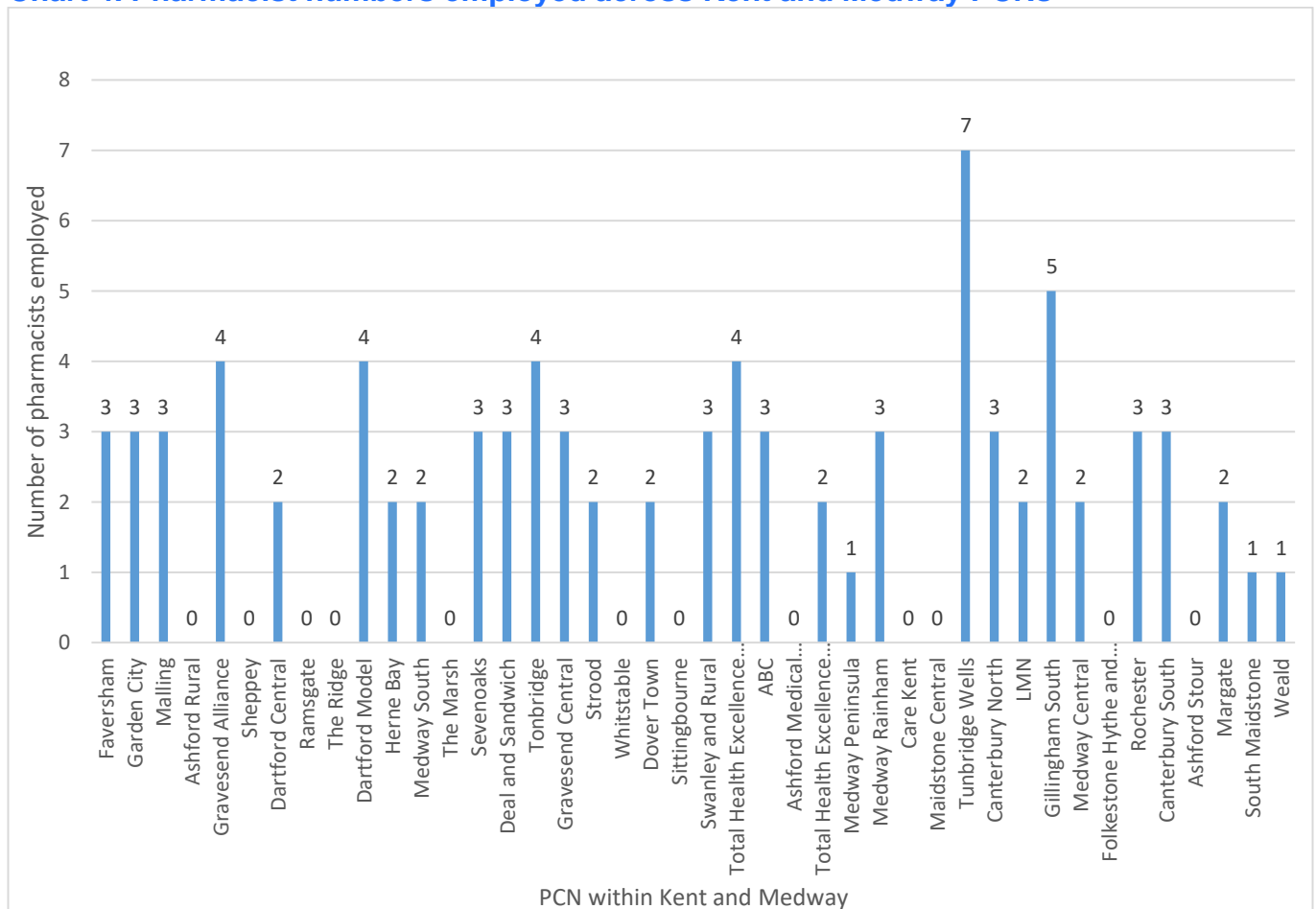
Scoping the number of trainees per sector and number of training places provides a starting point to decipher how many Designated Supervisors (DS) are within that sector.

### 2.1 GP Practice Split Placement Infrastructure

NHS Digital GP Workforce Data Bulletin (Practice level data file, October 2021) was reviewed to understand the GP workforce within Kent and Medway and the potential supervision infrastructure and staffing available to support foundation training.

- Kent and Medway has approx. 190 GP practices across 42 PCNs
- 30 of 42 PCNs employ pharmacists, more scoping is required to determine how many pharmacists are employed at practice level
- Total headcount is 82 PCN pharmacists.
- Assuming all other DS requirements are met, approximately 62 pharmacists *appear* to work sufficient hours to meet the GPhC requirement to act as a Designated Supervisor for Foundation Year (28 hours per week in practice). Data from PCN workforce bulletin and stakeholders provides details on where these pharmacists are based but detail on exact WTE for each PCN is not yet readily available. See Chart 4 below for spread of Kent PCN pharmacist employment.

**Chart 4. Pharmacist numbers employed across Kent and Medway PCNs**



If PCNs do not have sufficient pharmacists who meet the GPhC DS requirements, considerations and adjustments will need to be accounted for if they wish to supervise and recruit a foundation trainee pharmacist as part of a split sector training placement (see Part 4).

### Part 3: Prescribers and DPPs

**GP Practice:** Assuming all GP practice pharmacists are Independent prescribers (IPs) or are working towards IP, the pharmacists in the GP practice posts could train to meet the DPP requirements to support IP as part of the foundation year in 2026. This is based on further assumptions that those individuals remain in roles that require them to use their IP and have been actively prescribing for at least 3 years.

**Hospitals:** Will need to identify who would be eligible to be a DPP within a hospital setting. Data from NHS benchmarking or ESR may be able to assist with this, but there are limitations to both data sets (see Data Collection Limitations in Appendix).

The table below shows the number of IP pharmacists in each hospital within Kent and Medway ICS and the number of IP pharmacists in prescribing roles who could potentially become DPPs.

**Table 1. Independent Prescribing Pharmacist Workforce across Surrey Heartlands Hospitals (based on stakeholder data October 2021)**

Hospital Trust (n = Total number of pharmacists)	Total number of IP pharmacists (% of pharmacist workforce)	Number of IP pharmacists in prescribing roles (% of pharmacist workforce)
DVH (n = 35)	11 (31%)	5 (14%)
MTW (n = 48)	4 (8%)	1 (2%)
EKUHT (n= 61)	12 (20%)	1(1.6%)
MFT (n = 30)	8 (27%)	0 (0%)
TOTAL (n = 174 )	35 (20%)	7 (4%)

Table 1 also highlights the following:

- Less than 40% of the current pharmacist workforce in acute hospitals are IPs, which may create cultural, operational and training challenges if the future new foundation trainee pharmacists will be IPs on registration. It is recommended to have a plan in place to upskill the existing workforce as IPs to enable them to act as future DPPs.
- There are a number of IPs who are not currently in prescribing roles. This could be due to a change in clinical role (into a non-prescribing role) or there are limited services/ roles for IP pharmacists to practice. Some pharmacists are defined as actively prescribing but their role may not have dedicated funding or specific IP function eg clinic time.

**Community Pharmacy:** Identifying IP pharmacists within a community pharmacy setting is challenging. Currently the only way to identify IPs and who could act as a DPP is through the Community Pharmacy Workforce survey (August 2021). However, as of October 2021 the number of completed surveys for this year is very low and will not truly reflect the current community pharmacy workforce.

It is estimated from the Kent LPC lead that there are 100 IP pharmacists spread across the 326 community pharmacies within Kent and Medway (October 2021). This equates to roughly 8% of the community pharmacist workforce. There are currently 4 community pharmacists who have experience of working as a DPP.

### Part 4: Predictions and Deficits for 2026 for Kent and Medway ICS

#### Gaps in infrastructure and workforce to implement more split sector programmes in the Pharmacist Foundation Training Year

There were 97 foundation training places in Kent and Medway (86 advertised through Oriel and 11 recruited external to Oriel), of those advertised through Oriel, 34 were filled in the 2021-2022 intake. As there is a large discrepancy between the desired and actual trainee numbers, 2 models were developed with predicted data to help identify some gaps in infrastructure and workforce if all trainees were in a split (two) sector programme by 2026:

- ❖ Model A is based on the number of foundation trainees remaining roughly the same (45).
- ❖ Model B is based on all current foundation training places being filled but rounded for ease and allowing for equal split (96).

According to these models there would be 3 main split sectors: Hospital/ GP, Hospital/ Community and Community/ GP, where hospital could include the mental health sector and trainees would be evenly distributed in each split sector. Each sector would be a minimum of 3 months and each programme would have a minimum of 2 trainees (in alternating sectors). DSs and DPPs would supervise a minimum of 2 trainees per year. The predicted data is illustrated in Table 2.

Predicted data assumptions:

- No multi-sector programmes (3 sectors) to be implemented for 2026
- Number of main acute hospitals within Kent and Medway ICS = 4
- Current DS data based on 1 DS per trainee (unless in split sector).
- Current trainee numbers are based on ORIEL data only, model B data assumes all recruitment will be through Oriel for intake 2026
- All Foundation Year Trainees (FYT) will be supervised by DPPs (not DMPs).

**Table 2. Predicted data to implement Split Sector Programmes across K&M ICS where Model A = same number of trainees and Model B = all foundation training places are filled.**

	Current data (intake 2021)	Predicted Requirements (intake 2026)	
		Model A (n=45)	Model B (n=96)
<b>Foundation Year Trainee Pharmacists</b>			
Number of FYT on split programmes	5	45	96
Number of FYT – <b>hospital</b>	15	30	64
Number of FYT – <b>community</b>	19	30	64
Number of FYT – <b>GP</b>	5	30	64
<b>Designated supervisors (DS)</b>			
Minimum number of DS (total)	39	45	96
Minimum number of DS – <b>hospital</b>	15	15	32
Minimum number of DS – <b>community</b>	19	15	32
Minimum number of DS – <b>GP</b>	5	15	32
<b>Independent Prescribing Pharmacists*</b>			
Acute Hospitals:			
DVH	5	3	8
MTW	1	4	8
EKUHT	1	4	8
MFT	0	4	8
Community	100	15	32
GP practice	46	15	32

\* In prescribing roles and could meet the DPP criteria by 2026

The table demonstrates the following:

- General considerations
  - There is a need to understand the future workforce requirements and how many foundation trainees are required within Kent and Medway ICS.
  - As trainees would be spending a minimum of 3 months in each sector, with 2 trainees per programme, a minimum of **15 (Model A) or 32 (Model B) designated supervisors and DPPs per sector** would be required.
  - Although trainees would be in different sectors (with a different DS), it is recommended to have joint meetings and progress reviews. This might increase the training burden on DSs if they have a minimum of 2 trainees.
  - There are currently no DPPs within Kent and Medway hospital sector, and further data collection is required for community and GP sectors.
  - The above figures do not consider the 'site spread' of trainees, DSs or DPPs – further detail needed on multiple site hospital trusts and the spread of IPs across PCNs – currently there is an unequal spread of prescribers as shown in Chart 4.
  - Model B total trainee figure has been rounded for the purposes of divisibility between sectors and for illustrative purposes.
- Hospital placements
  - Mental health placements could be included as part of a hospital sector placement.
  - According to Model B, as there could be 64 foundation trainees per year in a hospital placement. There are 4 main hospital trusts (split across 7 sites) within the ICS, this could translate to **16 trainees per hospital trust per year**.
  - Although more trainees will be having hospital placements, the duration of each placement will be reduced, and therefore the total time spent in the sector by FYT should not be significantly increased. However, other factors would need to be considered such as **time required for induction** of new trainees and access to various systems.
  - Each hospital will require a minimum of 3-4 (Model A) or 8 (Model B) designated supervisors and DPPs.
- Community placements
  - If the number of foundation trainee pharmacists does not change, there could be fewer foundation trainee pharmacists in community pharmacy.
  - If each split programme would have a minimum of 2 trainees, alternating between the two sectors, each trainee would spend less time in community and further consideration would be needed on the impact of this.
  - If access to DPP in community is limited, foundation trainees would have to carry out their Learning in Practice hours whilst in hospital or GP sector placements, which could affect the minimum time spent in these sectors.



### Part 5: Key messages, risks and recommendations

The risks identified are based on findings within the different data sets as well as feedback from stakeholder engagements. The proposed actions are aimed at Chief Pharmacists, HEE and all the relevant stakeholders in community pharmacy, primary care and secondary care.

A meeting will be arranged with the relevant stakeholders to discuss the findings below and how the suggested actions could be taken forward across Kent and Medway ICS.

#### 1. 45 training places across Kent and Medway ICS have been filled (n = 71 advertised through Oriel with a 40% fill rate and a 27% fill rate for community pharmacy (n = 19) and 11 recruited externally to Oriel)

<b>Risks</b>	There may not be enough trainees across the different sectors in K&M to support the future pharmacist workforce.
<b>Suggested next steps</b>	<ul style="list-style-type: none"> <li>• Identify further the number of trainee posts advertised for and filled outside of ORIEL.</li> <li>• Establish the number of pharmacists required in each sector to ensure workforce and service needs are met.</li> <li>• Work with community pharmacies to make their programmes more attractive and increase recruitment and retention eg. Increase split sector placements with hospitals and GP practices, promote this area to HEIs and increase placements.</li> </ul>

#### 2. 11% (n=45) of 2021-22 training places are split (two) sector programmes. These had 100% fill rate.

<b>Risks</b>	<p>Trainee pharmacists gaining experience across more than one sector is key to the delivery of the IPMO workforce plans.</p> <p>Some sectors will require split sector placements to achieve the learning outcomes including IP supervision e.g. community pharmacy, mental health.</p> <p>As more trainees have split sectors placements, the time required for induction of new trainees and access to various systems may need to be considered.</p>
<b>Suggested next steps</b>	<ul style="list-style-type: none"> <li>• Develop networks between different sectors to establish new split programmes within SH and increase recruitment, particularly in GP and community sectors.</li> <li>• Develop robust induction packages across all sectors to support trainees/ DS.</li> <li>• Pilot 'taster' sessions between community/ GP practices for 2021-22.</li> </ul>

#### 3. Less than 40% of the current pharmacist workforce in Kent and Medway acute hospitals are Independent Prescribers (IP). (Data collection required for community/ GP sectors)

<b>Risks</b>	This may create cultural, operational and training challenges if the future new foundation trainee pharmacists will be IPs on registration.
<b>Suggested next steps</b>	<ul style="list-style-type: none"> <li>• Upskill the existing workforce as IPs to enable them to act as future DPPs.</li> <li>• Engage and support the existing workforce with the changes.</li> </ul>



### 4. Less than 20% of the current pharmacist workforce in Kent and Medway acute hospitals are in active prescribing roles. *(Data collection required for community/ GP sectors)*

<b>Risks</b>	IPs who are not in active prescribing roles would not meet the DPP criteria to supervise foundation trainees.
<b>Suggested next steps</b>	<ul style="list-style-type: none"> <li>• Identify reasons why IPs are not actively prescribing.</li> <li>• Consider introducing IP services and roles to enable IPs to continue to be active prescribers and provide more clinical services to patients.</li> </ul>

### 5. There are currently no DPPs within Kent and Medway hospital sector. *(Data collection required for community/ GP sectors)*

<b>Risks</b>	Foundation trainees will require supervision by DPPs to complete their IP as part of their foundation training year.
<b>Suggested next steps</b>	<ul style="list-style-type: none"> <li>• Identify if there are any DPPs in community or GP sector.</li> <li>• Scope workforce staffing and skills to develop DPP supervision infrastructure.</li> </ul>

### 6. There is no robust mechanism to identify IP pharmacists/ DPPs within community pharmacy

<b>Risks</b>	<p>Currently the only way to identify IPs and those who could act as a DPP is through the Community Pharmacy Workforce survey. However, about 50% of respondents completed the survey this year which will not truly reflect the current community pharmacy workforce.</p> <p>As the majority (67%, n=45) of 2021-22 training places in Kent and Medway ICS are in community pharmacy, the sector may not have sufficient active IP pharmacists who meet the DPP criteria to provide the infrastructure required for IP supervision by 2026.</p> <p>If access to DPP in community is limited, foundation trainees would have to carry out their Learning in Practice hours whilst in hospital or GP sector placements, which could affect the minimum time spent in these sectors.</p>
<b>Suggested next steps</b>	<ul style="list-style-type: none"> <li>• Identify IPs and active IPs within community pharmacy.</li> <li>• Scope workforce staffing and skills to develop supervision infrastructure (DS/ DPP).</li> <li>• Develop IP services for community pharmacists to be active prescribers and meet the DPP eligibility criteria.</li> <li>• Increase split sector programmes to enable community pharmacy to deliver IP in 2026 and increase recruitment.</li> </ul>

### 7. There may be a deficit of GP pharmacists to act as DS/ DPP

<b>Risks</b>	The NHS Digital data for GP workforce may not be a true reflection of DS/ DPP capacity as it does not fully capture all pharmacists in primary care such as those employed by CCGs or acute trusts.
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	<p>NHS Digital data does not reflect numbers of pharmacists undergoing CPPE's Primary Care Pharmacy Education Pathway (PCPEP) course – they may not be appropriate to act as a DS for a trainee whilst undergoing training themselves.</p> <p>Although most GP pharmacists are in active prescribing roles, many GP pharmacists appear to be part-time and would not meet the GPhC DS requirements (working a minimum 28 hours/ week) to be able to act as a DS.</p> <p>Several GP pharmacists do not have the resources (time or financial) to undergo DS training.</p>
<b>Suggested next steps</b>	<ul style="list-style-type: none"><li>• Continue to map existing pharmacist workforce in primary care.</li><li>• The numbers of practice pharmacists and their FTE hours need confirming locally.</li><li>• Identify capacity (including workload) of IPs within GP practice to support supervision of trainee pharmacists, including multi-professional models.</li><li>• Scope workforce staffing and skills to develop supervision infrastructure.</li><li>• Consider employing more GP pharmacists who work the minimum 28 hours/ week required to act as DS to increase the number of foundation year placements.</li><li>• Incorporate supervision element into job roles or CPPE pathway.</li></ul>

### Conclusion:

The report predictions are based on either having the same number of foundation trainees (approx. 45) or the same number of foundation training places per year within the ICS (approx. 97) and a 100% fill rate. Although hospital and split sector placements are currently attracting trainees, there is a low fill rate in single sector community pharmacy training places, with the majority of places on ORIEL remaining unfilled (73%). Therefore, further discussions are required as to whether the current number of trainees meets the **demands of the pharmacist workforce** within Kent and Medway ICS and what actions should be considered to **increase recruitment and retention** of the future workforce.

The baseline report also highlights that there is a **need to increase DS and DPP capacity** to make all foundation year programmes in Kent and Medway ICS as **split sector programmes** (in a minimum of 2 sectors). There is a need to increase the number of IP pharmacists in active prescribing roles across acute, community and primary care settings so that they can meet the DPP criteria by 2026.

### Appendix 1: Definitions

The following definitions have been created for the purpose of reporting, and have not been agreed nationally, with the exception of those marked ^ which are defined by the General Pharmaceutical Council (GPhC).

<b>Early Careers</b>	Refers to the initial period where pharmacists begin their professional development journey in practice, this includes the Foundation Training Year (previously known as the pre-registration year) and post-registration period until they develop their skills prior to advance practice.
<b>Newly Qualified Pharmacist</b>	Pharmacist who has been qualified up to 1 year post-registration (year 6).
<b>Foundation Trainee Pharmacist<sup>^</sup></b>	An individual who is undertaking their foundation training year (also referred to as year 5 or previously known as pre-registration year)
<b>Single sector training Programme</b>	A training programme that is completed in a single sector of pharmacy practice.
<b>Cross-sector training programme</b>	A training programme that includes experience of alternative pharmacy sectors as part of the programme. These placements can be as short as 1-2 weeks.
<b>Split sector training programme<sup>^</sup></b>	Training in two sectors, both of which are patient-facing.
<b>Multi-sector training programme<sup>^</sup></b>	Training for a significant proportion of the year in more than two sectors.
<b>Integrated Training programme</b>	A training programme that includes 3 key pharmacy practice sectors typically across an ICS – community pharmacy, GP practice and hospital.
<b>Designated Supervisor (DS)<sup>^</sup></b>	Designated supervisors (previously known as pre-registration tutors) help trainee pharmacists to develop the skills, knowledge and behaviours they need to meet the standards expected of a pharmacist, and to deliver patient-centred care. A DS must be a registered pharmacist in Great Britain for 3 years or more and has been practising in the sector, or a related sector, of pharmacy in which they wish to supervise.
<b>Designated Prescribing Practitioner (DPP)<sup>^</sup></b>	A healthcare professional with an annotation or automatic right to prescribe, for example a medical practitioner, pharmacist, nurse, physiotherapist, or paramedic who will mentor and supervise the pharmacist during the period of learning in practice. The DPP will provide a formal confirmation once they are satisfied of the pharmacist's competence in prescribing. A DPP is an active prescriber in a patient-facing role and would normally have at least 3 years' recent prescribing experience.

### Appendix 2: Data Collection Limitations

The following are caveats to the interpretation of the data collated:

- Data is for the *current* workforce (data collated September-October 2021) and is subject to change due to staff movement between roles/sectors.
- Workforce numbers and predictions/trajectory are not absolute due to impact of likely staff movement in next 5 years and can only be used as a guide.
- Reliability of the data sources is highly dependent on organisations providing full data and accurate completion by teams inputting the data.
- None of the database sources used have 100% completion rates.
- The databases do not routinely collate data on the following:
  - Numbers of IP pharmacists
  - Numbers of IPs actively using the prescribing qualification
  - Numbers of part-time posts and part-time working hours – NHS digital data reports headcount and FTE only for pharmacists
- HEE does not have full access to all workforce related data sources e.g. NHS benchmarking. So data from these sources is dependent on supply by individual organisations to HEE EC TPD.
- Oriel data not collected as per ICS.
- Numbers of training posts advertised privately could not be determined.
- Clarity is required around Primary Care as to who the employer is – for a FTE pharmacist within a Primary Care Network (PCN), it is challenging to decipher how many of them work a minimum 28 hours across 4 days.
- Not all GPs are in PCNs which will account for variation in data.