

The Community Pharmacy Workforce in England 2017



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The Community Pharmacy Workforce in England 2017

Table of Contents

1	Summary	3
1.1	Key Findings	3
1.2	Conclusion	5
1	Introduction.....	6
2.1	Health Education England and the profile of community pharmacies.....	6
3	Research Design	7
3.1	Data collection from CCA pharmacies	7
3.2	Detailed Method for the survey of non-CCA pharmacies	8
3.3	Response rate and coverage	10
3.4	Data weighting	11
4	Findings.....	12
4.1	The composition of the community pharmacy workforce	12
4.2	Pharmacists	15
4.3	Pre-Registration Trainee Pharmacists	17
4.4	Pharmacy Technicians registered with the GPhC.....	18
4.5	Accuracy Checking Technicians (including those referred to as Accuracy Checkers).....	20
4.6	Pre-Registration Trainee Pharmacy Technicians.....	22
4.7	Trained Dispensing Assistants	23
4.8	Trainee Dispensing Assistants	25
4.9	Trained Medicines Counter Assistants	26
4.10	Trainee Medicines Counter Assistants	27
4.11	Apprentices	29
4.12	Training priorities.....	30
5.	Discussion.....	40
5.1	Conclusions.....	40
5.2	Limitations:.....	41
	Appendix 1.	44
	Appendix 2.	46
	Appendix 3	49

1 Summary

Health Education England commissioned the Community Pharmacy Workforce Survey 2017 in order to better understand the current numbers and skills mix in the community pharmacy workforce, and thus inform planning and future investment in education. Report by Graham Kelly, March 2018.

Separate data collection exercises were undertaken for CCA and non-CCA sector¹ community pharmacies. An online survey was undertaken among non-CCA community pharmacies, with the option to self-complete online, or complete over the telephone with help from an interviewer. Reminder communications were sent to non-responders, in order 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 Company Chemists Association (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 Kent, Surrey and Sussex 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.

The CCA data in this report was all gathered in 2017. The non-CCA sector data was largely gathered in between August and October 2017, with the exception of London and Thames Valley, for which the 2015 data has been used.

1.1 Key Findings

The survey process obtained data from 86% of England's community pharmacies across the two data collection exercises. By the standards of social survey research this constitutes a very robust, representative dataset.

England's community pharmacy workforce was found to contain 96,506 people, filling 73,368 full-time equivalent (FTE) posts, after grossing up on the basis of coverage achieved by the respective data collection exercises². These totals are comprised of the following number of workers by type of role, with the percentage figures based on FTE:

- 23,284 Pharmacists, filling 17,691 full-time equivalent posts - 24% of the FTE workforce
- 2168 Pre-Registration Trainee Pharmacists, filling 2174 full-time equivalent posts - approximately 3% of the FTE workforce; note that some Trainee Pharmacists work above FTE hours

¹ In this report we use the term "non-CCA" to refer to the independent sector. This is to avoid confusion with the NHS Digital definition of independent sector pharmacies, which is more tightly defined and focuses on companies with five or fewer pharmacies.

² The survey of non-CCA pharmacies had a response rate of 74.3% (across the 2015 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.

The Community Pharmacy Workforce in England 2017

- 7901 Pharmacy Technicians registered with the GPhC, filling 6572 full-time equivalent posts - approximately 9% of the FTE workforce³
 - In non-CCA community pharmacies 54% of these Pharmacy Technicians also had a role as Accuracy Checking Pharmacy Technicians; note that no data was supplied by the CCA on this question
- 1847 Accuracy Checkers, filling 1603 full-time equivalent posts - approximately 2% of the FTE workforce
- 1718 Pre-Registration Trainee Pharmacy Technicians, filling 1581 full-time equivalent posts - approximately 2% of the FTE workforce
- 27,510 Trained Dispensing Assistants, filling 20,968 full-time equivalent posts - approximately 29% of the FTE workforce
- 8411 Trainee Dispensing Assistants, filling 6631 full-time equivalent posts - approximately 9% of the FTE workforce
- 17,519 Trained Medicine Counter Assistants, filling 12,059 full-time equivalent posts - approximately 16% of the FTE workforce
- 6147 Trainee Medicine Counter Assistants, filling 4089 full-time equivalent posts - approximately 6% of the FTE workforce

The survey of non-CCA community pharmacies identified 547 Independent Prescriber Pharmacists, filling 439 FTE roles, which equates to approximately one Independent Prescriber per 10 community pharmacies. Note that these figures exclude London and Thames Valley (including the Milton Keynes area which subsequently transferred to Central Midlands area) because the relevant questions were not asked in the 2015 surveys conducted in those areas.

Contained within the workforce figures above were 1587 Apprentices filling 1487 full-time equivalent posts, thus making up 2% of the total workforce, and 12% FTE /10% headcount of the Trainee workforce (Pre-Registration Trainee Pharmacy Technicians, Trainee Dispensing Assistants and Trainee Medicines Counter Assistants). Apprentices were more commonly found in the North and Midlands & East regions, where they constituted 14% of the FTE Trainee workforce, than in the South and London & South-East where the comparable figure was 9%.

The profile of the workforce varies across regions, with notable differences particularly between the North and London & South-East. Trained Dispensing Assistants made up 33% of the workforce in the North, but only 21% in London & South-East. Conversely Trained Medicines Counter Assistants made up 21% of the workforce in London & South-East, but only 13% in the North.

All participants were asked about vacancies in each of the nine roles, and the vacancy rate was subsequently calculated (i.e. FTE vacancies as a percentage of FTE filled posts plus FTE vacancies). The highest vacancy rate reported was for Pre-Registration Trainee Pharmacists at 17%, but this high level requires further investigation, as many of the vacancies would appear to have been reported by pharmacies without the necessary accreditation to have a Pre-Registration Trainee Pharmacist.

Across the other eight roles vacancy rates the highest figures were reported for Trainee Medicines Counter Assistants (8%), Accuracy Checkers (6%), and Trainee Dispensing Assistants (5%). At the lower end of the scale the vacancy rates for Pharmacists, Pharmacy

³ Figures for most of England exclude Accuracy Checkers who are also Pharmacy Technicians registered with GPhC. The exception is Thames Valley (including the Milton Keynes area), where the 2015 survey asked for such workers to be included in the figures. Note that the London area survey in 2015 asked only about headcount and therefore there is no London data in the FTE figures.

The Community Pharmacy Workforce in England 2017

Technicians, Pre-Registration Trainee Pharmacy Technicians, Trained Dispensing Assistants and Trained Medicines Counter Assistants were all in the range 3%-4%.

Vacancy rates were generally higher in London than elsewhere, and rates tended to be higher than average in the Kent, Surrey, Sussex local area, across the whole South region, and in the Central Midlands and East areas within Midlands & East region. South London appeared to have particular difficulties and had the highest (or equal highest) vacancy rate across all local offices for every role except Pharmacist. (Note that the London data was gathered in 2015 rather than 2017, but South London reported higher rates than the other local offices for which 2015 data was used).

Respondents from non-CCA pharmacies were asked to rate each of the nine roles in terms of how easy or difficult it was to fill vacancies. The easiest vacancy to fill was considered to be the role of Pharmacist, followed by the role of Trainee Medicines Counter Assistant. These were the only roles considered, on balance, “easy” to fill (rather than difficult) in all regions, as measured by the mean score value. The most difficult roles to fill were Accuracy Checking Technician and Pharmacy Technician, followed by Trained Dispensing Assistant, Pre-Registration Trainee Pharmacy Technician and Trained Medicines Counter Assistant. These five roles were considered, on balance, “difficult” to fill in all regions.

Survey participants in the North were less likely to perceive difficulty in recruiting for most roles, with far greater difficulty reported in the South and London & South-East regions. The exception to this was for recruitment of Pharmacists, for which London participants perceived the least difficulty, and those in the South West area perceived the most difficulty.

In terms of training, non-CCA pharmacies perceived the most benefit arising from “Supporting people with mental health issues” and “Independent Prescriber initial training”, and these two topics were in first and second place respectively both at national level and in each individual region. At an all England level these two topics were followed by “Physical and clinical assessment skills”, “Delivering advanced services” and “Clinical medical review” in making up the top five list of most beneficial topics, though it should be noted that there was some variation from region to region.

Non-CCA participants also showed a good level of interest in training relating to a range of potentially additionally commissioned services. Training around NHS Health Check and Minor ailment services proved most popular, but even the least popular topics suggested were considered beneficial by around two fifths of non-CCA participants.

The CCA training priorities were largely similar to the range of subjects suggested in the non-CCA questionnaire, with many topics having widespread appeal, and as a consequence the CCA decided not to produce a ranked order of priorities.

1.2 Conclusion

The survey of non-CCA pharmacies, combined with the CCA data collection, has enabled Researchers to establish the size and profile of the workforce in England’s community pharmacies. 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.

The Community Pharmacy Workforce in England 2017

This report also provides useful information on training priorities and has identified some notable variations across regions and local office areas, particularly around issues such as vacancy rates and roles considered difficult to fill.

1 Introduction

Health Education England 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. The Community Pharmacy Workforce Survey among non-CCA sector pharmacies, along with the associated data collection by the Company Chemists Association (CCA), aimed to fill the information gap by scoping the community pharmacy workforce, to reveal its size, shape and training needs.

2.1 Health Education England and the profile of community pharmacies

Health Education England is responsible for the education, training and workforce planning for NHS staff. Health Education England 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.

There are four regions within Health Education England. These are described in the table below, which explains the geographical area covered by each, and the number of community pharmacies in each area, whether or not they contributed data towards this study.

Regions	Covering these areas
North of England Containing 3803 pharmacies in total	North West: Cheshire, Cumbria, Greater Manchester, Lancashire, Merseyside. North East: Durham, Northumberland, and the Boroughs in the former counties of Tyne & Wear and Cleveland. Yorkshire & Humberside: North Yorkshire and the Boroughs in the former counties of West Yorkshire, South Yorkshire and Humberside
Midlands and East of England Containing 3465 pharmacies in total	West Midlands: Herefordshire, Warwickshire, Worcestershire and the Boroughs in the former County of West Midlands. North Midlands: Derbyshire, Nottinghamshire, Shropshire and Staffordshire Central Midlands: Bedfordshire, Hertfordshire, Leicestershire, Lincolnshire, Northamptonshire, Rutland and the Borough of Milton Keynes East of England: Cambridgeshire, Essex, Norfolk and Suffolk.
South of England * Containing 1817 pharmacies in total	South West: Cornwall, Devon, Gloucestershire, Somerset, Wiltshire, and including the Boroughs of the former county of Avon Wessex: Dorset, Hampshire, Isle of Wight Thames Valley: Berkshire, Buckinghamshire (excluding the Borough of Milton Keynes), Oxfordshire

The Community Pharmacy Workforce in England 2017

Regions	Covering these areas
London & South-East* Containing 2747 pharmacies in total	North West London: Hillingdon, Harrow, Hounslow, Ealing, Brent, Kensington & Chelsea, Hammersmith & Fulham, and Westminster South London: Richmond, Kingston, Sutton, Wandsworth, Merton, Lambeth, Croydon, Bexley, Bromley, Greenwich, Southwark, Lewisham North Central & East London: Barnet, Camden, Islington, Enfield, City & Hackney, Haringey, Waltham Forest, Tower Hamlets, Newham, Barking & Dagenham, Redbridge, Havering South East: Kent, Surrey, Sussex (East and West)*

* By the time of this report being published Kent, Surrey and Sussex had been moved into South region, but for the purpose of this report it is included as part of London & South East.

From these figures can be seen that the North region contained 32% of England's community pharmacies. Midlands & East was the next largest region with 29%, followed by London & South-East with 23% and South with 15%.

3 Research Design

The 2017 rest of England survey was conducted by Marketing Means Ltd, and the report was written by Graham Kelly GK Research. The survey was based on the 2014 Community Pharmacy Workforce Survey conducted in Kent, Surrey and Sussex, which was undertaken by the University of Brighton School of Pharmacy and Biomolecular Sciences, supported by GK Research and Marketing Means Ltd.

Separate data collection exercises were undertaken for CCA and non-CCA community pharmacies. The data collection templates for both groups remained largely consistent with the previous workforce surveys, to maintain integrity in the data and consistency of approach. With non-CCA pharmacies data was collected through a self-completion online survey, with weekly email reminders sent to non-responders, backed up by a single postal reminder, and telephone reminders to non-responders which also included an opportunity to collect data over the telephone. A similar set of questions was agreed for the members of the CCA, with data provided in combined form for all member companies (see 3.1 below). The CCA data collection took place in March and April 2017, whilst the non-CCA data collection took place from August to November 2017.

The survey focused on the community pharmacy workforce, and it is recognised that there are pharmacy roles across primary care which are not part of this workforce survey, this includes: those employed by CCGs, CSUs or working as part of services to Health and Justice.

3.1 Data collection from CCA pharmacies

Community pharmacies belonging to the members of the CCA undertook their own data collection exercise during the period March 10 to April 5, 2017, using a pre-defined spreadsheet based on the key questions in the online questionnaire, and gathering data on all areas of England. The CCA data was coordinated through the head/regional offices of member companies, and these datasets were merged into a combined CCA submission by the CCA head office. The CCA data does not provide information on any individual pharmacy, but

The Community Pharmacy Workforce in England 2017

instead aggregates figures to the Health Education England local office areas. The CCA head office staff then amalgamated data from each of the member companies into a consolidated spreadsheet, and all data was subsequently merged with the data from the online survey of non-CCA pharmacies.

The data collection template used by the CCA members, was informed by payroll information and so excluded questions that could not provide an answer through this route. Therefore there is no CCA data for the following questions:

- Independent prescribers
- The number of Pharmacy Technicians who also have an accuracy checking role
- Hard to fill vacancies
- Accreditation for providing advanced services

The CCA provided a short report on the training priorities of its member organisations (see 4.12.2), which was qualitative in nature, and therefore not directly comparable to the quantitative data on training priorities among non-CCA community pharmacies.

3.2 Detailed Method for the survey of non-CCA pharmacies

During the period August 15 to November 28, 2017, the online survey collected data from community pharmacies which were not part of CCA companies (i.e. non-CCA, and/or members of the Association of Multiple Pharmacies (AIMp)). Consequently many of these pharmacies were part of multiple branch groups, but were not members of the CCA.

The survey of non-CCA pharmacies 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. Development of the questionnaire
2. Preparation of the survey sample
3. Main fieldwork - online survey
4. Main fieldwork - telephone contact aimed at non-responders to the online survey
5. Processing of data

Stage 1: Development of the questionnaire

This was based on the first Community Pharmacy Workforce Survey questionnaire used in the Kent, Surrey, Sussex (KSS) region in 2014, and a small number of modifications applied for the London survey in 2015. In order to ensure comparability between regions, these modifications were minor. The Thames Valley 2015 questionnaire also had a number of minor modifications from the KSS survey 2014. The significant differences between the three questionnaires are explained in Appendix 1 of this report.

Important definitions were provided at the start of the questionnaire, explaining 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”, and the 2017 questionnaire specified that this should exclude any corporate head office/ regional staff based at the pharmacy who did not provide direct service to members of the public
- It explained that the figures provided should be correct for the week in which the questionnaire was completed (or, if necessary the most recent week for which the necessary information was available), including any “normal and regular” staff off sick or

The Community Pharmacy Workforce in England 2017

- 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 staff training for a higher role but currently employed in a less qualified role, the 2017 questionnaire explained that they should be classed at the “appropriate band for their training”; in the previous questionnaires the wording for this was “should be counted in the higher band”.

Respondents were further asked to use their own company definition of “full-time equivalent” (i.e. in terms of the number of hours constituting this definition). If they had no standard company definition, they were asked to define full-time equivalent as 45 hours per week for Pharmacists and 40 hours per week for non-Pharmacists.

Stage 2: Preparation of the survey sample

Communication of the survey was managed by NHS England who used their contact lists for community pharmacies. This recognised the previous experience, through using an existing distribution list and avoiding HEE creating a duplicate distribution list, whilst maintaining good information governance principles

Stage 3: Main fieldwork - email invitations sent, requesting participation in the online survey

London region and Thames Valley local office areas had conducted their own surveys in 2015 and it was decided to integrate their 2015 data into the 2017 data gathered from other areas, meaning that no new data would be gathered from London or Thames Valley in the 2017 survey. (Note that Thames Valley included the Milton Keynes CCG area in 2015, which was subsequently transferred to Central Midlands area of the Midlands & East region).

Community Pharmacies were sent an “advance notice email” in the week beginning August 7, 2017, alerting them to the fact that they would be receiving survey invitations, and notifying that they had the right to opt out if they so wished. Data collection began with the sending of email invitations from 15 August and ended on November 28.

Each survey invitation email contained a unique access code and a link that could be clicked to take the reader directly to their own questionnaire, with appropriate measures in place to prevent more than one questionnaire being completed for an individual pharmacy.

Reminder emails were sent to non-responding community pharmacies on a weekly basis.

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 by Marketing Means, during September and October 2017. Those contacted in this way were able to complete the questionnaire verbally with the Interviewer if they wished, and 683 did so. Note that this figure is substantially lower than the number self-completing online, which was 2916.

Stage 6: Processing of data

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

Working to an agreed analysis specification, Marketing Means processed the data, including merging the CCA data and merging data from the 2015 surveys in London and Thames Valley, and delivered integrated findings in Excel. Between 2015 and 2017 Health Education England made a change to its geographical boundaries, moving the Milton Keynes CCG area from the

The Community Pharmacy Workforce in England 2017

Thames Valley area within South region into Central Midlands area within the Midlands & East region. Consequently, when integrating the 2015 Thames Valley data into the 2017 data, Milton Keynes pharmacies were reallocated into their new area and region. Since the non-response information available for the 2015 Thames Valley survey was incomplete, the 2015 non-response figure from non-CCA pharmacies was estimated by using the total number of Milton Keynes CCG community pharmacies in the 2017 General Pharmaceutical Council Register. This is likely to be imperfect, because of potential closures and openings of community pharmacies during the intervening period, but was the best option available, and any discrepancies are very unlikely to be large enough to substantially affect the reported data.

CCA members reported aggregated data for each CCG area, for each of the nine specific roles. The data from the CCA members covered only current staffing and vacancies. It also contained numbers for apprentices in relation to the three relevant roles.

In addition the CCA provided a summary of priority subjects for new training provision, though this was not quantitatively ranked, as was done for the non-CCA pharmacies.

3.3 Response rate and coverage

The survey response rate for the survey of non-CCA community pharmacies was calculated by dividing the number of completed questionnaires by the number of those invited to complete a questionnaire (after removal of ineligible pharmacies), expressed as a percentage. The table below provides the relevant figures to enable calculation of the response rate.

Status	Number	%
Invited and eligible to participate	4869	100
Eligible responses	3599	73.9

When the information from the 2015 surveys in Thames Valley and London is added, the combined response rate is shown in the table below. The 2015 Thames Valley response rate was the lowest across all regions (65.3%), but the 2015 London was higher than the 2017 response rate, and the large size of the London region had the effect of pulling up the combined England wide response rate to 74.3%.

Status, 2017 and 2015 data combined	Number	%
Invited and eligible to participate	6421	100
Eligible responses	4769	74.3

The non-CCA data in this report is affected by item non-response, which means that not all participants answered every question, and this is caused by the following factors:

- Some questions in the 2017 questionnaire did not exist in the 2015 questionnaires, so there is no data on those specific questions from London (1044 cases) or Thames Valley (126 cases)
 - This affects the questions on Independent Prescribing and most of the training needs questions for London, and all of the training needs questions for Thames Valley (due to the use of a different response scale in Thames Valley)

The Community Pharmacy Workforce in England 2017

- The Thames Valley questionnaire did not contain an equivalent question on the number of Pharmacy Technicians who are also had an accuracy checking role so this data is missing for Thames Valley
- Two non-CCA sector companies with 85 branches between them participated using the CCA data collection template, rather than the more comprehensive online questionnaire, meaning that certain specific questions were not answered for these pharmacies
 - This affects the questions on Independent Prescribing, accreditation for advanced services, all of the training needs questions, hard to fill vacancies, accreditation for providing advanced services, and the number of Pharmacy Technicians who also have an accuracy checking role.
 - Six other non-CCA community pharmacies omitted to answer a number of questions

This is a very high response rate, by most standards. For purposes of comparison the reader should note the following response rates for broadly comparable 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 confirmed that their response covers all CCA pharmacies in England (response rate of 100%), so the combined CCA and non-CCA figures reveal that data from 86% of community pharmacies in England has been obtained through the parallel data collection exercises.

Based on the sources used to construct the sample for the survey it was established that there were 11,832 community pharmacies within England, across both CCA and non-CCA sectors. The table below shows the number participating in the survey.

Table 1a. Community Pharmacies participating in the data collection exercises

	North	Midlands & East	South	London & South-East	All of England
Non-CCA	1431	1367	544	1427	4769
CCA	1892	1520	1096	902	5410
Total	3323	2887	1640	2329	10,179

For the survey of non-CCA pharmacies, the response rate was highest in Kent, Surrey & Sussex local office area, at 78.8%, and was lowest in the East of England at 65.5% and West Midlands at 68.9%. The high response rate from community pharmacies in Kent, Surrey and Sussex may be related to familiarity with the survey and a perception of proven benefit, since the area had experienced the first workforce survey in 2014. The 2015 Thames Valley survey was also at the lower end of the range, with a response rate of 65.3%. All other local office areas were within 2.3 percentage point of the overall non-CCA sector response rate of 73.9%.

3.4 Data weighting

Data was collected from 100% of CCA member pharmacies, but only 74.3% of non-CCA pharmacies. Consequently the CCA pharmacies were over-represented in the achieved sample. Discrepancies in non-CCA response rate across local office areas also meant that some areas were over-represented, and others under-represented in the achieved sample.

The Community Pharmacy Workforce in England 2017

Weighting factors were calculated and applied in order to compensate for these discrepancies between the “real” and participating proportions. Table 1b shows both the real proportion of pharmacies, and the proportion of participating pharmacies in each sector within Local Office area.

Table 1b. Real proportions versus participating proportions, by Local Office and sector

Participating/real share	CCA	Non-CCA	Total
North East	3.3%/2.8%	2.2%/2.6%	5.5%/5.4%
North West	9.1%/7.8%	6.9%/8.0%	15.9%/15.8%
Yorkshire & Humber	6.2%/5.4%	5.0%/5.6%	11.2%/11.0%
West Midlands	4.0%/3.4%	4.2%/5.2%	8.1%/8.6%
Central Midlands	3.2%/2.8%	3.8%/4.3%	7.0%/7.1%
North Midlands	3.5%/3.0%	2.9%/3.3%	6.4%/6.3%
East of England	4.2%/3.6%	2.8%/3.6%	7.0%/7.3%
South West	5.6%/4.8%	2.5%/2.9%	8.1%/7.7%
Wessex	3.1%/2.6%	1.6%/1.8%	4.7%/4.5%
Thames Valley	2.1%/1.8%	1.1%/1.4%	3.2%/3.2%
Kent, Surrey, Sussex	3.7%/3.2%	3.8%/4.1%	7.5%/7.3%
London South	1.7%/1.4%	4.1%/4.0%	5.7%/5.5%
London North West	1.9%/1.6%	2.7%/3.1%	4.6%/4.8%
London North Central & East	1.5%/1.3%	3.5%/4.3%	5.1%/5.6%
Total England	53.1%/45.7%	46.9%/54.3%	100%/100%

4 Findings

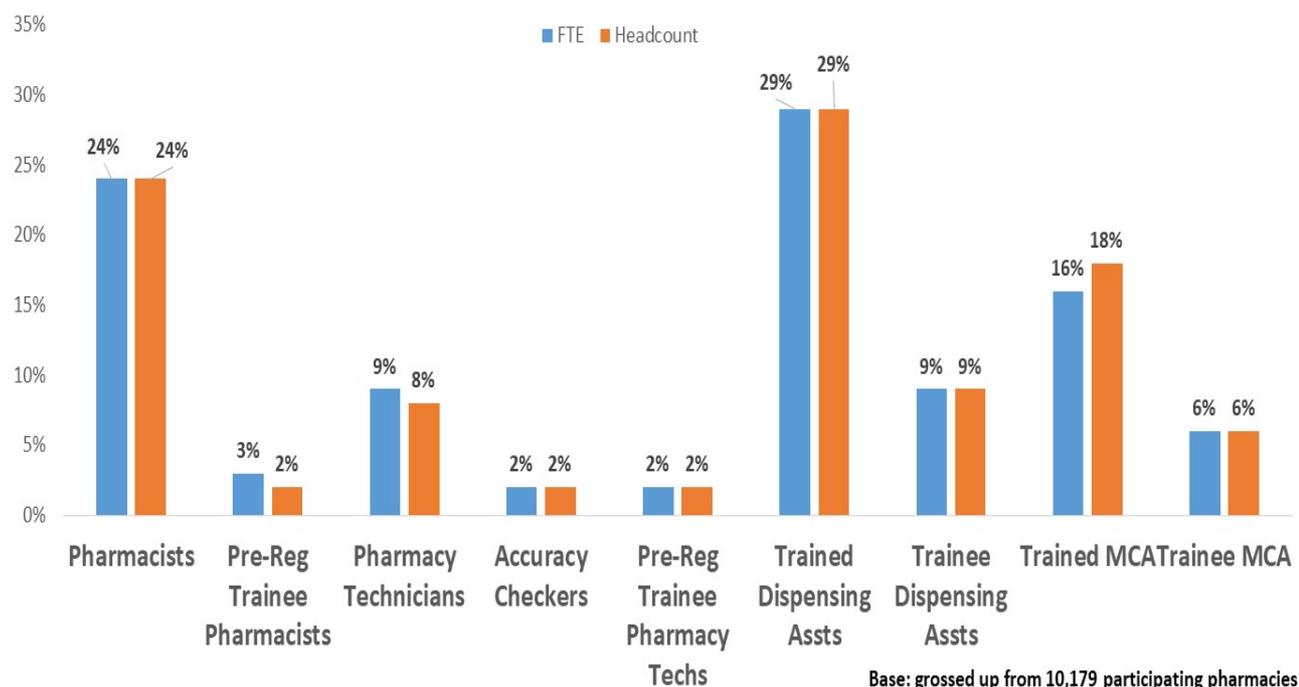
Responses were received from non-CCA pharmacies (including non-CCA multiple pharmacies) and from CCA member companies across England, with a total of 10,179 pharmacies supplying data, which was then grossed up to the total “universe” of 11,832 pharmacies in England on questions relating to workforce numbers. The detailed findings are set out in the remainder of this report, starting with the overall composition of the workforce, then sections on each of the nine workforce roles, before considering the training priorities and the ease of difficulty filling vacancies in each of the nine roles.

4.1 The composition of the community pharmacy workforce

The chart and tables below show the proportions made up by each role within the overall England community pharmacy workforce, on both full-time equivalent (FTE) and headcount bases, as well as the average FTE staff per pharmacy. The workforce comprises a headcount figure of 96,506 people, filling 73,368 full-time equivalent roles.

The Community Pharmacy Workforce in England 2017

Figure 1: Profile of the community pharmacy workforce across the nine roles, by FTE and headcount



From this it can be seen that the single most populous role is that of Trained Dispensing Assistants, making up nearly 3 in 10 of the workforce, followed by Pharmacists at just under one quarter of the workforce, and Trained Medicines Counter Assistants at around one in six of the workforce. Although some roles are more likely to be carried out on a part-time basis (see below) there is minimal difference between the proportions across the roles, whether measured on a headcount or FTE basis.

Table 2a shows the breakdown of the FTE workforce across the regions, and table 2b shows the breakdown of the headcount workforce across the regions, with the figures in brackets adding to 100% vertically, in order to show the proportion of each role in each region/nationally. Note also that these numbers are grossed up from the survey samples, and total numbers will sometimes not add perfectly from the local figures, due to rounding.

Table 2a. Composition of Full-Time Equivalent workforce by type of role

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
Pharmacists	5487 (23%)	5232 (24%)	2689 (23%)	4283 (26%)	17,691 (24%)
Pre-Registration Trainee Pharmacists	629 (3%)	597 (3%)	222 (2%)	726 (4%)	2174 (3%)
Pharmacy Technicians	2368 (10%)	2047 (10%)	1082 (9%)	1076 (7%)	6572 (9%)
Accuracy Checkers	676 (3%)	441 (2%)	244 (2%)	242 (2%)	1603 (2%)
Pre-Registration Trainee Pharmacy Technicians	564 (2%)	417 (2%)	286 (3%)	314 (2%)	1581 (2%)
Trained Dispensing Assistants	7919 (33%)	6223 (29%)	3371 (29%)	3454 (21%)	20,968 (29%)

The Community Pharmacy Workforce in England 2017

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
Trainee Dispensing Assistants	1984 (8%)	1907 (9%)	1175 (10%)	1565 (10%)	6631 (9%)
Trained Medicines Counter Assistants	3153 (13%)	3599 (17%)	1848 (16%)	3459 (21%)	12,059 (16%)
Trainee Medicines Counter Assistants	993 (4%)	1190 (6%)	664 (6%)	1241 (8%)	4089 (6%)
Total FTE	23,774	21,654	11,580	16,361	73,368 (100%)

Table 2b. Composition of Headcount workforce by type of role

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
Pharmacists	7183 (23%)	6941 (24%)	3457 (22%)	5704 (27%)	23,284 (24%)
Pre-Registration Trainee Pharmacists	630 (2%)	598 (2%)	218 (1%)	721 (3%)	2168 (2%)
Pharmacy Technicians	2829 (9%)	2500 (9%)	1344 (9%)	1229 (6%)	7901 (8%)
Accuracy Checkers	773 (3%)	517 (2%)	288 (2%)	269 (1%)	1850 (2%)
Pre-Registration Trainee Pharmacy Technicians	608 (2%)	455 (2%)	309 (2%)	346 (2%)	1719 (2%)
Trained Dispensing Assistants	10,480 (34%)	8149 (28%)	4459 (29%)	4442 (21%)	27,511 (29%)
Trainee Dispensing Assistants	2519 (8%)	2419 (8%)	1517 (10%)	1955 (9%)	8410 (9%)
Trained Medicines Counter Assistants	4442 (14%)	5348 (19%)	2837 (18%)	4891 (23%)	17,522 (18%)
Trainee Medicines Counter Assistants	1424 (5%)	1821 (6%)	1093 (7%)	1809 (9%)	6148 (6%)
Total Headcount	30,889	28,749	15,522	21,346	96,506 (100%)

London & South-East region appears quite distinctive, with relatively high proportions of Pharmacists (26% FTE) and relatively high proportions of both Trained Medicines Counter Assistants (21% FTE) and Trainee Medicines Counter Assistants (8% FTE). London & South-East region's proportion of Pharmacy Technicians (7% FTE) and Trained Dispensing Assistants (21%) is accordingly lower than elsewhere. Within this region Kent, Surrey, Sussex has a profile closer to other regions, and it is therefore the London element which gives the region its distinctive workforce profile.

Aside from the distinctiveness of the London & South-East region, the other regions are relatively consistent in their proportions, apart from the very high proportion of Trained Dispensing Assistants found in the North (33% FTE).

4.1.1 Average number of workers per pharmacy, by role

When considering the numbers of people employed in each role, it can be useful to see this expressed as an average per pharmacy, as shown in the table below. The data reveals that the only roles with an average of one or more FTE worker per pharmacy are the roles of Pharmacist and Trained Dispensing Assistant. All other roles are, on average, filled by less than one full-time worker.

The Community Pharmacy Workforce in England 2017

Table 3. Average number of FTE/headcount workers per pharmacy, by role

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE/headcount					
Pharmacists	1.44/1.89	1.51/2.00	1.48/1.90	1.56/2.08	1.50/1.97
Pre-Registration Trainee Pharmacists	0.17/0.17	0.17/0.17	0.12/0.12	0.26/0.26	0.18/0.18
Pharmacy Technicians	0.62/0.74	0.59/0.72	0.60/0.74	0.39/0.45	0.56/0.67
Accuracy Checkers	0.18/0.20	0.13/0.15	0.13/0.16	0.09/0.10	0.14/0.16
Pre-Registration Trainee Pharmacy Technicians	0.15/0.16	0.12/0.13	0.16/0.17	0.11/0.13	0.13/0.15
Trained Dispensing Assistants	2.08/2.76	1.80/2.35	1.86/2.45	1.26/1.61	1.77/2.33
Trainee Dispensing Assistants	0.52/0.66	0.55/0.70	0.65/0.83	0.57/0.71	0.56/0.71
Trained Medicines Counter Assistants	0.83/1.17	1.04/1.54	1.02/1.56	1.26/1.78	1.02/1.48
Trainee Medicines Counter Assistants	0.26/0.37	0.34/0.53	0.37/0.60	0.45/0.66	0.35/0.52

As can be seen from the figures above, the average figure per pharmacy is particularly consistent for Pharmacists and Pre-Registration Trainee Pharmacy Technicians. More variation can be seen in other roles, with London & South-East having a substantially higher figure than other regions for Pre-Registration Trainee Pharmacists (0.26 per pharmacy), and notably higher proportions of Trained Medicines Counter Assistants (1.26/1.78 per pharmacy), but comparatively lower levels for Accuracy Checkers (0.09/0.10) and Trained Dispensing Assistants (1.26/1.61).

The North has a relatively high number of Trained Dispensing Assistants (2.08/2.76), but lower numbers for Medicines Counter Assistants (both Trained 0.83/1.17 and Trainee 0.26/0.37) compared with other regions, though these variations from the national average not as striking as those found in London.

4.2 Pharmacists

Pharmacists made up nearly a quarter (24%) of the whole community pharmacy workforce in England, and this proportion is quite consistent across regions. The “average Pharmacist per pharmacy” figure is highest in London (1.56 FTE) and lowest in the North (1.44 FTE), though this is a relatively small difference compared with that seen in some other roles.

Table 4. Numbers of Pharmacists, by region

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE (grossed up)	5487	5232	2689	4283	17,691
Headcount (grossed up)	7183	6941	3457	5704	23,284
Average FTE per pharmacy	1.44	1.51	1.48	1.56	1.50

The average Pharmacist worked 0.76 FTE, and there was negligible difference in this figure across the four regions.

4.2.1 Pharmacist vacancies and recruitment

The FTE vacancy rate (the number of FTE vacancies as a percentage of FTE filled positions plus FTE vacancies) was 3.9% across England, but this average ranged from a low point of 2% in London and in the West Midlands, to a highpoint of 6.6% in the South, with the latter driven primarily by a rate of 9.1% in the South West, which was by far the highest rate in any local office area.

At the national level the Pharmacist vacancy rate was at the lower end of the rates observed across the nine roles.

CCA members did not provide any data on the ease/difficulty of filling vacancies across the range of roles. Amongst non-CCA pharmacies, Pharmacist vacancies were considered easier to fill than was the case with the other eight roles investigated, with only 21% of participants considering this role to be either Fairly or Very Difficult to fill. It should be noted, however, that the level of difficulty perceived was much greater in the South region, in particular in the South West where 40% considered such vacancies Fairly or Very Difficult to fill, but also in Wessex and in Kent, Surrey, Sussex (where this figure was 31%).

The proportion saying that they did not know how difficult or easy it was to fill a Pharmacist vacancy was 16%, which was at the lower end of the range for this question, perhaps suggesting that this is a role for which most pharmacies have fairly recent experience, and the method for finding candidates is well understood.

Table 5. How easy or difficult does it tend to be to fill vacancies for Pharmacists?

Base: Non-CCA (4685)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	18%	29%	17%	14%	7%	16%

Note that no data on this question is available for CCA pharmacies.

4.2.2 Independent Prescribers (non-CCA sector only)

The 2017 non-CCA questionnaire contained questions asking about the number of FTE Independent Prescribers, and the corresponding headcount figure. These questions were not asked in the 2015 London and Thames Valley surveys, nor in the 2017 CCA data collection exercise. Data was therefore collected only from non-CCA community pharmacies in the North, Midlands & East and South (excluding Thames Valley) regions, plus Kent, Surrey, Sussex with 3514⁴ pharmacies providing FTE and headcount figures.

Across the areas answering the 2017 questionnaire grossed up figures produced estimates of 439 FTE Independent Prescriber Pharmacists, and a corresponding headcount figure of 547, in non-CCA community pharmacies. If it is assumed that London and Thames Valley have the same prevalence of Independent Prescriber Pharmacists as found in the rest of England, it would suggest a whole of England estimate of 578 FTE, and 720 headcount.

This equates to approximately one Independent Prescriber Pharmacist per 10 community pharmacies. Note that the presence of an Independent Prescriber Pharmacist does not necessarily mean that they practise Independent Prescribing at that particular pharmacy, since

⁴ This figure also excludes six pharmacies which omitted to answer these questions, and 85 pharmacies for which the (non-CCA) company head office chose to provide data for multiple branches using the more limited CCA data collection template which did not feature these questions.

The Community Pharmacy Workforce in England 2017

they may be qualified to do so, but perform the task in another (part-time) role in another health setting.

There was some variation observed across the areas answering this question, with high points of 11% in both the East area and Kent, Surrey, Sussex area, and a low point of 6% in West Midlands.

4.3 Pre-Registration Trainee Pharmacists

Pre-registration Trainee Pharmacists comprised 3% of the FTE community pharmacy workforce in England. The table below shows the average number of FTE Pre-Registration Trainee Pharmacists per pharmacy in each region.

Table 6. Numbers of Pre-Registration Trainee Pharmacists, by region

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE (grossed up)	629	597	222	726	2174
Headcount (grossed up)	630	598	218	721	2168
Average FTE per pharmacy	0.17	0.17	0.12	0.26	0.18

London & South-East region had by far the highest “per pharmacy” presence of Pre-registration Trainee Pharmacists at 0.26, nearly double the presence observed across the other regions of England combined.

Some areas had particularly low average numbers of Trainee Registration Trainee Pharmacists per pharmacy, namely South West (0.09), Wessex (0.10), and East (0.10). Kent, Surrey, Sussex is part of the London & South-East region, but in fact this local area had an average of only 0.12 per pharmacy, contrasting sharply with the London parts of its region, where the average was 0.33.

Part-time working was negligible among Pre-Registration Trainee Pharmacists due to training rules requiring them to work between 35 and 45 hours a week. The average Pre-Registration Trainee Pharmacist worked 1.003 FTE, with almost no variation across areas. This figure reflects the fact that some people in this role work slightly more than a full-time equivalent position.

4.3.1 Pre-Registration Trainee Pharmacist vacancies and recruitment

The FTE vacancy rate for Pre-Registration Trainee Pharmacists (the number of FTE vacancies as a percentage of FTE filled positions plus FTE vacancies) was 17%. This is a very high figure relative to vacancy rates in other roles and requires further investigation. The reasons for reporting a vacancy could be varied. For clarity, only premises with a pre-registration trainee pharmacist can be approved as a training site by the General Pharmaceutical Council.

Among community pharmacies currently employing Pre-Registration Trainee Pharmacists (and therefore currently accredited) the vacancy rate was only 7%. The fact that three quarters of

The Community Pharmacy Workforce in England 2017

“vacancies” were reported by pharmacies not currently employing anybody in this role might indicate that these pharmacies had an aspiration to employ a Pre-Registration Trainee Pharmacist, rather than being in a position to recruit one in the near future.

There was some variation in this rate by region, ranging from 15% in the North to 20% in the South region, but greater variation was found at area office level, with the highest rates in the East area (28%), followed by Kent, Surrey, Sussex (23%), South London (22%) and Thames Valley (21%). In contrast the FTE vacancy rate was only 10% in North Midlands, and 12% in Yorkshire & Humberside.

By asking how easy or difficult it was to fill vacancies for Pre-Registration Trainee Pharmacists it was found that opinions were mixed in non-CCA pharmacies. Just over a quarter (26%) said it was either very or fairly easy, but a slightly smaller proportion (22%) said it was very or fairly difficult. Just over one third said that they did not know whether it was easy or difficult (35%), presumably because they lacked recent experience.

Table 7. How easy or difficult does it tend to be to fill vacancies for Pre-Registration Trainee Pharmacists?

Base: all non-CCA (4769)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	9%	17%	17%	13%	9%	35%

Note that no data on this question is available for CCA pharmacies.

The overall balance of opinion was that recruiting Pre-Registration Trainee Pharmacists was neither easy nor difficult. Perceptions of difficulty were greatest in the South West, Central Midlands and East areas. The proportion saying that they did not know how easy or difficult it would be to recruit for this position was particularly high in the South West (52%), Wessex (47%) and East (46%), suggesting that pharmacies in these areas had less recent experience in this matter.

4.4 Pharmacy Technicians registered with the GPhC

Pharmacy Technicians made up 9% of the FTE community pharmacy workforce in England. The table below shows the estimated numbers of Pharmacy Technicians in each region, and the average number per pharmacy.

Table 8. Numbers of Pharmacy Technicians, by region

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE (grossed up)	2368	2047	1082	1076	6572
Headcount (grossed up)	2829	2500	1344	1229	7901
Average FTE per pharmacy	0.62	0.59	0.60	0.39	0.56

The England average of 0.56 FTE Pharmacy Technicians per pharmacy hides a regional variation, in which the figure was as low as 0.39 in London & South-East, but consistent within the narrow range of 0.57 and 0.62 across the other three regions. This role was most common in the North East (0.71) and North Midlands (0.68). Within London & South-East the Kent,

The Community Pharmacy Workforce in England 2017

Surrey, Sussex local office was only slightly below the national average at 0.50, but the relative shortfall was most notable in the capital itself (0.34).

The average Pharmacy Technician worked a four-day week (0.83 FTE) and this figure is remarkably consistent across all areas outside London. Within London the average was a 4.5 day week (0.91).

4.4.1 Pharmacy Technician vacancies and recruitment

The FTE vacancy rate among Pharmacy Technicians was 3.5% and 3.3% on a headcount basis. This vacancy rate is at the lower end of rates across the nine roles. London region however had a much higher rate than seen in the rest of the country, at 8.7%, peaking at 10.6% in South London. Elsewhere in the country a range of 2%-3.5% was typical, though the Kent, Surrey, Sussex area was at 4.9%, midway between the London level and that observed elsewhere.

Despite this relatively low vacancy rate, when asked how easy or difficult it was to fill vacancies for Pharmacy Technicians it was found that this role is considered one of the most difficult to recruit for, with 42% saying it was either fairly or very difficult.

Table 9. How easy or difficult does it tend to be to fill vacancies for Pharmacy Technicians?

Base: all non-CCA (4769)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	2%	10%	14%	23%	19%	32%

Note that no data on this question is available for CCA pharmacies.

On balance the perception that this recruitment is difficult was consistent in every local area, and particularly strongly felt in the South West and Kent, Surrey, Sussex local areas. It should be noted however that nearly one third of those responding to this question did not know how easy or difficult it was to recruit Pharmacy Technicians. This may indicate that they did not have a great deal of recent experience in doing so or that they considered this role synonymous with an Accuracy Checker and captured their experience in a different part of the survey.

4.4.2 Those who are also accredited checking pharmacy technicians or accuracy checking technicians (non-CCA sector only)

The questionnaire completed by non-CCA pharmacies asked how many Pharmacy Technicians were also Accredited Checking Pharmacy Technicians or Accuracy Checking Technicians (FTE and headcount), though it should be noted that there are some significant gaps in coverage of these questions, namely:

- the 2015 Thames Valley survey did not ask these question, and therefore Thames Valley pharmacies are not included in the figures for the South of England, and the Midlands & East figures do not include pharmacies in Milton Keynes
- the 2015 London survey asked these question on a headcount basis only, and therefore no FTE data is available for London
- 91 non-CCA pharmacies in other areas did not answer these questions

The Community Pharmacy Workforce in England 2017

Table 10. Pharmacy Technicians who are Accuracy Checking Pharmacy Technicians

Base: non-CCA pharmacies (see exclusions above)	North (1347)	Midlands & East (1366)	South (418)	London & South-East* (383*/1427**)	All of England (4558)
FTE (grossed up)	620	591	203	96*	1509
FTE % of all PT	55%	54%	58%	44%*	54%
Headcount (grossed up)	649	628	224	273**	1774
Headcount % of all PT	52%	49%	52%	39%**	48%

*FTE figures for London & South-East are based on Kent, Surrey, Sussex only as no data is available for FTE London.

**Headcount figures for London & South-East are based on London 2015 data and Kent, Surrey, Sussex 2017 data.

Using grossed up figures, it was found that around half of Pharmacy Technicians were accredited in this way, 54% on the basis of FTE, and 48% on the basis of headcount. The proportion was over half across most of England, but at a much lower level in London & South-East region, where this situation was less common. It was noted above that this region had a relatively small number of Pharmacy Technicians, particularly in London itself, and it is now clear from these figures that the region also had a lower proportion (39% on headcount) of its Pharmacy Technicians also qualified as Accuracy Checking Pharmacy Technicians than was the case elsewhere.

4.5 Accuracy Checking Technicians (including those referred to as Accuracy Checkers)

The title provided here aims to capture the different terminology that can be used for this role, and this was the wording used in the 2017 questionnaires. For purposes of brevity the role is referred to elsewhere in this report as “Accuracy Checkers”.

For clarity Pharmacy Technicians who perform an accuracy checking role were requested to be identified in section 4.4.2. However, it should be noted that due to the terminology used in the questionnaire to reflect the breadth of roles used for this role, an unidentified number of pharmacy technicians may have been included in this section.

It should be noted that the 2017 questionnaire asked respondents to exclude Pharmacy Technicians who were also Accuracy Checking Pharmacy Technicians if they had been counted in the former category, but the 2015 Thames Valley survey gave the opposite instruction, to “include Registered Pharmacy Technicians within this total even though these people will already be counted in the previous question”. This is likely to mean that the figures for the Thames Valley area (as defined in 2015) may be higher than they would have been if data had been collected using the 2017 questionnaire. Since the Milton Keynes part of Thames Valley transferred from South region to the Central Midlands area within Midlands & East, this has a minor effect on the data for those areas, as well as for South region which still contains the majority of the old Thames Valley area.

Accuracy Checkers made up one of the smallest components of the workforce, at just 2% of total workers in community pharmacies in England.

The Community Pharmacy Workforce in England 2017

Table 11. Numbers of Accuracy Checkers, by region

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE (grossed up)	676	441	244	242	1603
Headcount (grossed up)	773	517	288	269	1847
Average FTE per pharmacy	0.18	0.13	0.13	0.09	0.14

London & South-East had the lowest average FTE figure of any region at 0.09, though this disguises the fact that Kent, Surrey, Sussex was at the national average level (0.14) but its regional neighbours in London had a level of only 0.06 Accuracy Checkers per pharmacy.

This role was most commonly present in the North, where each of the three local office areas reported figures significantly higher than seen elsewhere.

The relatively high figure of 0.16 reported by Thames Valley seems likely to be due to the different instruction given on the questionnaire when the Thames Valley data was collected in 2015, as described above. Consequently, it is likely that the figure for South region has been affected by the 2015 Thames Valley discrepancy, and a more accurate level would probably have been slightly lower than the 0.13 figure shown above. The same would apply to the Midlands & East figure, though to a lesser degree, as the incorporation of Milton Keynes into this region makes a proportionately smaller impact on the regional average than the impact that the remaining Thames Valley area makes on South region.

The average Accuracy Checker worked 0.87 FTE, and in regions outside London this average figure is very consistent across local areas. The equivalent figure in the capital was 0.93 FTE.

4.5.1 Accuracy Checker vacancies and recruitment

The vacancy rate for Accuracy Checkers was 6.3% FTE and 6.0% on a headcount basis. Only Pre-Registration Trainee Pharmacists and Trainee Medicines Counter Assistants had higher vacancy rates. As one would expect given the low number of accuracy checkers in London community pharmacies, the vacancy rates were much higher in London than elsewhere, averaging 16.8% across the whole of London, and as high as 22% in South London, though London North West had a figure of 8.6% which only just above the national average.

After London the next highest vacancy rate was found in South region, with a figure of 8.2% across the region, rising to as high as 9.8% in Wessex.

The vacancy rate in the Midlands & East region was 5.4%, but this ranged from as low as 1.7% in North Midlands (the lowest rate in the country), to a highpoint of 8.3% in East and 7.7% in Central Midlands. The vacancy rate in North region was 3.7%.

Table 12. How easy or difficult does it tend to be to fill vacancies for Accuracy Checkers?

Base: all non-CCA (4769)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	2%	6%	12%	18%	21%	41%

Note that no data on this question is available for CCA pharmacies.

The Community Pharmacy Workforce in England 2017

Two in five (41%) non-CCA participating pharmacies said they did not know how easy or difficult it would be to recruit an Accuracy Checker, indicating that they probably had little recent experience of doing so. This was the second highest “don’t know” response level across the nine roles, with only Pre-Registration Pharmacy Technicians having a higher figure. It should be noted that if the respondent had considered this part of the survey to consider pharmacy technicians, their response may have been captured in the previous category.

It was noted above that the average number of Accuracy Checkers in community pharmacies was relatively low (0.18 FTE per pharmacy), and it is therefore not surprising that only 8% stated that they thought it would be very or fairly easy to recruit for this position. On balance, it was considered the most difficult of the nine roles to recruit. The perception of difficulty was greatest in Kent, Surrey, Sussex and in the South West, though it was considered a difficult role to recruit in all areas.

4.6 Pre-Registration Trainee Pharmacy Technicians

Pre-Registration Trainee Pharmacy Technicians made up just 2% of the community pharmacy workforce in England, on both FTE and headcount bases.

Table 13. Numbers of Pre-Registration Trainee Pharmacy Technicians, by region

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE (grossed up)	564	417	286	314	1581
Headcount (grossed up)	608	455	309	346	1718
Average FTE per pharmacy	0.15	0.12	0.16	0.11	0.13
Apprentices FTE	29%	36%	32%	21%	30%
Apprentices Headcount	29%	35%	32%	21%	30%

There was relatively little variation between regions in terms of the average FTE per pharmacy for this role. Even on an area basis there was little variation observable, with the average FTE per pharmacy figure being within the range 0.10-0.16 in every area except Thames Valley, which had a figure of 0.21.

Part-time working was not common in this role, with the average Pre-Registration Trainee Pharmacy Technician working 0.92 FTE, and negligible variation from the national average figure across regions and areas.

Apprenticeships accounted for 30% of all Pre-Registration Trainee Pharmacy Technicians across England, but this proportion was notably lower in London & South-East, where only 21% of those in this role work as apprentices. The proportion was low in all areas of London, but particularly low in South London (16% FTE and 15% headcount). The London data was gathered in 2015. It should be noted that there has been a national policy towards apprenticeships, for developing the workforce and therefore these numbers need to be understood in that context.

However it should be noted that the Thames Valley data (also collected in 2015) is closer to the national average, with 24% FTE and 27% headcount figures.

In all regions the gap between local areas with the highest and lowest proportion of apprentices was quite large. The North East stood out as having by far the highest proportion of

The Community Pharmacy Workforce in England 2017

apprentices across all local areas (56% FTE, 57% headcount), even though the other local office areas within North region had levels slightly below the national average.

4.6.1 Pre-Registration Trainee Pharmacy Technicians vacancies and recruitment

The vacancy rate for Pre-Registration Trainee Pharmacy Technicians was 3.4% FTE and 3.3% on a headcount basis. These rates were among the lowest rates found across the nine roles. However, the vacancy rates in South London (13%/12%) were approximately double the rate found in the next highest local areas, which were East area and London North Central & East area.

Table 14. How easy or difficult does it tend to be to fill vacancies for Pre-Registration Trainee Pharmacy Technicians?

Base: all non-CCA (4769)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	3%	10%	17%	14%	8%	49%

Note that no data on this question is available for CCA pharmacies.

It should be noted that the proportion saying they “don’t know” how easy or difficult it is to recruit a Pre-Registration Trainee Pharmacy Technician was the highest observed for any role, at 49%. This suggests that around half of participants did not have recent experience of recruiting for this position.

Among those expressing a view, the balance of opinion was that this recruitment was slightly difficult, but not amongst the most challenging roles to recruit. The local areas with the most pessimistic perception on recruiting for this role were Kent, Surrey, Sussex and Central Midlands.

4.7 Trained Dispensing Assistants

This was the most common role in the community pharmacy workforce in England, making up 29% of all workers on both FTE and headcount bases. Only the role of Pharmacist (24%) came close to this proportion of the total workforce.

Table 15. Numbers of Trained Dispensing Assistants, by region

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE (grossed up)	7919	6223	3371	3454	20,968
Headcount (grossed up)	10,480	8149	4459	4422	27,510
Average FTE per pharmacy	2.08	1.80	1.86	1.26	1.77

This role was most common in North region with 2.08 per pharmacy, and particularly in the North East where the average pharmacy had 2.59 Trained Dispensing Assistants on a FTE basis.

London stands out from the national average for having a very low number of Trained Dispensing Assistants, with only 1.03 per pharmacy on average, though its regional neighbour in Kent, Surrey, Sussex (1.76) was very close to the England national average. Trained

The Community Pharmacy Workforce in England 2017

Dispensing Assistants made up only 18% of the FTE community pharmacy workforce in London, compared with 29% nationally. As will be seen in the sections below, London's shortfall in this role was compensated for by having a much higher proportion of Trained Medicines Counter Assistants than other regions.

Part-time working appears common in this role, as the average Trained Dispensing Assistant worked 0.76 FTE. Across the local office areas and regions there was only very minor variation from this figure.

4.7.1 Trained Dispensing Assistants vacancies and recruitment

The vacancy rate for Trained Dispensing Assistants was 3.8% FTE and 3.6% on a headcount basis. This was at the lower end of vacancy rates across the nine roles. Nevertheless, it should be noted that London (7.6% FTE) had a vacancy rate double the England average, and which was particularly high in South London (8.7%) and North Central and East London (8.6%). Thames Valley had a similarly high vacancy rate (8.2%). (Note that the data for London and Thames Valley was gathered in 2015).

Table 16. How easy or difficult does it tend to be to fill vacancies for Trained Dispensing Assistants?

Base: all non-CCA (4769)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	4%	17%	17%	28%	17%	18%

Note that no data on this question is available for CCA pharmacies.

This was the most common role in the community pharmacy workforce in England, so it is not surprising that the proportion saying they did not know how easy or difficult it would be to recruit this role was relatively low, at 18%, since presumably the great majority had fairly recent experience of recruiting to the position.

Nevertheless, it was not considered an easy role to recruit for. Only 21% stated that it was fairly or very easy, with 45% considering it fairly or very difficult. In terms of the balance of opinion, only Pharmacy Technicians and Accuracy Checking Technicians were considered more difficult to recruit for. The Kent, Surrey, Sussex area reported the highest perception of difficulty, with 64% regarding this role as fairly or very difficult to recruit for. Other areas with high perceptions of difficulty were South London, Central Midlands, Wessex and South West.

4.8 Trainee Dispensing Assistants

Trainee Dispensing Assistants made up 9% of the community pharmacy workforce in England, on both the FTE and headcount measures.

Table 17. Numbers of Trainee Dispensing Assistants, by region

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE (grossed up)	1984	1907	1175	1565	6631
Headcount (grossed up)	2519	2419	1517	1955	8411
Average FTE per pharmacy	0.52	0.55	0.65	0.57	0.56
Apprentices FTE	14%	15%	7%	8%	11%
Apprentices Headcount	11%	12%	6%	7%	10%

The South had the highest average number of Trainee Dispensing Assistants per pharmacy at 0.65, with the other three regions having similar levels, within the range 0.52-0.57. There was also little variation in the rate within regions, with the exception of London & South-East, where the average of 0.70 per pharmacy in Kent, Surrey, Sussex was the highest in the country, and yet the average of 0.49 in the neighbouring area of London North Central & East was equal lowest in the country, alongside the North West and North East.

The average Trainee Dispensing Assistant worked a four-day week, with an average figure of 0.79 FTE. This level was remarkably consistent across regions, and across areas.

Around one in 10 Trainee Dispensing Assistants was an apprentice. The proportion was much higher in the North and Midlands & East regions than it was in South and London & South-East regions. The North Midlands area had the highest proportion of apprentices (26% FTE and 20% headcount) and the lowest proportion was North West London (4% on both measures) and in Thames Valley (5% on both measures). It is possible that the low proportions in London and Thames Valley could relate to the fact that their data is older than for the rest of the country (2015 rather than 2017), but the fact that Wessex and South West areas also reported relatively low proportions would suggest that the key influence was one of geography and local labour markets, rather than time.

4.8.1 Trainee Dispensing Assistants vacancies and recruitment

The vacancy rate for Trainee Dispensing Assistants was 5.3% on the FTE measure, and 4.7% on the headcount measure. As with other roles, London had the highest vacancy rate at 7.5%/6.6%, but this was not as notable difference from the national average as observed on some other roles. The rates elsewhere were close to the national average.

Table 18. How easy or difficult does it tend to be to fill vacancies for Trainee Dispensing Assistants

Base: all non-CCA (4769)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	6%	22%	19%	23%	9%	21%

Note that no data on this question is available for CCA pharmacies.

The data in the table above indicates that this was considered to be one of the least difficult roles to recruit for. On balance opinion was very close to neutral (i.e. neither easy nor difficult), and it is worth noting that only 21% chose to answer “don't know”, suggesting that around four in five participating pharmacies had enough recent experience of recruiting for this position to venture an opinion. As observed on some other roles, the London & South-East region reported more difficulty than average, particularly in Kent, Surrey, Sussex where 49% regarded this role as fairly or very difficult to fill.

4.9 Trained Medicines Counter Assistants

Trained Medicines Counter Assistants (Trained MCA) made up 16% of the FTE workforce in community pharmacies in England, and 18% of the headcount. It was therefore the third-largest role, after Trained Dispensing Assistants and Pharmacists.

Table 19. Numbers of Trained Medicines Counter Assistants, by region

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE (grossed up)	3153	3599	1848	3459	12,059
Headcount (grossed up)	4442	5348	2837	4891	17,519
Average FTE per pharmacy	0.83	1.04	1.02	1.26	1.02

There was a significant difference between the average number of 0.83 in the North region, and 1.26 in London & South-East region, with the other two regions in between and closer to the national average for Trained MCA. In the North region the local area of North East (0.96) had a figure close to the national average of 1.02 but this figure was much lower in the North West (0.82) and the Yorkshire & Humber (0.77). In London & South-East, South London (1.15) and Kent, Surrey, Sussex (1.09) had averages only a little higher than the national figure, but the regional average was pulled upwards by very high figures in North West London (1.53) and London North Central & East (1.36).

As noted earlier in the report, London's high numbers of Trained MCA (23% of London's FTE workforce compared with 16% nationally) need to be understood in the context of London

The Community Pharmacy Workforce in England 2017

having much lower numbers of Trained Dispensing Assistants (18% of the its workforce compared with 29% nationally).

Part-time working was common in this role, with the average Trained MCA working 0.69 FTE, a level lower than all roles except Trainee MCA (0.67).

4.9.1 Trained Medicines Counter Assistants vacancies and recruitment

The vacancy rate for Trained MCA was 3.4% on the FTE measure, and 2.8% on the headcount measure, with these figures being amongst the lower rates across the nine roles. Vacancy rates were highest in the London region (6.2%) and lowest in the North region (1.2%).

Table 20. How easy or difficult does it tend to be to fill vacancies for Trained Medicines Counter Assistants?

Base: all non-CCA (4769)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	6%	19%	19%	27%	14%	15%

Note that no data on this question is available for CCA pharmacies.

Only 15% of participants stated that they did not know how easy or difficult it was to recruit for this role, suggesting that this is a role for which the great majority had recent experience in recruiting. Despite the relatively low vacancy rate, on balance it was not considered an easy role to recruit for, with only 25% regarding it as fairly or very easy, compared with 41% considering it to be fairly or very difficult. The level of perceived difficulty was greatest in Kent, Surrey, Sussex and in South London.

4.10 Trainee Medicines Counter Assistants

Trainee Medicines Counter Assistants (MCA) made up 6% of the community pharmacy workforce in England, on both FTE and headcount measures.

Table 21. Numbers of Trainee Medicines Counter Assistants, by region

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
FTE (grossed up)	993	1190	664	1241	4089
Headcount (grossed up)	1424	1821	1093	1809	6147
Average FTE per pharmacy	0.26	0.34	0.37	0.45	0.35
Apprentices FTE	8%	7%	4%	5%	6%
Apprentices Headcount	6%	5%	3%	4%	4%

As with Trained MCA, London & South-East region had a relatively high average number of Trainee MCA (0.45 per pharmacy), and the comparable figure in the North (0.26) was the lowest of all regions. The average figure of 0.57 found in Thames Valley was the highest in any individual local area, and substantially higher than its counterpart areas in South region.

The average Trainee MCA worked just over three days a week (0.67 FTE), and this is the lowest figure for any of the nine roles, though very similar to the figure for Trained MCA (0.69 FTE). All areas were close to the national average on this measure.

There is currently no defined apprenticeship for the MCA role, so it is possible these individuals are training as MCAs alongside completing another apprenticeship. The proportion of Trainee MCA who were apprentices was 6% on a FTE basis, and 4% on a headcount basis. North region had the highest proportion of apprentices at 8% FTE, largely because apprentices made up 17% of FTE Trainee MCA in the North East, which is by far the highest proportion in any area. The lowest proportions were found in North West London, Thames Valley and the South West (all 3% FTE).

4.10.1 Trainee Medicines Counter Assistants vacancies and recruitment

The vacancy rate among Trainee MCA was 8.2% FTE and 6.7% on a headcount basis. The only role with a higher vacancy rate was Pre-Registration Trainee Pharmacists, although that was substantially higher at 17% FTE.

The FTE vacancy rate was significantly higher than the national average for London & South-East region (11%). It was highest in South London and North Central & East London (both 14%), though interestingly North West London had a rate very close to the national average (6.8%).

Despite the relatively high vacancy rate, this role was considered one of the easiest to fill, as shown in the table below, with 42% rating it fairly or very easy.

Table 22. How easy or difficult does it tend to be to fill vacancies for Trainee Medicines Counter Assistants?

Base: all non-CCA (4769)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	13%	29%	20%	17%	7%	16%

Note that no data on this question is available for CCA pharmacies.

Only 16% did not know how easy or difficult it would be to fill this role, indicating that it is a role for which the great majority had relatively recent recruitment experience. The balance of opinion in most areas was that this role was somewhere between fairly easy and neither easy nor difficult to fill. Thames Valley local office area and the London & South-East region were slightly less positive than the national average. (Note that Thames Valley and London data was gathered in 2015 rather than 2017 for other areas. Nevertheless it is worth noting that Kent, Surrey, Sussex is based on 2017 data and yet was the second least positive local area, and therefore it seems likely that the main driver of this less positive opinion is geography and local labour market conditions, rather than the difference in time periods).

4.11 Apprentices

Information on the proportions of Apprentices is shown in the sections above, in relation to the specific roles, namely Pre-Registration Trainee Pharmacy Technicians, Trainee Dispensing Assistants and Trainee Medicines Counter Assistants.

The table overleaf summarises the numbers of apprentices and proportions of the workforce that they made up in each role and provides information on the geographical distribution of all apprentices across England. Please note that numbers may not add precisely due to rounding in the grossing up process.

Table 23. Number of apprentices and their proportion of the workforce in Trainee roles

Base: all respondents	North (3323)	Midlands & East (2903)	South (1624)	London & South East (2329)	All of England (10,179)
App Pre-Reg Trainee Pharmacy Technicians FTE	165	150	92	66	474
App Pre-Reg Trainee Pharmacy Technicians FTE %	29%	36%	32%	21%	30%
App PR Trainee Pharmacy Technicians Headcount	179	157	98	72	507
App PR Trainee Pharmacy Technicians Headcount %	29%	35%	32%	21%	30%
App Trainee Dispensing Assistants FTE	268	278	85	131	762
App Trainee Dispensing Assistants FTE %	14%	15%	7%	8%	11%
App Trainee Dispensing Assistants Headcount	282	292	94	136	805
App Trainee Dispensing Assistants Headcount %	11%	12%	6%	7%	10%
App Trainee Medicines Counter Assistants FTE	84	79	25	63	252
App Trainee Medicines Counter Assistants FTE %	8%	7%	4%	5%	6%
App Trainee Meds Counter Assistants Headcount	92	87	30	66	275
App Trainee Meds Counter Assistants Headcount %	6%	5%	3%	4%	4%
Total apprentices across the three roles FTE	517	507	202	261	1487
Apprentices as % of workforce in the 3 roles FTE	15%	14%	10%	8%	12%
Total apprentices across the three roles Headcount	553	536	223	275	1587
Apprentices as % of workforce in the 3 roles Headcount	12%	11%	8%	7%	10%

Note that the table above uses the abbreviation App to mean Apprentice

The figures above clearly show that the use of apprentices was much more common in the North and Midlands & East regions, than it was in the South and London & South-East regions, and this pattern applied across all three roles. Consequently, the North and Midlands & East regions contained 69% of all apprentices, despite containing only 62% of the national workforce across those three roles (on a headcount basis).

The Community Pharmacy Workforce in England 2017

The number of apprentices as a proportion of all trainee positions varied greatly between local areas, even within the same region. In the North Midlands apprentices made up 23% of the FTE workforce and 17% on a headcount basis, which is more than double the figures of 10% and 7% found in the Central Midlands area. Similarly, the respective figures were 13% and 11% in North Central & East London, compared with 6% and 5% in North West London.

The table below shows the pattern of response when non-CCA pharmacy participants were asked about recruitment of Apprentice roles in general, rather than specifying any one of these roles.

The first thing to note in the table below is the fact that 43% said they did not know whether it was easy or difficult to fill Apprentice vacancies, presumably due to lack of recent experience in recruiting for this role. One in five considered it to be fairly or very easy (20%) to recruit apprentices, and exactly the same proportion considered it fairly or very difficult (20%) to recruit apprentices. Consequently the balance of opinion at the all England level was in the “neither easy nor difficult” position.

Table 24. How easy or difficult does it tend to be to fill vacancies for Apprentices (both NVQ 2 & NVQ 3), training supported through apprenticeship funding, and including pre-registration trainee pharmacy technicians?

Base: all non-CCA (4769)	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Non-CCA sector	5%	15%	17%	12%	8%	43%

Note that no data on this question is available for CCA pharmacies.

In the North region, and in the North Midlands and West Midlands local areas the balance of opinion was a little more optimistic than elsewhere. In the South and London & South East regions, and in the local areas of East and Central Midlands, opinions were on the pessimistic side of the neutral position. Not surprisingly the proportion who did not know how easy or difficult it would be to recruit an apprentice was higher in South (56%) and London & South-East (49%) than it was other regions, suggesting that community pharmacies in these regions had less recent experience of trying to do this.

4.12 Training priorities

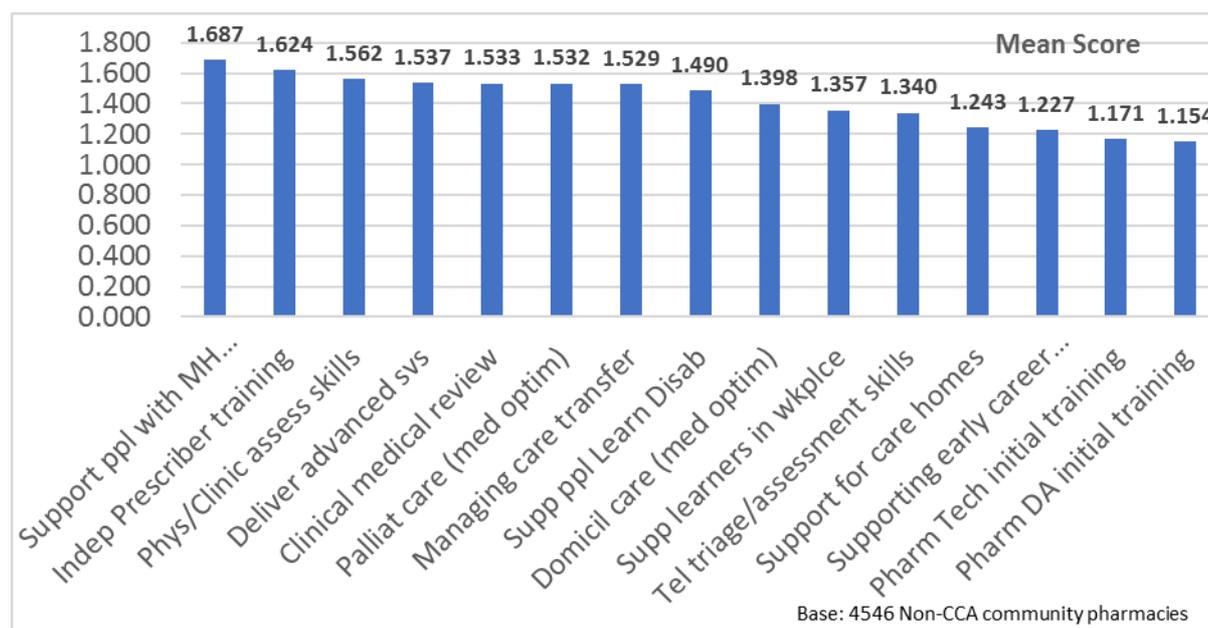
Different approaches were taken with the CCA members and the non-CCA sector when seeking to identify preferred topics for new training provision. The CCA approach and response are described in section 4.12.2, but first there is consideration of the response from the non-CCA sector in section 4.12.1. It should be noted that the training priorities were requested for across the pharmacy workforce rather than role specific.

4.12.1 Training priorities of non-CCA sector pharmacies

The questionnaire completed by non-CCA sector pharmacies sought to establish priority levels for new training provision by asking the following question in relation to 15 potential topics: “Would providing new training for your pharmacy in these areas be essential, very beneficial, fairly beneficial, or would there would be no benefit?” A mean score was calculated for each topic by allocating a numerical value to each answer, from a maximum of 3 for “new provision is essential” down to a minimum of 0 for “no benefit”, and calculating a summary mean score for the topic. The resulting ranking is shown overleaf, in figure 2.

The Community Pharmacy Workforce in England 2017

Figure 2: Ranking of training topics by mean score (non-CCA only)



The mean score provides a simple, single figure for ranking purposes. This does not always mean that the higher ranked topic was more commonly considered “essential”. For example, on the mean score calculation “supporting people with mental health issues” emerges with the highest ranking, even though slightly more participants thought that new provision was essential for “independent prescriber initial training”. This happens because, for example, a topic may receive more ratings of “very beneficial” AND more ratings “no benefit”, i.e. opinion on the topic is relatively polarised. A case in point can be seen by the fact that the “no benefit” percentage for “independent prescriber initial training” was nearly double the percentage for “supporting people with mental health issues”.

The table below shows the national percentage responses for each training topic suggested. The ranking in this table is based on the mean scores shown in the chart above, but it is worth noting that the ranking would change only slightly if based on the proportion saying either “essential” or “very beneficial”. On that alternative basis the top five topics remain the same, with “Supporting people with mental health issues” ranked highest, “Delivering advanced services” moving up to second position from fourth, and “Using physical and clinical assessment skills” third to fifth position.

It is worth noting that even the lowest ranked training topic (“Pharmacy Dispensing Assistant initial training”) was rated either “essential” or “very beneficial” by 41%. This is clearly significantly lower than the 58% figure for the highest ranked topic (“Supporting people with mental health issues”), but nevertheless indicates that a large minority of respondents were interested in the lowest ranked topic. The full set of percentage findings are shown in the table overleaf.

The Community Pharmacy Workforce in England 2017

Table 25. To what extent would your practice benefit from training in the following areas?

Topics ranked in descending order, based on mean score.

Training topics	New provision essential (Mean value 3)	New provision very beneficial (Mean value 2)	New provision fairly beneficial (Mean value 1)	Already available/staff trained - no benefit (MV 0)
Supporting people with mental health issues	19%	39%	34%	8%
Independent prescriber initial training	23%	31%	32%	14%
Using physical and clinical assessment skills	18%	34%	36%	13%
Delivering advanced services	21%	35%	21%	23%
Clinical Medication Review	19%	34%	29%	19%
Palliative Care (a medicines optimisation role)	15%	35%	37%	12%
Managing Transfer of Care (e.g. supporting discharge)	17%	32%	37%	14%
Supporting people with learning disability	14%	32%	42%	12%
Domiciliary Care (a medicines optimisation role)	13%	31%	40%	17%
Supporting learners in the workplace e.g. pre-registration pharmacists, pre-registration technicians	15%	29%	33%	23%
Using telephone triage or assessment Skills	14%	26%	41%	19%
Care Homes (support for care staff and residents)	11%	26%	39%	24%
Supporting early career (foundation) pharmacists	13%	24%	38%	26%
Pharmacy technician initial training	12%	28%	25%	35%
Pharmacy dispensary assistant initial training	14%	27%	19%	40%

No data is available for the CCA pharmacies. These England wide figures are based on 3514 responding community pharmacies for most topics, but on 4558 for the two initial training topics at the bottom of the table, due to the inclusion of London for those two topics only.

Please note the following points about the data shown above

- No data is available for the Thames Valley area due to the use of a different response scale in the 2015 survey; this means that the South region's Thames Valley area is missing completely, and the Central Midlands area within Midlands & East is missing the Milton Keynes component; note that Milton Keynes CCG was part of the 2015 Thames Valley survey, but subsequently moved from South to Midlands & East region
- Data from the London survey in 2015 is available only for pharmacy technician initial training and pharmacy dispensary assistant initial training, since the listed topics changed for the 2017 survey covering the rest of England
- The London questionnaire in 2015 asked about "pharmacy technician/dispensary assistant training" rather than "pharmacy technician/dispensary assistant *initial* training"; data for all other training topics comes from the 2017 survey of the rest of England
- 2015 London questionnaire used the same response scale, but most of the training subjects were changed for the 2017 questionnaire, and therefore only two can be included in this analysis. Clearly it is possible that both provision and needs may have changed between 2015 and 2017, so this time lapse needs to be borne in mind when considering the findings for London.
- 91 non-CCA pharmacies (2%) did not provide answers to these training questions

The Community Pharmacy Workforce in England 2017

The tables below show these training topics in priority ranked order, on a region by region basis with the national figure also shown for the purposes of comparison. These tables contain mean scores, as explained above.

Table 26. To what extent would your practice benefit from training in the following areas: North region compared with all of England

Topics ranked in descending order, based on mean score.

EXT1a. To what extent would your practice benefit from training in the following areas?	North 1347	All of England (3514)
Supporting people with mental health issues	1.657	1.687
Independent prescriber initial training	1.574	1.624
Palliative Care (a medicines optimisation role)	1.540	1.532
Using physical and clinical assessment skills	1.540	1.562
Delivering advanced services	1.540	1.537
Clinical Medication Review	1.518	1.533
Managing Transfer of Care (e.g. supporting discharge)	1.513	1.529
Supporting people with learning disability	1.475	1.490
Domiciliary Care (a medicines optimisation role)	1.365	1.398
Supporting learners in the workplace e.g. pre-registration pharmacists, pre-registration technicians	1.323	1.357
Using telephone triage or assessment Skills	1.319	1.340
Care Homes (support for care staff and residents)	1.212	1.243
Supporting early career (foundation) pharmacists	1.154	1.227
	North 1347	All of England (4558)
Pharmacy technician initial training	1.063	1.171
Pharmacy dispensary assistant initial training	1.034	1.154

The prioritisation pattern in the North was broadly very similar to that seen across the whole of England, though the appeal of “Palliative care” was a little higher in the North, in third position rather than the sixth place it occupied nationally. The level of interest in training was slightly lower in the North than across England in general, and the only topics on which the level of interest equalled or slightly exceeded the national average were “Palliative care” and “Delivering advanced services”.

The Community Pharmacy Workforce in England 2017

Table 27. To what extent would your practice benefit from training in the following areas: Midlands & East region compared with all of England

Topics ranked in descending order, based on mean score.

EXT1a. To what extent would your practice benefit from training in the following areas?	Midlands & East* (1366)	All of England (3514)
Supporting people with mental health issues	1.737	1.687
Independent prescriber initial training	1.706	1.624
Delivering advanced services	1.630	1.537
Using physical and clinical assessment skills	1.620	1.562
Clinical Medication Review	1.607	1.533
Managing Transfer of Care (e.g. supporting discharge)	1.582	1.529
Palliative Care (a medicines optimisation role)	1.576	1.532
Supporting people with learning disability	1.547	1.490
Domiciliary Care (a medicines optimisation role)	1.463	1.398
Supporting learners in the workplace e.g. pre-registration pharmacists, pre-registration technicians	1.430	1.357
Using telephone triage or assessment Skills	1.381	1.340
Supporting early career (foundation) pharmacists	1.312	1.227
Care Homes (support for care staff and residents)	1.286	1.243
	Midlands & East* (1366)	All of England (4558)
Pharmacy technician initial training	1.182	1.171
Pharmacy dispensary assistant initial training	1.146	1.154

*Note that no data is included from the Milton Keynes CCG, as this was part of Thames Valley local area office in South region, at the time of the 2015 Thames Valley survey.

The prioritisation pattern in the Midlands & East was broadly very similar to that seen across the whole of England featuring the same top five topics, although “Delivering advanced services” is ranked third in this region, rather than the fourth spot is occupied nationally. As a consequence, “Using physical and clinical assessment skills” drops from third to fourth place in Midlands & East.

The level of interest shown by participants in Midlands & East was relatively high, with the mean score exceeding the national average of almost all measures.

The Community Pharmacy Workforce in England 2017

Table 28. To what extent would your practice benefit from training in the following areas: South region compared with all of England

Topics ranked in descending order, based on mean score.

EXT1a. To what extent would your practice benefit from training in the following areas?	South* (418)	All of England* (3514)
Supporting people with mental health issues	1.624	1.687
Independent prescriber initial training	1.517	1.624
Using physical and clinical assessment skills	1.431	1.562
Palliative Care (a medicines optimisation role)	1.416	1.532
Managing Transfer of Care (e.g. supporting discharge)	1.416	1.529
Delivering advanced services	1.400	1.537
Supporting people with learning disability	1.354	1.490
Clinical Medication Review	1.344	1.533
Domiciliary Care (a medicines optimisation role)	1.311	1.398
Using telephone triage or assessment Skills	1.215	1.340
Supporting learners in the workplace e.g. pre-registration pharmacists, pre-registration technicians	1.194	1.357
Care Homes (support for care staff and residents)	1.165	1.243
Supporting early career (foundation) pharmacists	1.115	1.227
	South* (418)	All of England* (4558)
Pharmacy technician initial training	0.988	1.171
Pharmacy dispensary assistant initial training	0.876	1.154

*Note that this does not include any data for Thames Valley, as the Thames Valley 2015 questionnaire used as an incompatible response scale.

The top four training topics in South region were the same as the top four nationally, but “Clinical medication review” was in eighth position in the South, rather than the fifth position it occupied nationally. For every topic the level of interest shown in the South was notably lower than the national average figure.

The Community Pharmacy Workforce in England 2017

Table 29. To what extent would your practice benefit from training in the following areas: London & South-East region (Kent, Surrey, Sussex only on most issues) compared with all of England

Topics ranked in descending order, based on mean score.

EXT1a. To what extent would your practice benefit from training in the following areas?	KSS only (383)	All of England (3514)
Supporting people with mental health issues	1.668	1.687
Independent prescriber initial training	1.606	1.624
Using physical and clinical assessment skills	1.569	1.562
Clinical Medication Review	1.512	1.533
Managing Transfer of Care (e.g. supporting discharge)	1.507	1.529
Supporting people with learning disability	1.475	1.490
Palliative Care (a medicines optimisation role)	1.462	1.532
Using telephone triage or assessment Skills	1.392	1.340
Supporting learners in the workplace e.g. pre-registration pharmacists, pre-registration technicians	1.384	1.357
Domiciliary Care (a medicines optimisation role)	1.368	1.398
Delivering advanced services	1.313	1.537
Supporting early career (foundation) pharmacists	1.287	1.227
Care Homes (support for care staff and residents)	1.279	1.243
	London* & South East (1427)	All of England (4558)
Pharmacy dispensary assistant initial** training	1.362	1.171
Pharmacy technician initial** training	1.321	1.154

* Only the two bottom training topics of this table were common to the 2015 London survey and the Rest of England survey in 2017. Consequently data is only available for Kent, Surrey, Sussex local area office on the other 13 training topics.

**The 2015 London survey questionnaire did not include the word "initial" in this training topic description.

As with other regions the higher ranked topics broadly reflected the national picture, but the key difference in the South East is that "Delivering advanced services" had a much lower ranking in eighth position, rather than the fourth position occupied nationally.

Another notable difference in London & South-East was that "Pharmacy dispensary assistant initial training" and "Pharmacy technician initial training" were rated significantly more beneficial than they were in the rest of the country. This may be related to the time difference, since the London participants with survey data from 2015 were much keener on these two topics than were the Kent participants who provided data in the 2017 survey.

4.12.1.1 Interest in additionally commissioned services

The next question asked about the number of additionally commissioned services including Local Enhanced Services. There was no response scale used on this question, and respondents were asked simply to indicate whether they would find training on the topic to be beneficial (i.e. effectively yes/no).

Table 30: Additionally commissioned services (including Local Enhanced Services) that your pharmacy would find beneficial to access training.

EXT1b Please tick each one that your pharmacy would find beneficial to access training. If it would not be beneficial, please leave it blank.	Proportion saying training would be beneficial %
NHS Health Check	65
Minor Ailment Service	64
Emergency Hormonal Contraception	62
Medicines assessment and compliance support	61
Stop Smoking	60
Alcohol screening and brief intervention	57
NRT and/or Varenicline scheme	57
Chlamydia	53
Sexual health	53
On demand availability of specialist drugs (palliative care)	53
Supervised administration	45
Needle and Syringe Programme	37
No answer given/None considered beneficial	6
Base: 3514 non-CCA pharmacies	

Note that there is no data for Thames Valley or London contained in the table above, as this question was not asked in those 2015 surveys.

All of these topics had substantial appeal, were considered beneficial by more than half, and only “Supervised administration” and “Needle and syringe programme” were thought beneficial by less than half of participants.

It was noted in the previous section that Midlands & East participants were keenest on most training topics, and that pattern is repeated on these additionally commissioned services. Midlands & East had a higher percentage on almost every topic listed. The topics on which levels of interest were notably higher than the national average in Midlands & East were “Needle and syringe programme” (44%) and the “Minor ailments service” (69%).

Participants in North region had a relatively high level of interest in “Stop smoking” (66%) and “NRT and/or Varenicline scheme” (63%), on which their interest was several percentage points above the national average. Participants in South region were close to the national average on all of the subjects, and those in Kent, Surrey, Sussex (the only part of London & South-East in which these questions were asked) were below the national average on most topics, but had a relatively high level of interest in “Medicines assessment and compliance support” (66%).

4.12.2 Training priorities of CCA member companies

The original CCA data collection exercise did not include a question on training priorities, and instead this information was gathered through a subsequent consultation with head offices of member companies. Consequently the CCA priorities are not drawn from individual community pharmacy responses, as is the case for non-CCA training priorities.

The Community Pharmacy Workforce in England 2017

Although the CCA asked for training topics to be ranked in order of priority, once combined there was little difference in the perceived importance across the topics listed below, and therefore they are presented here without ranked order. The feedback on priorities from CCA members was as follows:

- Managing **Transfer of Care** (e.g. supporting discharge)
- Training around **working collaboratively with other healthcare professionals** (aimed at all pharmacy staff)
- Education on **public health campaigns** covering the local NHS landscape and signposting (incl. **Health Champion** training for unregistered staff)
- Using **physical and clinical assessment** skills
- **Medicines optimisation** in multiple care settings (including Domiciliary and Palliative care)
- Supporting **early career (foundation) pharmacists** (this needs to be co-ordinated via a national programme and aligned to the national workforce strategy)
- Supporting people with **mental health** issues
- Training in **behavioural change support** e.g. motivational interviewing and the use of validated tools such as Patient Activation Measures
- **Professionalism and revalidation** support (needs to be a nationally co-ordinated approach across providers for all registrants)
- **Clinical Medication Review**
- Patient **counselling and consultation skills** for pharmacists and pharmacy staff

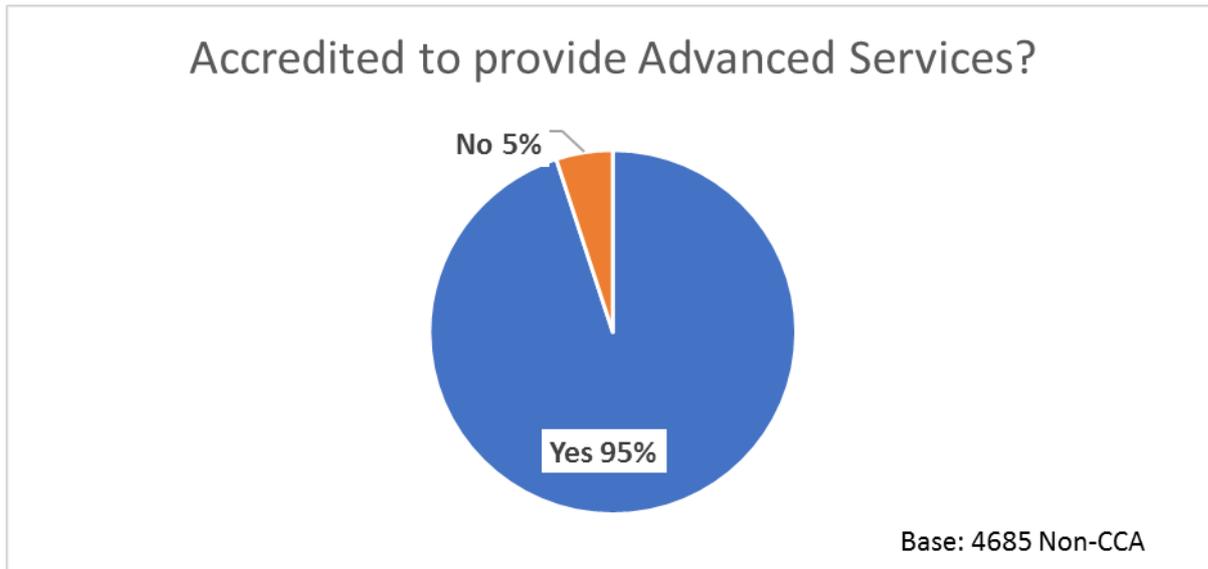
Overall, CCA companies felt it was important that training moves the pharmacy profession forward, rather than focuses on the services already available or training that already exists. However, it was also noted that whilst there aren't necessarily *gaps* in training provision for some of the options presented in the survey (e.g. pharmacy assistant initial training, pharmacy technician initial training), further funding to support pharmacy contractors in accessing the training provisions which are already available would still be very beneficial. Training should also align with developments / transformation in healthcare provision more generally, particularly when it comes to digitisation.

It is very important to CCA members that HEE and NHS England review the approaches towards the way funding for training is released. It was felt that supporting locally-led delivery works in some instances, but there was a desire to see moves towards funds being made available to contractors, giving them more flexibility on where they would like to obtain the training from, and how/when they would like it delivered. A workshop exercise in 2017 highlighted that CCA companies:

- absolutely welcome HEE investment, but find the local variation, lack of backfill cover and short timelines in delivery of training very difficult
- require more options as to *how* funded training is delivered – need to make use of in-house CCA resources i.e. dedicated training departments, expertise and e-learning platforms already in place, rather than duplicate
- feel HEE/NHSE should look to the NES model of allocating funding so that individual employers can identify their own gaps and are then trusted to deliver the training most appropriate for their teams, in the most appropriate way.

4.13 Accreditation to provide advanced services (non-CCA pharmacies only)

The penultimate question on the questionnaire asked if the pharmacy was accredited to provide advanced services, and this revealed that the overwhelming majority of community pharmacies were accredited. North West London was the area with the lowest level of accreditation at 89%, but across all other areas the proportion with accreditation was very close to the national average.



5. Discussion

5.1 Conclusions

This survey had high levels of participation from community pharmacies across England. The questionnaire for non-CCA community pharmacies was completed by 74.3% of those eligible, and the CCA has confirmed that 100% of its members' community pharmacies responded. This means that the findings are comparatively very robust compared to workforce surveys in many other sectors, thanks to a combined participation rate of 86% of community pharmacies in England.

It can be seen that the profile of the pharmacy workforce varies across England, although in many respects the pattern is quite consistent. The widest differences in workforce profile were observed between the North and London & South-East regions, particularly in terms of Trained Dispensing Assistants who made up one third of the North region workforce, but only one fifth of the London & South-East workforce. It is worthy of further exploration to understand why London & South-East had a much higher proportion of Trained Medicines Counter Assistants than was found in the North.

On vacancy rates the differences between regions and across local areas can be quite large. On almost all roles the vacancy rate is highest in London and tends to be higher than average in the South region, Kent, Surrey, Sussex, and the East and Central Midlands areas within Midlands & East region. The exception to this pattern is for the role of Pharmacist, where London has one of the lowest vacancy rates.

Pharmacists had a relatively low vacancy rate of 2%-5% in most areas, with the exception being the 9% found in the South West local area.

Pre-Registration Trainee Pharmacists had by far the highest vacancy rate across the nine roles but the rates for Accuracy Checkers and Trainee Medicines Counter Assistants were also relatively high. The recruitment challenge may be different for each of these roles. It is expected that the recruitment challenge may be different for each of these roles, influenced by the number of pharmacies recruiting to these roles, and differing rates of staff turnover. The implementation of the new Initial Education and Training Standards for Pharmacy Technicians (published Oct 2017), from the General Pharmaceutical Council are expected to influence how pharmacy teams, achieve skill mix in the future including the role of Accuracy Checking Pharmacy Technicians.

In the case of Pre-Registration Trainee Pharmacists there is a need to explore why some regions, such as East, have a vacancy rate was substantially higher than the national average. Investigation is also needed to establish whether the very high rate of vacancies for this position may have been influenced by "vacancies" being reported by community pharmacies that do not currently have approval as pre-registration pharmacist training premises.

For the Trainee MCA position it is notable that the vacancy rate was relatively high, but the non-CCA participants considered this to be one of the easier roles to recruit for, and the challenge may therefore be one of improving retention, rather than a shortage of suitable candidates.

Apprentices are more commonly found in the North and Midlands & East regions than they are elsewhere, but even within regions there are significant variations between the proportions of

Trainees filled by apprentices. This suggests that practice is driven by very local factors rather than national or regional policy.

In the non-CCA sector there was widespread interest in the full range of training topics suggested to the participants, with between 40% and 60% regarding each of the 15 topics as either “essential” or “very beneficial”. Supporting people with mental health issues and Independent Prescriber initial training were the highest rated topics. The non-CCA sector showed significant interest in training in the range of potentially additionally commissioned services, with each topic regarded as beneficial by between one third and two thirds. Training around NHS Health Check and Minor Ailment Services were the most popular topics on this list. The CCA consultation on training priorities produced a similar list of subjects to the one contained in the non-CCA questionnaire, though the CCA decided not to put this in the form of a ranked list of topics, since most topics had a similar level of perceived benefit.

5.2 Limitations:

Although a comparatively high response rate was achieved for the survey it should be noted that approximately one quarter of non-CCA pharmacies did not participate. In order to achieve this level of participation considerable time and effort was required, with multiple email reminders, a postal reminder, and telephone calls to remind non-responding pharmacies, during the course of an 18-week fieldwork period. There was no firm evidence on reasons for non-response, though anecdotally it is understood that some non-CCA pharmacies felt they were too busy to participate.

The CCA has confirmed that 100% of its members’ community pharmacies provided data. Although this is a very admirable participation rate, it should be noted that they answered a more limited set of questions, meaning that some of the findings described in this report are representative of the non-CCA sector only. In addition, due to the difficulties of coordination and logistical challenges, the non-CCA data collection took place a few months after to the CCA data was collected. Though not ideal, it seems unlikely that the relatively short time lapse between data collection exercises to be the cause of any concern about the validity of the merged data.

In an ideal world data collection would be conducted by all community pharmacies, regardless of sector, on the same day. In reality this is not possible, due to logistical challenges, and because of the voluntary nature of participation by staff who are providing the data in addition to their normal daily duties, and therefore require the flexibility to choose when they do the work. If it were decided to only accept data provided on a single specified date, the level of participation would drop substantially.

Data for non-CCA community pharmacies in the Thames Valley and London local areas was collected by surveys in 2015, and subsequently merged with data for non-CCA pharmacies in the rest of England gathered in the 2017 survey. This time lag needs to be borne in mind particularly on questions potentially affected by changing conditions, such as the vacancy rates and ease/difficulty of recruitment, which can clearly be influenced by labour market conditions.

The wording of questions can have an impact on findings, and it should be noted that there were some differences between the 2015 questionnaires and the 2017 questionnaires, as well as some questions used in 2015 that did not appear in the 2017 questionnaire, and vice versa. The full list of questionnaire differences can be found in appendix 1, but the more significant differences potentially affecting merged data are listed here:

The Community Pharmacy Workforce in England 2017

- The 2017 Rest of England questionnaire specified that staff who are currently absent long-term (e.g. long-term sickness, maternity/paternity/adoption leave) should be excluded from staff numbers provided, but no specification of how to treat long-term absence was provided in previous questionnaires; note that all questionnaires required normal hours to be included if a member of staff was absent in the short term.
- The 2017 questionnaire specified that where a member of staff already had a pharmacy qualification but was in training for a higher pharmacy qualification, they should be counted “in the appropriate band for their training”; the 2015 questionnaires specified that “they should be counted in the higher band”.
- The 2017 questionnaire defined a vacancy as a post for which they were actively recruiting or intending to actively recruit in the near future, but excluded cases where an appointment had been made but the new recruit was yet to start; the 2015 questionnaires defined a vacancy as being vacant during the survey week, including cases in which an appointment had been made but had not yet started.
- The list of training topics for non-CCA pharmacies to rate by perceived benefit was changed substantially for the 2017 questionnaire, meaning that data from only two topics from the London 2015 questionnaire could be merged into the 2017 data set (as explained in the relevant section of the report); the 2015 Thames Valley questionnaire used a different rating scale and consequently no data from that survey could be merged into the 2017 data set.

The wording of questions may have an impact on results. The question in particular that states ‘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’ may lead to confusion. Those in training should, if the instructions are followed explicitly, be counted as trained. This survey shows approximately 14,000 staff specified as being in Trainee roles, and therefore the wording may have led to some confusion.

Suggestions for future surveys would be to ensure clear guidance on what positions should be counted in the higher level, or change the question to ‘how many trainees are studying for a higher qualification?’

As mentioned above, there is anecdotal evidence that one of the reasons for non-anticipation was that the relevant staff member was too busy to find the time to complete the questionnaire. It is possible that such pharmacies are extremely busy because they have high levels of vacancies, and their absence from the data set begs the question of whether the survey may consequently have slightly underestimated the number of vacancies across the whole community pharmacy sector.

Acknowledgements:

The key individuals involved in conducting the survey and undertaking the analysis were the Health Education England/NHS England Project Manager Helen Smith, her colleague Roz Cheeseman. The survey was built upon the pilot work undertaken across the Kent, Sussex and Surrey pharmacy team, their work in establishing the survey format was invaluable in being able to deliver across England. We are grateful for co-operation from the Company Chemists Association, and in particular for the work done by Kate Livesey and Nanette Kerr.

NHS England was instrumental in the delivery of the survey by leading the communications with pharmacies to engage.

Chris Bowden and his team at Marketing Means Ltd were responsible for setting up the questionnaire, collecting and processing the data. Graham Kelly at GK Research was involved throughout the project and wrote this report.

The success of the survey also owed a great deal to the contribution of the local Health Education England offices, the various Local Pharmaceutical Committees across England, and national promotion through the PSNC and NPA, in particular Alastair Buxton and Helga Mangion respectively for their role in encouraging participation by members.

Finally, the survey would not have been possible without participation by staff in local community pharmacies, and by many of their colleagues in company head offices, and we thank them for their time and effort in providing the relevant data.

Appendix 1.

Key differences in the questionnaires used for the 2017 survey and previous regional surveys

The 2017 survey covered the whole of England except for the regions of Greater London and Thames Valley (i.e. Berkshire, Oxfordshire, Buckinghamshire and Milton Keynes), as these two regions had collected data in 2015.

Although all three of the questionnaires used were largely the same, being based on the original Kent, Surrey and Sussex study in 2014, there are a number of differences across the three questionnaires, some of which are matters of presentation or quality control; others are more substantive, and are listed below. Appropriate references are made in the relevant sections of the report, where these more substantive differences apply.

- The 2017 Rest of England questionnaire specified that staff who are currently absent long-term (e.g. long-term sickness, maternity/paternity/adoption leave) should be excluded from staff numbers provided, but no specification of how to treat long-term absence was provided in previous questionnaires; note that all questionnaires required normal hours to be included if a member of staff was absent in the short term.
- The 2017 questionnaire specified that where a member of staff already had a pharmacy qualification but was in training for a higher pharmacy qualification, they should be counted “in the appropriate band for their training”; the 2015 questionnaires specified that “they should be counted in the higher band”.
- The 2017 questionnaire defined a vacancy as a post for which they were actively recruiting or intending to actively recruit in the near future, but excluded cases where an appointment has been made but the new recruit was yet to start; the 2015 questionnaires defined a vacancy as being vacant during the survey week, including cases in which an appointment had been made but had not yet started.
- The 2017 question contained two questions specifically about Independent Prescribers; there were no such questions in the 2015 surveys.
- The 2017 Rest of England and 2015 London questionnaires asked how many Pharmacy Technicians were Accredited Checking Pharmacy Technicians or Accuracy Checking Technicians, and then obtained both FTE and headcount figures, whereas the London questionnaire asked only the headcount figure; this question was not asked at all in the Thames Valley survey.
- The 2015 Thames Valley survey asked “How many of these are accredited/ accuracy checking technicians are registered pharmacy technicians?” This was not asked in the 2017 Rest of England survey, or the 2015 London survey. Consequently this Thames Valley specific data does not appear in this report.
- The 2017 Rest of England and 2015 London questionnaires specified that the numbers provided for Accuracy Checking Technicians should exclude those that were Registered Pharmacy Technicians; in the 2015 Thames Valley questionnaire the specification was to “include Registered Pharmacy Technicians within this total even though these people will already be counted in the previous question”.
- The 2015 London questionnaire included two questions focused on Public Health Champions; these questions were not included in the 2017 Rest of England, or the 2015 Thames Valley questionnaires.
- The question about identifying gaps in training provision had a consistent response scale in the 2017 Rest of England and 2015 London questionnaires, but Thames Valley used a different response scale; consequently Thames Valley data cannot be merged with the other regions, and does not appear in this report.
- The list of training topics used in the question about training provision changed substantially for the 2017 Rest of England survey, and consequently the only 2015 London data that could be

The Community Pharmacy Workforce in England 2017

merged was on topics of Pharmacy Technician initial training, and Dispensing Assistant initial training (despite a very minor difference in the way that the topic was phrased, i.e. the word “initial” was introduced for the 2017 Rest of England survey).

- The response scale for the 2017 Rest of England was very slightly different from the 2015 London wording in respect of one response; in 2015 this said “Already available - no benefit in providing more”, and in 2017 it said “Already available/staff already trained - no benefit in providing more”. This difference is considered so slight that the 2015 London data was merged into the 2017 Rest of England data.
- The 2017 Rest of England questionnaire included questions about training in relation to Local Enhanced Services; this question was not asked in London or Thames Valley.

Additional minor changes

- All of the questionnaires asked respondents to exclude staff who worked at the establishment on only an exceptional basis, but the 2017 Rest of England questionnaire also explicitly excluded “corporate managers/administrators who are based at the pharmacy but do only corporate work, and do not provide direct service to members of the public”.
- The 2017 Rest of England questionnaire used the definition “Pharmacists (registered with the GPhC)”; the words shown in brackets did not appear on previous questionnaires.
- The 2017 Rest of England questionnaire supplemented the definition of Accuracy Checking Technicians with the bracketed words “including those that are also referred to as accuracy checkers”; these words did not appear in the 2015 London and Thames Valley questionnaires.
- The 2017 Rest of England questionnaire used the definition “Pharmacy Technicians (registered with the GPhC)”; the words shown in brackets did not appear on 2015 London and Thames Valley questionnaires, which simply described this role as “Registered Pharmacy Technicians”.
- Both the 2017 Rest of England questionnaire and the 2015 London questionnaire featured question 1a asking if the pharmacy had any staff in each of nine roles, and question 1b asking if the pharmacy had vacancies in each of the nine roles; in the 2015 Thames Valley questionnaire these questions were integrated into a single question with space to answer Yes or No to each (i.e. staff employed and vacancies).
- In the 2015 London and Thames Valley questionnaires there was a question asking “Do you currently have vacancies for (specified role?)”, and those answering Yes would then be filtered to the question “How many vacancies do you have for (specified role)?” In the Rest of England questionnaire, the first of these questions was omitted, and everybody was asked “How many vacancies do you have” and they had the option to specify zero if they had no vacancies.
- The 2017 Rest of England questionnaire asked how many Pharmacy Technicians “are accredited checking pharmacy technicians or accuracy checking technicians?”, which was slightly different from the 2015 London questionnaire which asked “how many of these are accredited/accuracy checking technicians?” See the note above about Thames Valley’s more significant difference on this issue.
- For those roles in which Apprentices may be employed the 2017 Rest of England questionnaire asked “How many of those (specified role) are apprentices (funded by apprenticeship funding/levy)?” The 2015 London and Thames Valley questionnaires used slightly different wording to describe the funding, which was “funded by apprenticeship funding, also known as the under 25 grant”.

Appendix 2.

Training priorities of non-CCA sector in London and Thames Valley, based on data from 2015 surveys

Note that the text in this appendix is taken from the Thames Valley 2015 report and London 2015 report.

Different approaches were taken with the CCA members and the non-CCA sector when seeking to identify preferred topics for new training provision. In both London and Thames Valley the questionnaire completed by non-CCA sector pharmacies listed a number of potential training subjects and sought to establish priority levels for each by asking a closed question with answer options at different levels of benefit. The subjects on the list differed from the subjects listed at the related question in the 2017 Rest of England survey, and therefore only two subjects from the London survey could be integrated into the 2017 Rest of England data. The Thames Valley 2015 data used a different set of response options from the London 2015 and Rest of England 2017 questionnaires, and therefore no Thames Valley data can be integrated.

The CCA companies approached the training question in a less structured way, but in a way that was consistent across all three surveys. They simply asked their member companies to provide a list of priority training topics at each survey. These suggestions cannot be quantified/ranked as has been done via the more structured questions put to the non-CCA sector.

The relevant text from the London and Thames Valley 2015 reports is shown below.

Training priorities of non-CCA sector pharmacies in London

The questionnaire completed by non-CCA sector pharmacies sought to establish priority levels for new training provision by asking the following question in relation to eight potential topics: "Would providing new training for your pharmacy in these areas be essential, very beneficial, fairly beneficial, or would there would be no benefit?" The table below places these topics in priority ranked order, on the basis of the mean score calculator by giving a score of three for each "essential" answer, a score of two for each "very beneficial" answer, a score of one for each "fairly beneficial" answer, and a score of zero for each "no benefit" answer.

Training subjects ranked by perceived benefit of new provision

Base: all non-CCA	North West London (273)	South London (414)	North Central & East London (358)	All (1045)
Locally commissioned services (e.g. Public Health, Palliative Care)	2.0	2.0	2.0	2.0
Healthy Living Pharmacies	2.0	1.7	1.9	1.9
Dementia Care - Pharmacist perspective	1.8	1.8	1.9	1.8
Public Health Champions (RSPH)	1.9	1.6	1.9	1.8
Pharmacy Dispensary Assistant training	1.5	1.4	1.5	1.5
Pharmacy Technician training	1.4	1.4	1.5	1.5
Vaccinations	1.6	1.4	1.4	1.5
Community Pharmacy Advanced Services (MUR and NMS)	1.5	1.2	1.2	1.3

Note that the information in this table is not available for CCA members

The Community Pharmacy Workforce in England 2017

No significant differences were observed between the three Local Office areas in terms of their training priorities, though it may be of interest to note that South London consistently scores slightly lower, providing the lowest, or equal lowest rating on all of the suggested topics. This may be in part due to investment and training opportunities already undertaken in South London.

Some of the non-CCA sector pharmacies belong to the Association of Non-CCA Multiple Pharmacies (AIMp). Members of the AIMp had a lower level of interest than non-AIMp members and two topics: AIMp members produced a score of only 0.8 for Community Pharmacy Advanced Services, compared with 1.3 among the other non-CCAs; AIMp members produced a score of only 1.0 in relation to Vaccination training, compared with 1.5 among other non-CCAs. This may be due to some AIMp pharmacies having internal company training on these subjects, and therefore having lower interest in potentially new provision on the same topics.

Training priorities of CCA member companies in London

The CCA companies were asked to send through their top training priorities for the London area. Below is a summary of training needs identified and details on which groups would benefit most from additional funded training. The list below is not quantitative ranked, but the first mention of “patient counselling and consultation skills” was suggested by a number of member companies, and each of the other suggestions was made by more than one member company.

- **Patient counselling and consultation skills** for pharmacists, dispensing assistants and pharmacy staff.
- **Safeguarding training** for pharmacists, dispensing assistants and pharmacy staff.
- **Education on Public Health Campaigns** covering the local NHS landscape and signposting. Healthcare assistances would benefit most from this training.
- **Health Champion training** for support team members.
- **Professionalism and CPD support** for GPhC registered technicians.
- Practical training events on the **delivery of commissioned services**.
- Training around **working collaboratively with other healthcare professionals** – aimed at the Dispenser, Pharmacy Technicians, and Pharmacists.
- Community care clinical diploma (or training modules that go towards a diploma in community (pharmaceutical) care) for pharmacists. The course could cover **how community pharmacists interact with other Healthcare practitioners** in London and **how to effectively manage patient cohorts**.

Comparisons can be made between the free text answers supplied by the CCA and the non-CCA pharmacies. Investment in training on local commissioned services and investment in health champions exists in both lists, along with public health. CCA member companies listed the staff roles that they suggest should receive this training, but there is no comparable role specific data for non-CCA pharmacies, although similarities can be inferred.

Training priorities of non-CCA sector pharmacies in Thames Valley

The questionnaire completed by non-CCA sector pharmacies asked the following question, “In order to support community pharmacies, Health Education Thames Valley School of Pharmacy would like to identify gaps in training provision. To what extent would your pharmacy benefit from training in the following areas?” The results are presented in the Table below.

This demonstrates that for community pharmacy advanced services, pharmacy technician and dispensing assistant training that a good provision exists but there are some question marks for whether the training fully meets everyone’s needs. Training for dementia, to support healthy living pharmacies and for locally commissioned services appear to have a poorer provision with training reported as not being available by 23%, 20% and 13% respectively.

The Community Pharmacy Workforce in England 2017

In addition to the question above on gaps in training provision the community pharmacies were asked to identify up to five other training priorities and whether the provision of this was not met or not suitable within Thames Valley. A range of different ideas were offered with 24% of pharmacies identifying one additional training need, dropping to 11% for a second need and then 6% for a third need.

The majority of pharmacies did not complete any fourth or fifth training needs. The highest overall identified need for training was continuing professional development for MCA's and DA (both 6%), followed by funded non-CCA prescribing training (4%), then training on Electronic Prescribing Systems (EPS), smoking cessation and minor ailment schemes (all 2%). Most of the other cited training needs linked to management, leadership or the delivery of enhanced services or public health.

Training subjects by perceived benefit of new provision				
	Provision Met (%)	Provided but doesn't meet needs (%)	Training is not available (%)	Training available is not suitable (%)
Pharmacy Technician Training	90 (72)	17 (13)	14 (11)	5 (4)
Pharmacy dispensing assistant training	95 (75)	16 (13)	2 (10)	13 (2)
Training for Healthy living pharmacies	53 (42)	39 (31)	25 (20)	9 (7)
Dementia Training – Pharmacists perspective	62 (49)	30 (24)	29 (23)	5 (4)
Community pharmacy Advanced Services (MUR and NMS)	103 (82)	16 (13)	6 (5)	1(1)
Training for locally commissioned services e.g. Public Health, Palliative Care	76 (60)	32 (25)	17 (13)	1 (1)

Note: numbers are rounded so may not add up exactly to 100%

Training priorities of the CCA member companies in Thames Valley

The CCA companies were asked to send through their top training priorities for the Thames Valley area. Below is a summary Table of training needs identified and details on which groups would benefit most from additional funded training.

There are similarities between the CCA and non-CCA data in that training to support enhanced services and public health are needed. The suggestion of a high need for training to provide healthy living champions and to develop consultations skills featured highly with the CCA companies.

The CCA companies were asked to send through their top training priorities for the Thames Valley area. Below is a summary of training needs identified and details on which groups would benefit most from additional funded training.

- **Patient counselling and consultation skills** for pharmacists, dispensing assistants and pharmacy staff.
- **Safeguarding training** for pharmacists, dispensing assistants and pharmacy staff.
- **Education on Public Health Campaigns** covering the local NHS landscape and signposting. Healthcare assistances would benefit most from this training.
- **Health Champion training** for support team members.
- **Professionalism and CPD support** for GPhC registered technicians.
- Practical training events on the **delivery of commissioned services**.
- Training around **working collaboratively with other healthcare professionals** – aimed at the Dispenser, Pharmacy Technicians, and Pharmacists.
- Community care clinical diploma (or training modules that go towards a diploma in community (pharmaceutical) care) for pharmacists. The course could cover **how community pharmacists interact with other Healthcare practitioners** in Thames Valley and **how to effectively manage patient cohorts**.

Appendix 3

Questionnaire used for the Community Pharmacies Workforce Survey 2017

Note that CCA members contributed data only for workforce numbers including apprentices (FTE and headcount), and vacancy numbers (from which rates were calculated). All of the non-CCA pharmacies completed the full questionnaire shown below, with the exception of 91, most of which chose to complete the more limited question set used by the CCA members, and six of whom provided most information but skipped some sections, leaving answers blank.



Health Education England

Community Pharmacies workforce survey

Please complete this questionnaire with reference to the workforce at:

Pharmacy: PHARMACY NAME SPECIFIED

Address: ADDRESS SPECIFIED

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** the following types of staff

- those who work here only on an exceptional basis, such as covering for unexpected sickness amongst the regular staff
- corporate managers/administrators who are based at the pharmacy but do only corporate work, and do not provide direct service to members of the public

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 worked 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 on a short-term basis** during the period, but **do not count any temporary staff covering for that leave/sickness on a short-term basis** (or temporarily increased hours of other staff). Please **do not count any staff who are currently absent long-term**, whether through long-term sickness, maternity/paternity/adoption leave etc.

If a member of staff already has a pharmacy qualification (e.g. medicines counter assistant) but is in training for a higher pharmacy qualification (e.g. pharmacy technician), they should be counted in the appropriate band for their training (Pre-registration trainee pharmacy technicians).

The Community Pharmacy Workforce in England 2017

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.

Introduction

Q1a. Do you currently have STAFF in any of these roles? Please select all roles that apply. Please include self-employed locum staff, as well as directly employed staff.

Pharmacists registered with GPhC (Please include both directly employed staff and self-employed locums)	[]
Pre-registration trainee pharmacists for whom this pharmacy is their normal place of work	[]
Pharmacy technicians (registered with the GPhC), including those that are also referred to as accredited checking pharmacy technicians or accuracy checking technicians (Please include both employed and self-employed registered pharmacy technicians)	[]
Accuracy checking technicians (ACT), including those that are also referred to as accuracy checkers - (Please do not include those that are registered pharmacy technicians)	[]
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.	[]
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)	[]
Trainee dispensing assistants (Enrolled on a course to provide NVQ level 2, BTEC level 2, City & Guilds level 2) (Please include apprentices)	[]
Trained medicine counter assistants (MCA)	[]
Trainee medicine counter assistants, enrolled on a General Pharmaceutical Council accredited course* (Please include apprentices)	[]
NO STAFF in any of those roles	[]

***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 courses can be found here:**

<http://www.pharmacyregulation.org/education/support-staff/medicines-counter-assistant/accredited-courses>

Q1b. Do you currently have VACANCIES in any of these roles?

Please include self-employed locum vacancies, as well as directly employed vacancies. (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work).

Pharmacists registered with GPhC (Please include both directly employed staff and self-employed locums)	[]
Pre-registration trainee pharmacists for whom this pharmacy is their normal place of work	[]
Pharmacy technicians (registered with the GPhC), including those that are also referred to as accredited checking pharmacy technicians or accuracy checking technicians (Please include both employed and self-employed registered pharmacy technicians)	[]
Accuracy checking technicians (ACT), including those that are also referred to as accuracy checkers - (Please do not include those that are registered pharmacy technicians)	[]
Pre-registration trainee pharmacy technicians - enrolled upon (or completed and awaiting	[]

The Community Pharmacy Workforce in England 2017

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.	
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)	[]
Trainee dispensing assistants (Enrolled on a course to provide NVQ level 2, BTEC level 2, City & Guilds level 2) (Please include apprentices)	[]
Trained medicine counter assistants (MCA)	[]
Trainee medicine counter assistants, enrolled on a General Pharmaceutical Council accredited course* (Please include apprentices)	[]
NO VACANCIES in any of those roles	[]

***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 courses can be found here:**

<http://www.pharmacyregulation.org/education/support-staff/medicines-counter-assistant/accredited-courses>

Section 1: Pharmacists (registered with GPhC and currently working as a pharmacist)

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 (FTE).

If you do not have your own definition of FTE please use 45 hours per week for pharmacists. [For example 2 part-time pharmacists working a total of 45 hours per week between them would equal 1 FTE]

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

- If > 10 ask check question: You typed a value greater than 10 for the number of pharmacists at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If value is 0, ask check question: You typed a value of ZERO for the number of pharmacists at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct

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) _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: "You entered XX: is that correct?" Yes = continue, Know = start this question again
- If value is 0, ask check question: You typed a value of ZERO for the number of pharmacists at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

RP4. How many vacancies do you have for pharmacists? (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work).

The Community Pharmacy Workforce in England 2017

Enter the number of FTE
vacancies for pharmacists _____

Enter the headcount vacancy
figure for pharmacists _____

Note: headcount number should
be a whole number, with no
decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of pharmacist vacancies at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

Note: Questions IP1 and IP2 were not covered by the CCA data collection

The next two questions are about independent prescribers.

IP1 What is the total number of independent prescriber pharmacists?

Please use your own business's definition of full-time equivalent (FTE).

If you do not have your own definition of FTE please use 45 hours per week for pharmacists. [For example 2 part-time pharmacists working a total of 45 hours per week between them would equal 1 FTE]

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

- If > 10 ask check question: You typed a value greater than 10 for the number of independent prescriber pharmacists at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

IP2. What is the headcount figure for the number of independent prescriber pharmacists working at this branch as part of the normal establishment figures for the branch?

Total employed + self-employed
pharmacists (enter headcount
number) Note: headcount
number should be a whole
number, with no decimal places _____

- If > 10 ask check question: You typed a value greater than 10 for the number of independent prescriber pharmacists at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

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 (FTE). If you do not have your own definition please use 40 hours per week for non-pharmacists.

[For example, 2 part-time staff working a total of 40 hours per week between them would equal 1 FTE]

Pre-registration trainee
pharmacists (enter FTE figure) _____

- If > 10 ask check question: You typed a value greater than 10 for the number of pre-registration trainee pharmacists at this practice (FTE or headcount). Please go back and alter your

The Community Pharmacy Workforce in England 2017

answer(s) if that is not correct.

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) _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of pre-registration trainee pharmacists at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

RPT4. How many vacancies do you have for pre-registration trainee pharmacists? (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work)

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

Enter the headcount vacancy figure for pre-registration trainee pharmacists Note: headcount number should be a whole number, with no decimal places _____

- If > 10 ask check question: You typed a value greater than 10 for the number of pre-registration trainee pharmacist vacancies at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

RPT5. Health Education England 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

No - I do not want this pharmacy to be identified as employing a pre-registration trainee pharmacist

Section 3. Pharmacy technicians (registered with the GPhC), including those that are also referred to as accredited checking pharmacy technicians or accuracy checking technicians (Please include both employed and self-employed registered pharmacy technicians)

RT1. What is the total number of full-time equivalent registered pharmacy technicians? Please use your own business's definition of full-time equivalent (FTE). If you do not have your own definition please use 40 hours per week for non-pharmacists.

[For example, 2 part-time staff working a total of 40 hours per week between them would equal 1 FTE]

The Community Pharmacy Workforce in England 2017

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

- If > 10 ask check question: You typed a value greater than 10 for the number of Pharmacy technicians at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

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) _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of Pharmacy technicians at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

Note: Questions RT2a and RT2b were not covered by the CCA data collection

RT2a. How many of these are accredited checking pharmacy technicians or accuracy checking technicians?

Enter the full-time equivalent number of registered pharmacy technicians who are accredited checking pharmacy technicians or accuracy checking technicians

Please use your own business's definition of full-time equivalent (FTE). If you do not have your own definition please use 40 hours per week for non-pharmacists.

[For example, 2 part-time staff working a total of 40 hours per week between them would equal 1 FTE]

Total employed + self-employed registered pharmacy technicians who are accredited checking pharmacy technicians or accuracy checking technicians (enter FTE figure) _____

- If > 10 ask check question: You typed a value greater than 10 for the number of Pharmacy technicians at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

RT2b Enter the headcount number for registered pharmacy technicians who are accredited checking pharmacy technicians or accuracy checking technicians?

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

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of Pharmacy technicians at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

RT4. How many vacancies do you have for registered pharmacy technicians? (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or

The Community Pharmacy Workforce in England 2017

intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work)

Enter the number of FTE
vacancies for registered
pharmacy technicians _____

Enter the headcount vacancy
figure for registered pharmacy
technicians _____

Note: headcount number should
be a whole number, with no
decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of Pharmacy technician vacancies at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

Section 4. Accuracy checking technicians (ACT), including those that are also referred to as accuracy checkers - (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 (FTE). If you do not have your own definition, please use 40 hours per week for non-pharmacists.

[For example, 2 part-time staff working a total of 40 hours per week between them would equal 1 FTE]

Directly employed accuracy
checking technicians (enter FTE
figure) _____

- If > 10 ask check question: You typed a value greater than 10 for the number of Accuracy checking technicians at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

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) _____

Note: headcount number should
be a whole number, with no
decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of Accuracy checking technicians at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

ACT4. How many vacancies do you have for accuracy checking technicians? Please do not include those that are registered pharmacy technicians. (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the

The Community Pharmacy Workforce in England 2017

near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work)

Enter the number of FTE
vacancies for accuracy checking
technicians _____

Enter the headcount vacancy
figure for accuracy checking
technicians _____

Note: headcount number should
be a whole number, with no
decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of Accuracy checking technician vacancies at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

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?

If you do not have your own definition please use 40 hours per week for non-pharmacists.

[For example, 2 part-time staff working a total of 40 hours per week between them would equal 1 FTE]

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

- If > 10 ask check question: You typed a value greater than 10 for the number of pre-registration trainee pharmacy technicians at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

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) _____

Note: headcount number should
be a whole number, with no
decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of pre-registration trainee pharmacy technicians at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

PRTP2b. How many of those pre-registration trainee pharmacy technicians are apprentices (funded by apprenticeship funding/levy)?

Apprentices (enter FTE figure) _____

The Community Pharmacy Workforce in England 2017

Apprentices (enter headcount figure) _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of pre-registration trainee pharmacy technicians at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

PRTP4. How many vacancies do you have for pre-registration trainee pharmacy technicians?

(Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work)

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

Enter the headcount vacancy figure for pre-registration trainee pharmacy technicians _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of pre-registration trainee pharmacy technician vacancies at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

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 (FTE). If you do not have your own definition please use 40 hours per week for non-pharmacists.

[For example, 2 part-time staff working a total of 40 hours per week between them would equal 1 FTE]

Trained dispensing assistants (enter FTE figure) _____

- If > 10 ask check question: You typed a value greater than 10 for the number of trained dispensing assistants at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

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) _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trained

The Community Pharmacy Workforce in England 2017

dispensing assistants at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

TDAC4. How many vacancies do you have for trained dispensing assistants? (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work)

Enter the number of FTE
vacancies for trained dispensing
assistants _____

Enter the headcount vacancy
figure for trained dispensing
assistants _____

Note: headcount number should
be a whole number, with no
decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trained dispensing assistant vacancies at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

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 apprentices.)

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

[For example, 2 part-time staff working a total of 40 hours per week between them would equal 1 FTE]

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) _____

Note: headcount number should
be a whole number, with no
decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trainee dispensing assistants at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

TDAE2b. How many of those trainee dispensing assistants are apprentices (funded by apprenticeship funding/levy)?

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

figure)

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trainee dispensing assistants at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

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 (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work)

Enter the number of FTE

vacancies for trainee dispensing assistants

Enter the headcount vacancy figure for trainee dispensing assistants

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trainee dispensing assistant vacancies at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

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 (FTE). If you do not have your own definition please use 40 hours per week for non-pharmacists.

[For example, 2 part-time staff working a total of 40 hours per week between them would equal 1 FTE]

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)

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trained medicine counter assistants at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

The Community Pharmacy Workforce in England 2017

- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

MCAC4. How many vacancies do you have for trained medicine counter assistants? (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work)

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

Enter the headcount vacancy figure for trained medicine counter assistants _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trained medicine counter assistant vacancies at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

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 (FTE). If you do not have your own definition please use 40 hours per week for non-pharmacists.

[For example, 2 part-time staff working a total of 40 hours per week between them would equal 1 FTE]

Trainee medicine counter assistants (enter FTE figure) _____

- If > 10 ask check question: You typed a value greater than 10 for the number of trainee medicine counter assistants at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.

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) _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trainee medicine counter assistants at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was

The Community Pharmacy Workforce in England 2017

greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

MCAE2b. How many of those trainee medicine counter assistants are apprentices (funded by apprenticeship funding/levy)?

Apprentices (enter FTE figure) _____

Apprentices (enter headcount figure) _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trainee medicine counter assistants at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

MCAE4. How many vacancies do you have for trainee medicine counter assistants? (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work)

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

Enter the headcount vacancy figure for trainee medicine counter assistants _____

Note: headcount number should be a whole number, with no decimal places

- If > 10 ask check question: You typed a value greater than 10 for the number of trainee medicine counter assistant vacancies at this practice (FTE or headcount). Please go back and alter your answer(s) if that is not correct.
- If FTE figure exceeds headcount number ask check question: The FTE value that you typed was greater than the Headcount value. Please go back and alter your answer(s) if that is not correct.

The Community Pharmacy Workforce in England 2017

GENERAL QUESTIONS

Note: None of the questions in this section were included in the CCA data collection

EXT1a. In order to support community pharmacies, Health Education England 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 select one answer for each.

	New provision is essential	New provision would be very beneficial	New provision would be fairly beneficial	Already available/staff already trained - no benefit in providing more
Pharmacy technician initial training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy dispensary assistant initial training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering advanced services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting people with mental health issues				
Supporting early career (foundation) pharmacists				
Supporting learners in the workplace e.g. pre-registration pharmacists, pre-registration technicians				
Supporting people with learning disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using physical and clinical assessment skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using telephone triage or assessment Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Homes (support for care staff and residents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domiciliary Care (a medicines optimisation role)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative Care (a medicines optimisation role)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Medication Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Transfer of Care (e.g. supporting discharge)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent prescriber initial training				

EXT1b The list below shows additionally commissioned services including Local Enhanced Services that may be available in your area. Please tick each one that your pharmacy would find beneficial to access training. If it would not be beneficial, please leave it blank.

	Please tick each one you would find beneficial
1. Alcohol screening and brief intervention	
2. Chlamydia	
3. Emergency Hormonal Contraception	
4. Medicines assessment and compliance support	
5. Minor Ailment Service	
6. Needle and Syringe Programme	
7. NHS Health Check	
8. NRT and/or Varenicline scheme	
9. On demand availability of specialist drugs (palliative care)	
10. Sexual health	
11. Stop Smoking	
12. Supervised administration	

The Community Pharmacy Workforce in England 2017

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 select one answer for each vacancy type listed below.

	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
Pharmacists registered with the GPhC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-registration trainee pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy technicians (registered with the GPhC), including those that are also referred to as accredited checking pharmacy technicians or accuracy checking technicians (Please include both employed and self-employed registered pharmacy technicians)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy checking technicians (ACT), including those that are also referred to as accuracy checkers - (Please do not include those that are registered pharmacy technicians)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-registration trainee pharmacy technicians (excluding apprentices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trained dispensing assistants (completed NVQ 2, BTEC 2, C&G 2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainee dispensing assistants (enrolled on a course to provide NVQ level 2, BTEC level 2, C&G level 2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trained medicine counter assistants (MCA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainee medicine counter assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apprentices (both NVQ 2 & NVQ 3), training supported through apprenticeship funding/levy, and including pre-registration trainee pharmacy technicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXT5. Is your pharmacy accredited to provide any advanced services?

Yes

No

Health Education England may wish to further explore ideas for future training provision with individual pharmacies.

Please select one option 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

No - I do not want my answers to be identified as coming from this pharmacy

Thank you for taking part in this survey.

Please click 'Submit' below to submit your completed questionnaire.

CLOSE