

Foundation Training Year Workforce and Development Landscape: London Baseline Report

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Background:

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

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

This report focuses on London as a whole with individual disparity across the ICS's in London highlighted within this report.

Purpose of Report:

This report has been created to provide an overview of the current pharmacy workforce landscape within London across the 5 ICS's, in relation to the foundation year trainee pharmacists' workforce, development and infrastructure for support. The 5 ICS's are:

- North Central London (NCL)
- North East London (NEL)
- North West London (NWL)
- South East London (SEL)
- South West London (SWL).

Governance and Reporting:

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

Methodology:

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

- GPhC foundation year trainee pharmacist data August 2021-2022
- [NHS Digital GP Workforce Bulletin, July 2021](#)
- [NHS Digital PCN Workforce Bulletin, June 2021](#)
- HEE Pharmacy Employers and Programme Information from 2020 (Oriel)
- HEE Trainee Pharmacist in General Practice programme data 2021-2022
- Stakeholder and Organisation supplied data April – October 2021
- Independent Prescribing Scoping Survey – October 2021.

Data Collection Limitations:

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

Part 1: Current Trainee Pharmacists in London (intake 2021)

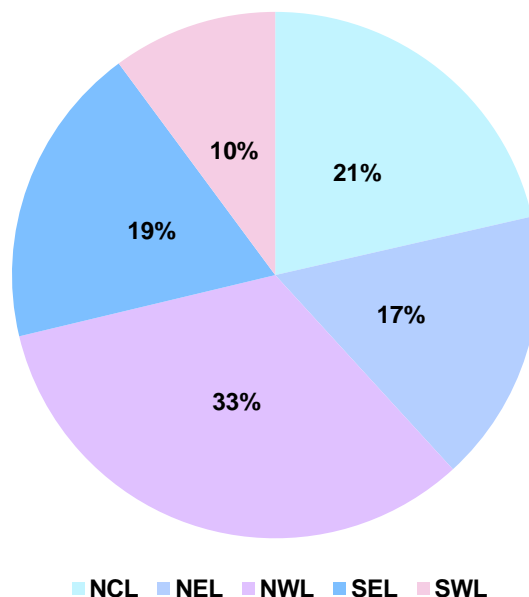
Key points: There were 560 sites (819 places) signed up to Oriel to recruit trainee pharmacists in London, of which 136 were successful (based on Oriel and HEE Trainee Pharmacist in General Practice programme data). Of those 136 sites, there are 347 filled placements.

GPhC data indicates that there are 602 places in total that have been successfully filled in London, which means that 59% of trainee pharmacists were recruited through Oriel. These places are hosted across hospital and community pharmacy (CP).

The following charts give an overview of the foundation training landscape for the intake year 2021-22 in London. This is based on GPhC and Oriel recruitment data.

- The majority of available training places are in community pharmacy (67%)
- NWL has the highest number of trainee pharmacists (33%) whereas SWL has the fewest (10%) (see Section 1.1, Chart 1)
- Across London there was a 94% fill rate for acute trusts (see Section 1.1, Table 1)
- For community pharmacy, independent pharmacies had the highest number of filled places (see Section 1.2, Chart 2).

Chart 1. Percentage of trainee pharmacists per ICS



1.1 Foundation year placement fill rates for hospitals

Hospital host trusts across London (n=31) are comprised of predominately Acute Trusts (58%), as well as Individual Speciality Trusts (16%), Community Health and Mental Health Trusts (26%).

Oriel data initially confirmed 100% fill rates for all hospitals across London following original allocation of trainee pharmacists. It was evident when contrasting with GPhC data of trainee pharmacists that fill rates decreased across all ICS in the lead up to the start of the foundation

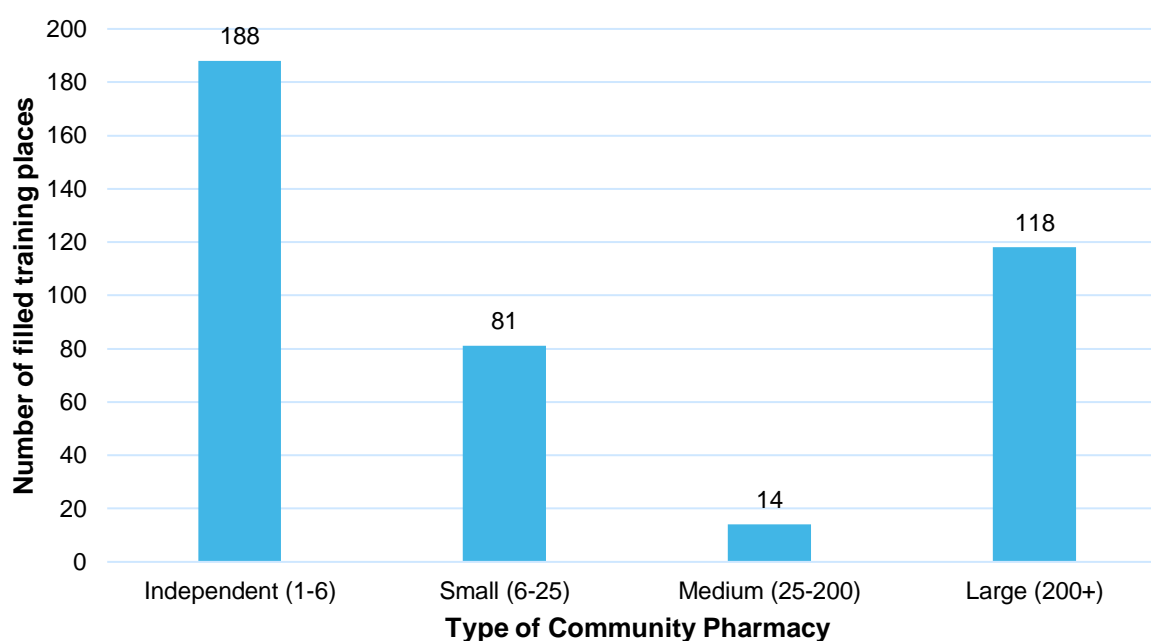
training year (see Table 1). From stakeholder engagement, this has been attributed to changes in personal circumstances of the trainee pharmacists, and a delay or inability to continue with the foundation training year. However, this has not been established for all data anomalies.

Table 1: Fill rates for Foundation year placements – Hospitals (Oriel and GPhC data)

ICS	Filled places	Filled places as a percentage
NEL	25/28	89%
NCL	49/50	98%
NWL	54/58	93%
SEL	46/47	98%
SWL	27/31	87%
Total	201/214	94%

1.2 Foundation year places for community pharmacy

Chart 2: Number of Foundation Training Year places with a confirmed trainee in London by type of Community Pharmacy (GPhC data)



Note: All GP placements are split with either hospital or community pharmacy as host employer.

The highest proportion of placements within community pharmacy are in independent pharmacies (47%). However, only 13% of independent pharmacies have split-sector placements. In contrast, whilst small branch pharmacies account for 20% of placements filled in community, small branch pharmacies have the highest proportion of split-sector placements (49%). For medium and large branches, 7% and 2% of branches offer split placements, respectively.

Fill rates for all community pharmacy placements could not be calculated as it is unclear yet how many community pharmacies recruited trainees outside of Oriel and the percentage of these that were successful.

1.3 Split sector training within London

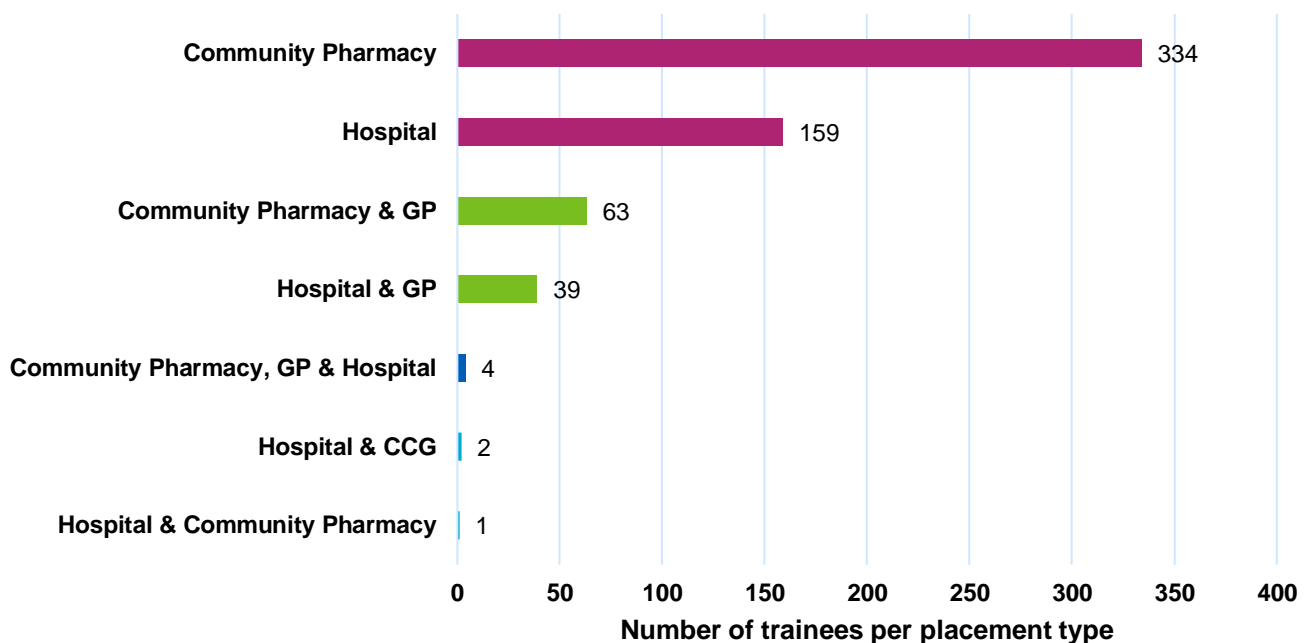
The future development for pharmacist training will be to ensure trainee pharmacists gain experience across more than one sector to develop the knowledge and skills to work more flexibly, work across the system, and better support the patient journey.

Only a small proportion of London trainee pharmacists in 2021 foundation training year intake (18%) are in split sector placements of 3 months or more (n = 602).

- Based on GPhC data, community pharmacy hosts the largest number of trainee pharmacists.
- There are 401 trainee pharmacists hosted in community pharmacy
 - 334 as single sector placement
 - 63 as split community-GP placement
 - 4 as multi-sector training across community, GP and hospital.
- There are 201 trainee pharmacists who are hosted in hospital pharmacy
 - 159 as single sector placement
 - 2 as hospital-CCG split
 - 39 as hospital-GP split
 - 1 hospital-CP split.

This is reflected in Chart 3, below.

Chart 3. Number of trainee pharmacists per placement type (GPhC, Oriel)



Part 2: Foundation Training Year Supervision Capacity

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

2.1 GP Practice Designated Supervisor Capacity

Key point:

Estimated FTE data appears to show that in some ICS more than half the PCN pharmacist staff do not work sufficient hours to provide foundation year trainee pharmacist supervision against current GPhC requirements.

NHS Digital [GP Workforce Data Bulletin](#) (Practice level data file, July 2021) and [PCN Workforce Bulletin June 2021](#) (experimental) were reviewed to understand the GP workforce within London and the potential supervision infrastructure and staffing available to support foundation training.

London has 1,184 GP practices across 198 PCNs plus 10 PCN-unaligned GP practices.

Table 2 (below) shows the number of PCNs that have clinical pharmacists in the GP and/or PCN workforce bulletins (NHS Digital). The majority of PCNs across London have clinical pharmacists as part of their workforce. The number of GP Practices/PCNs who have a clinical pharmacist range from 121-147:

- Based on GP Workforce bulletin (GPW) data July 2021, 147 of 198 PCNs have pharmacists
- Based on PCN Workforce Bulletin (PCNW) data June 2021, 121 of 198 PCNs have pharmacists.

Only a small proportion of PCNs in London (14 of 198 PCNs) do not appear to have a pharmacist in either NHS digital data sets.

For Table 2 and 3, NHS Digital GP Workforce Bulletin and PCN Workforce Bulletin data have been included. This is because some PCNs showed pharmacist workforce numbers only in PCN workforce bulletin. Some PCNs also showed pharmacist workforce data in both GP and PCN workforce bulletins. Some GP practices directly employ their practice pharmacist outside of ARRS scheme. This data is captured in the GP workforce bulletin but not in the PCN workforce bulletin data.

See Appendix 4 for a summary of data sets source by ICS and PCN.

The data from NHS Digital GP and PCN workforce bulletins are a guide only as anecdotal reports during stakeholder engagement are that the NHS digital data does not accurately reflect the pharmacist workforce due to incomplete data input from practices and PCNs. For example, where Additional Roles Reimbursement Scheme (ARRS) claims data has been shared from ICS workforce leads, neither the GP nor PCN workforce bulletin data match the ARRS claims data. Similarly, stakeholder data collated to date frequently differs from NHS digital data.

Note that for the GP workforce data set approximately 23% of GP practices did not fully supply data to NHS digital, see Appendix 3.

Table 2. Numbers of Clinical Pharmacists in PCNs across London ICS

ICS	No of GP Practices	No of PCNs	No of PCNs with Pharmacists* (GPW data, July 2021)	No of PCNs with Pharmacists* (PCNW data, June 2021)	Number of PCNs that appear to have NO pharmacist (in GPW and PCNW data)	% PCNs that appear to have pharmacist, based on GPW and PCNW
NEL	275	47	36	28	5	89%
NWL	347	45	41	32	1	97%
NCL	183	32	20	19	3	90%
SEL	199	35	24	22	2	94%
SWL	180	39	26	20	3	93%
LONDON TOTALS	1184	198	147	121	14	92%

*Note: Some PCNs have pharmacist workforce data on both GPW & PCNW data sets
Based on NHS Digital GP Workforce Bulletin July 2021, PCN Workforce Bulletin June 2021.

Total Clinical Pharmacist headcount for London ranges between 426 and 478 pharmacists equating to 304 to 391 FTE, see Table 3 below.

Table 3. Clinical Pharmacists in PCNs per London ICS: Total Headcount and Full Time Equivalent (NHS Digital data)

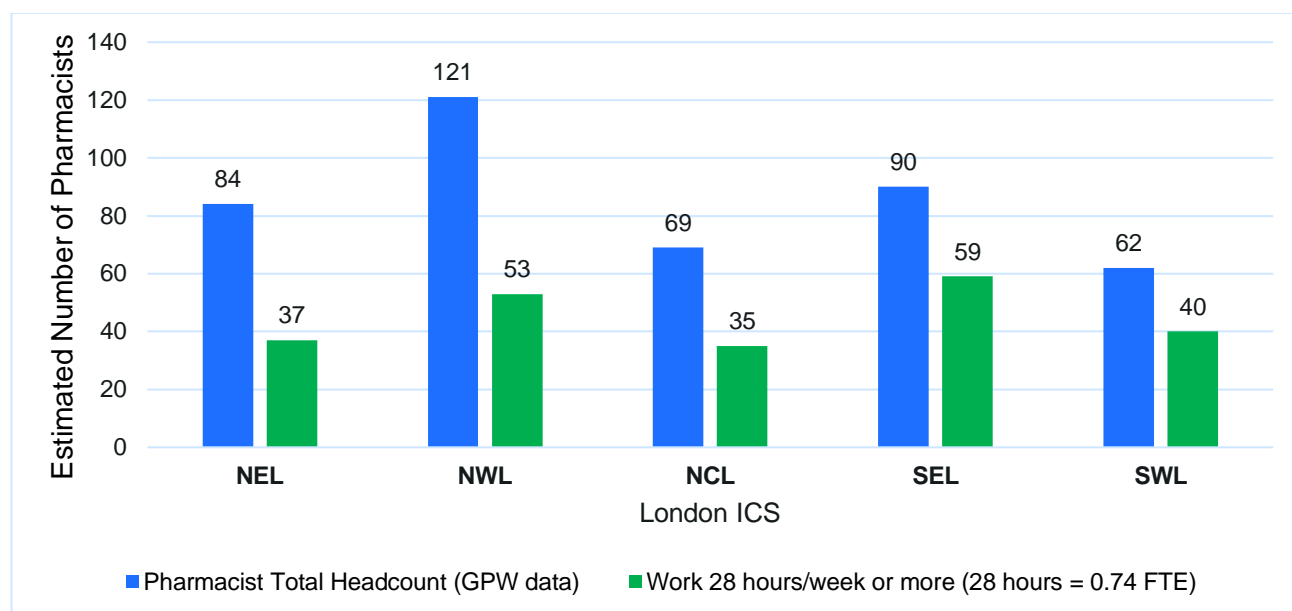
ICS	GP Workforce Bulletin data July 2021		GP Workforce Bulletin data July 2021 only	PCN Workforce bulletin data June 2021	
	GPW* Headcount	GPW* FTE	Estimated Pharmacists who appear to meet DS requirements**	PCNW* Headcount	PCNW* FTE
NEL	84	56.01	37	73	62.87
NWL	121	79.95	53	157	127.74
NCL	69	47.65	35	71	70.30
SEL	90	70.89	59	110	87.10
SWL	62	49.88	40	43.64	67
LONDON TOTALS	426	304.38	224	391.65	478

* GPW – GP Workforce Bulletin, July 2021 NHS Digital. PCNW – PCN Workforce Bulletin June 2021 NHS Digital

** GPW data source only, FTE breakdown per GP practice and gender not available on PCNW Bulletin.

Assuming all other DS requirements are met, approximately **224 of the 426 pharmacists on GP workforce bulletin data appear** to work sufficient hours to meet the GPhC requirements to act as a Designated Supervisor for Foundation Year (28 hours per week in practice), see Chart 4 below.

Chart 4. Estimated number of potential Designated Supervisors in PCNs per London ICS (GP Workforce Bulletin data, July 2021)



Note: PCN workforce bulletins do not provide sufficient breakdown of FTE per GP practice to enable quantification of DS supervision capacity.

Part 3: Prescribers and DPPs

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

Hospitals: Will need to identify who would be eligible to be a DPP within a hospital setting. Data from NHS benchmarking or ESR may be able to assist with this, but there are limitations to both data sets (see Data Collection Limitations in Appendix). An independent prescribing scoping survey* was disseminated to London Acute Trusts across LaSE with the aim to:

- Identify the IP pharmacist workforce across LaSE
- Identify the IP workforce in active prescribing roles
- Identify and understand the DS and DPP workforce.

**Full details of the results of this survey will be shared separately.*

The results of this were used to indicate the total numbers of independent prescriber pharmacists. It would be expected that actual figures of IP pharmacists would be higher than those reported in the survey, which relied on an individual’s willingness to complete the survey. For instance, survey results found 68 IPs in SEL whilst organisation-supplied data from SEL Trusts found that approximate IP numbers to be 120.

Table 4. Independent Prescribing Workforce across London Hospitals (based on Independent Prescribing Survey response data, Oct 2021)

ICS	Total number of IP pharmacists	Number of IP pharmacists actively using their IP	Total numbers according to data supplied by individual organisations*

	<i>(based on IP survey responders)</i>	qualification (% of IP Pharmacist workforce)	
NCL	36	31 (86%)	Awaiting confirmation
NEL	8	2 (25%)	Awaiting confirmation
NWL	21	18 (86%)	Awaiting confirmation
SEL	68	55 (80%)	120
SWL	22	16 (72%)	20

As part of the survey, respondents were required to specify whether they actively utilised their prescribing qualification. From the results, it is clear that not all pharmacists utilise their IP qualification in their current role. Results found that this was due to various reasons including changing job roles and/or scope of practice, not having prescribing roles available in their area of work, and lack of confidence.

Table 5. DPP workforce across London Hospitals (based on Independent Prescribing Survey response data, Oct 2021)

ICS	Total number of DPP <i>(based on IP survey responders)</i>	Total number willing to become DPP	Number of potential DPPs (based on number of prescribing years' experience (>3 years))
NCL	1	12	19
NEL	1	1	3
NWL	1	4	13
SEL	2	17	40
SWL	1	7	10

The survey also scoped DPPs and found there were 6 in London. A number of pharmacists had considered becoming a DPP however reasons for not pursuing this related to time, lack of resource and this not being directly related to their job role.

The criteria to become a DPP according to the [RPS competency framework](#) requires a pharmacist to: be an experienced prescriber, this is defined as an active prescriber with 3 years' recent prescribing experience. An active prescriber is defined as a pharmacist who consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence. Additionally, they are required to reflect and audit prescribing practice to identify development needs.

Trainee Pharmacists will require supervision by a DPP during their foundation training year, where they will be developing skills to become IPs. To enable this, there is a need to:

1. Upskill the existing workforce to possess an IP qualification
2. Upskill the current IP workforce and develop a pathway to DPP, to supervise the next generation of pharmacists from 2026/27.

Community Pharmacy: Identifying IP pharmacists within a community pharmacy setting is challenging. Currently the only way to identify IPs and who could act as a DPP is through the Community Pharmacy Workforce survey (August 2021). However, as of September 2021 the

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number of completed surveys for this year is very low and will not truly reflect the current community pharmacy workforce.

Part 4: Key messages, risks and recommendations

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

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

1. There is a need to establish the number of foundation training placements required in community pharmacy in London.

<p>Risks</p>	<p>Unable to decipher how many community pharmacies recruited trainee pharmacists <u>outside</u> of Oriel, and of those, the percentage that were successful. This information will help to understand the current workforce requirements per ICS and therefore the minimum and maximum number of foundation training placements required in community pharmacy in London.</p> <p>There may not be enough trainee pharmacists in community pharmacy nor other sectors across London to support the future pharmacist workforce.</p>
<p>Suggested next steps</p>	<ul style="list-style-type: none"> • Have a national recruitment programme which holds all training placements • Liaise with LPC leads to identify the number of pharmacists required in community pharmacy to ensure workforce and service needs are met • Inform the HEE LaSE Recruitment Lead

2. Only 18% (n=602) of 2021-22 training places are split sector or multi-sector programmes in London.

<p>Risks</p>	<p>Trainee pharmacists gaining experience across more than one sector is key to the delivery of the GPhC IET Reforms and workforce plans.</p> <p>Only 21% of trainee pharmacists in a hospital setting are in split sector programmes and only 17% of trainee pharmacists in a community pharmacy setting are in a split sector or multi-sector programme.</p> <p>Some sectors will require split sector placements to achieve the learning outcomes including IP supervision e.g. community pharmacy, mental health.</p> <p>As more trainee pharmacists have split sectors placements, the time required for induction of new trainee pharmacists and access to various systems may need to be considered.</p>
<p>Suggested next steps</p>	<ul style="list-style-type: none"> • Develop networks between different sectors to establish new split programmes and increase recruitment • Develop robust induction packages across all sectors to support trainee pharmacists and DS • Work with community pharmacies to make their programmes more attractive and increase recruitment and retention. For example, increase community pharmacy split sector placements with hospitals and GP practices, as well as encourage community pharmacy Supervisor's to take on more than one trainee as they can rotate between placements.

	<ul style="list-style-type: none"> • Pilot short duration ‘taster’ sessions between community/ GP practices for 2021-22, for those who cannot commit to a 3-month placement.
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3. It is estimated that IP pharmacist figures are significantly less than 50% of the pharmacist workforce in Acute Trusts in London

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

4. It is estimated that approximately 30% of the current IP pharmacist workforce in Acute Trusts in London work in a prescribing role. (Data collection source: IP Scoping Survey, Oct 2021)

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

5. There are very limited numbers of DPPs across London in the hospital sector (n=6). Data collection: IP Scoping Survey, Oct 2021

Risks	<p>Trainee Pharmacists will require supervision by DPPs to complete their IP as part of their foundation training year.</p> <p>Interim IP training supervision roles may be needed until pharmacy workforce has sufficient DPPs.</p>
Suggested next steps	<ul style="list-style-type: none"> • Up-skill existing IPs to take on the role of potential DPP • Consider developing a pathway for inexperienced IPs or those not actively utilising it to become potential DPPs. • Consider utilising experienced IPs to buddy-up with inexperienced IPs to develop competence in prescribing • Identify if there are any DPPs in community or GP sector • Scope workforce staffing and skills to develop DPP supervision infrastructure. • Scope interim DMP and nurse DPP capacity to support IP training

6. There is no robust mechanism to identify IP pharmacists and potential DPPs within community pharmacy

Risks	Currently the only way to identify IPs and those who could act as a DPP is through the Community Pharmacy Workforce survey. However, about 50% of respondents
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	<p>completed the survey this year which will not truly reflect the current community pharmacy workforce.</p> <p>As the majority (67%, n=602) of 2021-22 training places in London are in community pharmacy, the sector may not have sufficient active IP pharmacists who meet the DPP criteria to provide the infrastructure required for IP supervision by 2026.</p> <p>If access to a DPP in community is limited, trainee pharmacists would have to carry out their Learning in Practice hours whilst in hospital or GP sector placements, which could affect the minimum time spent in these sectors.</p>
Suggested next steps	<ul style="list-style-type: none"> • Identify IPs and active IPs within community pharmacy • Scope workforce staffing and skills to develop supervision infrastructure (DS/ DPP) • Develop IP services for community pharmacists to be active prescribers and meet the DPP eligibility criteria • Increase split sector programmes to enable community pharmacy to deliver IP in 2026 and increase recruitment

7. It is estimated that there may be a deficit of GP pharmacists to act as DS and or DPP

Risks	<p>The NHS Digital data for GP & PCN workforce may not be a true reflection of DS/ DPP capacity. This is because:</p> <ul style="list-style-type: none"> • it does not fully capture all pharmacists in primary care employed through different models, such as those employed by CCGs or acute trusts • there is incomplete or inaccurate data uploaded by GP practices and PCNs <p>It is anticipated that the November 2021 PCN workforce bulletin may more accurately reflect true data for PCN Pharmacist ARRS employed roles.</p> <p>Many pharmacists have been recruited in ARRS roles. NHS Digital data does not reflect numbers of pharmacists undergoing CPPE's Primary Care Pharmacy Education Pathway (PCPEP) course (ARRS requirement) – they may not be appropriate to act as a DS for a trainee pharmacist whilst undergoing training themselves.</p> <p>In some ICS's more than 50% of PCN/GP practice pharmacists appear to work part-time and would not meet the current GPhC DS requirements (working a minimum 28 hours/ week) to be able to act as a DS for foundation year trainee pharmacists.</p> <p>GP pharmacists may not have the support or resources (time or financial) to undergo DS training.</p> <p>Current GP PCN employed pharmacists who started PCPEP in 2021 would not be anticipated to be able to act as a DPP until 2027/28 at the earliest, providing they stay in GP roles, complete CPPE and IP training as continuous training, and complete 3 years active prescribing required to meet the RPS DPP competency framework.</p> <p>Awaiting GP practice pharmacists roll out of IP survey results to understand the potential numbers of IPs who may meet DPP requirements before this point.</p>
Suggested next steps	<ul style="list-style-type: none"> • In some areas, a recruitment structure will need to be developed that allows for capacity for training more junior staff

	<ul style="list-style-type: none">• The actual and anticipated numbers of practice pharmacists, employment models and their FTE hours need confirming locally within each PCN to establish true DS and DPP capacity.• Identify capacity and pharmacist job roles that include supervision as part of the role, and areas where this is not yet supported.• Identify supervision capacity (including workload) of IPs within GP practice to train to become and act as DPPs.• Identify the supervision capacity of GP practice pharmacists to act as DS to support supervision of trainee pharmacists, including multi-professional models.• Scope workforce staffing and skills to develop supervision model and training infrastructure for PCN pharmacists.• Consider employing more GP pharmacists who work full-time or meet the minimum 28 hours/ week required to act as DS to increase the number of foundation year placements.• Further guidance required from the GPhC regarding flexibility of sharing DS role between part-time pharmacists• Incorporate supervision training elements into job roles and CPPE pathway.
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Conclusion:

The recommendations made are based on the various data collections as stipulated in the Methodology. Although hospital and community split sector placements are currently attracting trainee pharmacists, there are still not sufficient numbers of split sector programmes to accommodate the number of trainee pharmacists in London. Therefore, further discussions are required as to how to implement more opportunities for split sector placements and how to ensure the resource level that is required is available. Large community pharmacies (i.e. those with 200 or more branches) theoretically have the infrastructure to accommodate split sector placements, however, currently only 2% of large community pharmacies offer split sector placements.

The baseline report also highlights that there is a need to increase DS and DPP capacity to make all foundation year programmes in London across each of the ICS's as split sector programmes (in a minimum of 2 sectors). Work across all stakeholders is required to ensure that data is up to date regarding the number of IPs and DPPs in active roles, as well as those who are not in active roles and where support is required and how that can be executed. There is a need to increase the number of IP pharmacists in active prescribing roles across acute and primary care settings so that they can meet the DPP criteria by 2026.

Appendix 1: Definitions

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

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

Speciality Trust	An NHS trust specialising in the provision services within an individual field of medicine, such as paediatric, oncology, cardiothoracic, ophthalmological or orthopaedic.
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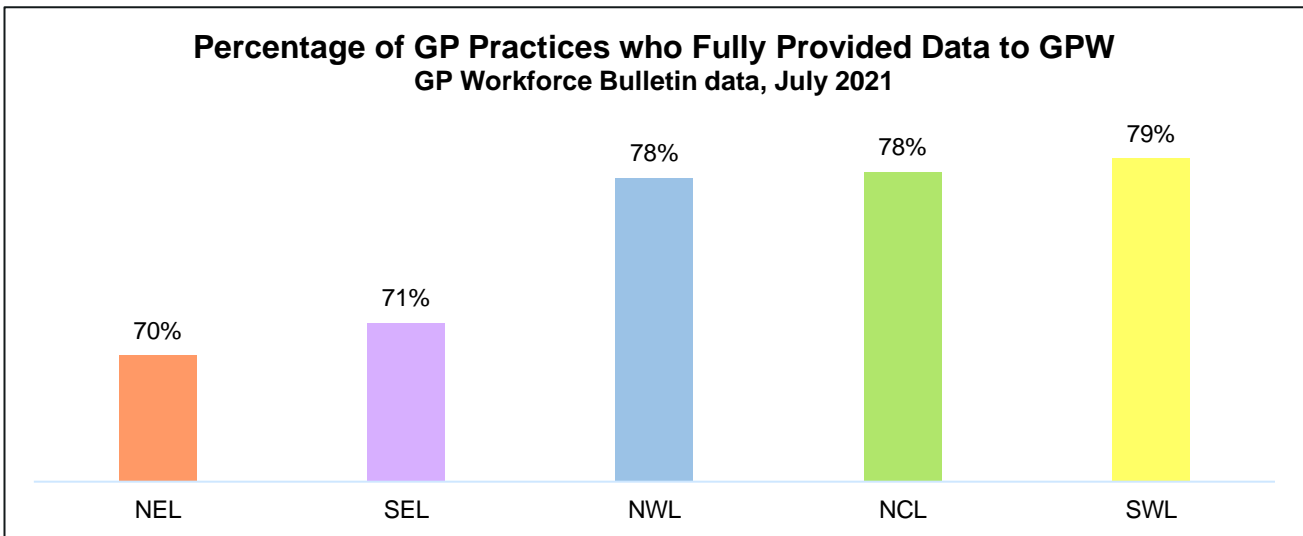
Appendix 2: Data Collection Limitations

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

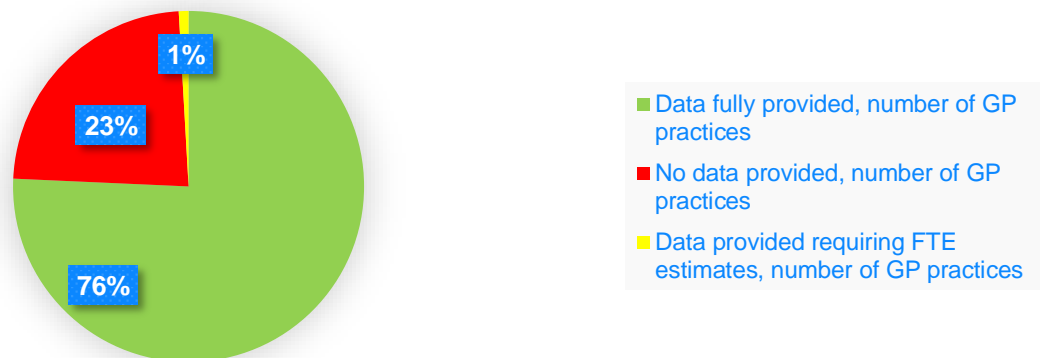
- Data is for the *current* workforce (data collated April-October 2021) and is subject to change due to staff movement between roles/sectors
- Workforce numbers are not absolute due to impact of likely staff movement in next 5 years and can only be used as a guide
- Reliability of the data sources is highly dependent on organisations providing full data and accurate completion by teams inputting the data.
- None of the database sources used have 100% completion rates
- The databases do not routinely collate data on the following:
 - numbers of IP pharmacists
 - numbers of IPs actively using the prescribing qualification
 - numbers of part-time posts and the part-time hours for each headcount in each GP practice and/or PCN (GPW will show this but incomplete, current PCNW does not allow for breakdown of data to GP Practice and pharmacist level to see numbers of potential Designated Supervisors)
- HEE does not have full access to all workforce related data sources e.g. NHS benchmarking. So data from these sources is dependent on supply by individual organisations to HEE EC TPD.
- Data does not reflect 100% of trainee pharmacists, as it does not take into consideration those that have recently withdrawn from their placement or were recruited later than expected
- Clarity is required around GP practices as to who the employer is – some employer data is not captured through GP workforce bulletin data e.g. acute trusts, CCGs employed GP pharmacists
- For a FTE pharmacist within a Primary Care Network, it is challenging to decipher how many work a minimum of 28 hours across 4 days
- Split placements organised outside of Oriel and those with a duration of less than 3 months could not be identified
- Fill rate data for community pharmacy placements recruited outside of Oriel could not be identified
- Whilst independent community pharmacies have the highest proportion of trainee pharmacists, it is unknown whether or not this is because more independent pharmacies advertise and recruit trainee pharmacists outside of Oriel.

Appendix 3: GP Workforce Bulletin Data, July 2021: Number of GP Practices who fully provided data vs number of GP practices where no data was provided

GPW Data Source:				
Comparison of numbers of GP practices who fully provided data to GPW Bulletin and GP Practices where no data was provided				
ICS	Data fully provided	No data provided	Data provided requiring FTE estimates	% data fully provided by GP Practices
NCL	270	72	3	78%
SEL	140	53	0	71%
SWL	140	35	5	79%
NEL	193	81	1	70%
NWL	270	72	3	78%



Percentage of GP practices who fully provided data vs no data provided data
GP Workforce Bulletin data, July 2021



Appendix 4: NHS Digital source of data by PCN and ICS

For NHS Digital GP/Practice/PCN Pharmacist Workforce data, some practices showed pharmacists workforce numbers in just GP Workforce Bulletin data July 2021, others in just PCN Workforce Bulletin June 2021, and in some cases there was data in both sets which often did not match.

Only a small handful of PCNs appeared to have no pharmacist's or show no pharmacists workforce data in either PCNW or GPW bulletins.

	Both	GPW only	PCNW only	None
NCL	28	13	4	4
NEL	9	12	9	3
NWL	21	15	8	5
SEL	21	3	9	2
SWL	10	17	10	3