

Pharmacy Support Staff Apprenticeships: A Scoping Review

A report to the London and South East Pharmacy Workforce Group



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Executive Summary

This report is based upon a three-month scoping exercise carried out between February and April 2016 by Laura McEwen-Smith, Pharmacy Support Staff Apprenticeship Project Lead for Heth Education England; London and the South East (LaSE). Based upon an analysis of findings, the report sets out recommendations concerning future strategic options for the consideration of the London and South East Pharmacy Workforce Group.

Background and aims

This scoping work sought to explore and define key stakeholder perceptions and experiences of pharmacy support staff apprenticeships, and to frame this against the backdrop of current and future apprenticeship funding environments and pharmacy workforce challenges in a shifting NHS and healthcare landscape.

A comprehensive exploration of issues was designed to provide a solid basis for analysis, with a view to enabling more insightful conclusions and logical recommendations.

Objectives

- To review the current context relating to pharmacy support staff recruitment and training
- To describe existing HEE local office recruitment and engagement strategies for pharmacy support staff apprenticeships
- To compare and contrast the different pharmacy assistant apprenticeship courses currently provided across London and the South East
- To report NHS and non NHS pharmacy employer views and experiences of pharmacy support staff apprenticeships
- To ascertain future demand for pharmacy assistant apprenticeships across London and the South East taking into account workforce changes and planning
- To consider suggestions for how take-up of the pharmacy support staff apprenticeships might be stimulated/improved/supported; and what (if any) changes might need to be made
- To make recommendations with regards to good practice and areas for concern which can be used to inform strategic options

Methods

A qualitative sampling approach was taken to gain an in-depth understanding of stakeholder experiences and involvement in pharmacy support staff apprenticeship schemes. A sample of interviewees was identified who could provide views and perceptions on pharmacy support staff apprenticeship recruitment and training, through face-to-face interviews or focus groups.

Summary of Findings; Thematic Analysis

Theme	Sub-themes
1. Apprenticeship Framework	1.1 Relevance to role 1.2 Role of the Trailblazer 1.3 Infrastructure required to support 1.4 Awareness of the process
2. Recruitment	2.1 Workforce planning 2.2 Timing of recruitment 2.3 Identifying appropriate candidates 2.4 Retention and attrition
3. Culture	3.1 Age vs ability expectations 3.2 Perceptions of 'work ready' 3.3 'Traditional' progression routes 3.4 Career pathways
4. Economic Factors	4.1 Cost of living vs minimum wage 4.2 Training numbers 4.3 Access to funding
5. Quality	5.1 Educational Delivery 5.2 Cost 5.3 Support

Conclusion and Recommendations

Current funding available from HEE LaSE to support training of this staffing group is limited and not guaranteed in the face of newly introduced public sector targets and changes to how apprenticeship training is funded; both due to take effect from April 2017.

The requirement for pharmacy assistant training is predicted to increase to support pharmacy service reforms across both sectors. This report outlines the case for continued ring-fencing of pharmacy workforce budget in the future to protect training for this staff group as they are fundamental to ensuring a pharmacy workforce capable of delivering high-quality and maintainable patient care.

The current model for recruiting support staff and spot-purchasing training is economically unsustainable. The apprenticeship model may provide an alternative, cost-effective, sustainable route for training pharmacy support staff but further work is needed to address the issues highlighted by employers.

A full strategic options appraisal is recommended to establish the 'best-fit' approach to HEE LaSE funding support for pharmacy support staff training and inform next steps. Conclusions from the options appraisal will be reported to the London and South East Pharmacy Workforce Group. Final approval of the recommended option and a forward strategy is expected to conclude by end September 2016.

Pharmacy Support Staff Apprenticeships: A Scoping Review

1 Introduction

This report is based upon a three-month scoping exercise carried out between February and April 2016 by Laura McEwen-Smith, Pharmacy Support Staff Apprenticeship Project Lead for Health Education England; London and the South East. The scoping comprised individual interviews and focus groups with a broad range of stakeholders as well as a review of the current context. Based upon an analysis of these findings, the report sets out recommendations concerning future strategic options for the consideration of the London and South East Pharmacy Workforce Group.

2 Aim

This scoping work sought to explore and define key stakeholder perceptions and experiences of pharmacy support staff apprenticeships, and to frame this against the backdrop of current and future apprenticeship funding environments and pharmacy workforce challenges in a shifting NHS and healthcare landscape.

A comprehensive exploration of issues was designed to provide a solid basis for analysis, with a view to enabling more insightful conclusions and logical recommendations.

2.1 Objectives

The scoping review was designed around the following objectives:

- To review the current context relating to pharmacy support staff recruitment and training
- To describe existing HEE local office recruitment and engagement strategies for pharmacy support staff apprenticeships
- To compare and contrast the different pharmacy assistant apprenticeship courses currently provided across London and the South East in terms of:-
 - Entry requirements
 - Teaching and learning strategy
 - Assessment strategy
 - Management arrangements of the programme
 - Costs
 - Stakeholder feedback and engagement
 - Recruitment support
 - The nature of apprenticeships on offer and how apprentices are managed, trained and supported
- To report NHS and non NHS pharmacy employer views and experiences of pharmacy support staff apprenticeships, including:-
 - the reasons why employers choose to participate in apprenticeship schemes, including influential factors and barriers to participating
 - the process by which employers get involved in apprenticeships; identifying their sources of awareness
 - the impact that employing apprentices has had on their business and how this affects their intentions about future involvement in apprenticeship schemes
- To ascertain future demand for pharmacy assistant apprenticeships across London and the South East taking into account workforce changes and planning

- To consider suggestions for how take-up of the pharmacy support staff apprenticeships might be stimulated/improved/supported; and what (if any) changes might need to be made
- To make recommendations with regards to good practice and areas for concern which can be used to inform strategic options

3 Background

3.1 Health Education England Strategy

Through the Talent for Care national strategic framework, HEE are working to increase investment in the support workforce (AFC Bands 1 - 4). As well as being a key governmental priority, Apprenticeships are a vital component of The Talent for Care national strategic framework to develop, and make the most of, a support workforce that is strong, capable and proud.

Additionally, the Widening Participation strategy sets out how HEE are to utilise workforce and education commissioning leverage to ensure an approach where the present and future NHS workforce is more representative of the communities it seeks to serve. Healthcare staff recruited and retained from across the diversity of our local populations, and who live within these communities, are more likely to support and deliver a population and community based health dividend rather than just provision of care. Apprenticeships support this strategy by widening the pool of people who might enter into NHS employment and career, for example local school leavers.

Health Education England (HEE) was given a Department of Health target to double the number of healthcare apprenticeships in 2015/16 and beyond. HEE have given NHS Trusts Apprenticeship targets for the financial year 2016/17 and dedicated local office apprenticeship leads provide commissioning and support for associated projects and initiatives. Community pharmacies across London and the South East have been able to access project funding for apprenticeships through local office Primary Care workstreams linked to Widening Participation. Section 3.5 contains more detail on specific local office projects/initiatives and outcomes.

3.2 Pharmacy Assistant Workforce recruitment and training

Existing workforce intelligence suggests that the majority of Pharmacy Assistants are employed locally by pharmacy departments when a post arises. Unlike Pre-registration Trainee Pharmacists and Pre-registration Trainee Pharmacy Technicians, Pharmacy Assistant posts are not seen as trainee posts, despite there being training requirements which are mandated in General Pharmaceutical Council (GPhC) policy.

Under this policy, Pharmacy Assistants are required to enrol in a GPhC accredited/approved programme within 3 months of employment. Accredited courses range from providing:

- *Certificate in Pharmacy Science (Underpinning Knowledge) or/and
- *Certificate in Pharmacy Services (NVQ) or
- Individual units of the Certificate in Pharmacy Services relevant to area of work

*the two certificates together form the pathway for the pharmacy apprenticeship framework at level 2 (intermediate)

Employers are able to choose whether they wish pharmacy assistants to complete just the individual NVQ units applicable to their area of practice, or complete the full two-part qualification. Employers support enrolment to the full qualification if pharmacy assistants will rotate or if they are using it as a career pathway to becoming a pharmacy technician.

To date, there has been a low uptake of Level 2 Pharmacy Apprenticeships across the geography; the rationale for this has been linked to the following assumptions, which this scoping review aims to ascertain:

- There is a lack of strategy to support pharmacy departments with understanding the benefits of employing an apprentice or apprenticeship framework requirements
- There is a lack of recruitment strategy for employing apprentices to work as pharmacy assistants
- There is a disparity between regulator requirements to work as a Pharmacy Assistant and what the apprenticeship framework requires
- Employers do not understand the role of the level 2 pharmacy trailblazer and impact on apprenticeship framework

3.3 Current model for funding apprenticeship training

Provision of Level 2 pharmacy assistant training is currently spot purchased by NHS Trust employers and, historically, HEE local offices have contributed towards the whole or partial cost of this training through pharmacy workforce budget. Training of this staff group in NHS Trusts is generally not linked to departmental workforce planning and training models, providers and costs are variable.

Most employers will choose the relevant individual units of the Certificate in Pharmacy Services, rather than the full qualification. By doing this Pharmacy Assistants are automatically not eligible to access apprenticeship training benefits or funding options. Employer rationale for this choice varies but existing workforce intelligence suggests that it tends to be driven by lack of education infrastructure to deliver the apprenticeship framework requirements. Other factors include the cost of training and pharmacy assistant role definition, particularly in community pharmacy.

If a Pharmacy Assistant is enrolled to undertake the complete Level 2 qualification, some education providers will check whether the Pharmacy Assistant is eligible to receive government apprenticeship funding and inform the employer if this is an option. If employers then choose to place eligible employees on the apprenticeship framework, education providers will draw down the government funding. Depending on the age of the apprentice, this ranges from fully funded (16-18 years) to a small contribution (24+ years) [1]. Some education providers may then reduce the cost of course provision to the employer of the apprentice by the amount of funding received, other providers use the resulting cost savings to reduce the cost of their programme to all participants.

From April 2016, National Insurance Contributions (NIC) for apprentices under 25 have been abolished to make having an apprentice more affordable. Smaller pharmacy employers with less than 50 employees may also be eligible for up to five AGE grants of £1,500 each for apprentices that meet certain eligibility criteria i.e. aged 16-24. This is designed to support recruitment of apprentices where they would not otherwise be in a position to do so [1].

3.4 The future of funding for pharmacy apprenticeship training

3.4.1 Government Apprenticeship Reforms

The government want to grow the number of apprenticeships available, reaching 3 million starts in 2020, and have set out how they will do this in “English Apprenticeships: Our 2020 Vision” [2]. As part of a reform programme, the government plan to implement systems and processes which will place funding of apprenticeships into the hands of employers alongside the design of apprenticeship standards. New systems are due for launch in April 2017. An update was published in April 2016 [3], with further supporting detail due to be published in June and October 2016.

3.4.2 Apprenticeship Trailblazers

A key feature of reform implementation is the formation of 'Trailblazer' employer-groups. Within these Trailblazers, employers work together to design the standards and assessment plans for Apprenticeships, making them more relevant to the occupation and therefore more attractive to existing and new employers [\[4\]](#).

This process has been underway since October 2013 when the first eight "Trailblazers" were launched. The occupation of 'Pharmacy Services Assistant' has been approved for the development of an apprenticeship standard by a dedicated trailblazer employer group.

This group meets approximately quarterly and has HEE representation. The group objective is to have developed the pharmacy services assistant apprenticeship standard by September 2017.

3.4.3 Apprenticeship Levy

The Apprenticeship Levy is considered a cornerstone of the apprenticeship reforms and represents a significant shift in skills policy and funding. This UK-wide Apprenticeship Levy will be a levy on UK employers in all sectors to fund new apprenticeships. Levy funding can be claimed back by employers to cover the costs of an apprenticeship training, assessment and certification. This includes either existing staff or new recruits as long as the training meets and approved standard or framework and the individual meets the apprentice eligibility criteria.

The Apprenticeship Levy was announced at Summer Budget 2015 and at Autumn Statement 2015 it was announced that it would come into effect in April 2017. Published information indicates the levy will only be paid on annual pay bills in excess of £3 million, and so less than 2% of UK employers will pay it [\[3\]](#). This will include NHS Trusts and large businesses engaged in community pharmacy services, but not smaller community pharmacy employers. Under the proposed arrangement, it is expected that the Levy will be charged on employer's pay bills at a rate of 0.5% and that each employer will receive an allowance of £15,000 to offset against this levy payment.

Funding for apprenticeship training in England will then be made available to levy-payers via a new Digital Apprenticeship Service (DAS) account. The vision is that this service will also support employers to identify training providers, choose apprenticeship training course and find a candidate. Core functions of this service are expected to be in place from April 2017, though only companies who are paying the apprenticeship levy will have access to this new funding system in the first instance. Non-levy paying employers, including small and medium-sized enterprises (SME), will still have access to government funding in the form of a co-investment model, once the levy has been launched [\[3\]](#) [\[5\]](#). Should levy paying employers exhaust their levy return, they would then move to a co-investment model to support them with additional training costs.

Employers can only spend their levy funds on apprenticeship training delivered by an approved provider. This could be through buying in training from an approved provider or delivering the training themselves. To deliver training themselves, the employer would need to register as an approved provider and be subject to Skills Funding Agency (SFA) and Ofsted inspection [\[3\]](#).

3.4.4 Public sector targets

The Government Enterprise Bill sets out a change to the Apprenticeships, Skills, Children and Learning Act 2009, introducing a target for the total number of apprentices working in public sector bodies. Under the Enterprise Bill, the Secretary of State has proposed statutory targets of 2.3% for public sector bodies with a workforce of 250 or more, in England, to employ apprentices [\[6\]](#).

Currently NHS Trusts are set apprenticeship targets by their HEE local office, however all NHS Trusts will be required to meet government public sector targets when they take effect, as they are large public sector employers. Targets would be based on apprenticeship starts each year, rather than the number of apprentices

working for a body on a given day; and presented as a proportion of headcount at the start of the year in question. GP Surgeries, Dental Practices and Community Pharmacies are not in scope as they are classed as private sector and are typically less than 250 headcount.

Public sector bodies were invited to respond to consultation on the proposed list of public bodies to be set targets related to the number of apprentices working for them. The consultation concluded in March 2016 and feedback is currently being analysed and used to inform drafting of the regulations.

3.5 Regulation: Pharmacy Support Staff Education and Training

In July 2015, the General Pharmaceutical Council (GPhC) examined the education and training of the pharmacy team as a whole for the first time. Their discussion paper “Tomorrows Pharmacy Team” [\[7\]](#) examined how education and training of the pharmacy team needs to change to address the English vision and priorities for healthcare which will affect how pharmacy will operate in the future.

Responses to this consultation paper and feedback received from a dedicated conference have supported the GPhC to begin the process of redrafting the standards for the initial education and training (IET) of the pharmacy team. Consultation on the minimum training requirements for pharmacy support staff is due to commence in April 2016 with a view to publishing a revised set of IET standards in 2017.

The expectation is that the GPhC review of initial education and training standards will be linked to educational content and pathways, rather than standards, and therefore this work will not impact upon the objectives and outcomes of the aforementioned Trailblazer pharmacy employer group (see Section 3.4.2).

3.6 HEE local office apprenticeship engagement strategies for pharmacy

HEE local offices set overall apprenticeship targets for NHS Trusts in their areas, and this will continue for 2016/17. The process for gathering data relating to apprenticeship numbers varies across local offices; some receive a monthly (NCEL) or quarterly (KSS) return from NHS Trusts indicating apprenticeship starts and occupational area, others monitor apprenticeship starts at intervals throughout the year (SL). Depending on the reporting system used, data on pharmacy apprenticeship starts is not always able to be extrapolated from this information.

For the local offices that have data on pharmacy assistant apprenticeship starts, numbers are low. For example, there were 12 pharmacy assistant apprentices enrolled at NHS Trusts across North Central and East London in the financial year 2015/16. Data obtained from NHS Jobs showing vacancies across London over a given period highlights a significant opportunity for apprenticeship starts in this occupational area, with 10 pharmacy assistant posts advertised across London in January 2016 alone (excluding ‘senior’ posts).

Each HEE local office has an Apprenticeship Lead, and each NHS Trust has a nominated lead person for apprenticeships. Utilising these networks, HEE local office Apprenticeship Leads have been able to achieve apprenticeship targets set in 2015/16 and this work will continue in 2016/17. From the 1st April 2016, apprenticeship starts in NHS Trusts across London and the South East are to be reported via the National Apprenticeship Monitoring (NAM) database, which HEE local offices will use to monitor locally set targets. There are limitations to this system in that data is only captured if inputted by the employer. This is a new initiative and work continues on ensuring a robust reporting pathway, with training currently underway to support employers and education providers to set themselves up as users and report using this system.

In 2015/16 community pharmacy were able to access HEE funding to support education and development of pharmacy staff through primary care project workstreams, for example Community Education Provider Networks,

focused on apprenticeships. Table 1 offers further information about any HEE local office projects which funded community pharmacy assistant training specifically.

Table 1 – Community Pharmacy Apprenticeships funded by HEE Project Money

Health Education England local office	Details of funding	Apprenticeship start targets	Starts achieved at end March 2016
Kent Surrey and Sussex	No funds specifically for pharmacy assistant training	N/A	N/A
South London	No funds specifically for pharmacy assistant training	N/A	N/A
North Central and East London	Two funded LPC projects: North East London North Central London	minimum of 45 minimum of 35	41 starts 19 starts
North West London	Unused primary care funding offered to local education provider for community pharmacy assistant training in KCW LPC.	8-10	0 starts – <i>deadline extended until end April 2016</i>

3.7 Pharmacy and NHS workforce horizon scanning

3.7.1 Seven day working

It is now well recognised that, with current pressures related to patient flow in and out of hospital, pharmacy services can play a significant role in improving this by developing enhanced and sustainable services available seven days a week [8].

NHS Trusts will need to ensure appropriate support staff backfill to ensure that pharmacy are able to provide high-quality, sustainable clinical pharmacy services for patients admitted each weekend day.

3.7.2 Carter Review – Hospital Pharmacy Transformation Programme

Lord Carter was asked by the secretary of state to investigate how acute trusts across England could become more efficient. In his final report [9], Lord Carter makes recommendations on how large savings could be made by the NHS, including the need to design a model approach to the delivery of hospital pharmacy services and the supporting infrastructure.

As part of a proposed Hospital Pharmacy Transformation Programme, NHS Trusts will need to review the skill mix within their existing pharmacy infrastructures, ensuring that there are enough trained pharmacy support staff in existing and new roles that underpin the clinical roles of pharmacists and pharmacy technicians.

3.7.4 Five Year Forward View (5YFV)

The 5YFV sets out the current and future financial context for the NHS, the vision of what the NHS needs to achieve over the next five years and new working models which may be implemented at a local level [10]. The document provides the basis for future developments in primary care and in order to adapt roles as required to support a local health community, pharmacy teams in both sectors will need to review current roles and skill mix; thinking creatively about how pharmacy can participate in services such as urgent care, work alongside GPs and other service providers such as care homes and improving public health.

The 5YFV emphasises chances to break down traditional barriers between acute and primary care services. Health Education Kent Surrey and Sussex identified an opportunity in this context to fund a pilot project for cross-sector pharmacy assistant training in 2016/17. This pilot aims to inform whether this is a sustainable quality educational model for this staff group which supports better relationships between pharmacy sectors.

3.7.4 Routes into Nursing

To support expansion of available nurse training places, the government are removing bursaries and grants, which are to be replaced with standard student loans [11]. A Trailblazer has been established for nursing, with Nursing and Midwifery Council involvement, with a view to developing a degree-level apprenticeship standard by Summer 2016. This degree level apprenticeship will be an alternative to undertaking nursing training via Higher Education Institutions.

The new nursing support role proposed by the government [12] also offers a new route for those wishing to become a registered nurse, either through a further degree-level apprenticeship or via a nursing degree, shortened to take account of the apprenticeship already done.

A degree apprenticeship is likely to cost the same as a nursing degree, at around £27,000 over the 4 or 5 years. As it is an apprenticeship, the apprenticeship levy may be used by NHS employers to cover the cost. Even if a financial cap is imposed on the degree apprenticeship, the potential for a high employer levy spend on this route carries a risk that that ability to take up apprenticeship training will be affected for other staff groups in Bands 1 – 4. Planned government co-investment models may help to lessen the burden of additional training costs on employers once levy spend is exhausted. There would be no cost to departments for drawing down from the levy but there may be for the co-investment model, despite it costing less for the organisation as a whole.

4 Information Gathering: Methods

A qualitative sampling approach was taken to gain an in-depth understanding of stakeholder experiences and involvement in pharmacy support staff apprenticeship schemes. A sample of interviewees was identified who could provide views and perceptions on pharmacy support staff apprenticeship recruitment and training, through face-to-face interviews or focus groups.

Interviews and focus groups were designed to draw out perceptions of pharmacy support staff apprenticeships and to explore any commonly-held assumptions that emerged. Respondent comments and apprehensions also served to highlight the main areas that would need to be focussed on in order to develop a feasible strategy.

Participants were chosen from both sectors of pharmacy across the London and South East geography, including:

- Local Pharmaceutical Committee Leads
- Individual Community Pharmacy Employers
- Hospital Pharmacy Employers

Potential participants were identified from the contacts databases held by the HEE local offices and from other contact lists. Sampling continued until informational redundancy was achieved, whereby no new information or themes emerged from the data collected.

4.1 Focus Groups

Hospital Pharmacy Employers and Community Pharmacy Employers (via Local Pharmaceutical Committees) from each HEE local office area were interviewed in focus groups of between 4 and 12 people. Focus groups were based on a topic guide which outlined the key themes to be addressed, which were as follows:

- views and experiences of pharmacy support staff apprenticeships
- future demand for pharmacy assistant apprenticeships taking into account workforce changes and planning
- suggestions for how take-up of the pharmacy support staff apprenticeships might be stimulated/improved/supported; and what (if any) changes might need to be made

Although the topic guides helped ensure systematic coverage of key points across interviews, they were used flexibly, to allow issues of relevance to individual respondents to be covered in greater or lesser detail.

4.2 Interviews

We wished to achieve a sample of 12 employer interviews spread equally across the four London and South East local office areas (North West London, North Central and East London, South London and Kent, Surrey and Sussex). These interviews were to be distributed across both employment sectors (community and hospital). The interview sample was designed to ensure that, as far as was feasible, the sample would be purposively selected to ensure diversity across a range of criteria for employers, including size and type of employer.

Identified employers were invited to participate in face-to-face or telephone interviews lasting approximately 30 to 45 minutes each. A total of 13 in-depth interviews were carried out. The interviews were designed to mirror the focus groups and examined the same areas.

With permission of the respondents, the project lead took detailed field notes during interviews for later thematic review and analysis.

4.3 Education Providers

In addition, Further Education Colleges and Distance Learning Providers offering the Level 2 Pharmacy qualification across London and the South East were contacted to confirm details about the nature of the apprenticeship training on offer and how the apprentices are managed, trained and supported. A detailed summary for information and comparison can be found in Appendix A.

5 Findings: Thematic Analysis

Table 2 lists the main themes resulting from thematic analysis of the interviews and each theme is subsequently described in the following sections. There was no one theme or sub-theme that could be individually attributed to a particular pharmacy sector.

Table 2 Overview of themes and subthemes identified

Theme	Sub-themes
1. Apprenticeship Framework	Relevance to role Role of the Trailblazer Infrastructure required to support Awareness of the process
2. Recruitment	Workforce planning Timing of recruitment Identifying appropriate candidates Retention and attrition
3. Culture	Age vs ability expectations Perceptions of 'work ready' 'Traditional' progression routes Career pathways
4. Economic Factors	Cost of living vs minimum wage Training numbers Access to funding
5. Quality	Educational Delivery Cost Support

5.1 Apprenticeship Framework

The number of employers interviewed that are currently utilising apprenticeships as a training route for Level 2 pharmacy assistants were low, with only 3 employers describing successful experiences (1 acute NHS Trust, 2 community pharmacy). A large number of employers from both sectors expressed a view that undertaking the complete Level 2 apprenticeship framework was a waste of time and resource, as it delivers knowledge/skills that are either not appropriate or not needed for the role, particularly where many employers are experiencing ongoing capacity challenges in terms of the staffing infrastructure to support commissioned training.

There was a general awareness amongst employers of the pharmacy Trailblazer but an uncertainty over the functions of the group and what will change when the new standards are approved. Lack of information about Apprenticeships, how they work and their benefits, was a key problem identified by respondents, with the exception of a few who have successfully engaged with apprenticeship recruitment and training for this staff group. Those who were engaged in the process found that the functional skills element of the apprenticeship process beneficial in ensuring “all staff have a good level of English and Maths – regardless of job role”. Other positive elements of the process identified included receipt of written reports every 8-12 weeks indicating candidate progression with underpinning knowledge, percentage of NVQ completed and appraisal opportunities (not available if non-apprenticeship).

5.2 Recruitment

Many NHS Hospital Trust employers described recruitment of Level 2 staff as “sporadic” and generally driven by immediate need rather than linked to wider workforce planning. The same was identified for smaller, community pharmacy employers though the on-going rise in demand for pharmacy support staff is less significant in this sector.

Employers from each sector described challenges in identifying suitable candidates, with the right skills, attributes and commitment to the pharmacy support staff role. The acute sector particularly experiences a high level of applications from graduates or those taking gap years prior to undergraduate study whom, if recruited, often leave quickly to pursue “better opportunities”. Community pharmacies, which tend to utilise training provider support with recruitment, are experiencing frequently failed recruitment and “drop-outs” during training due to poor quality of candidates identified during this process. Employers openly identified the many limitations of current recruitment processes and many cited a fear of losing ownership of the process as a barrier to change.

There was a feeling amongst community pharmacy employers that work to increase apprenticeships in primary care, via CCGs, CEPN’s for example, does not always consider the needs of the pharmacy workforce and therefore the initiatives and outputs are not fit for purpose for that professional group.

5.3 Culture

For acute sector employers, there was a feeling that “young and dynamic” applicants recruited into support staff roles would ultimately represent a loss to the pharmacy in terms of resource. Despite this, there was a common perception that graduates are attractive applicants for immediate vacancies because they are “more mature” and “work-ready”, whereby a young school-leaver was widely considered “ready to work, but not ready for work”.

For employers in both sectors, there were also feelings of “familiarity” and “security” associated with having mature people in support staff roles, who may not be required to support a household or desire career progression and who may have lower expectations and requirements in terms of training infrastructure and support. Mature staff were generally considered more likely to stay longer in a pharmacy support staff role thus many Trusts employ mature applicants in an effort to reduce issues of high turnover.

Additionally, some employers would specifically seek to recruit support staff that would be eligible to “feed” into available preregistration pharmacy technician training positions, and therefore selection criteria would be based upon the necessary qualification/skill level requirements of this advanced level training position. Despite the emerging need in both sectors for non-registered staff to support pharmacists and pharmacy technicians in clinical roles, pharmacy assistant to pharmacy technician is still considered a traditional career pathway across both sectors.

5.4 Economic Factors

Employers varied in their moral position over what rates of pay should be for apprenticeships as there is no standardised guidance. Salaries across both sectors therefore ranged from National Minimum Apprenticeship Wage of £3.30/hour, to National Minimum Wage for Age and the London Living Wage. Some NHS Trust employers had chosen an AFC Band 2 Annexe U [\[13\]](#) scheme for support staff apprenticeship salaries.

Acute NHS Trust employers described an increase in need for pharmacy support staff that is expected to continue to rise over the course of the next five years. In order to meet the GPhC mandatory training requirements, there would be an increase in those needing to be trained. Employers expressed concern over access to on-going funding to support this training.

In the face of proposed changes to the community pharmacy contractual framework, many community pharmacy employers were unsure of the role that pharmacy support staff would have within their business in future and therefore what an appropriate level of training investment might look like.

5.5 Quality

Employers were sceptical of both the quality and the relevance of the college/training provider provision and many felt unsupported in the training that they could offer to young people, citing this as a significant barrier to future engagement with apprenticeship schemes. Although numerous providers deliver the programme across the geography, there were concerns that few demonstrated the necessary flexibility and resources to effectively support the candidate and their employer through the training journey. Additionally, employers expressed frustration over cost variation and confusing funding pathways.

Another concern was the lack of educational infrastructure to support a structured training programme which enabled completion of the full Level 2 Pharmacy Services qualification. With pressure on NHS Trusts to release more pharmacy staff into patient-facing roles in future, ensuring appropriate resource to manage and support pharmacy assistants to complete the full qualification was described as increasingly “impossible”. Recruitment issues (Section 5.2) were identified as another significant factor putting pressure on the educational infrastructure.

6 Summary of Key Findings

Many of the concerns over the relevance of the apprenticeship standards framework to the emerging and future roles of this staff group are set to be addressed through the Trailblazer employer group for pharmacy support staff apprenticeship framework. However, in terms of educational content and delivery, it is clear that a training model of in-house assessment/internal verification would be unsustainable in the long-term. This is of particular concern in acute settings where staff that traditionally undertook roles involving teaching and assessment i.e. AFC Band 5 pharmacy technicians, will need to be more involved in patient-facing service delivery, in line with the recommendations made in the Carter Review [\[9\]](#).

Ad hoc recruitment of pharmacy support staff is likely to be a significant contributing factor to the poor applicant quality experienced by many employers. Recruitment is currently not timed to attract the most appropriate

candidates, nor effectively linked in with existing work raising the profile of both pharmacy sectors at local HEE careers and NHS recruitment events. Apprenticeships offer employed status and provide employers with a functioning member of the pharmacy workforce. Although it may not always be possible to guarantee continued employment with the same employer, a carefully designed recruitment model linked to pharmacy workforce planning could be an effective way of recruiting, training and retaining pharmacy support staff.

Pharmacy employers utilising apprenticeships across the geography are few, with the rest spot-purchasing training courses for their pharmacy assistants using available HEE funding. The cost of an apprenticeship for 19+ year olds varies depending on the education provider and their delivery model. For non-apprenticeships, there is a significant cost difference between distance learning and face-to-face delivery and, due to funding limitations, this means many employers purchase the cheapest rather than their preferred option. See Appendix A for a summary of Level 2 pharmacy qualification providers across London and the South East.

With emerging new roles and responsibilities across both sectors in response to National government recommendations and requirements (see Section 3), the pharmacy assistant role now offers broad opportunities for career progression and development. The time seems right therefore to move away from the historical career progression route of pharmacy assistant through to pharmacy technician and re-focus on developing a training and development pathway that enables pharmacy support staff to effectively support skill mix in the future pharmacy workforce. Such a career model would be attractive to a more diverse range of applicants and contribute to a reduction in issues of high turnover for this staff group.

Branding, advertising and more effective promotion of a pharmacy support staff apprenticeships in schools will be key to raising the status and improving understanding of career opportunities in this important tier of the pharmacy workforce. HEE LaSE should ensure that pharmacy continues to engage with careers fairs in each local office area and undertake investigative activity to establish the most effective means of reaching and fully engaging with the most diverse pool of applicants possible.

7 Conclusion and Recommendations

Identification of common themes and trends across the geography has enabled a further, deeper analysis of the context and environment prior to identifying strategic options for pharmacy support staff training from April 2017 and beyond.

Current funding available from HEE London and South East (HEE LaSE) to support training of this staffing group is limited* and is not guaranteed in the face of newly introduced public sector targets and changes to how apprenticeship training is funded; both due to take effect from April 2017. Pharmacy Assistants form part of the NHS Band 1-4 workforce which, under these new government arrangements, should have their training managed by employers and funded only by the apprenticeship levy.

Given the predicted increase in pharmacy assistant numbers required to support pharmacy service reforms across both sectors (see Section 3), we cannot ignore the risk that the development of two apprenticeship routes into nursing, and the cost and numbers associated with this, could exhaust levy spend which could otherwise be used for other Band-1-4 training. This would include pharmacy support staff and could have significant implications on departmental pharmacy budgets and workforce.

There is therefore a case for continued ring-fencing of HEE LaSE pharmacy workforce budget in the future to protect training for this staff group as they are fundamental to ensuring a pharmacy workforce capable of delivering high-quality and maintainable patient care, however the current model for recruiting support staff and

spot-purchasing training is economically unsustainable. The apprenticeship model may provide a cost-effective, sustainable route for training pharmacy support staff but further work is needed to address the issues highlighted by this scoping review, including developing employer confidence in the relevance and flexibility of college/training provider provision, and this should be considered as a key function of any new funding model.

A full strategic options appraisal will form the next steps in establishing the 'best-fit' approach to HEE LaSE funding support for pharmacy support staff training, now that the local objectives and current position have been established. This will not be a review of the quality of educational provision; however this may form a subsequent recommendation depending on options appraisal outcomes.

It is proposed that this options appraisal concludes in September 2016, with final approval and sign-off by the London and South East Pharmacy Workforce Group (LaSE PWG). Cascade of outcome information to stakeholders by December 2016 will need to be supported by the LaSE PWG and Local Office Apprenticeship Leads.

*Stakeholders were informed at commencing of this project that business as usual would remain with regards to accessing NVQ Level 2 Pharmacy Services Skills Training, until HEE LaSE were in a position to share details of the strategy going forward. However, since commencing this project, one large education provider in London has taken a decision to cease provision from August 2016. For employers that would typically use this provider, HEE LaSE are supporting signposting to alternative training providers using the information gathered during the project scoping (Appendix A) and will provide funding for spot-purchasing, following approval of requests.

8 References

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Appendix A – Providers of Level 2 Pharmacy Qualification in London and South East

Skills 4	
Website	http://www.skills4.org.uk/
Contact Name	Cordelia Woods cordelia@skills4.org.uk
Cost	Apprenticeship: Free for 16 – 24 year olds, limited funding for 24yo + Non-Apprenticeship: not currently offered by organisation
Delivery Model	Minimum completion time – 12 months and one day Study sessions delivered online with remote BTEC and NVQ task setting. Peripatetic NVQ assessment at 4 weeks and 12 weekly thereafter. Use of e-Portfolio. 'Expert Witness' support required on-site (training provided if required). Weekly telephone contact (frequency negotiable).
Qualification (and Awarding Body)	BTEC Level 2 Certificate in Pharmaceutical Science and Level 2 NVQ Certificate in Pharmacy Service Skills – Pearsons Edexcel
Further Information	
<p>No geographical restrictions.</p> <p>Assessor/IQA experience in hospital and primary care as well as community pharmacy</p> <p>Partnered (funding) with Learning Curve who are a large provider of apprenticeship training (45000+ at any time) which enables them to provide fully funded apprenticeships for 16 – 24 year olds.</p> <p>Organisational Needs Analysis and apprenticeship recruitment service, if required.</p>	

CITE (Communities Into Training and Employment)	
Website	http://www.cite4jobs.org
Contact Name	Jo Barter jo@cite4jobs.org
Cost	Apprenticeship: £750 Non-Apprenticeship: Not currently offered by organisation
Delivery Model	Minimum completion time – 12 months and one day Monthly face-to-face study days are delivered to a curriculum by appropriately qualified member of employing organisation on-site - linked to NVQ units/UPK/NPA requirements. Peripatetic NVQ assessment bi-monthly intervals.
Qualification (and Awarding Body)	BTEC Level 2 Certificate in Pharmaceutical Science and Level 2 Certificate in Pharmacy Service Skills (QCF) (NVQ) – Pearsons Edexcel
<p>Community pharmacy trainees can enrol on an 'enhanced' apprenticeship, meaning that trainees also receive National Pharmacy Association 'Interact' Training, RSPH Level 2 Award in Applied Health Improvement and Level 2 Smoke Cessation Awareness training</p>	
Further Information	
<p>Pan-London delivery</p> <p>Assessor/IQA experience in hospital and community pharmacy</p> <p>Offer a free apprenticeship recruitment service London-wide, if required</p>	

Barking and Dagenham College

Website	http://www.barkingdagenhamcollege.ac.uk/
Contact Name	Robert Brooks Robert.brooks@bdc.ac.uk
Cost	Apprenticeship: Free for 16-18 year olds, 19+ years is a £500 set fee Non-Apprenticeship: £4500 (underpinning knowledge plus competence) – discounts negotiable
Delivery Model	Minimum completion time – 15 months Weekly face-to-face underpinning knowledge delivery. If non-apprenticeship or do not require functional skills then face to face study days can be amalgamated into fortnightly full days. Peripatetic NVQ assessment provided. Use of e-Portfolio.
Qualification (and Awarding Body)	BTEC Level 2 Certificate in Pharmaceutical Science and Level 2 Certificate in Pharmacy Service Skills (QCF) (NVQ) - City and Guilds
Further Information	Predominantly provider experience is with community pharmacy but have recently enrolled a small number of candidates from two NHS Trusts in London. Offer a free apprenticeship recruitment service, if required

Mid Kent College

Website	http://www.midkent.ac.uk/
Contact Name	Becky Farley Becky.Farley@midkent.ac.uk
Cost	Apprenticeship: FREE for 16-18 year olds, £700 for 19+ years Non-Apprenticeship: Not currently offered by organisation
Delivery Model	Minimum completion time – 12 months and one day Study sessions delivered online with remote BTEC and NVQ task setting. Peripatetic NVQ assessment at 4-6 weekly intervals. Use of e-Portfolio.
Qualification (and Awarding Body)	BTEC Level 2 Certificate in Pharmaceutical Science and Level 2 Certificate in Pharmacy Service Skills (QCF) (NVQ) – Pearsons Edexcel
Further Information	Predominantly provider experience is with community pharmacy Offer a free apprenticeship recruitment service, if required

Bradford College

Website	https://www.bradfordcollege.ac.uk/courses/further/healthpharmacys-many
Contact Name	Gail Holmes G.Holmes@bradfordcollege.ac.uk
Cost	Apprenticeship: £810 (NB <i>only take apprentices that are exempt from requirement to undertake functional skills</i>) Non-Apprenticeship: £810
Delivery Model	Minimum completion time – 15 months Blended learning model – day release to undertake virtual classroom. Can offer peripatetic assessment. Use of e-Portfolio.
Qualification (and Awarding Body)	BTEC Level 2 Certificate in Pharmaceutical Science and Level 2 Certificate in Pharmacy Service Skills (QCF) (NVQ) – Pearsons Edexcel

Further Information	
No geographical restrictions Assessor/IQA experience in hospital and community pharmacy	
Buttercups	
Website	http://www.buttercups.co.uk/
Contact Name	Lucy Bate Lucy.Bate@buttercups.co.uk
Cost	Apprenticeship: No funding for apprenticeships available at April 2016 until further notice. Usually able to offer fully government funded for 16-18 year olds with employer contribution for 19+. Non-Apprenticeship: Online: £572.00 (+VAT) Paper: £630.00 (+VAT)
Delivery Model	Minimum completion time – 12 months and one day Underpinning knowledge delivered through distance learning – choice of online or paper delivery Remote peripatetic NVQ assessment. Use of e-Portfolio. 'Expert Witness' support is required on-site (training provided)
Qualification (and Awarding Body)	BTEC Level 2 Certificate in Pharmaceutical Science and Level 2 Certificate in Pharmacy Service Skills (QCF) (NVQ) – Pearsons Edexcel
Further Information	
No geographical restrictions Assessor/IQA experience in hospital and community pharmacy	

City and Islington College	
Website	http://www.candi.ac.uk/
Contact Name	Ivan McDougall ivan.mcdougall@candi.ac.uk
Cost	Apprenticeship: Free for 16-18 year olds with employer contribution 19-23 years employer contribution up to 50% of course cost, 24+ employer contribution up to 100% of course cost – discounts negotiable Non-Apprenticeship: Not currently offered by organisation
Delivery Model	Minimum completion time – 12 months and one day Fortnightly face-to-face classroom underpinning knowledge delivery. Can offer peripatetic (work-based) assessment. Use of e-Portfolio.
Qualification (and Awarding Body)	BTEC Level 2 Certificate in Pharmaceutical Science and Level 2 Certificate in Pharmacy Service Skills (QCF) (NVQ) - Pearsons Edexcel (NVQ) City and Guilds (QCF)
Further Information	
Assessor/IQA experience in community and hospital pharmacy Regular provider-employer meetings to discuss progress and address concerns/issues Offer a free apprenticeship recruitment service, if required	