

Foundation Training Year Workforce and Development Landscape: Sussex ICS Baseline Report

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Background:

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

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

Purpose of Report:

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

Governance and Reporting:

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

Methodology:

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

- GPhC foundation pharmacist data 2021-2022
- NHS Digital PCN Workforce Bulletin, June 2021
- NHS Digital GP Workforce Bulletin, August 2021
- HEE Pharmacy Employers and Programme Information from 2020 (Oriol)
- HEE Trainee Pharmacist in General Practice programme data 2021 - 2022
- Hospital Organisations supplied data (April – November 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 and should be considered when interpreting the data and recommendations.

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

Key points:

A total of 50 training places across Sussex ICS have been filled. These were filled from ORIEL and non- ORIEL advertised posts.

The ORIEL fill rate was 40 % (39 places where n=97). 11 additional single sector placements were filled outside of the ORIEL system. It is not known how many places were advertised outside of ORIEL.

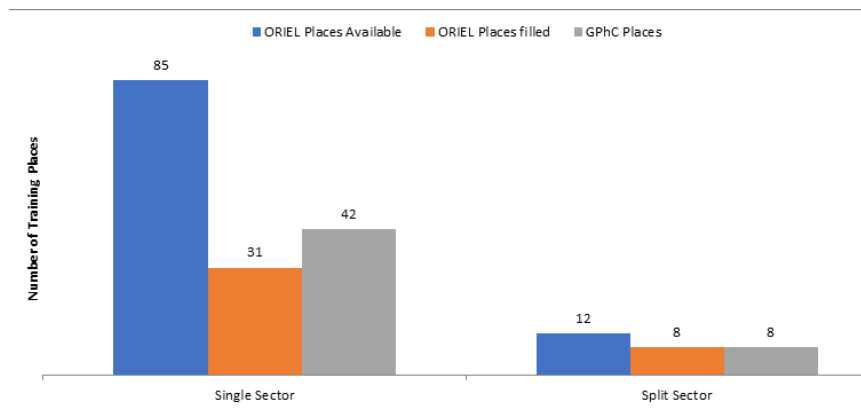
Only 12 (12% n=97 for intake 2021) are split sector placements. These had a 67% (n=12) fill rate. Single and split sector hospital training places had a 100 % (n=19) fill rate.

Overall there was a higher fill rate for split sector placements with 67% of split sector places filled (8 places where n=12) and 36% of single sector places advertised through ORIEL filled (31 places, n= 85).

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

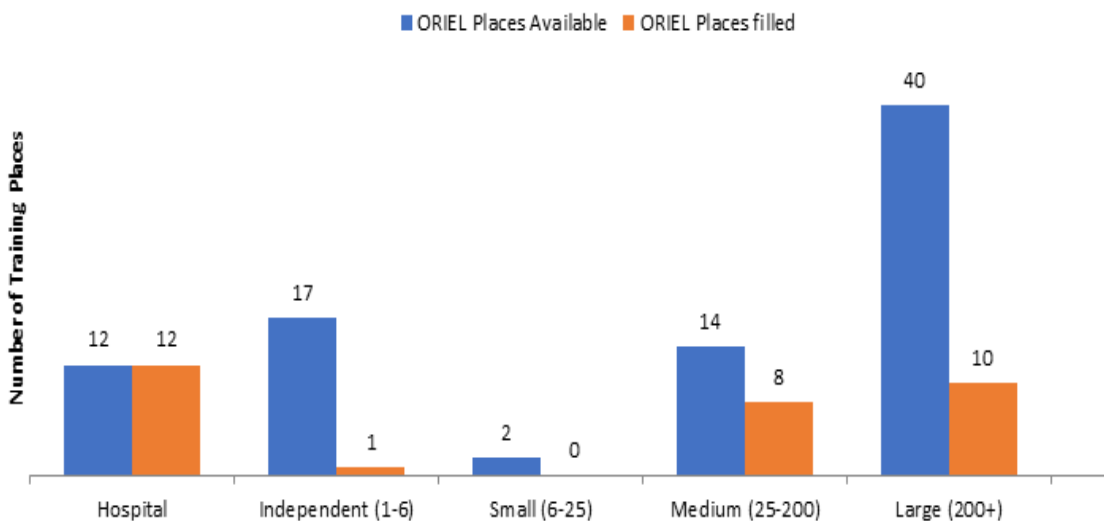
- There are 97 foundation training places in Sussex advertised through ORIEL.
- The majority of training places advertised through ORIEL are single sector 88% (85 where n=97)
- The majority of available training places are in community pharmacy
- For community pharmacy, although large multiples (i.e a community pharmacy that has over 200 branches) and independent pharmacies have the highest number of places, they have the lowest fill rates (25% and 6% respectively)
- For acute trusts, there is a relatively even distribution of Foundation Year Trainees (FYT) across the two main acute Trusts sites with a larger number at University Hospital Sussex East.
 - East Sussex Healthcare NHS Trust (ESHT) = 5
 - University Hospital Sussex NHS Foundation Trust (UHS) East= 8
 - University Hospital Sussex Foundation Trust West (UHS) = 6
- There are currently no single or split FYT placements within
 - Queen Victoria Hospital NHS Foundation Trust
 - Sussex Community Healthcare Trust
 - Sussex Partnership NHS Foundation Trust
- The number of FYT recruited independently from ORIEL is 22% (11 out of 50).
- Local intelligence is aware of a single sector hospital FYT converted to a split hospital /GP placement post started their original placement which is not reflected in the data sources and excluded from further data analysis.

Chart One. Foundation Training Year Places available and filled in Sussex ICS for split sector and single sector programmes based on Pharmacy ORIEL recruitment data 2020-21 and GPhC data October 2021



97 places were advertised by ORIEL made up of 85 single sector and 12 split sector posts. It is not known how many places were advertised outside of ORIEL.
 67% of split sector places were filled (8 places where n=12).
 36% of single sector places advertised through ORIEL were filled (31 places where n= 85)
 The ORIEL fill rate was 40 % (39 places where n=97). The number of FTY recruited independently from ORIEL is 22% (11 out of 50) and these were all single sector.

Chart Two. Number of Foundation Training Year Places available for single sector intake 2021 based on Pharmacy ORIEL recruitment data 2020-21

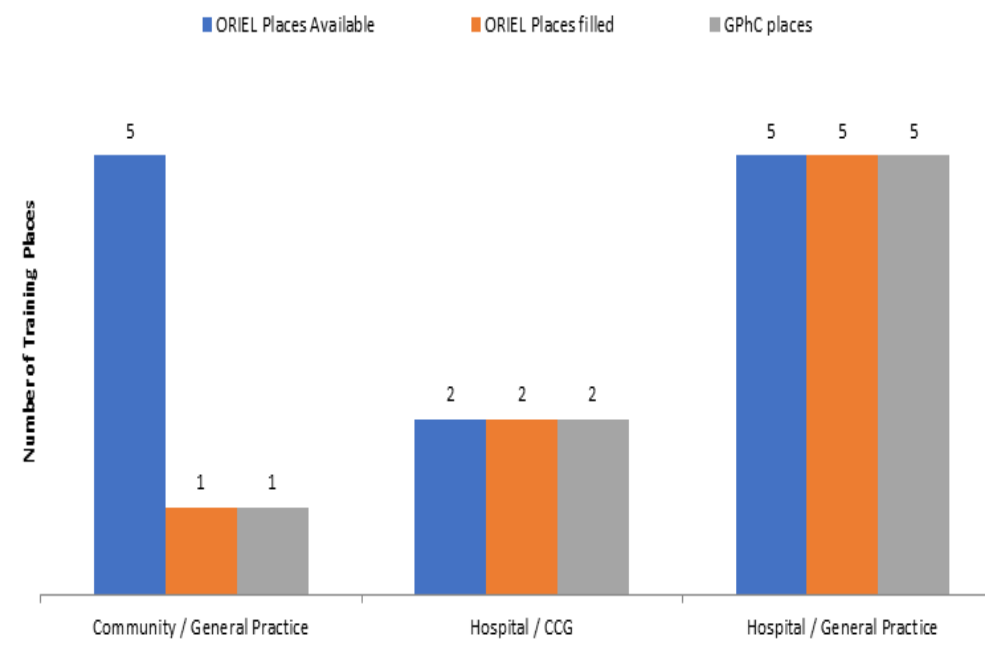


1.1 Split sector training within Sussex ICS

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

Only a small proportion of FYT (intake 2021) are in split sector placements. There are 12 (12% n=97) split (two) sector placements advertised via ORIEL. These had a 67% (n=12) fill rate. Split placements are with hospital/GP/CCG or community /GP and no hospital/community split placements. Hospital split sector training places had 100% fill rate (n=7).

Chart Three. Foundation Training Year Places available and filled in Sussex ICS for and split sector programmes based on Pharmacy ORIEL recruitment data 2020-21 and GPhC data October 2021



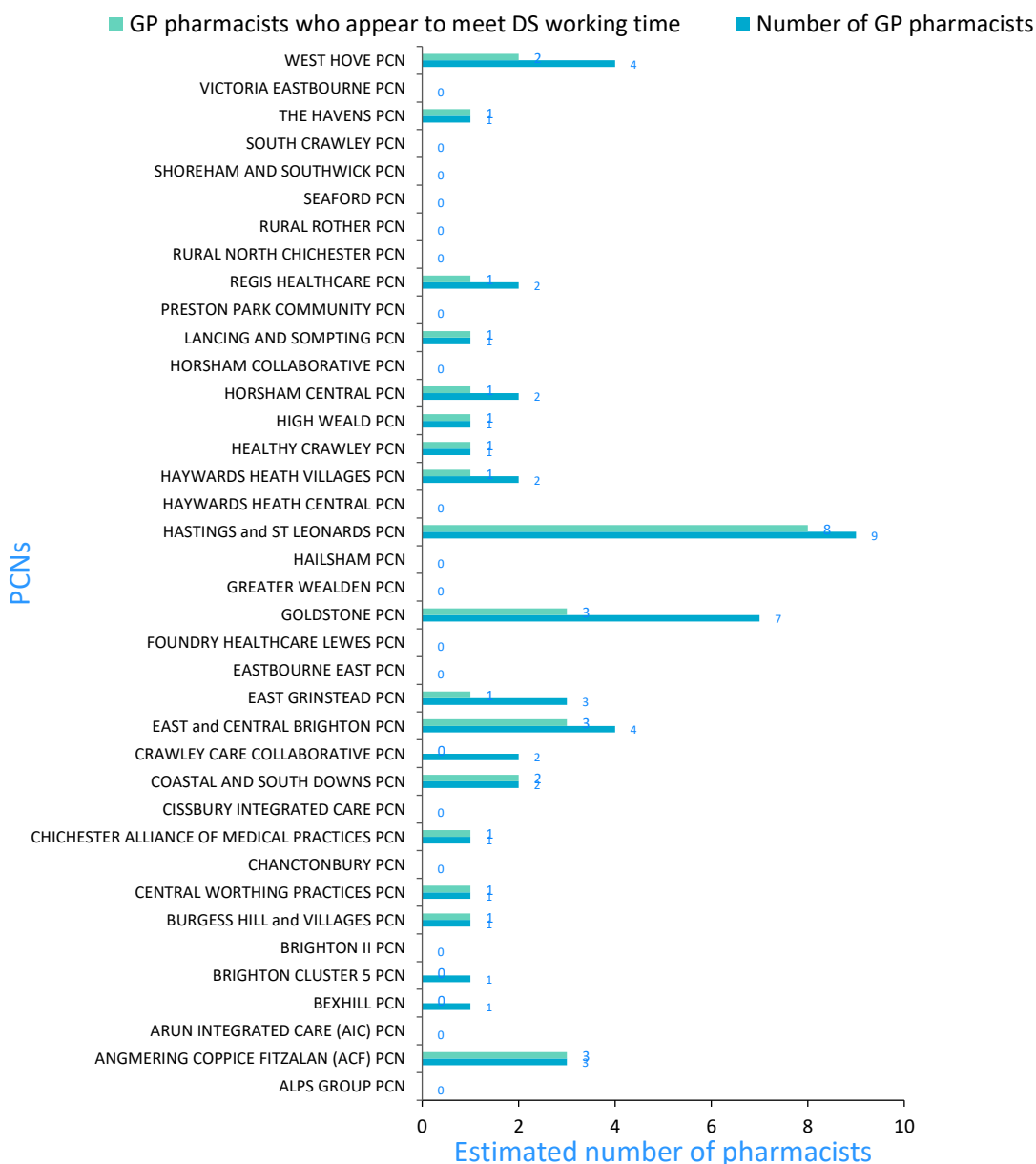
Part 2: Foundation Training Year Supervision Capacity

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

2.1 GP Practice Split Placement Infrastructure

The NHS Digital PCN and GP Workforce Data Bulletins were reviewed to understand the GP workforce within Sussex ICS and the potential supervision infrastructure and staffing available to support foundation training.

Chart Four. Potential number of Designated Supervisors in Sussex ICS PCN who meet DS working criteria of at least 28 hours per week (0.8FTE) (NHS Digital GP Workforce Data Bulletin, August 2021)

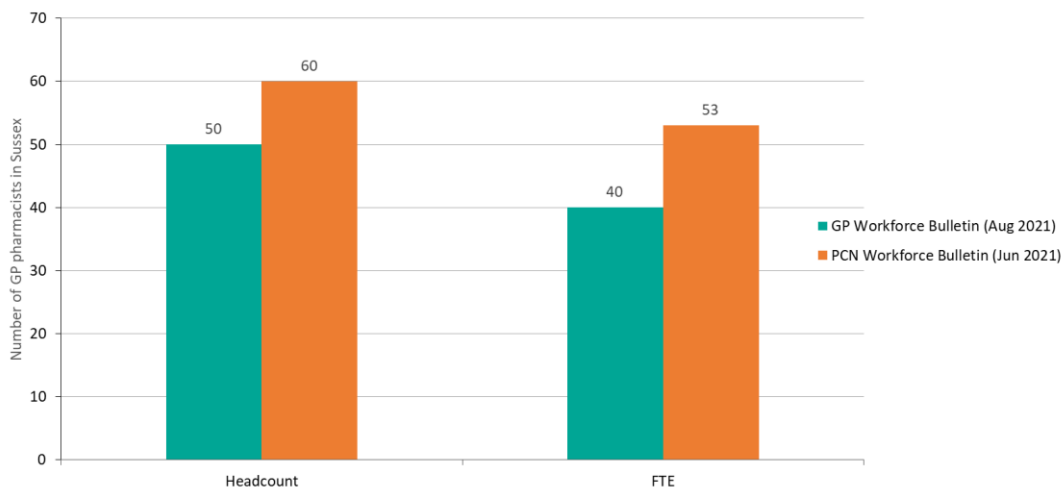


The GP Workforce Bulletin allows further analysis of the data to estimate the number of pharmacists by headcount/ FTE per practice/PCN.

- Sussex ICS has 169 GP practices across 39 PCNs plus 6 PCN-unaligned GP practices. Five of the GP practices and 1 of the PCN-unaligned GP practices had no data provided and were excluded from further data analysis. This resulted in a data set of 164 GP practices and 5 PCN-unaligned GP practices.
- 22% of GP practices have a GP pharmacist (36 out of 163 GP practices)
- 51% of PCNs across 39 PCNs have at least 1 pharmacist by head count.
- Total headcount is 50 pharmacists across 164 PCNs and 5 PCN –unaligned GP practices
- Assuming all other DS requirements are met, approximately **32 pharmacists** appear to work sufficient hours to meet the GPhC requirement to act as a Designated Supervisor for Foundation Year (28 hours per week in practice). See Chart 4 above.

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

Chart 5. Number of GP pharmacists in Sussex ICS by Headcount and FTE (NHS Digital, June – August 2021)



However, there is a discrepancy in the number of GP pharmacists by headcount and FTE using the GP Workforce and PCN Workforce Bulletins respectively as data is collected via separate processes (see Chart 5 above).

Another limitation of using the NHS Digital data is that it may not be a true reflection of the pharmacist workforce in GP practices as it does not capture those employed by CCGs or acute trusts. Therefore, the number of GP practice pharmacists is needed to be confirmed locally and this is one of the report recommendations.

A questionnaire has been developed to further scope the GP pharmacist workforce in Sussex. This will include identifying the number of Independent Prescribers (IPs) and the number of pharmacists who would meet the GPhC DS criteria and clinical supervision requirements.

Part 3: Prescribers and DPPs

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

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

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

Table 1. Independent Prescribing Pharmacist Workforce across Sussex ICS Hospitals (based on stakeholder data April -November 2021)

Secondary and Tertiary care (n = Total number of pharmacists)	Total number of IP pharmacists (% of pharmacist workforce)	Number of IP pharmacists in prescribing roles (% of pharmacist workforce)
Current settings with FYT		
ESHT (n=48)	11 (23%)	8 (17%)
UHS East (n=84)	26 (30%)	24 (29%)
UHS West (n= 43)	17 (14%)	7 (16%)
TOTAL (n=175)	54 (31%)	39 (22%)
Settings that do not have FYT		
Queen Victoria Hospital NHS Foundation Trust (n=12) Includes 7 staff members on regular bank	2 (17%)	1 (8%)
Sussex Community Healthcare Trust (n=31)	11 (36%)	9 (29%)
Sussex Partnership NHS Foundation Trust (n=42)	9 (21%)	8 (19%)
TOTAL (n = 85)	22 (26%)	18 (22%)

Table 1 highlights the following:

- 29% (76 n=260) of the current pharmacist workforce in secondary and tertiary care settings are IPs, which may create cultural, operational and training challenges if the future new foundation trainee pharmacists will be IPs on registration. It is recommended to have a plan in place to upskill the existing workforce as IPs to enable them to act as future DPPs.
- 25% of IPs (19, n=76) are not currently in prescribing roles. This could be due to a change in clinical role (into a non-prescribing role) or there are limited services/ roles for IP pharmacists to practice.

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

Part 4: Predictions and Deficits for 2026 for Sussex ICS

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

From the ORIEL data 97 foundation trainee pharmacist places were advertised in Sussex in the 2021-22 intake and the GPhC data shows 50 places were filled. As there is a large discrepancy between the desired and actual foundation trainee pharmacist numbers, 2 models were developed with predicted data to help identify some gaps in infrastructure and workforce if all training pharmacists were in a split (two) sector programme by 2026:

- ❖ Model A is based on the number of foundation trainees remaining the same (approx. 48)
- ❖ Model B is based on all current foundation training places being filled (approx. 99).

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

Predicted data assumptions:

- No multi-sector programmes (3 sectors) to be implemented for 2026
- Number of main acute hospitals within Sussex ICS = 2 with 3 main sites.
- Number of GP pharmacists who meet DS requirement = 32
- Current DS data based on 1 DS per trainee (unless in split sector).
- All programmes and trainee numbers are based on ORIEL data only
- All Foundation Year Trainees (FYT) will be supervised by DPPs (not DMPs).

Table 2. Predicted data to implement Split Sector Programmes across Sussex ICS where Model A = same number of trainees , Model B = all foundation training places are filled.

	Current data (intake 2021)	Predicted Requirements (intake 2026)	
		Model A (n=48)	Model B (n=99)
Foundation Year Trainee Pharmacists			
Number of FYT on split programmes	8	48	99
Number of FYT – hospital	7	32	66
Number of FYT – community	1	32	66
Number of FYT – GP /CCG	7	32	66
Designated supervisors (DS)			
Minimum number of DS (total)	51	48	99
Minimum number of DS – hospital	19	16	33
Minimum number of DS – community	30	16	33
Minimum number of DS – GP/CCG	7	16	33
Independent Prescribing Pharmacists*			
Acute Hospitals:	17	16	33
ESHT	3	5	11
UHS East	9	6	11
UHS West	5	5	11
Community	TBC	16	33
GP practice	TBC	16	33

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

The table demonstrates the following:

- General considerations
 - There is a need to understand the future workforce requirements and how many FYT are required within Sussex ICS.
 - As FYT would be spending a minimum of 3 months in each sector, with 2 FYT per programme, a minimum of **16 (Model A) or 33 designated supervisors and DPPs (Model B) per sector** would be required.
 - Although FYT would be in different sectors (with a different DS), it is recommended to have joint meetings and progress reviews. This might increase the training burden on DSs if they have a minimum of 2 FYT.
 - Local intelligence is aware two of the IPSs are DPPs within Sussex ICS, one within UHS East and one within Sussex Community Healthcare Trust. Further data collection is required for community and GP sectors.
- Hospital placements
 - Sussex Community Healthcare Trust, Sussex Partnership NHS Foundation Trust and Queen Victoria Hospital NHS Foundation Trust could be included as part of a hospital sector placement.
 - According to Model B, as there could be 66 FYT per year in a hospital placement, and there are 3 main hospitals within the ICS, this would mean about **22 FYT per hospital per year if shared out equally**. Alternatively numbers could be distributed according to the site size and to consider FYT places within Sussex Community Healthcare Trust, Sussex Partnership NHS Foundation Trust and Queen Victoria Hospital NHS Foundation Trust.
 - The 22 FYT in hospital could be split as 4 trainees each having 3 month placements, 8 trainees each having 6 month placements or a combination of the options.
 - Although more FYT will be having hospital placements, the duration of each placement will be reduced, and therefore the total time spent in the sector by FYT should not be significantly increased. However, other factors would need to be considered such as **time required for induction** of new FYT and access to various systems.
 - Each hospitals will require will require a minimum of 5 (Model A) or 11 (Model B) designated supervisors and DPPs.
- Community placements
 - If the number of FYTs does not change, there could be fewer foundation trainee pharmacists in community pharmacy. However, this data does not take into account trainees recruited directly outside of ORIEL
 - If each split programme would have a minimum of 2 trainees, alternating between the two sectors, each trainee would spend less time in community and further consideration would be needed on the impact of this.
 - If access to DPP in community is limited, foundation trainees would have to carry out their Learning in Practice hours whilst in hospital or GP sector placements, which could affect the minimum time spent in these sectors.
- GP placements
 - As there are currently about 32 GP pharmacists who meet the DS criteria working in GP practice/ PCN at least 28 hours/week, there is at least a **deficit of 1 GP pharmacists if Model B is required**.

Part 5: Key messages, risks and recommendations

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

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

1. Fill rate from the ORIEL recruitment data for FYT is low as 39 training places across Sussex ICS have been filled (n = 97, 40% fill rate). There is a 26% (n=19) fill rate for single sector community pharmacy placements and 20% fill rate for split sector community/GP placements (n =5). There was a 100% fill rate for single sector and split sector hospital placements (n=12 and n =5 respectively).

Risks	<p>There may not be enough FYT across the different sectors in Sussex to support the future pharmacist workforce, therefore having a very limited pipeline.</p> <p>Although large multiples and independent pharmacies have the highest number of places, they have the lowest fill rate 25% and 6% respectively.</p>
Suggested next steps	<ul style="list-style-type: none"> • Establish the number of pharmacists required in each sector to ensure workforce and service needs are met. • Work with community pharmacies to make their programmes more attractive and increase recruitment and retention eg. Increase placement split sector placements with hospitals. promote this area to HEIs and increase placements.

2. 12 (n=97) of 2021-22 training places are split (two) sector programmes. These had 67% (n=12) fill rate. Split placements are with hospital/GP/CCG or community /GP and no hospital/community split placements

Risks	<p>FYT pharmacists gaining experience across more than one sector is key to the delivery of the IPMO workforce plans.</p> <p>Some sectors will require split sector placements to achieve the learning outcomes including IP supervision e.g. community pharmacy, mental health.</p> <p>As FYT have split sectors placements, the time required for induction of new trainees and access to various systems may need to be considered.</p>
Suggested next steps	<ul style="list-style-type: none"> • Establish possible reasons why split placements advertised were not filled and identify solutions • Develop networks between different sectors to establish new split programmes within Sussex ICS and increase recruitment, particularly in GP and community sectors. • Develop robust induction packages across all sectors to support trainees/ DS. • Pilot ‘taster’ sessions between community/ GP practices for 2021-22 and further expand cross sectoral placements with community and hospital within Sussex ICS.

3. Less than 30% of the current pharmacist workforce in Sussex acute hospitals are Independent Prescribers (IP). (Data collection required for community/ GP sectors)

Risks	This may create cultural, operational and training challenges 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. 22% of the current pharmacist workforce in Sussex ICS secondary and tertiary care setting are in active prescribing roles. (Data collection required for community/ GP sectors)

Risks	IPs who are not in active prescribing roles would not meet the DPP criteria to supervise foundation trainees.
Suggested next steps	<ul style="list-style-type: none"> • Identify reasons why IPs 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 is currently two DPPs within UHS East and SHT. (Data collection is required for community/ GP sectors , and SPFT)

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

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

Risks	<p>Currently the only way to identify IPs and those who could act as a DPP is through the Community Pharmacy Workforce survey. However, about 50% of respondents completed the survey this year which will not truly reflect the current community pharmacy workforce.</p> <p>As the majority of places advertised by ORIEL (79% n=97) of 2021-22 training places in Sussex ICS are in community pharmacy as a single or split placement the sector may not have sufficient active IP pharmacists who meet the DPP criteria to provide the infrastructure required for IP supervision by 2026.</p> <p>If access to DPP in community is limited, FYT 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>
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<p>Suggested next steps</p>	<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. There may be a deficit of GP pharmacists to act as DS/ DPP

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

Conclusion:

This report’s predictions are based on either having the same number of FYT (approx. 48) or the same number of foundation training places per year within the ICS (approx. 99) and a 100% fill rate. Although single and split hospital and split sector placements are currently attracting FYT with 100% fill rate there is a low fill rate in single and split sector community pharmacy training places with the majority of places on ORIEL remaining unfilled (79%). Therefore further discussions are required as to whether the current number of FYT meets the **demands of the pharmacist workforce** within Sussex ICS and what actions should be considered to **increase recruitment and retention** of the future workforce.

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

Appendix 1: Definitions

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

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).
Foundation Trainee Pharmacist[^]	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.

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