

Foundation Training Year Workforce and Development Landscape: Surrey Heartlands ICS Baseline Report

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Background:

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

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

Purpose of Report:

This report has been created to provide an overview of the current pharmacy workforce landscape within Surrey Heartlands Health and Care Partnership 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 Surrey Heartlands Health and Care Partnership 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 (Oriel)
- HEE Trainee Pharmacist in General Practice programme data 2021 - 2022
- Hospital Organisations supplied data (April – June 2021)
- ICP leads supplied data on primary care workforce (September – 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 Surrey Heartlands (intake 2021)

Key points: 30 training places across Surrey Heartlands ICS have been filled, 26 of those recruited through Oriel (70 training places were advertised through Oriel with a 43% fill rate).

All hospital training places were filled, with a 30% fill rate for community pharmacy (n = 17). Only 18.6% of 2021-22 training places include more than one sector (13 of 70 training places) - these had a 100% fill rate.

The GPhC foundation pharmacist data (2021) was analysed to establish the total number of trainee pharmacists in Surrey Heartlands and identify those recruited out of ORIEL. This is demonstrated in Table 1 below.

Table 1. The Trainee Pharmacist landscape across Surrey Heartlands (intake 2021)

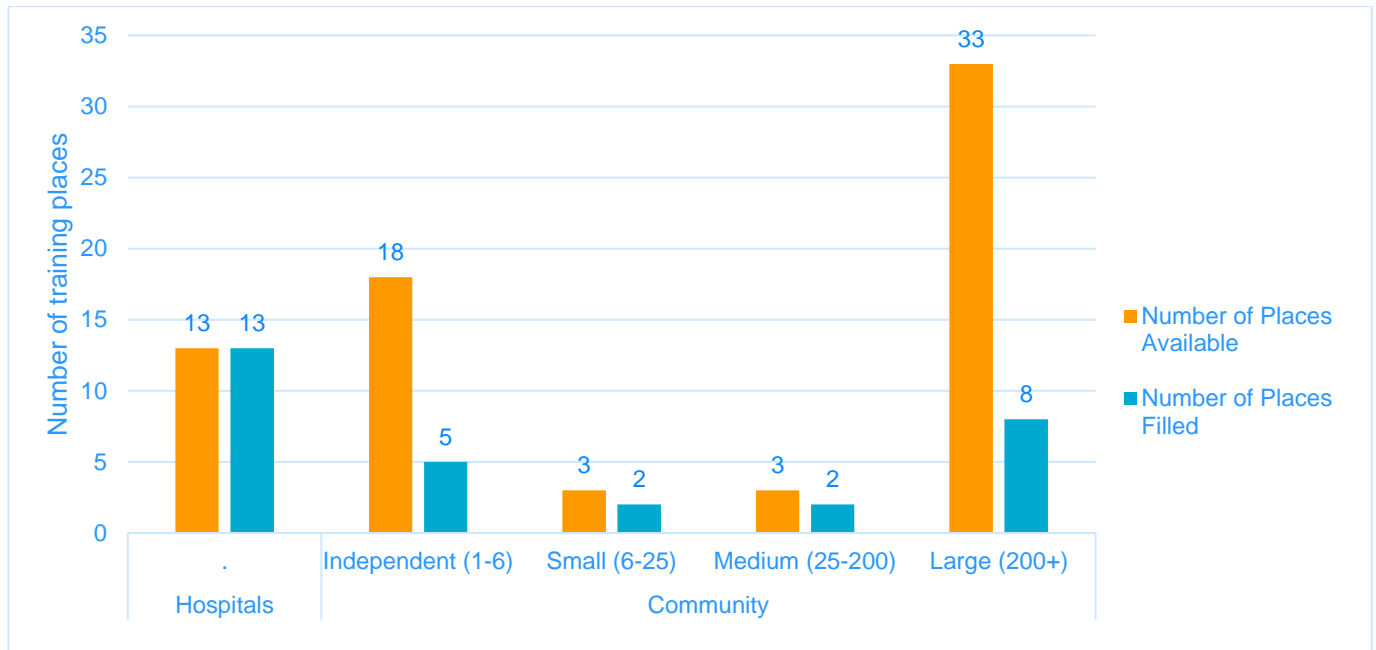
ORIEL DATA	
Total places available	70
<i>No. of places accepted</i>	30
Fill rate	43%
GPhC DATA	
<i>Total number of trainees</i>	30
No. of places via ORIEL	26*
No. of places not via ORIEL	4

*There were 4 trainees who may have withdrawn their ORIEL application.

The following charts give an overview of the foundation training landscape for the intake year 2021-22 in Surrey Heartlands ICS. The ORIEL recruitment data also shows that:

- There are 70 foundation training places in Surrey Heartlands ICS.
- The majority of available training places are in community pharmacy (57 out of 70).
- 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 rate (24% and 28% respectively, see Chart 1 below).
- For acute trusts, there is an even distribution of trainees across the three main sites:
 - Surrey and Sussex Healthcare NHS Trust = 5
 - Royal Surrey County Hospital NHS Foundation Trust = 4
 - Ashford and St Peter's Hospital NHS Foundation Trust = 4
- It is not known how many places were advertised outside of ORIEL.

Chart 1. Number of Foundation Training Year places in Surrey Heartlands ICS by sector, intake 2021 (based on Pharmacy ORIEL recruitment data 2020-21) (n = 70)



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

1.1 Split sector training within Surrey Heartlands

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

Only a small proportion of trainees in their foundation training year (intake 2021) are in split sector placements. There are 13 foundation trainee pharmacists across 10 training programmes (see Chart 2 and 3 below). Split sector training places across Surrey Heartlands had a 100% fill rate.

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Chart 2. Numbers of Foundation Training Places in Surrey Heartlands ICS (based on Pharmacy ORIEL recruitment data 2020-21) (n=70)

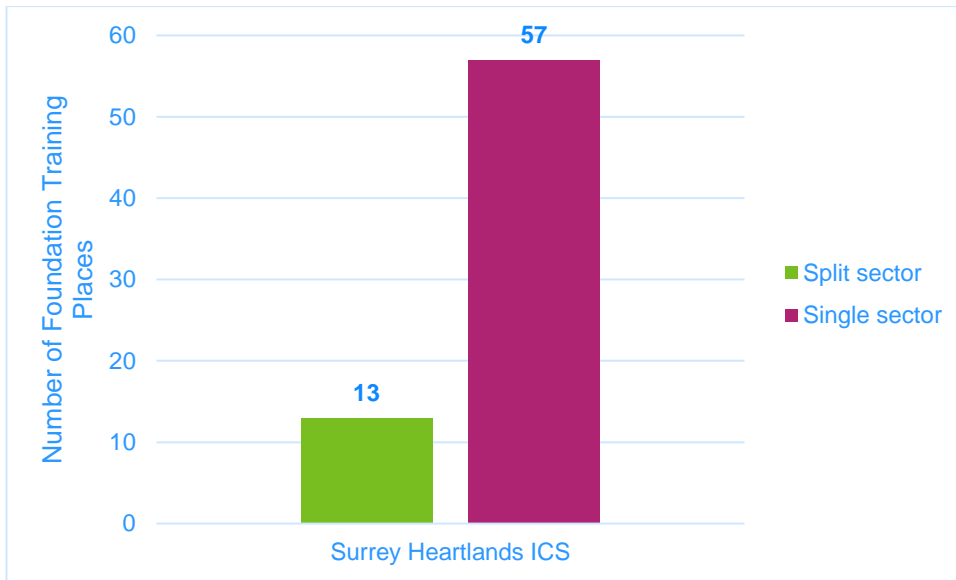
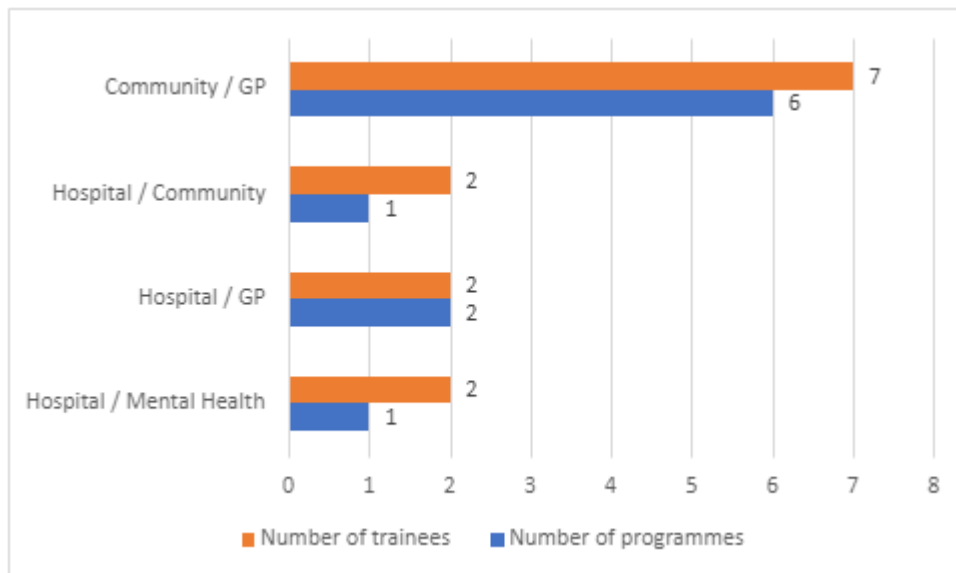


Chart 3. Number of split programmes and trainees by sector (based on Pharmacy ORIEL recruitment data 2020-21)



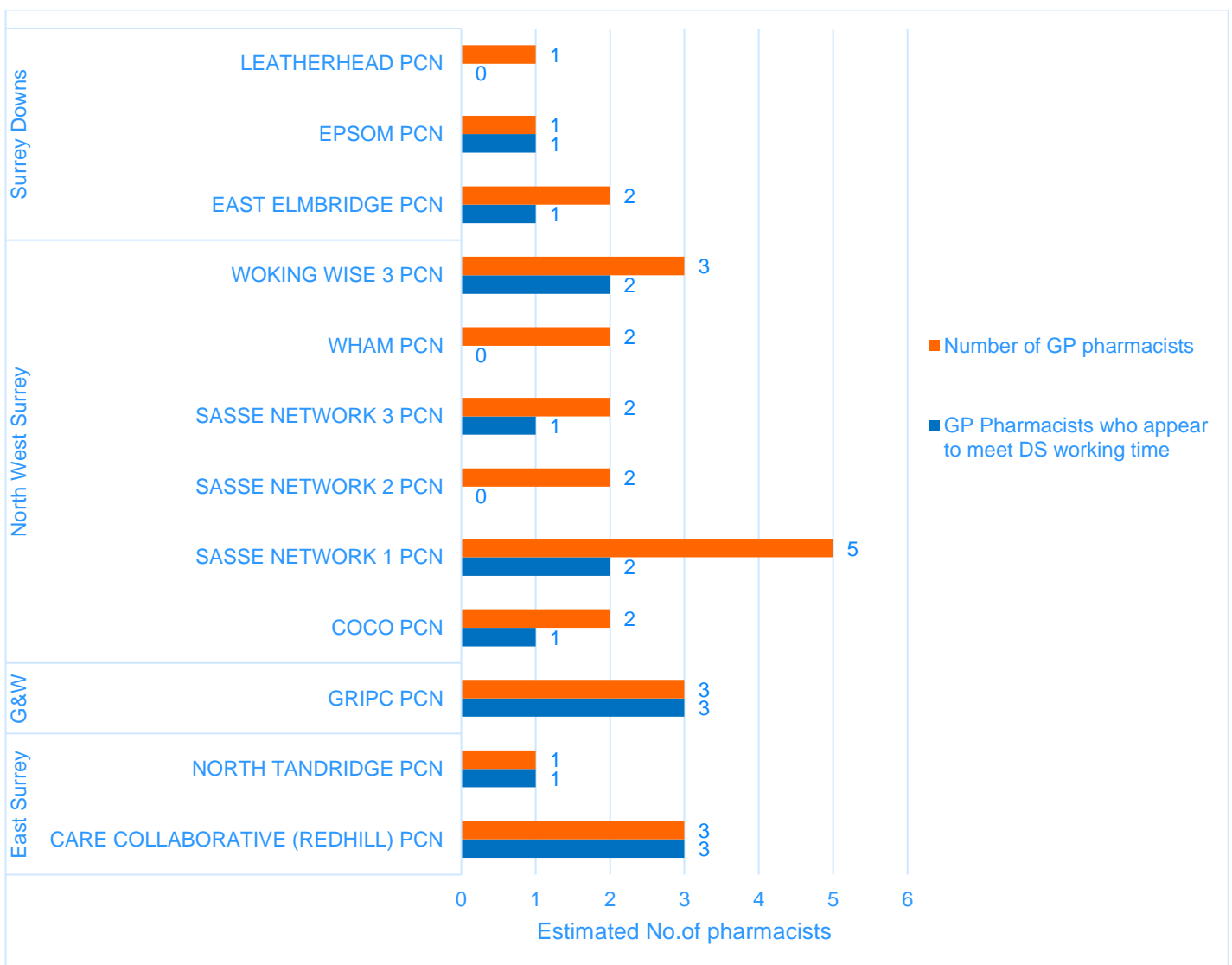
Part 2: Foundation Training Year Supervision Capacity

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 pharmacist workforce within Surrey Heartlands and the potential supervision infrastructure and staffing available to support foundation training.

Chart 4. Potential number of Designated Supervisors in Surrey Heartlands PCNs who meet DS working criteria of at least 28 hours per week (0.8FTE) (NHS Digital GP Workforce Data Bulletin, August 2021)



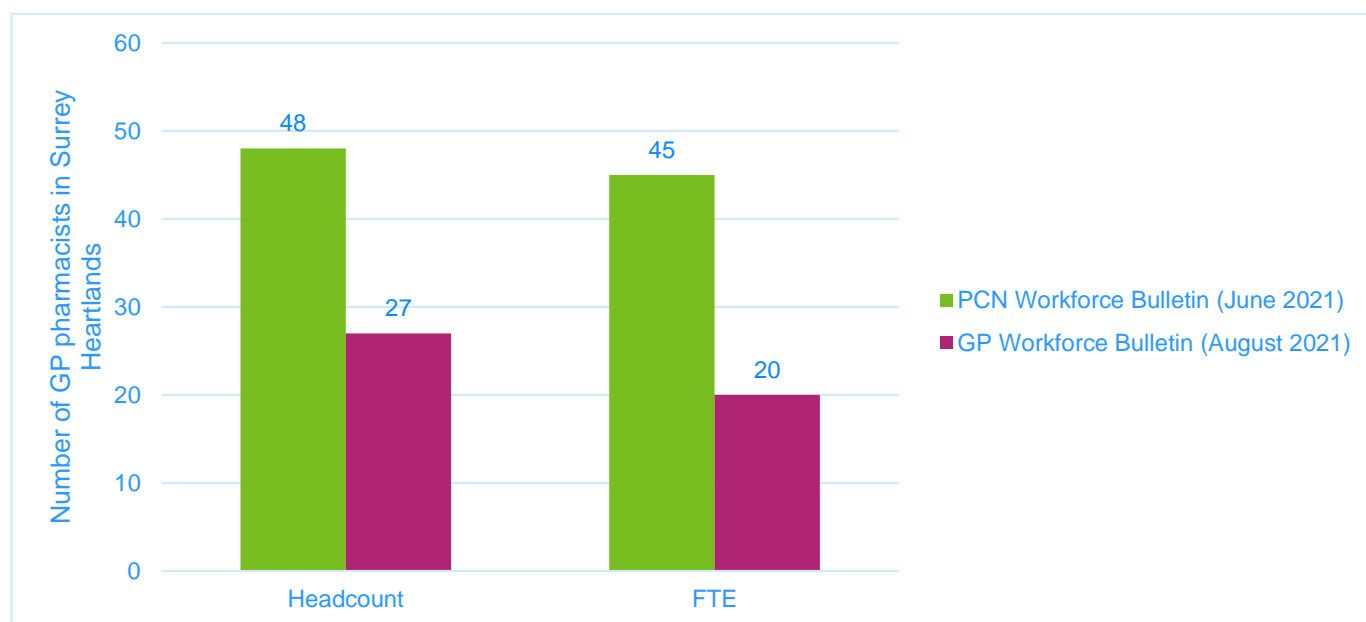
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The GP Workforce Bulletin allows further analysis of the data to estimate the number of pharmacists by headcount/ FTE per practice/PCN.

- Surrey Heartlands has 103 GP practices across 25 PCNs plus 1 PCN-unaligned GP practice.
- 12 GP practices did not provide any data.
- 21% of GP practices have a GP pharmacist (22 out of 104).
- Total headcount is 27 pharmacists across 12 PCNs, equating to 19.9 FTEs.
- Assuming all other DS requirements are met, approximately **15 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.

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).

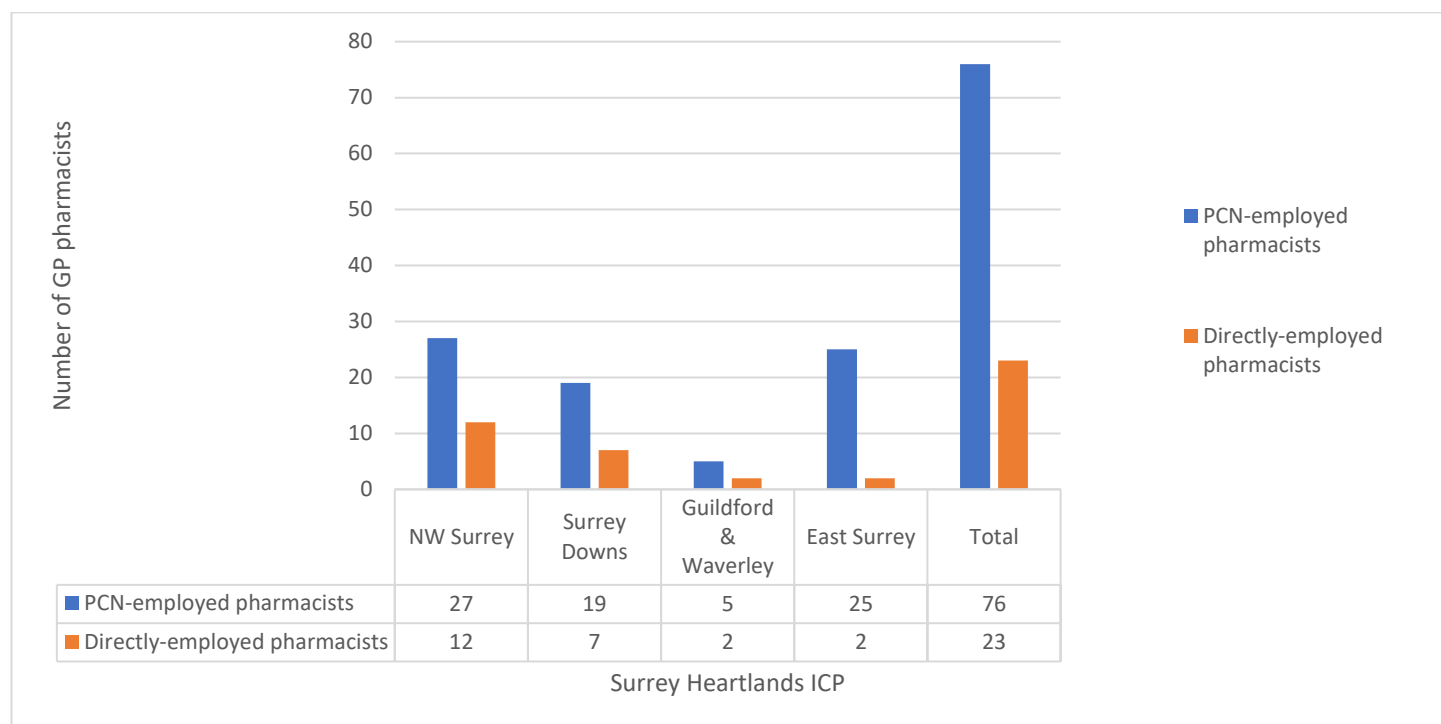
Chart 5. Number of GP pharmacists in Surrey Heartlands by Headcount and FTE (NHS Digital, June – August 2021)



However, there is a large 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 was subsequently confirmed locally (September - October 2021). See Chart 6.

Chart 6. Number of GP pharmacists in Surrey Heartlands ICS by headcount (ICP leads stakeholder engagement data, September - October 2021) (n=99)



A questionnaire has been developed to further scope the GP pharmacist workforce in Surrey Heartlands. 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. This would also highlight the numbers of pharmacists undergoing CPPE's Primary Care Pharmacy Education Pathway (PCPEP) course, who may not be appropriate to act as a DS for a trainee whilst undergoing training themselves.

Following stakeholder engagement with various pharmacy workforce leads within Surrey Heartlands, the key issues are:

- There is a lack in pharmacist educational infrastructure within Surrey Heartlands' GP practices.
- There also appears to be some concern raised by GPs on the time required to provide clinical supervision.
- There is a gap in developing clinical supervisors and there is a need for more with the proposed increases in PCN workforce.
- There is a lack of E&T access for the directly-employed workforce and those PCN workforce who have finished the CPPE Primary Care pathway and looking to extend their skills, including clinical skills, supervision and mentoring.
- The lack of clear career progression and educational infrastructure is contributing to lower recruitment and retention rates in the GP pharmacist workforce.

A PCN workforce group has now been set up to address the issues above in collaboration with the Surrey Training Hub.

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, have been actively prescribing for at least 3 years and have the appropriate supervision infrastructure.

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

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

Table 2. Independent Prescribing Pharmacist Workforce across Surrey Heartlands Hospitals (based on stakeholder data April – June 2021)

Hospital Trust (n = Total number of pharmacists)	Total number of IP pharmacists (% of pharmacist workforce)	Number of IP pharmacists in prescribing roles (% of pharmacist workforce)
ASPH (n = 33)	8 (24%)	3 (9%)
RSCH (n = 54)	13 (24%)	9 (17%)
SASH (n= 40)	6 (15%)	5 (13%)
SABP (n = 12)	5 (42%)	1 (8%)
TOTAL (n = 139)	32 (23%)	18 (13%)

Table 2 also highlights the following:

- Less than 50% of the current pharmacist workforce in acute hospitals are IPs, which may create cultural, operational and training challenges if the future new foundation trainee pharmacists will be IPs on registration. It is recommended to have a plan in place to upskill the existing workforce as IPs to enable them to act as future DPPs.
- This could also be due to the large number of newly qualified and early careers pharmacists who are enrolled on a diploma and do not meet the current eligibility criteria to undertake an IP course. This is currently under GPhC consultation.
- There are a number of IPs who are not currently in prescribing roles. This could be due to a change in clinical role (into a non-prescribing role) or there are limited services/ roles for IP pharmacists to practice.

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 Surrey Heartlands ICS

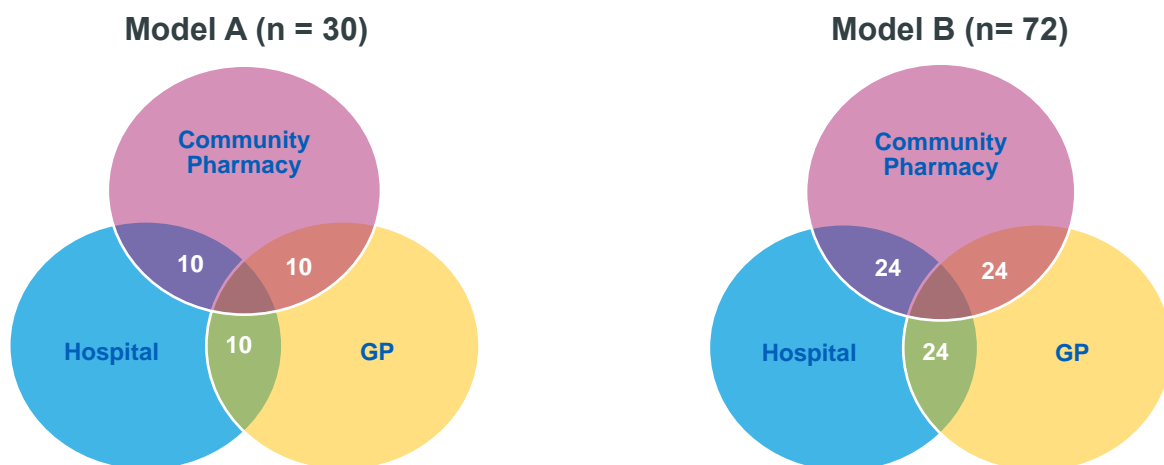
Gaps in infrastructure and workforce to implement more split sector programmes in the Pharmacist Foundation Training Year

There were 70 foundation training places in Surrey Heartlands, of which only 30 were filled in the 2021-2022 intake. As there is a large discrepancy between the desired and actual trainee numbers, 2 models were developed with predicted data to help identify some gaps in infrastructure and workforce if all trainees were in a split (two) sector programme by 2026:

- ❖ Model A is based on the number of foundation trainees remaining the same (approx. 30).
- ❖ Model B is based on all current foundation training places being filled (approx. 72).

The above models are not exclusive; predictions are for illustrative purposes and numbers are evenly distributed to facilitate comparison of data.

Figure 1. Predicted models with number of foundation trainees to implement Split Sector Programmes across SH ICS



According to these models there would be 3 main split sectors: Hospital/ GP, Hospital/ Community and Community/ GP, where hospital could include the mental health sector and trainees would be evenly distributed in each split sector (See Figure 1 above).

Each sector would be a minimum of 3 months and each programme would have a minimum of 2 trainees (in alternating sectors). DSs and DPPs would supervise a minimum of 2 trainees per year. The predicted data is illustrated in Table 3.

Predicted data assumptions:

- No multi-sector programmes (3 sectors) to be implemented for 2026
- Number of main acute hospitals within Surrey Heartlands ICS = 3
- Number of GP pharmacists who meet DS requirement = 15
- 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 3. Predicted data to implement Split Sector Programmes across SH ICS where Model A = same number of trainees and Model B = all foundation training places are filled.

	Current data (intake 2021)	Predicted Requirements (intake 2026)	
		Model A (n=30)	Model B (n=72)
Foundation Year Trainee Pharmacists			
Number of FYT on split programmes	13	30	72
Number of FYT – hospital	13	20	48
Number of FYT – community	17	20	48
Number of FYT – GP	9	20	48
Designated supervisors (DS)			
Minimum number of DS (total)	36	30	72
Minimum number of DS – hospital	13	10	24
Minimum number of DS – community	17	10	24
Minimum number of DS – GP	6	10	24
Independent Prescribing Pharmacists*			
Acute Hospitals:	17	10	24
ASPH	3	3	8
RSCH	9	4	8
SASH	5	3	8
Community	TBC	10	24
GP practice	TBC	10	24

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

The table demonstrates the following:

- General considerations
 - There is a need to understand the future workforce requirements and how many foundation trainees are required within Surrey Heartlands ICS.
 - As trainees would be spending a minimum of 3 months in each sector, with 2 trainees per programme, a minimum of **10 (Model A) or 24 designated supervisors and DPPs (Model B) per sector** would be required.
 - Although trainees would be in different sectors (with a different DS), it is recommended to have joint meetings and progress reviews. This might increase the training burden on DSs if they have a minimum of 2 trainees.
 - There are currently no DPPs within Surrey Heartlands hospital sector, and further data collection is required for community and GP sectors.

- Hospital placements
 - Mental health placements could be included as part of a hospital sector placement.
 - According to Model B, as there could be 48 foundation trainees per year in a hospital placement, and there are 3 main hospitals within the ICS, this would mean about **16 trainees per hospital per year**.
 - The 16 foundation trainees 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 trainees will be having hospital placements, the duration of each placement will be reduced, and therefore the total time spent in the sector by FYT

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should not be significantly increased. However, other factors would need to be considered such as **time required for induction** of new trainees and access to various systems.

- Each hospital will require a minimum of 3 (Model A) or 8 (Model B) designated supervisors and DPPs.
- Community placements
 - If the number of foundation trainee pharmacists does not change, there could be fewer foundation trainee pharmacists in community pharmacy. 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 15 GP pharmacists who meet the DS criteria working in GP practice/ PCN at least 28 hours/week, there is at least a **deficit of 9 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 Surrey Heartlands ICS.

1. 30 training places across Surrey Heartlands ICS have been filled, 26 of those recruited through Oriel (70 training places were advertised through Oriel with a 43% fill rate and a 30% fill rate for community pharmacy) (n = 17).

Risks	<p>There may not be enough trainees across the different sectors in SH 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 (24% and 28% 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 split sector placements with hospitals and GP practices, promote this area to HEIs and increase placements.

2. Only 18.6% (n=70) of 2021-22 training places are split (two) sector programmes. These had 100% fill rate.

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

3. Less than 50% of the current pharmacist workforce in Surrey Heartlands acute hospitals are Independent Prescribers (IP). (Data collection required for community/ GP sectors)

Risks	<p>This may create cultural, operational and training challenges if the future new foundation trainee pharmacists will be IPs on registration.</p> <p>A large number of Early Careers pharmacists are enrolled on a diploma and do not meet the current eligibility criteria to undertake an IP course.</p>
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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. • Review training pathways and link with HEIs to consider changes in IP training for Early Careers pharmacists subject to the outcomes of the GPhC IP consultation.
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4. Less than 20% of the current pharmacist workforce in Surrey Heartlands acute hospitals 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 are currently no DPPs within Surrey Heartlands hospital sector. *(Data collection required for community/ GP sectors)*

Risks	Foundation trainees 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 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 2021-22 training places in Surrey Heartlands ICS are in community pharmacy, the sector may not have sufficient active IP pharmacists who meet the DPP criteria to provide the infrastructure required for IP supervision by 2026.</p> <p>If access to DPP in community is limited, foundation trainees would have to carry out their Learning in Practice hours whilst in hospital or GP sector placements, which could affect the minimum time spent in these sectors.</p>
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. There is a lack of pharmacist educational infrastructure in GP practices which may lead to a deficit in GP pharmacists to act as DS/ DPP	
Risks	<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>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>There also appears to be some concern raised by GPs on the time required to provide clinical supervision.</p> <p>There is a gap in developing clinical supervisors and there is a need for more with the proposed increases in PCN workforce.</p> <p>There is a lack of E&T access for the directly-employed workforce and those PCN workforce who have finished PCPEP and looking to extend their skills including clinical skills, supervision and mentoring.</p> <p>The lack of clear career progression and educational infrastructure is contributing to lower recruitment and retention rates in the GP pharmacist workforce.</p>
Suggested next steps	<ul style="list-style-type: none"> • Analyse IP Questionnaire data to confirm the numbers of practice pharmacists, FTE hours, IP status and scope supervision requirements. • Identify capacity (including workload) of IPs within GP practice to support supervision of trainee pharmacists, including multi-professional models. • Work with Surrey Training Hub to improve engagement, educational support, and clinical supervisory infrastructure in PCNs. • Standardise the training request process to support a more robust educational infrastructure. • Develop a framework for Surrey Training Hub to support the new pharmacist workforce joining PCNs. • Identify and train senior clinical pharmacists to expand the number of clinical supervisors and support the new PCN pharmacist workforce. • Incorporate supervision element into job roles or CPPE pathway. • Work with Surrey Training Hub to engage with clinical directors about the benefits of having a strong supervision infrastructure, which may be beyond the criteria covered by the Additional Roles Reimbursement Scheme (ARRS).

Conclusion:

The report predictions are based on either having the same number of foundation trainees (approx. 30) or the same number of foundation training places per year within the ICS (approx. 72) and a 100% fill rate. Although hospital and split sector placements are currently attracting trainees, there is a low fill rate in single sector community pharmacy training places, with the majority of places on ORIEL remaining unfilled (70%). Therefore further discussions are required as to whether the current number of trainees meets the **demands of the pharmacist workforce** within Surrey Heartlands ICS and what actions should be considered to **increase recruitment and retention** of the future workforce.

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The baseline report also highlights that there is a **need to increase DS and DPP capacity** to make all foundation year programmes in Surrey Heartlands 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
- 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.