

## The Community Pharmacy Workforce in London 2015

### Executive Summary

#### Introduction

The three local London teams of Health Education England commissioned the London Community Pharmacy Workforce Survey 2015, adopting the successful procedures that Health Education Kent Surrey and Sussex piloted in 2014. This is in order to better understand the current numbers and skill mix in the community pharmacy workforce, and thus inform planning and future investment in education.

#### Method

Different procedures were used to collect data from CCA (Company Chemist Association) and non CCA pharmacies. Non CCA pharmacies completed an online survey backed up by the option to complete the questionnaire over the telephone with the help of a trained interviewer. The CCA head office collated the required workforce data onto a single spreadsheet, and this data was subsequently merged with the survey of non CCA community pharmacies to give an overall picture. Due to the volume and complexity of collecting and collating data across the total CCA estate of pharmacies some more qualitative questions were asked differently or omitted.

By combining the response rate from both CCA and non CCA pharmacies, the response rate for the survey was 80%.

#### Key Findings

The results from the 80% of respondents were extrapolated to 100% to provide an estimate of the London community pharmacy workforce. The London community pharmacy workforce was predicted to comprise 13,205 staff, filling 10,274 full-time equivalent (FTE) posts. These totals are constituted of the following number of workers by type of role:

- 3807 Pharmacists, filling 2927 full-time equivalent posts - 28% of the workforce
- 625 Pre-Registration Trainee Pharmacists, filling 627 full-time equivalent posts - approximately 6% of the workforce; note that some Trainee Pharmacists work above FTE hours
- 578 Registered Pharmacy Technicians, filling 511 full-time equivalent posts - approximately 5% of the workforce
- 202 Accuracy Checking Technicians, filling 179 full-time equivalent posts - approximately 2% of the workforce
- 198 Pre-Registration Trainee Pharmacy Technicians, filling 177 full-time equivalent posts - approximately 3% of the workforce
- 2375 Trained Dispensing Assistants, filling 1863 full-time equivalent posts - 18% of the workforce
- 831 Trainee Dispensing Assistants, filling 690 full-time equivalent posts - 7% of the workforce
- 3450 Trained Medicine Counter Assistants, filling 2438 full-time equivalent posts - approximately 24% of the workforce
- 1138 Trainee Medicine Counter Assistants, filling 863 full-time equivalent posts - approximately 8% of the workforce
- Apprentices, those team members in identified trainee positions, make up only 1% of the total workforce.

Vacancy rates (i.e. FTE vacancies as a percentage of FTE filled posts plus FTE vacancies) vary considerably across different roles, particularly for Pre-Registration Trainee Pharmacists (19%) and Accuracy Checking Technicians (14%).

The lowest reported vacancy rate was 1% for Pharmacists. Vacancy rates tended to be particularly high in South London independent pharmacies.

Respondents from the non CCA sector were asked to rate each of the nine roles in terms of how easy or difficult it was to fill vacancies. The easiest vacancy to fill was considered to be the role of Pharmacist. Opinion was divided more equally between those saying easy or difficult when asked about Pre-Registration Trainee Pharmacist vacancies and Trainee Medicines Counter Assistant vacancies, but for all other vacancies the balance of opinion was that recruitment was difficult. The highest level of difficulty was reported for Accuracy Checking Technicians, Registered Pharmacy Technicians and Trained Dispensing Assistants.

In terms of training, the non CCA sector pharmacies placed the highest priority on Locally Commissioned Services e.g. public health and palliative care, with three quarters saying that new training provision was either essential or very beneficial. The next highest priorities were on Healthy Living Pharmacies, Dementia care (Pharmacist's perspective) and Public Health Champions, with new training provision regarded as either essential or very beneficial by approximately two thirds on each subject.

CCA members were asked to list their training priorities, which were not ranked, and were patient counselling and consultation skills, Safeguarding training, education about Public Health Campaigns, Health Champion training, professionalism and CPD support, practical training on the delivery of commissioned services, working collaboratively with other Health Professionals, and Community Care Clinical Diploma.

Amongst independent pharmacies, the presence of Public Health Champions (PHC) varied widely across the three HEE local team areas within London. In South London more than half of community pharmacies had at least one PHC, and 15% of staff had the PHC qualification. In contrast only 1 in 20 North West London community pharmacies had at least one PHC, and only 1% of their staff had the PHC qualification. The situation in North Central & East London was between these two positions. Community pharmacies belonging to AIMp (independent multiples) member companies had a greater presence of PHC than found in other independent pharmacies.

### Conclusion

The survey of community pharmacies, has enabled the size and profile of the workforce in London's community pharmacies to be reported. The high participation rate (80%) has meant that data can be extrapolated to predict the likely workforce across the capital. This report also provides useful information on training priorities, and has identified some notable variations between localities within the London community pharmacy workforce, particularly around issues such as vacancy rates, roles for which it is difficult to recruit, and the presence of Public Health Champions.