Mapping of Career Pathways & Progression for Pharmacists & Pharmacy Technicians

Pilot study in East of England and the Midlands

February 2023

Contents

Executive summary

The NHS Long Term Plan sets out a blueprint to support the long-term sustainability of the NHS. Incorporated within the plan is the premise that support is required for the workforce ensuring that "*roles and careers will be shaped to reflect future needs and priorities*". It discusses the requirements for the right skills and experience and the need for opportunities to develop these. It also cites that "*one of the top reasons for staff leaving the NHS is that they do not receive the development and career progression opportunities that they need*". (NHS, 2019)

Health Education England [1] are committed to supporting the NHS Long Term Plan and ensuring that the education and training of pharmacists and pharmacy technicians is consistent, robust and underpins workforce needs. Anecdotal evidence suggests that there are currently inconsistencies in the post-registration education and training available for pharmacy professionals and these inconsistencies can lead to an under-skilled workforce, poor morale, and poor staff retention. In turn, these elements make workforce sustainability difficult to achieve.

The purpose of this pilot study was to understand the potential variations that exist in access to post-registration education and training across different sectors of pharmacy, explore how pharmacy professionals view career progression, and how post-registration education and training sits within this to support pharmacy professionals, employers, wider workforce demands and deliver on the NHS Long Term Plan. A series of surveys and roundtable events were conducted across NHS East of England and NHS Midlands regions to gather the views from pharmacists, pharmacy technicians, employers, line managers, training providers and professional bodies. As this study only represented two NHS England regions, it is not necessarily the national view and further work may be appropriate to establish this. There was a high level of engagement from those working within hospital pharmacy and primary care sectors, however only 10% of respondents represented community pharmacy which is significantly lower compared to the latest national figures reported within the GPhC survey of registered pharmacy professionals where 72% of respondents cited community pharmacy as their main job (Enventure research, 2019).

This study has confirmed that variations in awareness of post-registration education and training opportunities do exist across sectors, and that routes to access appropriate post-registration education and training are unclear. There is also a view that potential variations need to be addressed and pharmacy professionals should have fair and equitable access to education and training. Pharmacy professionals need to be appropriately equipped with the right skills and experience to embrace changes in the profession, and whilst respondents were supportive of the updated pharmacy professional registration standards for pharmacists (General Pharmaceutical Council, 2021) and pharmacy technicians (General Pharmaceutical Council, 2017), their views highlighted that support around the utilisation of the skills and experience of all pharmacy professionals will require careful management to fully utilise pharmacy expertise and maintain patient safety.

There is scope to improve this landscape and begin to close these gaps through mechanisms such as training pathway or career mapping tools which are linked to post-registration frameworks, education and training. To be embraced by both pharmacy professionals and employers, tools should support pharmacists and pharmacy technicians at an individual level to progress through their career, support portfolio working and also enable support for employing organisations. This vision to realise the full potential of pharmacists and pharmacy technicians and ensure that their skills and expertise are utilised in the right place and at the right time, will help to deliver high quality care to patients.

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[1] The pilot study was commissioned by Health Education England, which is now part of the new NHS England

Glossary

Abbreviations	Description
ACP	HEE Advanced Clinical Practice framework
APTUK	Association of Pharmacy Technicians UK
Arden & GEM CSU	NHS Arden & Greater East Midlands Commissioning Support Unit
CPPE	Centre for Pharmacy Postgraduate Education
CSU	Commissioning Support Unit
DHL	DHL couriers
DPP	Designated Prescribing Practitioner
GDPR	General Data Protection Regulation
GPhC	General Pharmaceutical Council
GP	General practitioner
GPPTP	General Practice Pharmacist Training Pathway
HEI	Higher Education institution
Hospital pharmacy	Acute NHS hospital Trust
ICB	Integrated Care Board
MO	Medicines Optimisation
MOCH	CPPE Medicines Optimisation in Care Homes
NHS HEE	NHS Health Education England *(now part of the new NHS England)*
NHSE	National Health Service England
NPA	The National Pharmacy Association

Abbreviations	Description
NQPh	Newly Qualified Pharmacist Training Programme
NQPP	HEE Newly Qualified Pharmacist Pathway
NVQ Level 4	National Vocation Qualification
PCN	Primary Care Network
PCPEP	CPPE Primary Care Pharmacy Education Pathway
Primary care	General practice, PCNs, ICBs, CSUs,
RPS	Royal Pharmaceutical Society
SPH	Solutions for Public Health

Background

Health Education England (HEE), who are responsible for the planning, education, and training of the healthcare workforce, have commissioned NHS Arden & GEM Commissioning Support Unit (Arden & GEM CSU) to conduct a pilot study to explore the current landscape of post-registration education and training pathways for pharmacists and pharmacy technicians. There is a perception that pharmacists, pharmacy technicians and their employers lack clarity as to what education and training is needed for individual roles and career progression, within their sector of practice but also as they move between sectors. This has been highlighted by the General Pharmaceutical Council (GPhC) who have stated that there is currently no consistent approach to quality assurance of post-registration education and training for pharmacists and pharmacy technicians. (GPhC, 2022)

The aim of the pilot was to explore whether there appears to be inconsistency in training and education between different sectors of practice.

The evidence from this pilot study will be used to inform future work to provide clear, consistent, and accessible information to support the development of pharmacy professionals through their career, which in turn will improve job satisfaction, retention and facilitate better patient outcomes.

Study aims and objectives

The aim of this study was to investigate the experiences, observations, and insights (EOI) of pharmacists, pharmacy technicians, and their employers with respect to the learning, development and career progression of pharmacists and pharmacy technicians working across community, hospital (NHS trusts) and primary care.

The key objectives of this study were to:

- Explore the current understanding of the training, knowledge and skills required for pharmacists and pharmacy technicians working in different roles across sectors

- Understand if pharmacists and pharmacy technicians know what education and training, they need or is available to progress through their career, and whether they know how to access it if they transfer or rotate across sectors

- Capture the views and identify variations and gaps in education and training pathways and opportunities

- Identify what education and training needs employers require to support the career progression of their pharmacists and pharmacy technicians

- Develop an understanding of which education frameworks are used by pharmacists and pharmacy technicians and recognised by employers

- Understand pharmacist, pharmacy technician, and employer views on the benefits and challenges of mapping pharmacist and pharmacy technician career pathways.

Methodology

Introduction to methodology

To fulfil the aims and objectives of the study, Arden & GEM CSU captured the views of pharmacists, pharmacy technicians, employers, and line managers working across three sectors of the profession: community pharmacy, hospital pharmacy and primary care. As a key stakeholder to education and training, the views of training providers were also sought.

Two NHS England (NHSE) regions were identified for the study, the Midlands and the East of England regions due to their variations in demographics and geographical profiling (e.g. rural and urban areas).

Arden & GEM CSU also have existing strong professional networks across both regions which would help to facilitate and increase awareness and engagement of the study.

Figure 1.2 NHSE Midlands region

1. Staffordshire and Stoke on Trent
2. Shropshire and Telford and Wrekin
3. Derbyshire
4. Lincolnshire
5. Nottinghamshire
6. Leicester, Leicestershire and Rutland
7. The Black Country
8. Birmingham and Solihull
9. Coventry and Warwickshire
10. Herefordshire and Worcestershire
11. Northamptonshire

(Health Education England, 2022)

A mixed methodology approach comprised of surveys and a series of roundtable events was used to gather views.

Figure 1.1 NHSE East of England region

1. Cambridgeshire and Peterborough
2. Norfolk and Waveney
3. Suffolk and North East Essex
4. Bedfordshire, Luton and Milton Keynes
5. Hertfordshire and West Essex
6. Mid and South Essex

(Health Education England, n.d.)

Methodology

Stakeholder mapping

A stakeholder mapping exercise was completed to identify the key stakeholders for the study. The Boston Matrix was used to assess the potential level of interest and influence of each stakeholder, and this subsequently determined essential respondents for the study, those who needed to be made aware of the study, and those who had a limited role at this stage (See Appendix 1 and 2). A database of essential respondent contacts was created in advance of the launch of the survey.

Engagement strategy

To maximise the promotion of the survey to the key groups of pharmacy professionals working across the regions, a comprehensive communications package was developed. This consisted of templates tailored to the target audiences including emails, social media posts for use on platforms such as LinkedIn, Twitter and Telegram, text messages and a press release. A communications schedule was developed and co-ordinated with HEE, which detailed scheduled social media activity.

Respondents listed in the database were also contacted directly and encouraged to share the link to the survey, facilitating a snowball sampling methodology for driving awareness and engagement with the study.

As the study progressed, response rates for each sector were monitored, and targeted promotion was undertaken including promotion at the Pharmacy Show 2022 and a press release which was featured in Pharmacy Magazine (Pharmacy Magazine, 2022).

Figure 1.3 Survey communications package
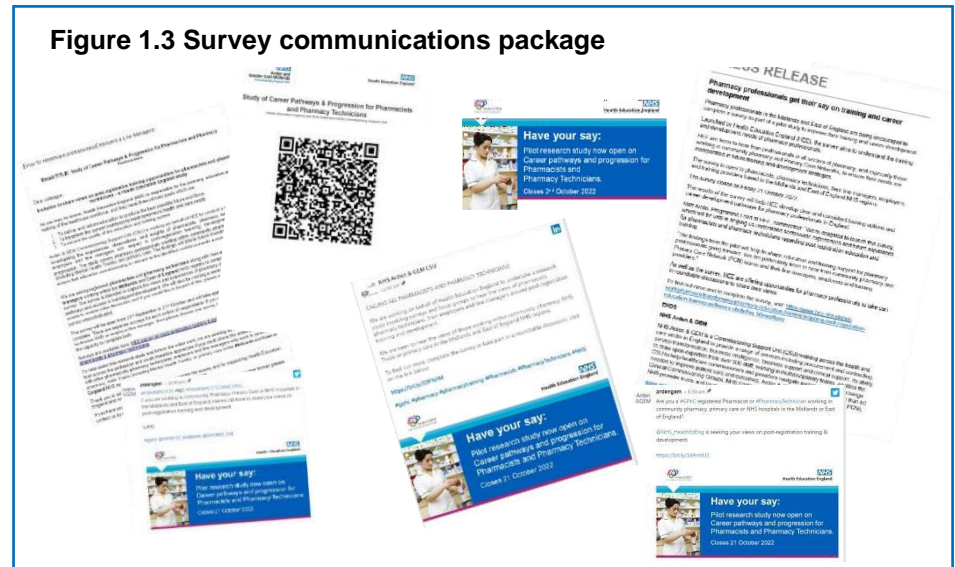
Surveys

Four surveys were designed as the primary source for gathering views and opinions of pharmacists, pharmacy technicians, employers/line managers and training providers. The themes and questions were similar across each survey group to support meaningful analysis; however, each survey was tailored to take account for the differences in their role.

These online surveys were developed into Snap Surveys® platform, which allowed for online completion and ensured that the surveys complied with General Data Protection Regulation. The surveys were accessed from a single launch webpage hosted by HEE to aid promotion of the study to multiple participants.

Methodology

Questions within surveys were grouped into the following themes:

- Respondent demographics

- How respondents have progressed into current role(s) and post-registration education and training

- Views on career progression and pathways and the impact of post registration education and training

- The impact of new standards to undergraduate qualifications and career mapping.

A mix of question styles were used, including tick box (select one or multiple options), Likert (1-5) scales, and a small number of open-ended questions. This allowed quantitative data to be captured whilst allowing respondents to provide clarification where appropriate.

Following development of the surveys, internal testing by the Arden & GEM CSU Medicines Optimisation (MO) team was undertaken, followed by an internal quality assurance process prior to final sign off by HEE. The CSU team conducted a pilot analysis during the internal testing phase to determine whether responses could be analysed as intended.

The surveys were launched on September 23rd, 2022, and were open for responses from pharmacists, pharmacy technicians, employers, and line managers for four weeks. Training Providers had two weeks to respond due to unexpected delays encountered during the survey design.

Roundtables

On completion of the survey, respondents were able to express their interest to participate in a roundtable event. Professional body organisations, which included select staff from the HEE and NHSE pharmacy teams, GPhC, Royal Pharmaceutical Society (RPS) and the Association of Pharmacy Technicians UK (APTUK), were also invited to a roundtable event directly via email.

A series of nine, 1-hour long virtual roundtable events were held via Microsoft Teams®. These enabled richer discussion around topics within the surveys and allowed responses to be explored which was not possible within the survey.

Figure 1.4 Roundtable event schedule

| Date	Group	Sector	Attendees
03.11.2022	Professional bodies	All	6
09.11.2022	Training Provider	All	8
10.11.2022	Line Manager	All	2
11.11.2022	Employer	All	2
15.11.2022	Pharmacist	Community Pharmacy	2
17.11.2022	Pharmacist	Hospital Pharmacy	10
22.11.2022	Pharmacy Technician	Hospital Pharmacy	13
23.11.2022	Pharmacist	Primary Care	14
24.11.2022	Pharmacy Technician	Primary Care	10

Methodology

Participants were allocated to an appropriate stakeholder group (see Figure 1.4). An event specifically for community pharmacy technicians was scheduled, however this was cancelled due to very low engagement (n<2).

Each event was facilitated by Arden & GEM CSU medicines optimisation colleagues and consisted of a welcome and a revision of background of the study, followed by an interactive session utilising Google Jamboard® to capture views (see Figure 1.5 as an example). In advance of the roundtable events, the CSU team prepared questions and prompts based on the following four themes:

1. Education & Training – Awareness
2. Education & Training – Access
3. Education & Training – Pathways and Mapping
4. Study Feedback (excluding professional bodies)

Participants were encouraged to voice their views, use the Google Jamboard®, and utilise the Microsoft Teams® chat function, which in turn generated discussion. Events were recorded to ensure that all information was captured and could be included in the study response. Recordings remained confidential to the attendees to allow open and honest conversations in a controlled environment.

The Google Jamboard® was left open for 24 hours after each event to give participants the opportunity to provide further comments following reflection of the event.

Figure 1.5 Example Google Jamboard® from hospital pharmacist's roundtable event
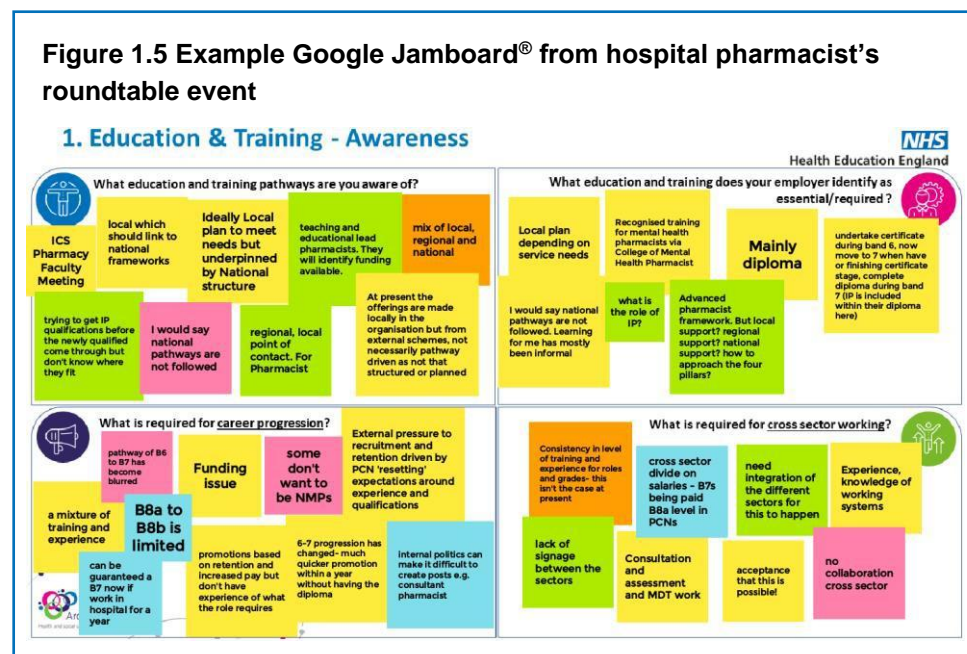
Response analysis

To support analysis of the data from the survey and roundtables, expertise was drawn from across the CSU utilising skill sets within MO, Solutions for Public Health (SPH), Marketing and Communications teams.

Data was downloaded from Snap Surveys as a raw datafile, cleansed and presented for analysis in Microsoft Excel® in both tabular and graphical formats (see Appendix 3).

A review of potential data cuts was completed and options where the response rates were unlikely to provide meaningful conclusions were grouped. For example, analysis by Integrated Care Boards (ICB) were

grouped with primary care due to the low numbers when separating responses by profession and sector.

For delivery of the analysis results, datasets were cut by profession and sector. There were exceptions to this for specific objectives, such as differences between different hospitals, regional variations, and length of time qualified when considering portfolio working. Question sets were mapped against the objectives outlined in the original study scope and ranked according to relevance. This narrowed down the data sets for detailed analysis.

The roundtable discussions and Google Jamboard® comments were documented separately for each event and common views were identified between professional groups and sectors. These views were compared with results from the surveys and used to provide clarity and additional supporting information to the survey results.

Introduction to results

The results from the surveys and the roundtable events are separated into the following four themes:

1. Understanding study respondents
2. How pharmacy professionals have reached their current roles
3. Current views around post-registration education and training and career development
4. The impact of the new standards to undergraduate qualifications and career mapping

These themes align with the themes within the surveys and roundtable events and address the study objectives. Survey responses were reviewed according to the style of question as follows:

Tick box responses as a percentage of respondent responses e.g. 52% of pharmacist respondents work in hospital pharmacy.

Likert question responses as a mean response score with interpretation boundaries as outlined in Figure 1.6.

Open question responses were collated and reviewed and are used in the results to provide clarity and additional supporting information.

Figure 1.6 Boundaries used to interpret mean Likert scores

- trongly   isagree ....
- isagree: ....
- eutral ....
- gree: ....
- trongly gree .

Roundtable responses were collated into a report after each event and key statements and discussions have been incorporated into the results and analysis themes. Full reports with all statements and discussions are available to view in Appendix 4. The views and opinions expressed in the report are those of the of participants at each roundtable event and are presented in transcript style to avoid misinterpretation.

Theme 1. Understanding study respondents

Pharmacists and pharmacy technicians

A total of 423 pharmacy professionals responded to the survey, split across 58% pharmacists and 42% pharmacy technicians. 83% of respondents were female, 16% were male and 1% preferred not to say. This varies when compared to data from the GPhC of all registered pharmacy professionals; where 71% are pharmacists and 29% are pharmacy technicians (General Pharmaceutical Council, 2022). GPhC data also reports that 69% of all pharmacy professionals are female, 30% are male and 0.3% prefer not to say. Potentially, the views of pharmacists may be under-represented in the results when views from the professions are combined. The views of male pharmacy professionals may also be under-represented.

4% of respondents stated that they had a disability with 2% preferring not to say. This compares with data from the GPhC indicating 0.5% of professionals report that they have a disability, although this data may not be fully representative as 47% of pharmacists and 22% of technicians did not provide an answer to the disability question.

Reviewing the ethnicity of respondents [Figure 1.7], the majority (75%) identified as White or White British, followed by those who identified themselves as Asian or Asian British (18%). The remaining respondents comprised of mixed or multiple ethnic groups (3%), Black African, Black Caribbean or Black British (1%) and 3% of respondents state they are from other ethnic groups or preferred not to say. This is not reflective of the wider profession when compared with GPhC data which indicates just under 47% of registrants identify as White British, 34% identify as Asian or Asian British, 7% identify as Black or Black British.

It is possible that these differences in demographics are explained by an uneven distribution or responses from the sectors surveyed. There were also only two regions of the country surveyed.

Figure 1.7 Ethnicity of respondents

Legend:
- White or White British
- Asian or Asian British
- Black, African, Caribbean or Black British
- Mixed or multiple ethnic groups
- Other ethnic groups
- Prefer not to say
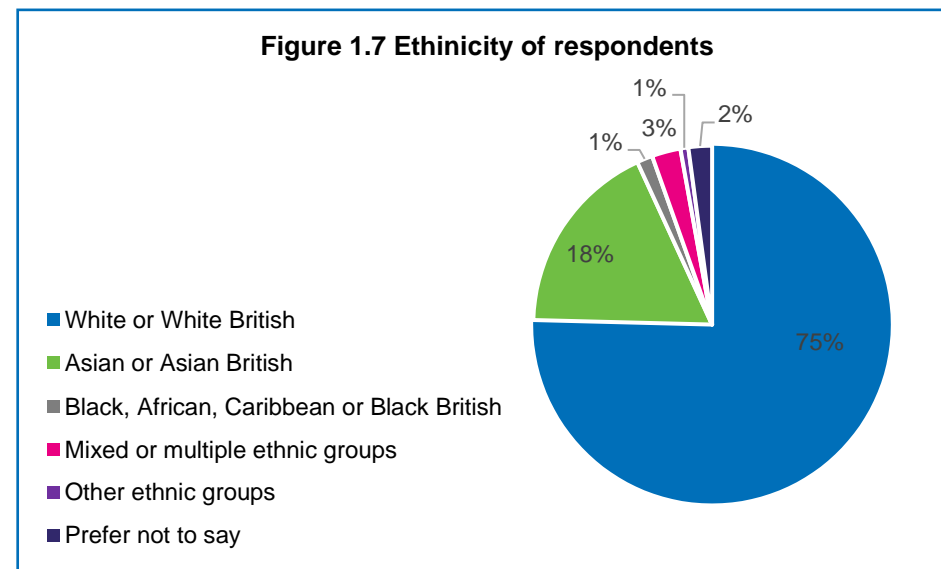
The proportion of respondents by sector is illustrated in Figure 1.8, across both pharmacists and pharmacy technicians, hospital pharmacy was the largest sector represented, followed by primary care. Response rates were under 10% from those within community pharmacy for pharmacists and pharmacy technicians. Primary care representation included pharmacy professionals from Primary Care Networks (PCNs), ICBs, GP practices and CSUs. This breakdown is not typical of the latest GPhC data on workplace settings for pharmacists (Enventure research, 2019) which shows 20% worked in a hospital pharmacy, 11% in primary care, and 72% cited community pharmacy as their primary role.

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There have been changes in the profession since 2019, for example the proportions of pharmacists working in primary care has increased. However, responses to this study from the community pharmacy sector are not representative of the number of professionals working within this sector.

Figure 1.8 Proportion of respondents by sector
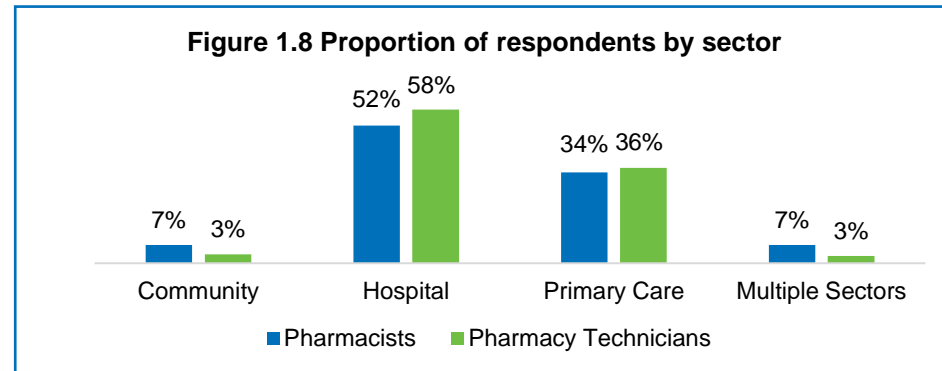
The regions where pharmacy professionals work is shown in Figure 1.9. Looking at the rural urban classification within these regions, most respondents (82%) work in suburban or urban locations.

Figure 1.9 Pharmacist and pharmacy technician respondents by region of employment

NHSE Region(s)	Pharmacist	Pharmacy Technician	Total
East of England	36%	34%	36%
Midlands	63%	64%	63%
Both regions	1%	2%	1%

The number of years qualified is identified in Figure 1.10. Responses from recently qualified professionals were relatively low. Given that this cohort will have recently completed their initial training and may be consolidating their career, this is perhaps not unexpected. 40% of all respondents state they have between 5- years' experience in the profession, 25% of respondents had between 15-24 years' experience. Very experienced professionals with over 25 years of experience within the profession represented 22% of respondents.

Figure 1.10 Pharmacy professionals - number of years qualified
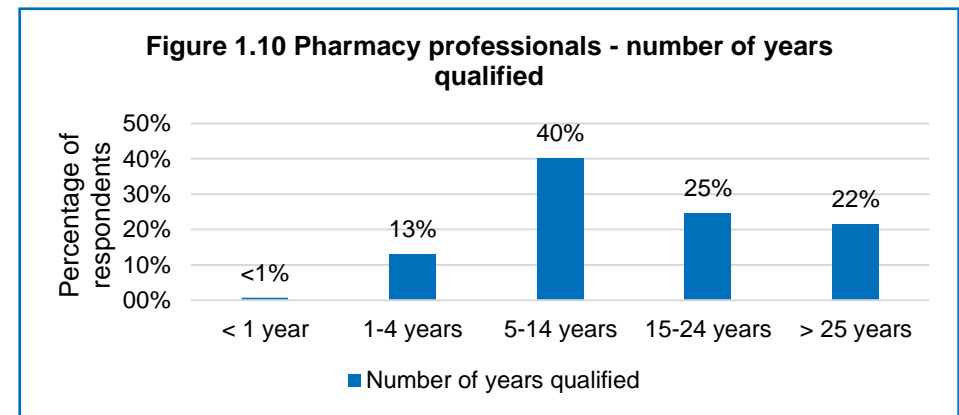
Employers and line managers

Six organisations responded to the employers' survey and there were 17 responses from line managers [Figure 1.11]. Of those responses, there was no representation from employers in the primary care sector, or line managers in the community pharmacy sector. This is possibly due to the differences in organisational structure in the different sectors. In community pharmacy there will be more business owners therefore employers, and in primary and secondary care there are levels of

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management that may see themselves as line managers, as well as senior managers who are able to respond as an employer.

Figure 1.11 Percentage of employers and line manager responses
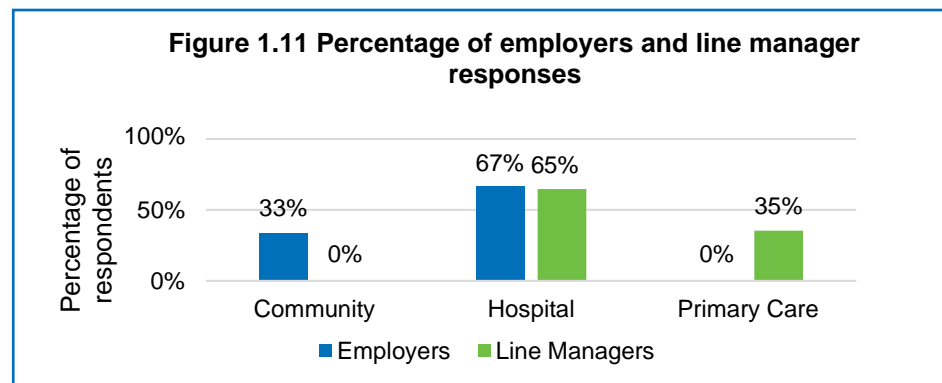
Regulatory bodies

Views from professional, regulatory and leadership bodies were captured through a roundtable event. Representation at the event included HEE, NHSE, GPhC, and the RPS. APTUK were unable to attend, however the attendees represented both pharmacist and pharmacy technician views.

Training providers

Training providers providing a range of key courses identified for pharmacists and pharmacy technicians responded to the survey. 17 responses were received from across local (PCN), regional, and national training provider organisations [Figure 1.12]. There was large representation from Centre for Pharmacy Postgraduate Education (CPPE) possibly due to its' organisational structure within the two study regions. One local Primary Care Network (PCN) completed the survey and attended the roundtable event for training providers because they indicated they provide training for their pharmacy team and for the wider PCN teams. The PCN responses have been included for completeness.

Figure 1.12 Training provider respondents

Training Provider	Number of responses
Centre for Pharmacy Postgraduate Education (CPPE)	12
Buttercups Training	1
Chesterfield & Dronfield PCN	1
Aston University	1
University of Birmingham	1
The National Pharmaceutical Association (NPA)	1

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Theme 2. How pharmacy professionals have reached their current roles

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SUMMARY OF FINDINGS

- Promotions for pharmacists were more likely to occur in the hospital sector (77%) and multiple settings (76%), and less likely within community pharmacy with only 53% of pharmacists promoted.
- Lateral career moves play a significant role within community and primary care sectors for pharmacists.
- Step-down moves were less common. 21% of pharmacy professionals had one or more step-down career moves.
- Undertaking formal post-registration is more prevalent in hospital and primary care sectors.
- The postgraduate diploma (74%) and Independent Prescribing certificate (66%) were the most common post-registration qualifications attained by or planned to access by pharmacists.
- The Accuracy Checking Pharmacy Technician Programme was the most common post-registration qualification attained by or planned to access by pharmacy technicians (72%).
- Within hospital pharmacy there is a lack of support for protected time to undertake additional learning, and professional mentor support. There is some variation in protected training time in hospitals of different sizes and across regions.

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Pharmacists and pharmacy technicians were asked how their careers had developed in terms of promotion, lateral and step-down moves.

When looking at the number of times respondents have been promoted in the last 10 years [Figures 2.1 and 2.2], there was little difference regarding promotion levels across the profession with 69% of pharmacists and 70% of pharmacy technicians being promoted at least once in the past 10 years. 9% of pharmacy technicians state they had been promoted four or more times compared to 3% of pharmacists.

Promotions for pharmacists were more likely to occur in the hospital sector and multiple settings, where 77% and 76% respectively were promoted at least once in the last 10 years. In comparison the least likely sector for pharmacists to be promoted was in community where 47% have had no promotion within the last 10 years.

Pharmacy technicians are most likely to be promoted in multiple settings, where 100% of respondents have been promoted in the last 10 years. This is followed by the hospital and primary care sectors. Like pharmacists, the least likely sector for pharmacy technicians to be promoted was in community where 67% have had no promotion within the last 10 years.

62% of all respondents have made a lateral career move in the past 10 years, for example made a move to a different role or company but with a similar level of responsibility and/or pay. The proportions were similar for both pharmacists and pharmacy technicians [Figures 2.3 and 2.4]. Approximately half of pharmacists (47%) and pharmacy technicians (52%) working in the hospital sector state they have made a lateral career move in the past 10 years. Seventy-four percent of respondents from the community sector and 79% from the primary care sector have made at least one lateral career move in the past 10 years.

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Results & Analysis: Theme 2

Figure 2.1 Proportion of pharmacists making a promotion move in the last 10 years
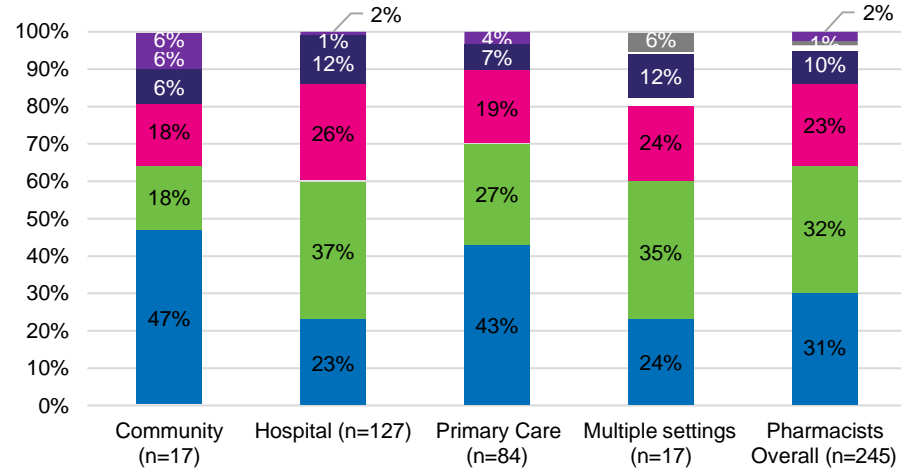
Figure 2.3 Proportion of pharmacists making a lateral career move in the last 10 years
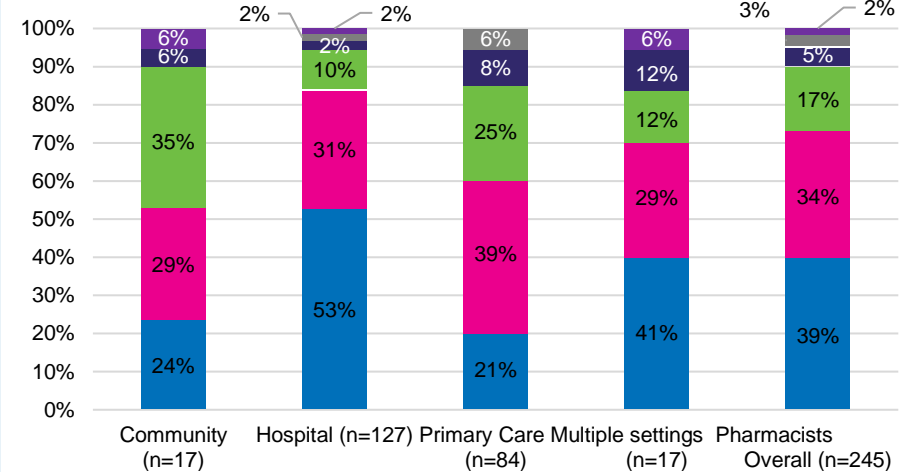
Figure 2.2 Proportion of pharmacy technicians making a promotion move in the last 10 years
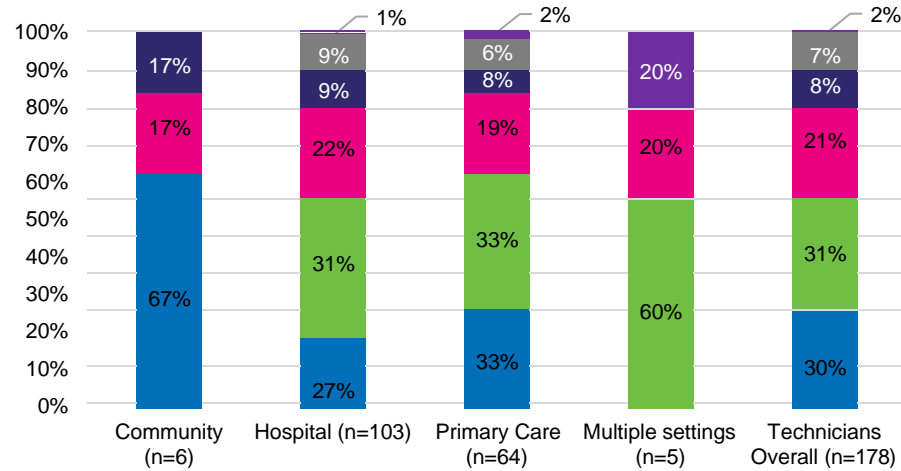
Figure 2.4 Proportion of pharmacy technicians making a lateral career move in the last 10 years

Legend: None, One, Two, Three, Four, 5 or more

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Theme 2: How pharmacy professionals have reached their current roles

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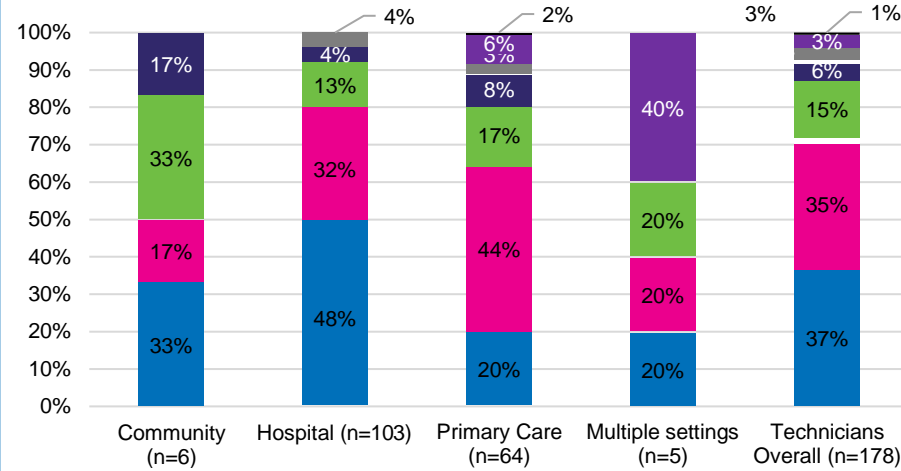
Step-down career moves for both pharmacists and pharmacy technicians, for example to a different role with a lower level of responsibility and/or pay, were uncommon [Figure 2.5]. Seventy-nine percent of all respondents have not made a step-down career move in the last 10 years, 19% have made one step-down career move and only 2% have made more than one step-down career move. Where step-down moves did occur, they were more common in the primary care sector and in those working in multiple settings. This could be due to pharmacy professionals moving into those sectors or portfolio working as part of the wider 2014 NHSE Five Year Forward View (NHSE, 2014).

Figure 2.5 Percentage of respondents by sector taking a step-down career move in the past 10 years
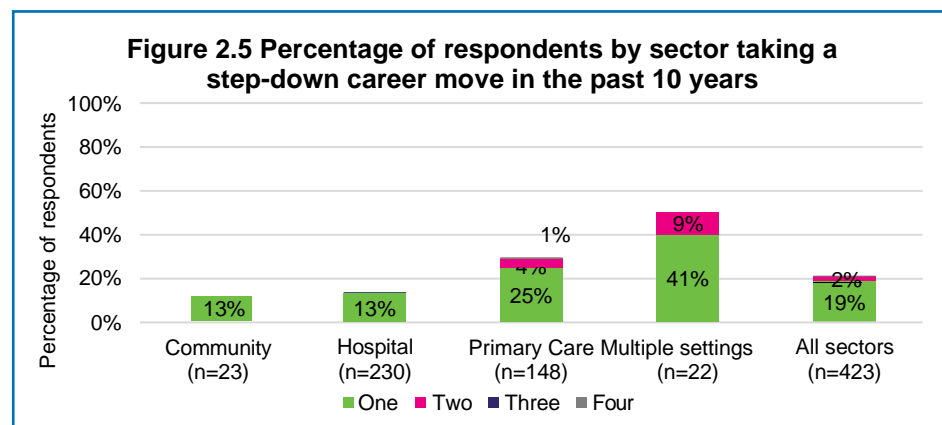
When expressing views on career development at roundtable events, pharmacy professionals felt there was limited opportunity for career progression beyond a certain time frame and level, expressed as early in the career. For those on the NHS Agenda for Change pay scale, pharmacy technicians felt there was little opportunity to progress into Band 6 roles, and pharmacists felt there was limited progression beyond Band 8a roles. Pharmacy professionals also expressed that even though there is lack of progression and financial remuneration,

responsibilities continue to increase over time and that they were not recognised for this either professionally or financially. Those in senior and specialised roles felt that it is difficult to find the training they require to progress further.
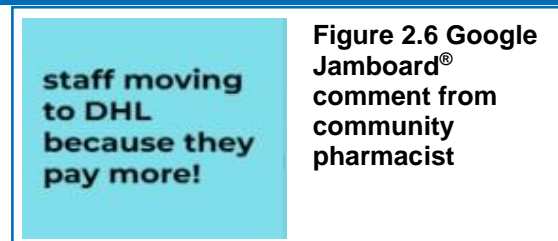
Figure 2.6 Google Jamboard® comment from community pharmacist

The professional, regulatory and leadership bodies noted that there needs to be parity. *"As a profession we must stop defining career progression by a band number* (referring to agenda for change). *Other professions are not like this."* There was further discussion around a perception by some, that pharmacy technicians may be *'doing more in their band'* and some pharmacists perceived as being promoted early due to workforce demands.

Progression was acknowledged by employers who indicated there had been a change in how pharmacy professionals progress through their careers; *"they are no longer staying in a role or organisation for long periods of time, and regularly move on to new roles"*. Employers also felt there was a move to portfolio careers.

Figure 2.7 shows the responses (n=961) from pharmacy professionals when asked which post-registrations qualifications they hold, are currently studying or intend to study within the next 12 months. Initial findings show that pharmacists and pharmacy technicians in the

Theme 2: How pharmacy professionals have reached their current roles

community sector appear to be least engaged with post-registration education and training compared to other sectors.

route for further education following the undergraduate pharmacy degree. Of the surveyed postgraduate qualifications, postgraduate

Figure 2.7 Percentage pharmacy professionals accesses or planning to access post-registration qualifications by sector

Legend:
- Postgraduate Doctorate
- Postgraduate Diploma
- Independent Prescribing certificate
- Aseptic training e.g. Product Approval Accreditation Programme
- Leadership e.g. Mary Seacole, Edward Jenner, CPPE leading for change
- Accuracy checking Pharmacy Technician Programme
- Postgraduate Masters
- Postgraduate Certificate
- Advanced clinical assessment skills
- Newly Qualified Pharmacist (NQPh) Training programme
- Project management e.g. Prince2, AGILE, Managing Successful Programmes

Pharmacists

For all pharmacists, postgraduate qualifications (e.g. masters, diploma, certificate, or independent prescribing certificate) was the most popular

diplomas (74%) and the independent prescribing course (67%) were most accessed. Postgraduate qualifications are intended to further develop clinical knowledge and enhance skills in specialist subject areas and therefore are usually a common option for development and

Theme 2: How pharmacy professionals have reached their current roles

career progression particularly for pharmacists working in hospital, primary care sectors, and multiple settings.

During the roundtable event, community pharmacists expressed that the postgraduate diploma is becoming less popular for them. The trend is towards qualifications such as the independent prescribing course where it is felt that it provides useable skills which benefit patients. Employers in the community pharmacy sector prefer courses that have tangible benefits for patients within current roles.

Independent prescribing

Similar findings were shown when analysing the data for regional differences. The postgraduate diploma, followed closely by the independent prescribing course were most popular for pharmacists in all sectors. In the NHS Midlands region, 71% of pharmacists had completed, were studying, or planned to study within the next 12 months the independent prescriber course, this is compared to 60% of pharmacists across the East of England region [Figure 2.8].

At the community pharmacist roundtable event, participants said the independent prescribing course popularity is partly driven by pharmacists' motivation to use skills such as the examination skills in their daily work. They did however feel that in the future, employers are likely to be in favour of those with an independent prescribing qualification over those with more experience.

Employers and line managers state that whilst funding is available to train staff as an independent prescriber, there are logistical difficulties, such as not being able to release staff at the same time for training, which can cause conflict amongst staff.

Figure 2.8 Proportion of pharmacists who have undertaken or plan to undertake the independent prescribing course by region

All Pharmacists (n=245): Completed 47%, Currently studying 4%, Plan to undertake in the next 12 months 15%, Not stated 33%

Midlands (n=154): Completed 54%, Currently studying 5%, Plan to undertake in the next 12 months 12%, Not stated 29%

East of England (n=89): Completed 36%, Currently studying 3%, Plan to undertake in the next 12 months 21%, Not stated 39%

Legend: ■ Completed ■ Currently studying ■ Plan to undertake in the next 12 months ■ Not stated

For all other courses identified, participants at the roundtable events perceived living in more rural areas as a barrier to some training courses, especially those provided by universities and are taught in-person. *"It leads to long days, travelling expenses and often puts people off"*. Participants state that online training courses have helped and going forward this could improve training opportunities.

Pharmacy technicians

For pharmacy technicians the most popular post-registration course across all sectors was the Accuracy Checking Pharmacy Technician Programme (75%). Accuracy checking dispensed medicine is a key task for pharmacy technicians and is usually one of the first additional qualifications to be gained post-registration, particularly in hospital and community sectors. Qualifications from university settings were not as popular with pharmacy technicians compared to pharmacists, which may be due to lack of availability of courses specifically targeted for pharmacy technicians.

Theme 2: How pharmacy professionals have reached their current roles

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Many pharmacy technicians also indicated obtaining post-registrations qualifications in leadership courses and accredited project management programmes. Leadership courses were popular across all sectors but more common in those working in multiple settings (60%), which may be due to varied roles of pharmacy technicians working across many sectors of the profession.

During the roundtable discussions, pharmacy technicians confirmed that the main way to progress in their career was through leadership or project management, and that there were limited opportunities for training and job roles in clinical pathways. Pharmacy technicians criticised the availability of funding for pharmacists to complete courses such as the independent prescribing course when there is a lack of funding for training for themselves.

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Theme 2: How pharmacy professionals have reached their current roles

Theme 3. Current views around post-registration education and training and career development

SUMMARY OF FINDINGS

- Primary care pharmacists and community pharmacy technicians have the greatest awareness of post-registration education and training pathways.
- Nearly half of all surveyed pharmacy professionals state their training and development is not underpinned by a framework or pathway.
- Existing pathways are felt to be unclear and inconsistent across all groups surveyed.
- Pharmacy professionals across all sectors feel they are not supported by their employer with protected time for training.
- Employers identify training needs as being based around requirements for current roles, which may not support career progression to roles outside of the organisation.
- Training providers feel community pharmacy professionals are the least supported by their employer compared to other sectors.
- Community pharmacy professionals express the strongest interest in working across multiple sectors due to limited career development and training opportunities within community pharmacy.

Awareness

It is important to understand pharmacists and pharmacy technicians' awareness of what education and training is available and required to progress through their career, including within and outside of the sectors where they currently work.

Respondents were asked about their awareness of the various training pathways and frameworks that are available in addition to the post-registration qualifications. On average, 63% of pharmacists and 59% of pharmacy technicians had awareness of each of the different education and training frameworks. [Figure 3.1 and Figure 3.2] The exception to this was the Pharmacy Medicines Optimisation Training Programme where only 34% of pharmacists were aware of the course.

Figure 3.1 All Pharmacists pathway and framework awareness

Framework	Aware of	Not aware	Not stated
RPS Prescribing Competency Framework	68%	28%	4%
RPS Leadership Development Framework	54%	41%	4%
RPS Foundation Pharmacy Framework	62%	31%	6%
RPS Designated Prescribing Practitioner Competency Framework	60%	34%	6%
RPS Consultant Pharmacist Programme	66%	30%	4%
RPS Advanced Pharmacy Framework	75%	21%	4%
Pharmacy Medicines Optimisation Training Programme	34%	61%	4%
HEE Newly Qualified Pharmacist Pathway	47%	45%	8%
HEE Advanced Clinical Practice (ACP) framework	56%	38%	5%
CPPE Primary Care Pharmacy Education Pathway (PCPEP)	56%	38%	6%
CPPE Newly Qualified Pharmacist Pathway (NQPP)	58%	35%	7%
CPPE Medicines Optimisation in Care Homes pathway (MOCH)	62%	33%	5%
CPPE General Practice Pharmacist Training Pathway (GPPTP)	60%	35%	5%
CPPE Consultation Skills for Pharmacy Practice	89%	9%	1%

■ Aware of ■ Not aware ■ Not stated

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Figure 3.2 All Pharmacy technician pathway and framework awareness

Pathway/Framework	Aware of	Not aware	Not stated
Pharmacy Medicines Optimisation Training Programme	54%	42%	4%
CPPE Primary Care Pharmacy Education Pathway	63%	30%	7%
CPPE Medicines Optimisation in Care Homes pathway	62%	30%	8%
CPPE Consultation Skills for Pharmacy Practice	55%	38%	7%
APTUK National Education Framework: Final Accuracy Checking of Dispensed Medicines and Products	56%	38%	6%
APTUK National Competency Framework for Primary Care Pharmacy Technicians	63%	30%	6%

It is noticeable that pharmacy technicians appear to have significantly less education and training courses available to them than pharmacists. Fourteen courses had been identified for pharmacists whereas only six courses were identified for pharmacy technicians.

When broken down into the different sectors, awareness of the different education and training pathways varies. For pharmacists, those working in primary care had the highest awareness of pathways and frameworks, and community pharmacists the lowest [Appendix 5: Figure 3.1.1 to Figure 3.1.4]. In contrast, it was community pharmacy technicians with the highest awareness, followed by primary care and then hospital sectors [Appendix 6: Figure 3.2.1 to Figure 3.1.4]. This may be linked to the requirements of roles such as completing the Primary Care Pharmacy Education Pathway (PCPEP) in primary care

(PCN) or completing Accuracy Checking for Technicians in community pharmacy.

Community sector

Of the 17 community pharmacist respondents, all were aware of the CPPE Consultation Skills for Pharmacy Practice course. There was good awareness of other CPPE training pathways such as the Medicines Optimisation in Care Homes (MOCH) (71% aware of) and General Practice Pharmacist Training pathways (65% aware of). The least awareness was of the HEE Newly Qualified Pharmacist Pathway (NQPP) and HEE Advanced Clinical Practice (ACP) pathway with 65% of respondents not aware of either [Appendix 5].

Community pharmacy technicians had strong awareness of most training pathways listed, with most courses showing at over 80% awareness. The exception was the APTUK ACPT National Framework for Final Accuracy Checking of Dispensed Medicines and Products where only 50% of pharmacy technicians were aware of the framework. It is important to note however, that representation from community pharmacy technicians was low (n=6). Low awareness may potentially be due to internal training available within the organisations they work. Information gathered from the employer's roundtable event was that some large-chain pharmacy employers develop their own internal training pathways in collaboration with professional bodies so they can be recognised externally.

Hospital sector

Hospital pharmacists reported strong awareness of education and training pathways delivered by the RPS (average 63%) and the CPPE Consultation Skills for Pharmacy Practice course (84%). To access RPS

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training, pharmacy professionals need to be a registered member and pay an annual membership fee. This membership is not a requirement of registration therefore not all professionals will do this and therefore will not have access to RPS courses. Prior to 2010 the RPS was the statutory regulator, so it is possible that professionals who were registered prior to this will be more aware of the training the RPS can provide.

Hospital pharmacists showed lower awareness of courses that are targeted at primary care such as the PCPEP (42%) and MOCH pathways (45%). There was the least awareness of the Pharmacy Medicines Optimisation Training programme (35%), this maybe because many primary care organisations provide internal training and have internal pathways that they follow.

Pharmacy technicians in the hospital sector reported highest awareness for APTUK National Frameworks. This in part is role related, for example 57% of respondents were aware of the ACPT framework which would be expected for technicians working in a checking role; however, 67% of respondents were also aware of the framework for primary care pharmacy technicians, this could suggest movement or willingness to move between sectors, although further work would be required to understand this. Pharmacy technicians in hospital were least aware of CPPE MOCH pathway (45%). This is possibly because their job roles do not generally involve working in care homes.

Primary care sector

In general, primary care pharmacists reported the strongest awareness of education and training pathways. They also had the strongest awareness of available RPS training (average 67%). Awareness of CPPE training pathways was particularly high, with 94% aware of the

CPPE Consultation Skills for Pharmacy Practice programme. Similarly, to the hospital sector, the Pharmacy Medicines Optimisation Training Pathway was least known by pharmacists in primary care (31%). This is possibly because they have their own internal training and processes but also this may be adequately covered in other pathways such as the PCPEP.

Both pharmacists and pharmacy technicians reported high awareness of the MOCH pathway (85%, 88%) and PCPEP (80%, 84%). This correlates with the nature of their job roles and the requirements of their job descriptions, for example the PCPEP is required in order to perform certain tasks such as structured medication reviews.

Pharmacy technicians in primary care were least aware of the APTUK ACPT Framework (53%), possibly due to differences in requirements for this skill in their role compared to other sectors.

Multiple settings

For pharmacists working across multiple sectors, there was an overall high level of awareness of the training pathways available. The frameworks with the highest awareness were the CPPE Consultation Skills for Pharmacy Practice (94%), RPS Advanced Pharmacy Framework (76%), RPS Consultant Pharmacist Programme (71%) and the CPPE MOCH pathway (71%).

For pharmacy technicians, there was high awareness of APTUK's training pathways and the PCPEP (80%) however, due to a small sample size (n=5), firm conclusions cannot be made.

Information gathered from roundtable events showed pharmacy professionals had greater awareness of CPPE, RPS and university courses compared to training pathways provided by HEE. Discussions

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showed that there was awareness of the Newly Qualified Pharmacist pathways although overall these were not routinely used, particularly in hospital and some community settings due to the use of internally developed pathways or programmes. Line managers in hospitals preferred newly qualified pharmacists to complete a postgraduate certificate or diploma and the independent prescribing course rather than completing a newly qualified pharmacist pathway; they stated that *"they do not have the resource to do two pathways."*

When discussing the usage of RPS frameworks to support education and training, hospital line managers' report they "*have offered it to staff but no one said they wanted to do it*". This might also be because their staff are not members of the RPS. Community employers felt the RPS frameworks did not work in community as "*it was too structured*".

Pharmacy technicians at the roundtable event identified that the Level 4 NVQ was a progression option for them, however this option was not captured in the surveys. On further discussion, it was clear that awareness of this training was very limited.

Regulatory body / representative body views

It was raised by this group that more could be done to promote what is available. A quote from HEE was that they get *"significantly different types of queries that show people do not understand what is out there and available to them"*

It was noted that the GPhC have a group in place around post-registration assurance of practice and that *"there are lots of unknowns"* and the question of *"who is responsible for what?"* keeps cropping up.

This would indicate that any work to develop post-registration education and training pathways will require collaboration and engagement across the sector's professional, regulatory bodies.

Existing pathways

Across the three sectors surveyed, there was a consistent view that pathways for professional development were unclear (mean score 2.62) [Figure 3.3] and that there are inconsistencies in what the different post-registration pathways and frameworks offer (mean score 2.31).

From the roundtable events line managers state there is a *"lack of clarity – too many options"*. They create their own internal pathway using what they consider are useful parts from existing pathways because *"it's not clear in the national documents what relates to what we want and need"*.

Figure 3.3 Pharmacy professionals views on "There are clear pathways for professional development" (scale 1 - 5)

Data values by respondent group:
- All respondents: 2.6
- All pharmacists: 2.6
- All pharmacy technicians: 2.7
- All community staff: 2.5
- All hospital staff: 2.7
- All primary care staff: 2.6
- All staff in multiple settings: 2.7
- Community pharmacists: 2.8
- Hospital pharmacists: 2.7
- Primary care pharmacists: 2.4
- Pharmacists in multiple settings: 2.9
- Community pharmacy technicians: 2.0
- Hospital pharmacy technicians: 2.6
- Primary care pharmacy technicians: 2.8
- Pharmacy technicians in multiple settings: 2.0

Legend:
- Mean average for specified respondent group
- Mean average for all respondents

Pharmacists and pharmacy technicians

Both pharmacists and pharmacy technicians agree that they undertook additional post-registration training to develop into their current role (mean score 3.56). They also slightly agreed (mean score 3.41) that their training requirements are identified through personal development reviews, appraisals, 1-2-1s, or are clearly stated and identified prior to employment into their role (mean score 3.49) rather than being defined by a pathway (mean score 2.6).

Nearly half of pharmacists (48%) and pharmacy technicians (46%) surveyed across all sectors stated that their training and development was not underpinned by a framework. Only 22% of pharmacists indicated that they do follow a framework to support development and career progression. By comparison, 31% of pharmacy technicians follow a framework, suggesting that frameworks are slightly better utilised for development of pharmacy technicians compared to pharmacists, although their overall usage is low.

There is a neutral view across all sectors (mean score 3.0) that training pathways would ensure standards of training and education are consistent. Survey results and discussions at roundtable events indicate that pathways could be perceived as a barrier for already highly skilled and experienced professionals from undertaking specific roles, particularly those working in primary care and multiple settings.

Employers and line managers

The views of employers and line managers on existing training pathways suggest that although post-registration qualifications may be of benefit for future roles, existing staff would not be supported to gain these qualifications e.g. through providing funding or protected time.

Of the 12 types of post-registration courses surveyed, employers and line managers state that aseptic training such as the Product Approval Accreditation Programme, and the PCPEP were not considered beneficial for future roles and training would not be supported. A high proportion of employers and line managers responses were from the hospital sector where aseptic techniques are routinely used, and so it could be assumed that such courses should be beneficial. However, the lack of support of these courses may be because hospitals have internal training available or aseptic services are outsourced to other providers

and therefore training is not relevant. As primary care employers did not respond to the survey, it is difficult to understand the potential reasons to why there may be a lack of support for the PCPEP course. Postgraduate diplomas, doctorates, and masters, along with project management qualifications e.g. PRINCE2, Agile, Managing Successful Programmes, were identified as possibly being beneficial for future roles but may not be supported by the employer or line manager.

The views of employers at the roundtable stated they *"want to keep the people they train"*. This highlights that whilst training for future roles is considered the right thing to do for the profession and supports key strategic drivers such as the NHS Long Term Plan (NHS England, 2022), there is concern across employers and line managers that this could have a negative impact on the sustainability of the workforce across organisations because staff leave to go to different sectors

Some respondents expected employees to obtain post-registration qualifications in independent prescribing (n=1), accuracy checking (n=1), diplomas (n=1), certificates (n=1) and newly qualified pharmacist training programmes (n=2) prior to employment, as they are considered essential requirements for certain roles. Employers and line managers state that they find information provided by professional bodies least useful when determining necessary skills and training of their staff (mean score 3.3 when asked if useful information is provided by professional bodies).

Training providers

Training provider views on education and training pathways were also sought to identify variations and patterns within pharmacy professionals and across sectors, who access the courses and qualifications they provide. Education and training qualifications provided by universities, in

the form of certificates, diplomas, masters, doctorates and prescribing courses, are accessed across all sectors for pharmacists. This suggests there are opportunities to access post-registration training from these institutions, even though employers and lines managers may not provide support for them. It should be noted there was a very small sample size from university setting (n=2), therefore firm conclusions cannot be made. Courses specifically tailored for pharmacy technicians are limited in universities, however they do have access to wider soft skills courses such as project management and leadership courses.

Some courses are specific to a role or sector so will be accessed predominantly by those individuals. For example, the PCPEP course was only accessed according to training providers by primary care pharmacists and pharmacy technicians. The Advanced Clinical Assessment Skills course is accessed by more primary care pharmacists (55%) compared to community and hospital pharmacists, 27% and 18% respectively. This could be due to the requirements of the individual's role and based on other factors like how much experience of that skill they have had in previous roles.

Of the courses surveyed, training providers confirm that pharmacy technicians most commonly access the Final Accuracy Checking Pharmacy Technician Programme and Leadership programmes. When broken down by sector, community pharmacy technicians accessed these two courses the most (59% and 46% respectively) followed by hospital pharmacy technicians (32% and 31%) and then primary care pharmacy technicians (9% and 23%).

Portfolio working

Collectively across all pharmacy professionals, there was a neutral view around interest in portfolio working (mean score 3.36) and in their understanding of what training is required (mean score 2.9) [Figure 3.6 and Figure 3.7]. When analysed by sector, community pharmacists and pharmacy technicians have a greater interest in working across multiple sectors (mean score 4.17), compared to those in hospital or primary care (mean score 3.36 and 3.48). However, community pharmacy technicians expressed that they did not understand what training is required to achieve this (mean score 2.20) indicating that there are possibly gaps in their training or there is a lack of awareness of suitable pathways / courses.

Figure 3.6 Pharmacy professionals views on working across different sectors of the profession (scale 1-5)

Legend: Multiple Settings, Primary Care, Hospital, Community

Pharmacy Technicians: 4.20, 3.48, 3.36, 4.50
Pharmacists: 4.19, 3.32, 3.06, 4.06
Pharmacists and Pharmacy Technicians: 4.19, 3.39, 3.19, 4.17

Figure 3.7 Pharmacy professionals views on "I understand what training is required to work in other sectors of the profession" (scale 1-5)

All respondents: 2.9
All pharmacists: 2.8
All pharmacy technicians: 3.1
All community staff: 2.8
All hospital staff: 2.9
All primary care staff: 2.9
All staff in multiple settings: 3.2
Community pharmacists: 3.1
Hospital pharmacists: 2.7
Primary care pharmacists: 2.6
Pharmacists in multiple settings: 3.4
Community pharmacy technicians: 2.2
Hospital pharmacy technicians: 3.1
Primary care pharmacy technicians: 3.2
Pharmacy technicians in multiple settings: 2.6

- Mean average for specified respondent group
- Mean average for all respondents

Information from the roundtables showed that in general, pharmacy professionals welcome cross sector working, although they feel currently there are not many opportunities to do this. There are also barriers to this way of working such as salary, contract of employment variations, and different IT systems. Employers expressed that to enable cross sector working it *"has to be equal across sectors"*. Some pharmacy professionals are motivated to move sectors due to limitations for career development and lack of training opportunities within their current roles. For some, moving to another sector can result in a salary reduction as individuals are unable to provide sufficient evidence to support their skills within new roles. Some pharmacy professionals state they are compelled to carry out similar training from

a previous sector due to lack of recognition in their new sector e.g. ACT qualifications. It can mean having to take another course such as PCPEP as it is a requirement within the new sector (e.g. primary care), rather than there being a way to recognise the skills they already have. Training providers felt *"that there are clinical skills that are transferable across all sectors"* and there needs to be a way to identify those.

Figure 3.8 illustrates the views of pharmacists who are interested in working in other sectors of the profession in relation to the number of years they have been qualified. Analysis of responses indicate that for pharmacists, there is a gradual decline in the wish to have a portfolio career as pharmacists progress through their career, although it is not clear why this is the case.

For pharmacy technicians [Figure 3.9] the picture is less clear with respondents in the later stages of their career reporting an increase in a desire for a portfolio career over mid-career respondents.

Figure 3.9 Pharmacy technician views on working across sectors based on number of years experience (scale 1-5)

Figure 3.8 Pharmacist views on working across sectors based on number of years experience (scale 1-5)
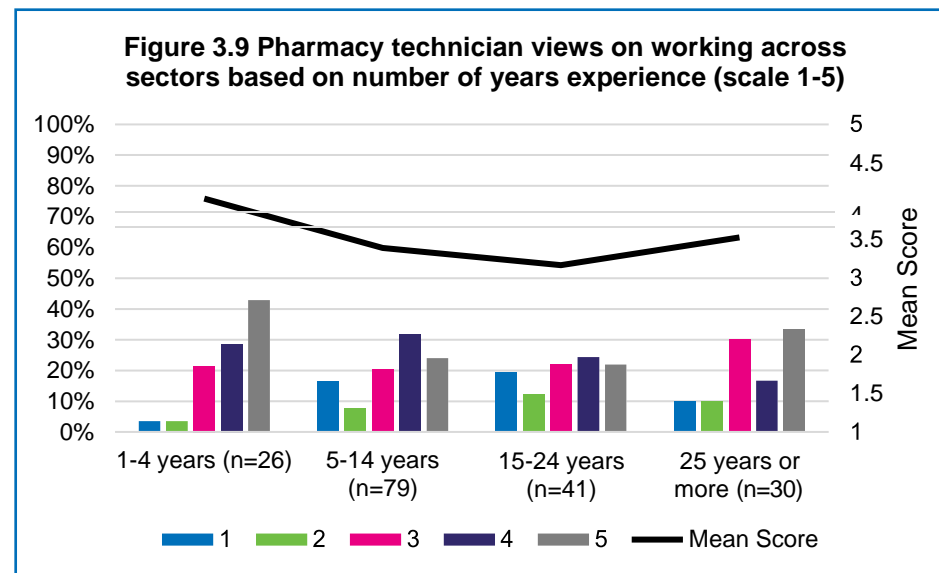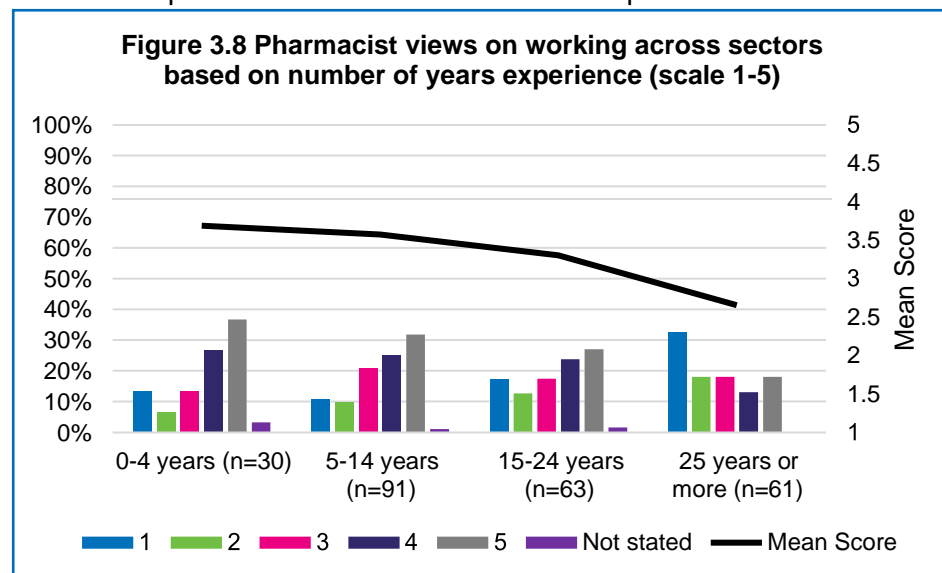
Support for education and training

Pharmacist and pharmacy technician views

Pharmacy professionals were asked to rate their views on the level of support offered by their employer for development and progression and how training and career progression opportunities are communicated. Responses were either neutral or negative [Figures 3.10 to 3.12], indicating there is room for improvement particularly around how employers and line managers communicate to their employees.

The increased pressures on pharmacy services and resource shortages may be a contributing factor. Pharmacy professionals working within community pharmacy particularly felt communication from their employers was unclear for training and career progression opportunities (mean score 2.67 and 2.43 respectively). This could also be because of the organisational structure; community pharmacies are often small individual premises spread out over large areas, and oversight of these pharmacies can be by a central head office with potential regional input, in comparison to a hospital which may be established across one or a very small number of sites. There may therefore be less opportunities for effective communication.

Exploring the support provided in terms of protected time for studying or training, pharmacists and pharmacy technicians felt that there was a lack of support (mean score 2.52) and although communication appeared slightly better for those working in primary care or across multiple sectors, there was a notable lack of support provided within community pharmacy [Figure 3.13]. Roundtable event feedback supported this view. Responses across all professionals and all sectors indicates that communication of training opportunities and career progression could be better.

Figure 3.10 Pharmacy professionals views on the level of support provided by employers for development (scale 1-5)

- ■ Pharmacists and Pharmacy Technicians Combined (n=423)
- ■ Pharmacists (n=245)
- ■ Pharmacy Technicians (n=178)

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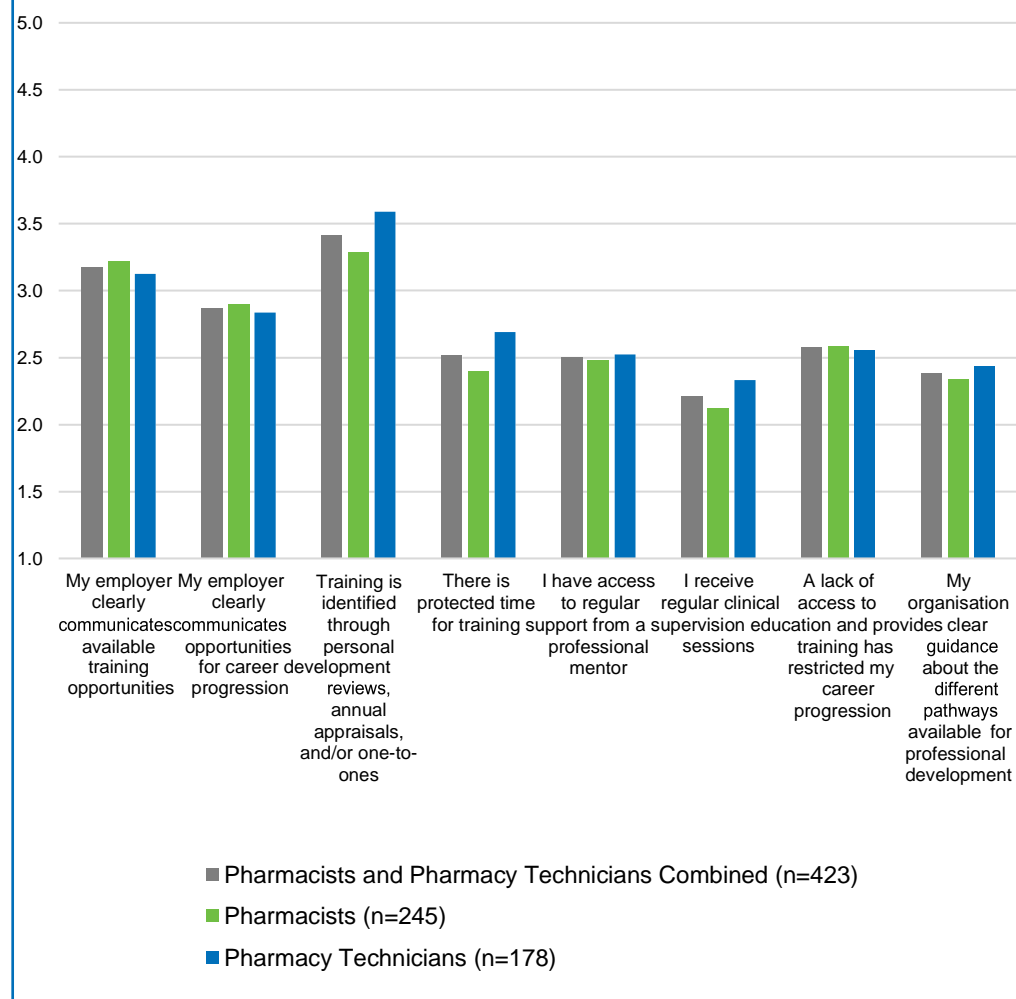
Results & Analysis: Theme 3

Figure 3.11 Pharmacy professionals views by sector on "My employer clearly communicates available training opportunities" (scale 1-5)

Values (All respondents → Pharmacy technicians in multiple settings): 3.2, 3.2, 3.1, 2.7, 3.2, 3.3, 3.2, 2.7, 3.2, 3.3, 3.4, 2.7, 3.1, 3.3, 2.6

Figure 3.12 Pharmacy professionals views by sector on "My employer clearly communicates opportunities for career progression" (scale 1-5)

Values: 2.9, 2.9, 2.8, 2.4, 2.9, 2.9, 2.7, 2.3, 3.0, 2.8, 2.9, 2.7, 2.8, 2.9, 2.0

Figure 3.13 Pharmacy professionals views by sector on "There is protected time available for training" (scale 1 - 5)

Values: 2.5, 2.4, 2.7, [blank], 2.3, 2.8, 3.2, 2.1, 2.2, 2.7, 3.2, 1.8, 2.5, 3.0, 3.2
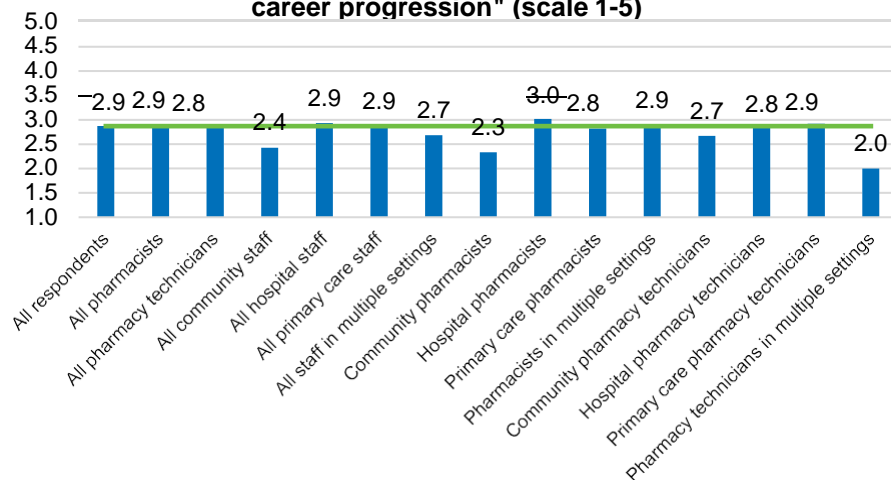
Employer and line manager views

Due to the low number of employer and line manager responses, they have been grouped to represent views as an employer. Employer views were sought on the post-registration training support they offer pharmacy professionals. Figure 3.14 shows views from the 6 employer responses received. Employers identify training needs most commonly through formal personal development reviews, annual appraisals and/or one-to-one meetings for pharmacy professionals, although pharmacists and pharmacy technicians only slightly agreed with this (mean score 3.41) [Figure 3.10]. There was strong agreement from employers that post-registration training supported development of both professions within current roles.

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Employers felt training opportunities and requirements for career progression were clearly communicated and that training was underpinned by frameworks which supported development and career progression. Pharmacists and pharmacy technicians both reported neutral responses to the two questions around communication from their employer and they disagreed with overall support from employers. This highlights variations in perceptions between the employers and the employees.

These survey findings were supported by feedback provided at roundtable events where employers indicated a willingness to support training and development for their organisation's roles. However, there was less appetite for providing training and development for pharmacy professionals to facilitate career progression to roles outside their organisation. Reference was made to pharmacists gaining independent prescribing qualifications and related skills in secondary care, then moving sector to primary care roles (e.g. Primary Care Networks (PCNs)).

Community pharmacy
employers expressed similar concerns regarding upskilling pharmacists and pharmacy technicians who then migrated out of the sector into PCNs. There were clear references to workforce pay discrepancies across sectors which prohibit cross sector working and inhibit career progression.

Training provider views

Training providers stated *"there is lack of alignment with development opportunities across the different sectors which is causing a lot of instability within the workforce. So, people are moving to positions where there is the development opportunity"*.

Training providers felt that pharmacy professionals in the community sector were the least supported by their employer whereas pharmacy professionals in primary care were provided with the most support. This could partly be because of the potential isolation that community pharmacy staff may have. Also, some primary care roles have developed and expanded over recent years. For example, PCN roles are relatively new and so these staff may be being given more support initially to be able to perform their new duties.

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Theme 3: Current views around post-registration education and training and career development

Results & Analysis: Theme 3

Figure 3.14 Employer views on the support they offer for post-registration education and training (scale 1-5)

Legend: Pharmacist (green), Pharmacy Technician (blue)

Categories:
- Training opportunities are clearly communicated
- Career progression opportunities are clearly communicated
- Training requirements for career progression are clearly communicated
- Training requirements are identified through formal personal development reviews, annual appraisals, and/or one-to-ones
- Training is underpinned by a framework
- It is made clear what skills and training are required for roles
- Training which enables development within existing roles is provided
- We ensure that any training undertaken is relevant to current roles
- Training offered facilitates more advanced competency work
- Support with protected training time is provided
- Regular support from a professional mentor is provided
- Regular clinical supervision sessions are provided

Figure 3.15 Line manager views on the support they offer for post-registration education and training (scale 1-5)

Legend: Pharmacists (green), Pharmacy Technicians (blue)

Theme 3: Current views around post-registration education and training and career development

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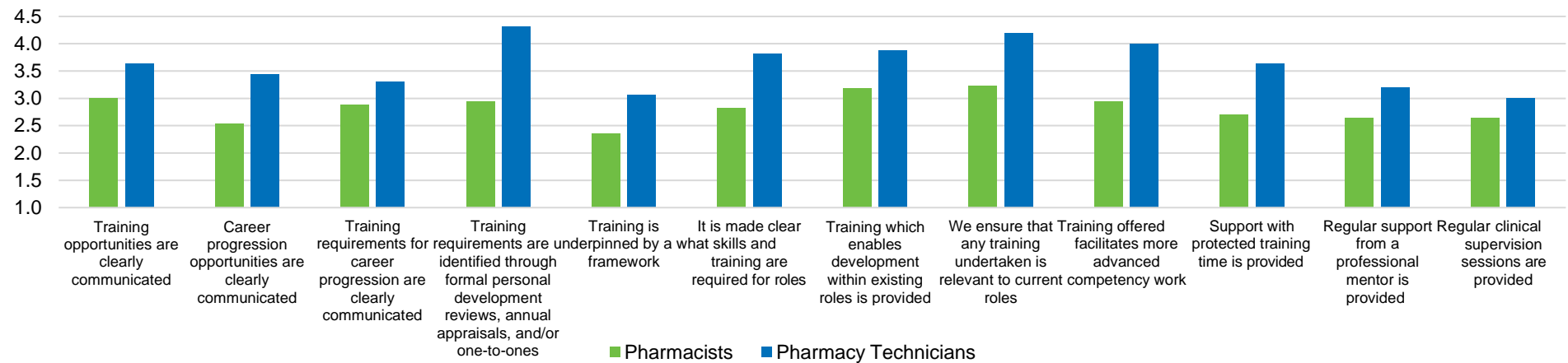
Support for education and training - variations across different organisation sizes in secondary care

Analysis of the data from the hospital setting has been used to understand if there were any variations in education and training opportunities between different sizes of organisations.

In general, hospital pharmacy professionals across both regions felt they do not get protected time dedicated for training [Figure 3.16], although the mean score was slightly higher for pharmacists and pharmacy technicians working in larger hospitals across the East of England.

There was also a lack of professional mentor support for pharmacy professionals from both regions, with those working in small/medium hospitals receiving the least support [Figure 3.17].

Figure 3.17 Pharmacist and pharmacy technician mean score views on support from a professional mentor in hospital settings by region and trust size

- East of England Large hospital (e.g. teaching) (n=39)
- East of England Small/Medium hospital (e.g. District General) (n=28)
- Midlands Large hospital (e.g. teaching) (n=66)
- Midlands Small/Medium hospital (e.g. District General) (n=40)

Figure 3.16 Pharmacist and pharmacy technician views on availability of protected study time in hospital settings by region and trust size (mean score)

- East of England Large hospital (e.g. teaching) (n=39)
- East of England Small/Medium hospital (e.g. District General) (n=28)
- Midlands Large hospital (e.g. teaching) (n=66)
- Midlands Small/Medium hospital (e.g. District General) (n=40)

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Theme 4. The impact of the new standards to undergraduate qualifications and career mapping

SUMMARY OF FINDINGS

- Pharmacists indicated that newly qualified pharmacists from 2026 will be more advanced with skills in diagnosis and formal qualifications such as independent prescribing. However, there was a view that experienced pharmacists will be more advanced in skills that are acquired through practice, such as management and leadership skills.
- Community pharmacists feel more disadvantaged than other sectors.
- Most pharmacy technicians felt they are at the same level or more advanced than newly qualified pharmacy technicians qualifying under 2017 regulations.
- Barriers to training include funding, time, and access to suitable mentors. Concerns were also raised around workforce retention.
- Pharmacy professionals welcome a tool to help them identify potential career pathways. Whilst employers and line managers would welcome information and costs associated with training and career progression of their pharmacy staff along with a tool to identify the correct skills required for specific roles.

Within this section we compare the perceived implications on the workforce related to the recent reforms on initial education and training standards.

The impact of the new standards for both professions

Pharmacist views on the impact of 2026 standards

As part of the reform of initial training and education standards for pharmacists (General Pharmaceutical Council, 2021), a key change is that from 2026 newly trained pharmacists will be qualified as independent prescribers as part of their initial registration. The newly qualified pharmacist workforce may therefore be better placed to undertake certain clinical roles earlier in their career compared to a proportion of the workforce who have not undertaken independent prescribing qualification.

Pharmacist views were sought to understand how they feel their skills and experience would compare to those who will be graduating in 2026 [Figure 4.1]. They expressed that they would be at a more advanced level to newly qualified pharmacists with key skills such as working in multi-disciplinary teams, face-to-face consultations, medication reviews, leadership, and management. This potentially reflects the changes in pharmacist roles over recent years, but also signifies the important that hands-on experience has in terms of developing such skills. By contrast, only 47% felt they would be at a more advanced level when comparing areas such as diagnosis (42%) and formal qualifications such as independent prescribing (47%). This view is consistent across both hospital pharmacy and primary care, however within community pharmacy, a large proportion (77%) of pharmacists felt they would be at a less advanced level when considering formal qualifications.

Across the sectors, pharmacists who work in hospital and primary care assert that they will be at a more advanced level than newly qualified pharmacists when working in multidisciplinary teams (90%, 82%),

Figure 4.1 Pharmacist (across all sectors) views on skills and experience that may be possessed by new 2026 pharmacist graduates in comparison to their own (%)

	I will be at a less advanced level	I will be at about the same level	I will be at a more advanced level	Unsure
Leadership skills	6%		88%	4%
Management skills	5% 1%		87%	4%
Ability to readily work across different sectors	25%	17%	47%	9%
Dispensing	11%	19%	63%	4%
Diagnosis	29%	16%	42%	12%
Remote consultation skills	17%	16%	56%	9%
Face to face consultation skills	9%	11%	75%	3%
Medication reviews	9%	13%	74%	2%
Patient clinical assessment skills	28%	12%	52%	6%
Working in a multidisciplinary team	7%	6%	82%	2%
Formal qualifications (e.g. Independent Prescribing)	30%	17%	47%	4%
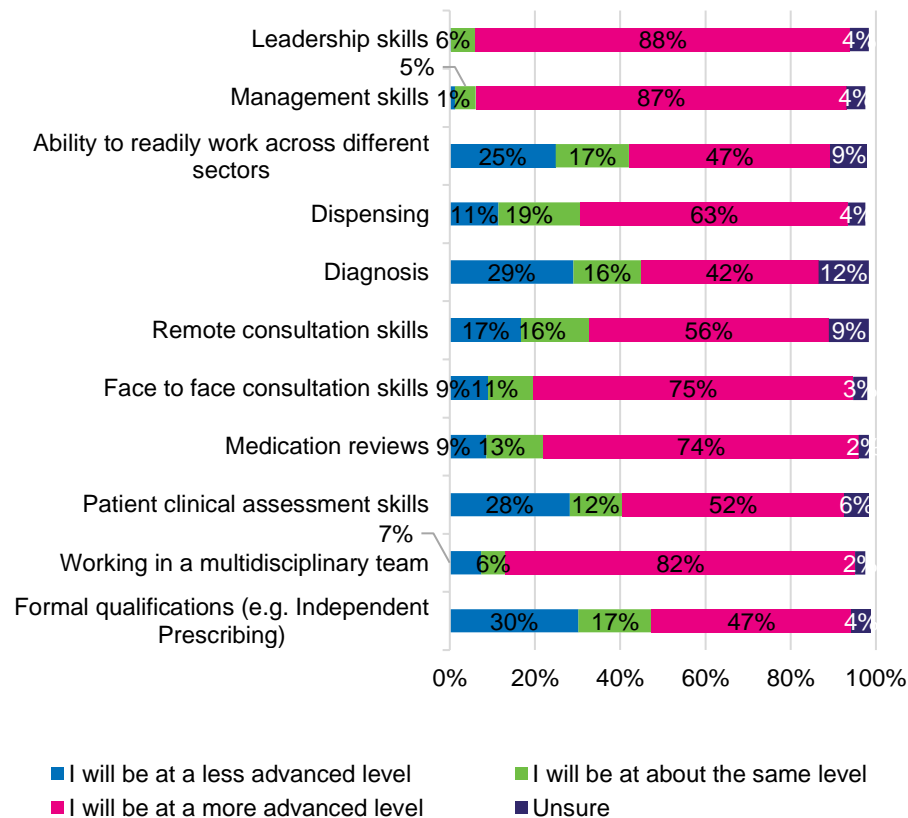
conducting face-to-face consultations (59%) as well as management and leadership skills (82, 76% respectively). [Appendix 7: Figure 4.1.1 to Figure 4.1.4]

Feedback from roundtables indicated that consideration of the 2026 reforms has impacted pharmacists' decisions to complete the independent prescriber course, but there were barriers to access. These barriers were particularly prevalent within the community sector where there is a view that there are challenges accessing training such as clinical assessment courses and that "*funding was available for GP pharmacists but not as easily available of community*". This suggests there is a perception that access is not equal across the profession.

Pharmacy technician views on the impact of 2017 standards

In O , the GPhC updated the " tandards for the initial education and training (IET) of pharmacy technicians" (General Pharmaceutical Council, 2017), which included key changes such as incorporating accuracy checking into the IET. The views of pharmacy technicians were sought on the skills pharmacy technicians qualifying under these standards may possess in comparison to their own [Figure 4.2].

Most respondents indicated that they felt they were either more advanced or at the same level as newly qualified technicians for all elements. Although 25% of respondents felt they would be at a less advanced level when considering their ability to work across different sectors.

Comparing perceptions across sectors are shown in Appendix 8: Figure 4.2.1 to Figure 4.2.4. A large proportion of pharmacy technicians working within primary care were confident that they would have an advanced skill set in areas such as leadership, medicines optimisation

performing medication reviews (79%, 76%), conducting face-to-face consultations (79%, 76%), management skills (89%, 88%) and leadership skills (91%, 88%). Community pharmacists felt they will be at a more advanced level at skills such as dispensing (64%) and

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and working in a multi-disciplinary team. However, they indicated that they believe newly qualified pharmacy technicians would be better at dispensing. This may be due to a loss of dispensing skills for those technicians working within primary care.

Across the hospital pharmacy sector, leadership (62%), management (60%) and working in a multidisciplinary team (52%) are skills that current registrants feel they would be at a more advanced level. Pharmacy technicians working in primary care indicated multidisciplinary working (58%), medicines optimisation (55%) and leadership skills (50%) were the areas where current technicians felt they were more advanced.

Whilst the numbers of respondents were low for community pharmacy technicians (n=6) and those working across multiple sectors (n= 5), community pharmacy technicians highlighted areas such as leadership and management, dispensing, providing advance and accuracy checking as the areas where they would feel more advance. There were several areas where community pharmacy technicians indicated there was a potential inexperience such as cross-sector working (33%), medicines optimisation (16%) and multidisciplinary working (16%). Whereas pharmacy technicians working across multiple settings felt that they would be at a more advanced level when optimising patients' medications, providing advice, and working in multidisciplinary teams.

Roundtable event feedback indicated that pharmacy technicians working in hospital are confused as to where their roles may fit in as newly qualified pharmacy technicians emerge with final accuracy checking qualifications. There was also a view that newly qualified pharmacy technicians are transferring into primary care roles at a fast rate, leaving a skills gap in the hospital workforce.

It is felt that the skills gained through employment within a specific sector over time reflect career progression, however there is a consensus that there is not a gap in the standards pre and post 2017 qualification standards, although the changes do raise workforce stability concerns.

Figure 4.2 Pharmacy technicians (across all sectors) views on skills and experience that may be possessed by pharmacy technicians qualified under 2017 GPhC standards (%)
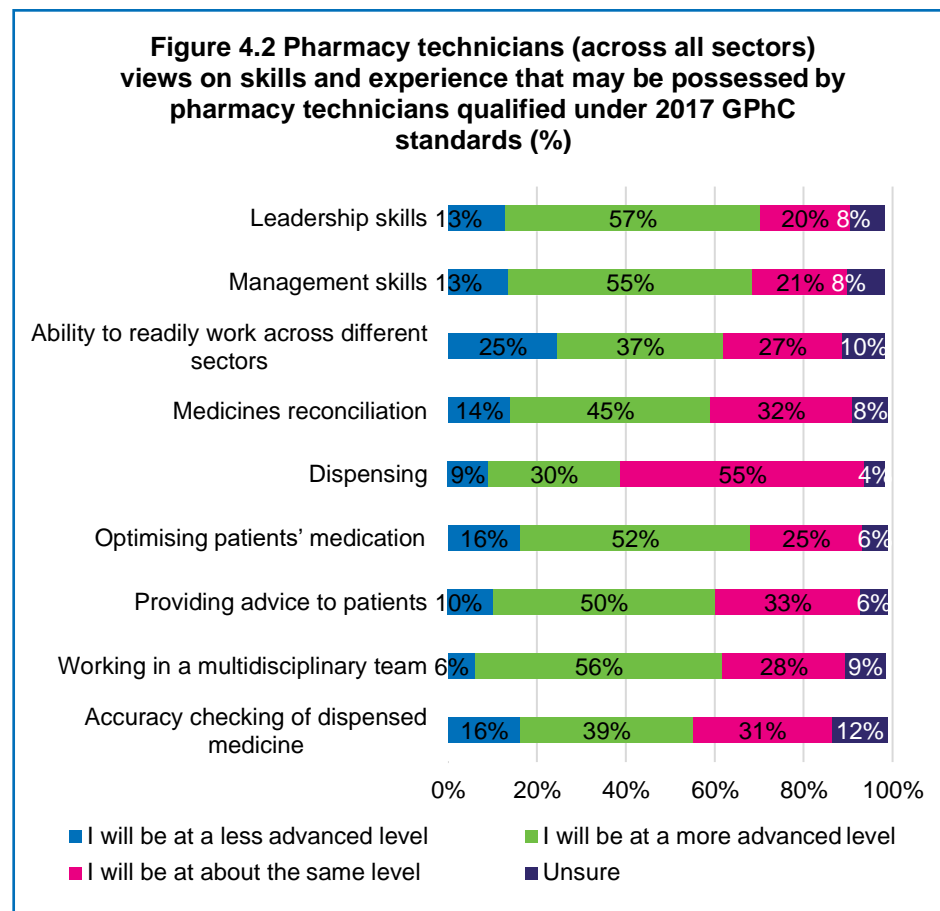
Pharmacy employers and line managers views changes for both professions

Figure 4.3 (pharmacist regulation changes) and Figure 4.4 (pharmacy technician regulation changes) show the views of employers and line managers around the impact of the updated standards.

Figure 4.3 Employer and line manager views on the impact of the 2026 pharmacist regulation changes

Legend:
- Newly qualified pharmacists (post 2026) will be at a less advanced level
- Newly qualified pharmacists (post 2026) will be at a more advanced level
- It is not expected that there will be any difference
- Unsure

Figure 4.4 Employer & line manager views on the impact of the 2017 pharmacy technician regulation changes

Legend:
- Newly qualified pharmacy technicians (post 2017) will be at a less advanced level
- Newly qualified pharmacy technicians (post 2017) will be at a more advanced level
- It is not expected that there will be any difference

For pharmacists it is felt that those with experience will be more advanced in areas such as management skills and leadership skills. However, in areas such as formal qualifications and diagnosis there is a suggestion that newly qualified pharmacists may be at a more advanced level. Employers recognise the value of experience but also expressed concern at potentially two tiers of pharmacists from 2026, with a divide between those that can prescribe and have those associated clinical

skills and those that haven't undertaken such training, and the subsequent impact on safe prescribing [Figure 4.5].

"I am very concerned about the class of 2026 for theirs and the public's safety… we will be lulling ourselves into a false sense of security to think our junior grade pharmacists will be able to advise on safe prescribing and also be prescribers themselves."

Figure 4.5. Quote from respondent to the Employer's survey

This view from an employer in response to one of the open questions in the survey was echoed by several pharmacists responding to the same question. Most of these were from a hospital background and they all shared similar concerns of the ability and quality of the junior pharmacists to be able to prescribe safely. One stated it "was a recipe for disaster" and another compared them to junior doctors and how their skills may be abused because they will be cheaper. Employer roundtable discussions added that they could see there being differences between the experienced pharmacists with independent prescribing and the newly qualified pharmacists with independent prescribing and questioned how this will be managed. There were positive views from the hospital pharmacy roundtable event around incorporation of the independent prescribing element into initial education and training in that this could have a positive impact on recruitment and retention for their sector. Currently they felt they lost a lot of junior pharmacists to the primary sector once they have gained their independent prescribing qualification and this pressure may be eased by the changes.

The majority of employer and line manager views for pharmacy technicians were that they didn't expect there to be a difference in skills for those qualifying under the new standards across all aspects with the exception of their ability to work across sectors where it is felt newly qualified pharmacy technicians will be at a more advanced level. Feedback from the line manager roundtable event was that it was too early to see if there is a gap between existing pharmacy technicians and those newly qualified, but it was stated if there is a gap then *"we need to support the legacy pharmacy technician workforce so we avoid a two-layer profession."*

Barriers to accessing post-registration education and training

The study aimed to seek stakeholder views on the barriers to accessing and gaps in post-registration education and training. Pharmacy professionals and their employers both agreed that they have a responsibility to ensure that they have completed appropriate post-registration education and training. This mirrored the views of the professional, regulatory and leadership bodies. Unfortunately, barriers to achieving this consistently across all sectors exist. Lack of resource which includes funding, time, and availability of appropriate mentors such as Designated Prescribing Practitioners for the Independent Prescribing course, and wider workforce stability and retention issues are all key barriers.

There is also a lack of clarity amongst pharmacy professionals around what training is available to aid career progression. Formal training pathways, job descriptions and discussions with colleagues help individuals to identify if they have the skills needed for a specific role, competency frameworks and information from professional bodies having less of a role in this [Figure 4.6]. There is also a view that experience was just as important as formal training, and this should not be lost when mapping career pathways.

There were some specific concerns from respondents in both sectors around gaps (or perceived gaps) in post-registration training provision. An example for pharmacists would be the lack of a pathway to support specialism in public health or digital solutions. Some respondents with an interest in digital solutions have had to fund the training themselves as they have been told there is no funding available. Some pharmacy technicians indicated the desire to be supported to do the NVQ Level 4 qualification but find this difficult to achieve. Pharmacy professionals also felt there was a lack of availability for leadership and management skills training.

Figure 4.6 Mean scores for views on how pharmacy professionals identify they have the necessary skills for a specific role (scale 1-5)

Category	Score
Internal competency frameworks	3.27
National competency frameworks	3.35
Information provided by relevant professional bodies	3.39
Formal training pathways	3.55
Job descriptions and specifications for similar roles	3.66
Formal guidance provided by the employer	3.88
Informal guidance or discussions provided by the employer	3.91
Discussions with colleagues or other pharmacy professionals	4.01
Job description and specification for the specific role	4.02

Employers and line managers expressed that they are observing instability within their workforce and excessive movement of staff between sectors, and there is a desire to ensure that staff are retained.

So, whilst training more independent prescribers for example may be a positive step for the profession, the time and money they spend investing in training individuals may consequently be detrimental to their business as people leave to go into another sector [Figure 4.7].

> *"It's the right thing to do* (upskilling staff) *for the professional and the profession but not necessarily right for the business"*
>
> *"(I) want to keep the people I train, why would you train someone as an employer who will leave to go to hospital or PCN land?"*

Figure 4.7 Quotes from employers at roundtable event

Pathway and career mapping solutions

To support the vision to provide clear, consistent, and accessible information to support the development of pharmacy professionals through their career, potential solutions such as the mapping of careers and training pathways may be of benefit at individual and organisational level.

There was agreement from pharmacy professionals, employers, line managers and training providers that the current pathways are inconsistent and confusing, with a general lack of awareness of training options. Study respondents across all sectors agreed that a tool to help identify potential career pathways would be beneficial [Figure 4.8]. Feedback during roundtable events was that there was a strong desire for a structured career pathway and/or a career mapping tool, which in turn would help to raise awareness of post-registration education and training.

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There was a view that there also needs to be consistency in the end standard provided by training, although it is not clear at how this may be implemented. Some pharmacy professionals would like a *'one place to go'* approach, whereas others whilst recognising standardisation is important were concerned about too much regulation and the risk of losing innovation and regional variance. Professional, regulatory and leadership bodies agreed the need to be careful when standardising training and education and that *"no one pathway will be the same for everybody".* The medical training pathway model for doctors was cited as a potential framework option. Training providers were in favour of training pathways. All respondents including employers and line

managers agreed that whatever strategy is put in place needs to be consistent across all sectors.

Employers and lines managers welcome resources and information such as tools to identify skills and training for specific roles and support portfolio working by their staff [Figure 4.9]. Tools that provide a breakdown of the cost associated with each pathway was identified as the most helpful resource (mean score 4.09) which indicates the importance of cost to employers and line managers when identifying education and training opportunities for pharmacy professionals.

Figure 4.8 Pharmacy professionals views by sector on "helpfulness of a tool to identify potential career pathways" (scale 1-5)

Sector	Score
All respondents	4.1
All pharmacists	3.9
All pharmacy technicians	4.4
All community staff	4.4
All hospital staff	4.0
All primary care staff	4.1
All staff in multiple settings	4.5
Community pharmacists	4.3
Hospital pharmacists	3.8
Primary care pharmacists	3.9
Pharmacists in multiple settings	4.4
Community pharmacy technicians	4.7
Hospital pharmacy technicians	4.3
Primary care pharmacy technicians	4.4
Pharmacy technicians in multiple...	4.6

Figure 4.9 Employers and line managers views on helpfulness of resources and information for training and career progression of their pharmacy staff (scale 1-5)

Resource	Score
A clear breakdown of training and associated costs for each pathway	4.09
Demonstrating how education and training pathways relate to specific career goals	4.00
A tool which helps to identify if pharmacists and pharmacy technicians have the correct skills and training for a specific role	3.74
A tool which helps identify opportunities for portfolio working	3.43
A tool to help pharmacists and pharmacy technicians identify potential career pathways	3.48
Mapping career pathways across different sectors	3.39

Limitations on the analysis

The surveys were designed to capture a range of views about different aspects of post-registration education and training in line with the objectives of the study. The surveys were expanded to include wider views about aspects outside of the objectives, for example the impact of the COVID-19 pandemic on career trajectories, however only data pertaining to the original scope was fully analysed. It is therefore possible that there may be further insights which have not been captured within the analysis.

The analysis of Likert question mean scores does not include analysis of the range of responses, and therefore may mask where there is a mixed view and will not include where there are particularly polarised views in a response.

While every effort was made to get equal representation across each sector during this study, there were varied response levels within the survey and roundtable events from across community pharmacy, hospital pharmacy and primary care. There was a low response rate from the community pharmacy sector and therefore, conclusions drawn related to this sector are unlikely to be a true representation of the views of all pharmacy professionals working in this sector. This is especially the case when drawing conclusions for pharmacy technicians in community where there was a total of 5 respondents to the survey.

The study canvassed views from across two NHSE regions, and whilst the regions were chosen based on their variations in geographical profiling to understand if this potentially impacts on the views of pharmacy professionals, survey results may not represent the national view.

Due to the low number of responses from certain sectors across the regions, it was not possible to analyse if there were variations across the sectors within each region. There was also a limited number of responses from employers and line managers (n=17), and responses from primary care or community pharmacy were particularly limited, therefore conclusions for these groups could not be made.

There was limited engagement from training providers. For example, responses were received from just 2 universities and further investigation would be appropriate to understand the views of this cohort. There was also no engagement from Higher Education institutions (HEI). In addition, views from CPPE represented 70% of the training provider survey responses, which may therefore cause potential bias when interpreting results.

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Conclusions

Conclusions

This small study collating views on post-registration pathways from the workforce, employers, and training providers across two geographies has found a profession that is interested and active in further skills and knowledge development. There is a clear view across the profession that there lies an opportunity, through appropriate post-registration education and training, that an upskilled workforce will be able to further enhance patient care, support career progression and multi-sector working. There are some challenges faced such as variation in understanding of post-registration training opportunities and requirements across sectors, professions and organisations, concerns with regards workforce retention, and issues with regards variation in funding/ access to protected time. However, with some clear mapping and development of supporting tools the profession will be able to achieve these ambitions.

Analysis of survey and roundtable findings creates a series of key themes. There are both commonalities and dissimilarities across pharmacists and pharmacy technicians, and across the various sectors, which are described below.

Pharmacy professionals felt that existing pathways for professional development were unclear and inconsistent. Nearly half of all pharmacists felt their training was not underpinned by a framework and this may be partially driven by a lack of clarity and inconsistency.

Awareness of education and training pathways varied across the sector and across the individual course. With only, 63% of pharmacists and 59% of pharmacy technicians having

awareness of courses. This may suggest that there is approximately 40% of the profession who are unaware of education and training courses and therefore may be accessing courses which have no determined structure or standards or would support career progression. This study didn't consider Continuing Professional Development requirements to meet their ongoing registration and whether this supported career progression.

Due consideration is needed to the support required to train individuals. This includes appropriate information about if/where funding is available, protected learning time, and a potential mechanism to allow access to suitable mentor support, which should incorporate aspects such as clinical supervision and mentorship.

There is a desire for portfolio working amongst pharmacists and pharmacy technicians. Whilst appreciation should be given to the concerns raised by employers around the potential negative impacts on their business by reduced workforce capacity, a robust framework that encourages workforce collaboration between organisations could in turn have a positive impact on stabilising the workforce as there is potential that the rates of pharmacy professionals leaving organisations to progress their career in other sectors could be reduced.

There needs to be a balanced and holistic view that ensures the needs of both the individual and organisations are factored. In general, individuals clearly have a drive to further their skills which will in turn help to support the health economy. However, it must not be at the detriment to employers where there are risks

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associated with destabilising the workforce if individuals then leave to other organisations. Any resources created should be supportive to both stakeholders.

There is strong support amongst pharmacy professionals, their employers and line managers for tools to support career mapping and development. Individuals should be able to maintain the option for different education and training routes to reach their career goals, allowing for different training routes to be outlined but not prescribed. It should have the ability to recognise courses and experience which help to demonstrate that individuals can undertake specific job roles or tasks.

Whilst the reforms on initial education and training standards for pharmacists and pharmacy technicians will have a positive impact on the skills of those new to the profession, there is the potential for them to create further variation and inconsistencies across pharmacy professionals. The reforms for pharmacy technicians came into place in 2017, and new graduates have already entered the workforce, however this study was not powered to determine the differences in responses between those trained pre- and post- the reforms. Responses for pharmacy technicians indicated that overall, they will be at either the same or a more advanced level compared to those who are qualifying under the new standards.

For pharmacists, the changes are not due to take place until 2026, and some pharmacy professionals are concerned about the impacts of these reforms, raising concerns such as having fewer formal qualifications or feeling that they may be less advanced with certain skills such as diagnosis. There needs to be a way of addressing potential variations that may exist to ensure that all pharmacy professionals are appropriately equipped with the right skills and experience to embrace the changes as well as address concerns related to safety and clinical experience.

Whilst variations across community pharmacy, NHS hospital and primary care exist, the scale of these variations across the wider sectors of pharmacy remain unknown. It is important to understand all pharmacy career pathways that may be available, so that the vision to for a sustainable workforce can be achieved.

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Lessons Learnt

Learnings for future work

It is anticipated that the results of this pilot study will help to inform HEE of the potential next steps of the project. There was significant engagement from pharmacy professionals across both the Midlands and East of England regions and it is evident that there is a desire to improve the inconsistencies in awareness and access to education and training.

The key learnings which may be critical to supporting future work are outlined below.

Survey scope

The original scope of the project was to conduct an online survey of pharmacists, pharmacy technicians and employers across 3 sectors. The scope increased both in terms of the number of surveys, as there was a request to develop separate surveys for each professional, and to include the views of line managers in addition to employers. Each of the surveys were also significant in length, with over 100 questions asked within the professional surveys. This subsequently produced a large volume of data, with elements of information outside the scope of the objectives.

When looking to replicate or expand on the study findings, it may be beneficial to have fewer questions and fewer surveys. This may encourage a higher completion rate and more representative results. Consideration should be given to combining the pharmacist and pharmacy technician questions rather than separating them. Feedback from respondents was that they found this repetitive.

For future studies it may be best not to differentiate between employers and line managers, or to target for example specific employers through direct invitation to a roundtable event.

Survey release and promotion

There was limited engagement from professionals within community pharmacy, employers, line managers and training providers. This may be due to the limited time made available to complete the survey which gave limited time to engage with the survey particularly where there are significant impacts on the workforce.

It may also be beneficial to indemnify mechanisms to specifically target these populations of respondents.

A suite of social media communications messages was developed to promote the surveys. The development of this occurred in parallel with the survey design, which compounded the resource available. It may be beneficial to develop any communications materials following the survey design which will ensure that sufficient time is allowed for the process.

Survey responses

During the internal pilot phase, the survey length was cited as a challenge for those who took part in the surveys, however, other than

ensuring that there was no duplication across questions, it was difficult to mitigate against this barrier.

The survey length may have impacted on the results obtained, as Figure 5.1 illustrates, only 56% of respondents accessing the surveys went on to complete. A review of the number of incomplete responses indicates that a large proportion of respondents did not fully complete the surveys, their views were not captured, and survey length was therefore a potential issue.

Figure 5.1 Percentage of respondents fully completing vs incomplete survey responses by sector
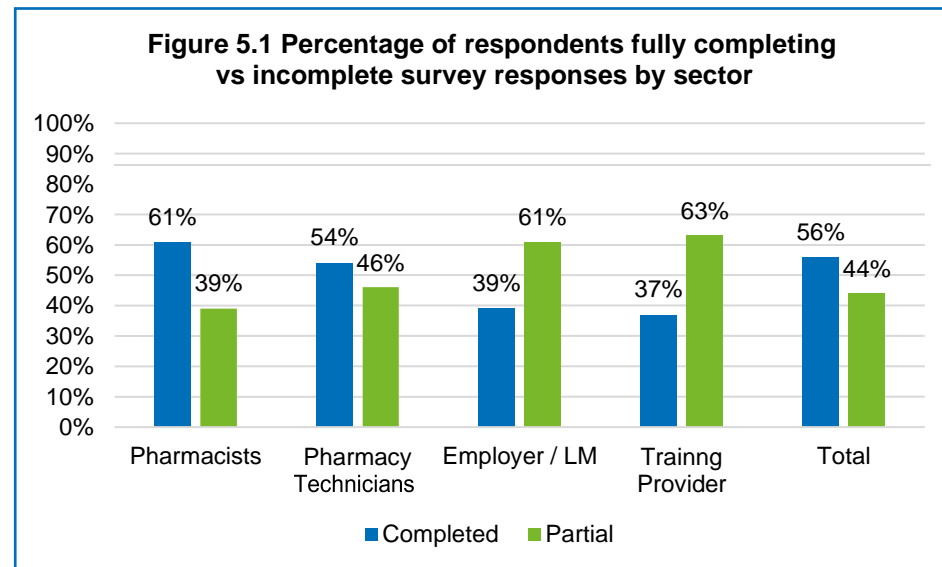
When reviewing the questions asked and the objectives of the study, the views of employers, line managers, training providers and professional bodies although important and informative, formed a relatively small part of the analysis due to the limited number of

respondents. For future work, these could be scaled back or collected via roundtable discussions.

Roundtable Learnings

Roundtable events were planned to be held after the survey analysis to expand on themes coming out of the surveys. Due to time slippage from the development and release of the surveys, and what was initially a short project timeline, it was not possible to achieve this, and the roundtable events were conducted alongside the surveys.

The roundtable events were well received, with full engagement from participants and open and honest conversations around key themes. The introduction to the event provided by HEE benefitted the discussions by helping those who attended to understand the importance of this study. Google Jamboards® proved very popular, they were easy to access and allowed participants to make notes whilst discussions occurred. Participant feedback overall was that they were pleased that this was being addressed and that they were being consulted rather than told this is what is happening.

There was low attendance from community pharmacy professionals. Investigations into why this was the case may be appropriate and perhaps for future work, it may be appropriate to plan two events at different times e.g., lunchtime and evening sessions, or scope different options for engaging with the community sector such as attendance at Local Pharmaceutical Committee meetings.

Recommendations

Recommendation 1

Further work to build on study findings

- The study covered two NHSE regions and provides a snapshot of opinions. Further research is required to establish and understand the national view. It may be efficient use of resources to undertake this as a series of national engagement events where the findings from the pilot study are presented to seek confirmation that they represent wider views, or to harness additional insights. Adopting a mixed approach of online and face-to-face events will help to ensure suitable access for all stakeholders.
- Due to the low number of respondents from community pharmacy, and the low level of certainty that findings accurately reflect views of all professionals within this sector, it would be beneficial to ensure that further work considers how the opinions of community pharmacists and pharmacy technicians are appropriately addressed.
- Any future work involving surveys would benefit from a refined question-set to ensure that questions specifically meet the scope of the study which in turn will increase engagement with the study, including a reduction in partial responses.
- The views of stakeholders who were excluded from this phase of the study (Appendix 2) should also be considered, which will help to ensure that the whole of the pharmacy profession are represented.
- Information was gathered around other elements beyond the scope of this pilot study which may be of interest, for example gaining insight into the impact of the Covid-19 pandemic, or pharmacy professions views on completing tasks outside their competency or skillset. It would be beneficial to analyse these results to understand if there any other key experiences, observations and insights that may not have been captured within the objectives.

Recommendation 2

Training pathway/career mapping tool development

- It would be beneficial for a tool that defines the various pharmacy career pathways and the training requirements to progress through the pathways, to be developed.
- The tool should incorporate key requirements which may be identified through job descriptions, the potential costs for pharmacy professionals and their employers, and any other additional resourcing requirements such as requirements for a professional mentor and the time required to study (e.g. at the training provider establishment, on the job or self-directed study).
- A collaborative approach to developing the tool will help to drive stakeholder engagement and buy-in, this will prevent employers ignoring such tools/ frameworks which may be seen as too restrictive.

Recommendation 3

Representation from protected characteristics

- Response rates for the surveys and roundtables were high, however on demographic analysis it can be noted that representation from those with protected characteristics is low and therefore their view may not be appropriately represented through this study.
- Any further work, including further research or developing resources, should include targeted communications and engagement with those with protected characteristics.

Recommendation 4

Understand the impact of the reforms and experience

- Further work should be undertaken to understand the impact of the 2017 and 2026 reforms, on career progression for pharmacists and pharmacy technicians who qualified before or after the reforms took place.
- Consideration should also be given to monitor the impact of experience compared to qualifications amongst the different skills required.

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Stakeholder mapping Boston Grid
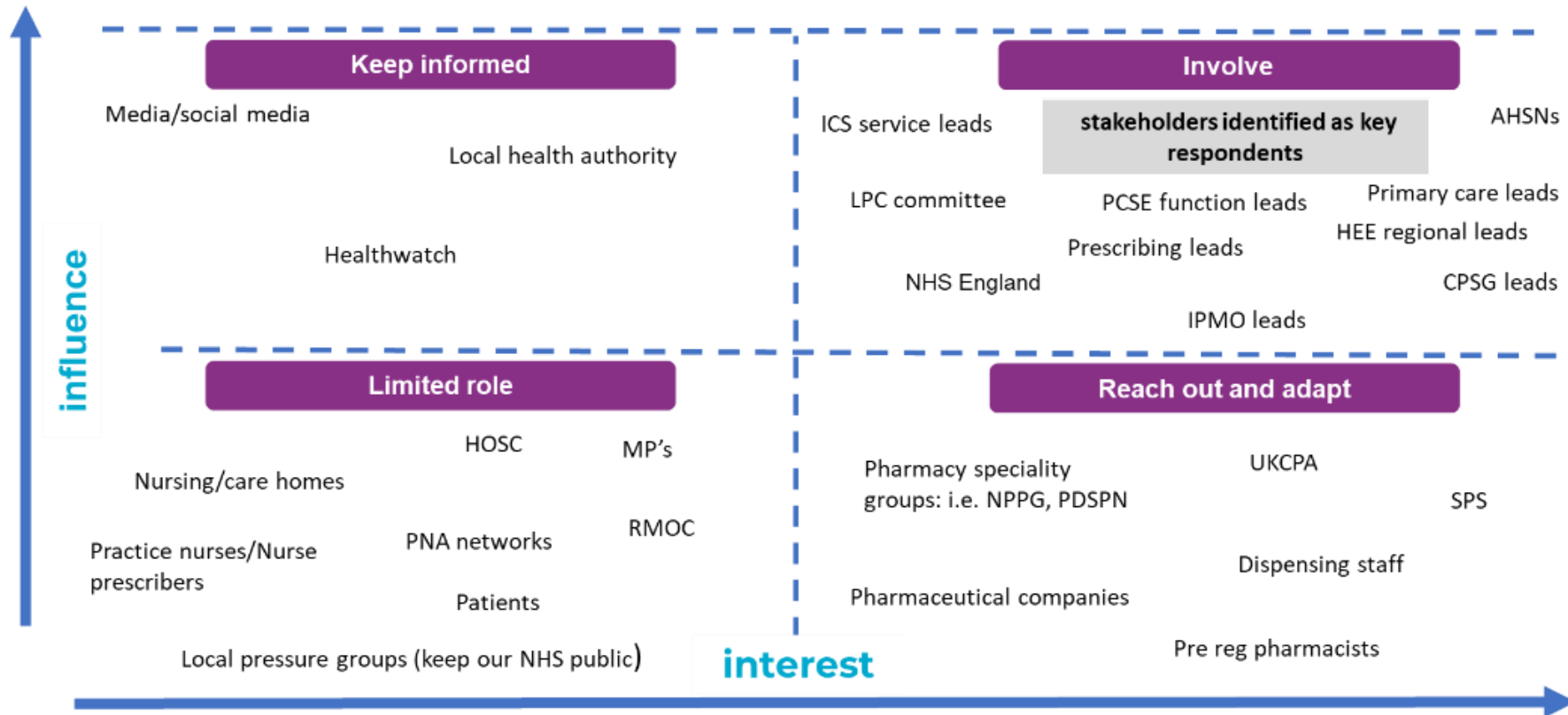
Appendix 2

Inclusion and exclusion criteria for research

Pharmacists and pharmacy technicians (incl. ACTs)	Employers	Training Providers	Regulatory/representative bodies
Included in Phase 1 research			
• Directly employed • PCN employed • District General Hospital & Teaching hospital • Community – Independents and multiples • ICB/CSU	• GP Practice (i.e. Practice managers, GPs, Federations/GP Alliances) • Community pharmacy contractors – Independents and multiples • NHS Hospitals Trusts • ICB/CSU	• East of England and Midlands Universities/colleges delivering postgraduate Pharmacy or related courses • CPPE • Buttercups • NPA • Open University	• RPS • GPhC • APTUK • HEE • NHSE
Excluded from Phase 1 research			
• Department of Health • Private Providers • CQC • Hospices • Health & Justice • Industry • Academia • NHS 111 • HEE • Public Health England • AHSNs	• NHSE • Department of Health • Private Providers • CQC • Hospices • Health & Justice • Industry • Academia • NHS 111 • HEE • Public Health England • AHSNs	• Other Universities/colleges delivering postgraduate Pharmacy or related courses	• PSNC • DHSC • PHE • PDA • CQC

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Example survey data cleanse and preparation for analysis

Q6. How long have you been a registered pharmacist/PT?

Row Labels	Sum of Count
Less than 1 year	3
1-4 years	55
5-14 years	170
15-24 years	104
25 years or more	91
Grand Total	423

Years been registered Pharmacist	No. of Responses	% of Responses
Less than 1 year	3	0.7%
1-4 years	55	13.0%
5-14 years	170	40.2%
15-24 years	104	24.6%
25 years or more	91	21.5%
Total	423	100.0%

Sum of Count	Column Labels		
Row Labels	Pharmacist	Pharmacy Technician	Total
Less than 1 year	1	2	3
1-4 years	29	26	55
5-14 years	91	79	170
15-24 years	63	41	104
25 years or more	61	30	91
Total	245	178	423

Years been registered Pharmacist	Pharmacist	Pharmacy Technician	Total
Less than 1 year	0.4%	1.1%	0.7%
1-4 years	11.8%	14.6%	13.0%
5-14 years	37.1%	44.4%	40.2%
15-24 years	25.7%	23.0%	24.6%
25 years or more	24.9%	16.9%	21.5%

Time registered as a pharmacist/PT

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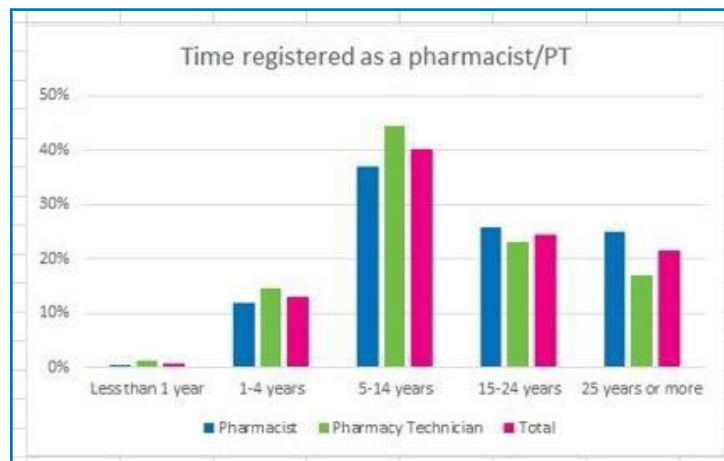
Appendix 4

Reports - Roundtable event findings

Date	Group	Sector	Report
03.11.2022	Professional, regulatory and leadership bodies	All	📎
09.11.2022	Training Provider	All	📎
10.11.2022	Line Manager	All	📎
11.11.2022	Employer	All	📎
15.11.2022	Pharmacist	Community Pharmacy	📎
17.11.2022	Pharmacist	Hospital Pharmacy	📎
22.11.2022	Pharmacy Technician	Hospital Pharmacy	📎

Date	Group	Sector	Report
23.11.2022	Pharmacist	Primary Care	📎
24.11.2022	Pharmacy Technician	Primary Care	📎

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Appendix 5

Theme 3: Additional charts for pharmacist pathway and framework awareness by sector

Figure 3.1.1 Community pharmacist (n=17)

Framework	Aware of	Not aware	Not stated
RPS Prescribing Competency Framework	41%	53%	6%
RPS Leadership Development Framework	29%	24%	47%
RPS Foundation Pharmacy Framework	47%	47%	6%
RPS Designated Prescribing Practitioner Competency…	35%	53%	12%
RPS Consultant Pharmacist Programme	35%	59%	6%
RPS Advanced Pharmacy Framework	47%	47%	6%
Pharmacy Medicines Optimisation Training Programme	41%	59%	0
HEE Newly Qualified Pharmacist Pathway	24%	65%	12%
HEE Advanced Clinical Practice (ACP) framework	24%	65%	12%
CPPE Primary Care Pharmacy Education Pathway (PCPEP)	41%	53%	6%
CPPE Newly Qualified Pharmacist Pathway (NQPP)	41%	47%	12%
CPPE Medicines Optimisation in Care Homes pathway (MOCH)	71%	24%	6%
CPPE General Practice Pharmacist Training Pathway (GPPTP)	65%	29%	6%
CPPE Consultation Skills for Pharmacy Practice	100%		0

Figure 3.1.2 Hospital pharmacist (n=127)

Framework	Aware of	Not aware	Not stated
RPS Prescribing Competency Framework	71%	27%	2%
RPS Leadership Development Framework	39%	18%	43%
RPS Foundation Pharmacy Framework	66%	31%	2%
RPS Designated Prescribing Practitioner Competency…	56%	41%	3%
RPS Consultant Pharmacist Programme	58%	39%	3%
RPS Advanced Pharmacy Framework	77%	21%	2%
Pharmacy Medicines Optimisation Training Programme	35%	61%	4%
HEE Newly Qualified Pharmacist Pathway	46%	50%	3%
HEE Advanced Clinical Practice (ACP) framework	57%	39%	4%
CPPE Primary Care Pharmacy Education Pathway (PCPEP)	42%	53%	6%
CPPE Newly Qualified Pharmacist Pathway (NQPP)	50%	46%	3%
CPPE Medicines Optimisation in Care Homes pathway (MOCH)	45%	52%	3%
CPPE General Practice Pharmacist Training Pathway (GPPTP)	51%	46%	3%
CPPE Consultation Skills for Pharmacy Practice	84%	14%	2%

■ Aware of ■ Not aware ■ Not stated

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Appendix 5

Theme 3: Additional charts for pharmacist pathway and framework awareness by sector (continued)

Figure 3.1.3 Primary care pharmacist (n=84)

Framework	Aware of	Not aware	Not stated
RPS Prescribing Competency Framework	70%	2%	5%
RPS Leadership Development Framework	40%	21%	38%
RPS Foundation Pharmacy Framework	60%	31%	%
RPS Designated Prescribing Practitioner Competency…	60%	31%	%
RPS Consultant Pharmacist Programme	60%	30%	9%
RPS Advanced Pharmacy Framework	77%	18%	5%
Pharmacy Medicines Optimisation Training Programme	31%	64%	5%
HEE Newly Qualified Pharmacist Pathway	51%	36%	13%
HEE Advanced Clinical Practice (ACP) framework	61%	35%	5%
CPPE Primary Care Pharmacy Education Pathway (PCPEP)	80%	13%	7%
CPPE Newly Qualified Pharmacist Pathway (NQPP)	73%	15%	12%
CPPE Medicines Optimisation in Care Homes pathway (MOCH)	85%	8%	7%
CPPE General Practice Pharmacist Training Pathway (GPPTP)	73%	20%	7%
CPPE Consultation Skills for Pharmacy Practice	94%	5%	1%

Figure 3.1.4 Multiple setting pharmacist (n=17)

Framework	Aware of	Not aware	Not stated
RPS Prescribing Competency Framework	59%	29%	12%
RPS Leadership Development Framework	41%	18%	41%
RPS Foundation Pharmacy Framework	41%	18%	41%
RPS Designated Prescribing Practitioner Competency…	41%	18%	41%
RPS Consultant Pharmacist Programme	55%	14%	32%
RPS Advanced Pharmacy Framework	76%	12%	12%
Pharmacy Medicines Optimisation Training Programme	35%	53%	12%
HEE Newly Qualified Pharmacist Pathway	47%	35%	18%
HEE Advanced Clinical Practice (ACP) framework	65%	24%	12%
CPPE Primary Care Pharmacy Education Pathway (PCPEP)	65%	35%	
CPPE Newly Qualified Pharmacist Pathway (NQPP)	59%	29%	12%
CPPE Medicines Optimisation in Care Homes pathway (MOCH)	71%	18%	12%
CPPE General Practice Pharmacist Training Pathway (GPPTP)	65%	29%	6%
CPPE Consultation Skills for Pharmacy Practice	94%	6%	

■ Aware of   ■ Not aware   ■ Not stated

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Appendix 6

Theme 3: Additional charts for pharmacy technician pathway and framework awareness by sector

Figure 3.2.1 Community pharmacy technicians (n=6)
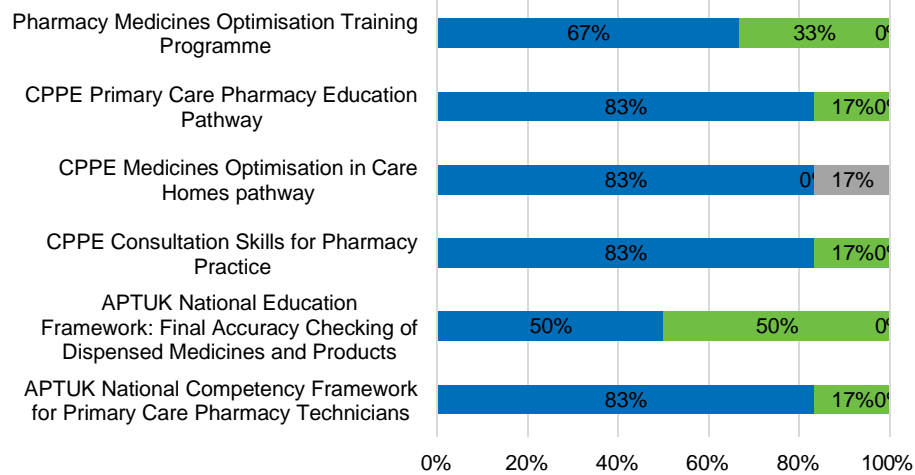
Figure 3.2.2 Hospital pharmacy techicians (n=103)
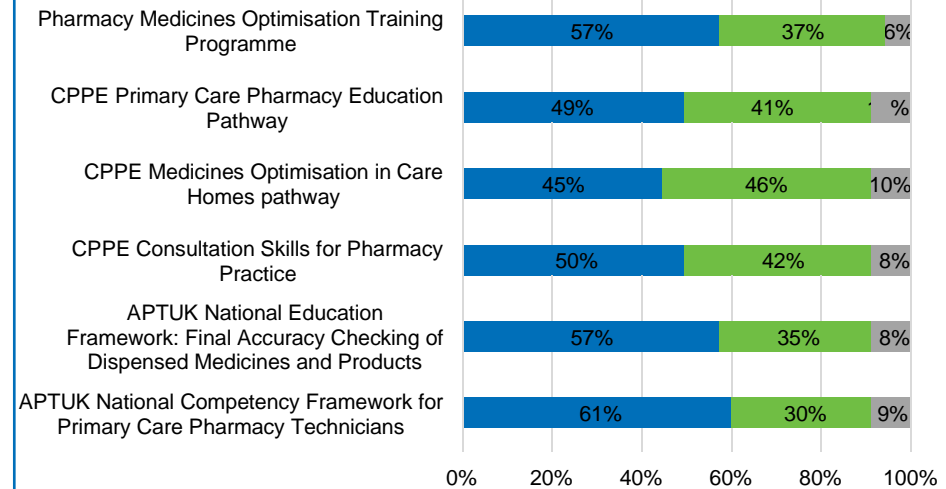
Figure 3.2.3 Primary care pharmacy technicians (n=64)

Figure 3.2.4 Multiple setting pharmacy technicians (n=5)

Appendix 7

Theme 4: Additional charts for pharmacist views on skills and experiences that may be possessed by new 2026 pharmacist graduates in comparison to their own (%) by sector

Figure 4.1.1 Community pharmacists (n=17)

Skill	I will be at a less advanced level	I will be at about the same level	I will be at a more advanced level	Unsure	Not stated
Formal qualifications (e.g. Independent Prescribing)	76%	12%	0%	12%	0%
Working in a multidisciplinary team	53%	6%	29%	6%	6%
Patient clinical assessment skills	59%	6%	24%	6%	6%
Medication reviews	29%	24%	35%	6%	6%
Face to face consultation skills	12%	18%	59%	6%	6%
Remote consultation skills	35%	12%	35%	12%	6%
Diagnosis	53%	6%	24%	18%	0%
Dispensing	6%	12%	65%	6%	12%
Ability to readily work across different sectors	47%	12%	29%	6%	6%
Management skills	0%		82%	12%	6%
Leadership skills	0%	6%	76%	12%	6%

Figure 4.1.2 Hospital pharmacists (n=127)

Skill	I will be at a less advanced level	I will be at about the same level	I will be at a more advanced level	Unsure	Not stated
Formal qualifications (e.g. Independent Prescribing)	28%	20%	48%	4%	1%
Working in a multidisciplinary team	3%	4%	90%	2%	2%
Patient clinical assessment skills	26%	13%	54%	6%	1%
Medication reviews	6%	13%	79%	2%	1%
Face to face consultation skills	8%	10%	79%	2%	2%
Remote consultation skills	17%	20%	50%	12%	1%
Diagnosis	25%	18%	44%	11%	2%
Dispensing	7%	20%	69%	3%	2%
Ability to readily work across different sectors	28%	18%	43%	9%	2%
Management skills	2%	3%	89%	4%	2%
Leadership skills	1%	4%	91%	4%	1%

Legend: ■ I will be at a less advanced level ■ I will be at about the same level ■ I will be at a more advanced level ■ Unsure ■ Not stated

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Appendix 7

Theme 4: Additional charts for pharmacist views on skills and experiences that may be possessed by new 2026 pharmacist graduates in comparison to their own (%) by sector (continued)

Figure 4.1.3 Primary care pharmacists (n=84)

Skill	I will be at a less advanced level	I will be at about the same level	I will be at a more advanced level	Unsure	Not stated
Formal qualifications (e.g. Independent Prescribing)	25%	14%	56%	4%	1%
Working in a multidisciplinary team	5%	8%	82%	2%	2%
Patient clinical assessment skills	26%	14%	52%	6%	1%
Medication reviews	10%	11%	76%	2%	1%
Face to face consultation skills	8%	11%	76%	4%	1%
Remote consultation skills	11%	13%	69%	6%	1%
Diagnosis	31%	17%	39%	12%	1%
Dispensing	18%	21%	55%	5%	1%
Ability to readily work across different sectors	21%	17%	52%	8%	1%
Management skills		8%	88%	2%	1%
Leadership skills		8%	88%	2%	1%

Figure 4.1.4 Multiple setting pharmacists (n=17)

Skill	I will be at a less advanced level	I will be at about the same level	I will be at a more advanced level	Unsure	Not stated
Formal qualifications (e.g. Independent Prescribing)	29%	18%	41%	6%	6%
Working in a multidisciplinary team	6%	6%	76%	6%	6%
Patient clinical assessment skills	24%	0%	65%	6%	6%
Medication reviews	6%	18%	65%	6%	6%
Face to face consultation skills	18%	6%	59%	12%	6%
Remote consultation skills	24%	6%	59%	6%	6%
Diagnosis	24%	6%	53%	12%	6%
Dispensing	18%	12%	59%	6%	6%
Ability to readily work across different sectors	0%	18%	71%	6%	6%
Management skills	6%	6%	71%	12%	6%
Leadership skills	0%	6%	76%	12%	6%

Legend: ■ I will be at a less advanced level ■ I will be at about the same level ■ I will be at a more advanced level ■ Unsure ■ Not stated

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Appendix 8

Theme 4: Additional charts for pharmacy technician views on skills and experiences that may be possessed by pharmacy technicians qualified under 2017 GPhC standards in comparison to their own (%) by sector

Figure 4.2.1 Community pharmacy technicians (n=6)

Skill				
Leadership skills	0%	33%	67%	0%
Management skills	0%	17%	67%	17%
Ability to readily work across different...	33%	17%	50%	0%
Medicines reconciliation	17%	33%	50%	0%
Dispensing	0%	17%	83%	0%
Optimising patients' medication	17%	17%	67%	0%
Providing advice to patients	0%	33%	67%	0%
Working in a multidisciplinary team	17%	17%	67%	0%
Accuracy checking of dispensed medicine	0%	33%	67%	0%

Figure 4.2.2 Hospital pharmacy technicians (n=103)

Skill					
Leadership skills	11%	17%	61%	9%	2%
Management skills	12%	18%	60%	9%	1%
Ability to readily work across different…	27%	29%	33%	10%	1%
Medicines reconciliation	17%	31%	41%	10%	1%
Dispensing	7%	55%	31%	5%	2%
Optimising patients' medication	22%	22%	48%	7%	1%
Providing advice to patients	11%	32%	49%	8%	1%
Working in a multidisciplinary team	7%	30%	52%	9%	2%
Accuracy checking of dispensed medicine	9%	34%	47%	10%	1%
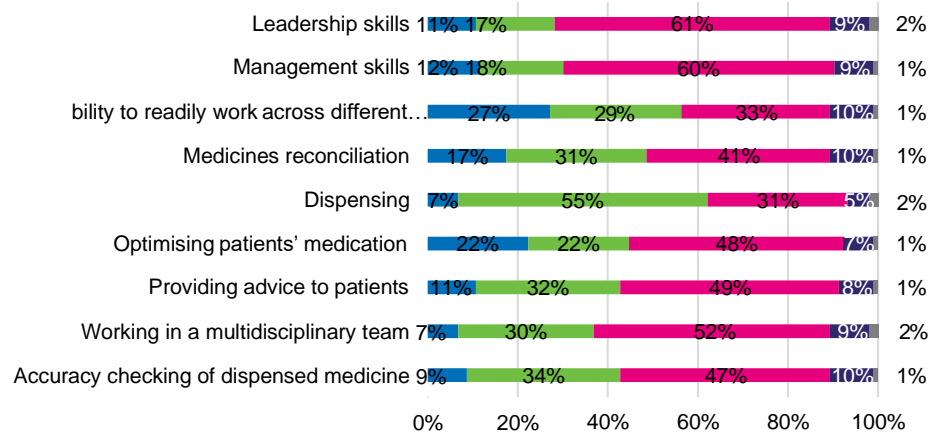
Figure 4.2.3 Primary care pharmacy technicians (n=64)

Skill				
Leadership skills	17%	25%	50%	8%
Management skills	17%	29%	46%	8%
Ability to readily work across different sectors	22%	27%	41%	10%
Medicines reconciliation	9%	34%	50%	6%
Dispensing	14%	61%	20%	5%
Optimising patients' medication	8%	33%	55%	5%
Providing advice to patients	11%	36%	48%	5%
Working in a multidisciplinary team	5%	27%	58%	11%
Accuracy checking of dispensed medicine	30%	28%	23%	19%

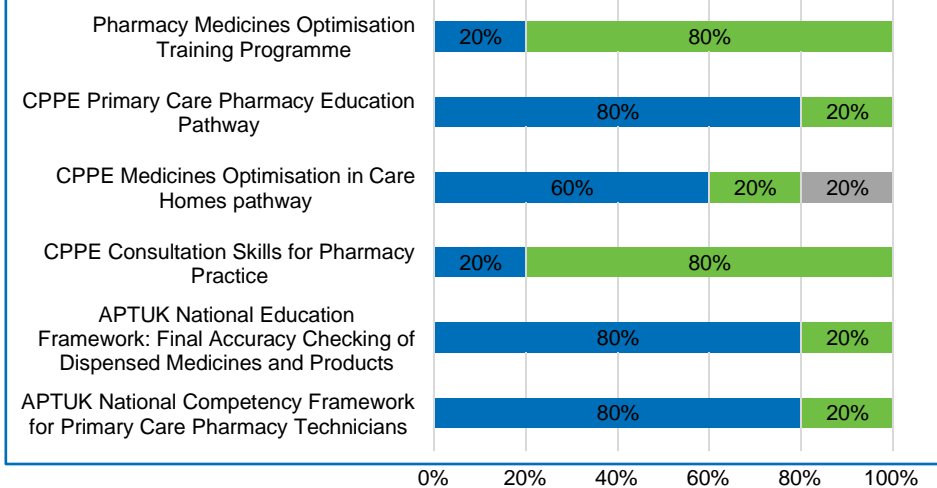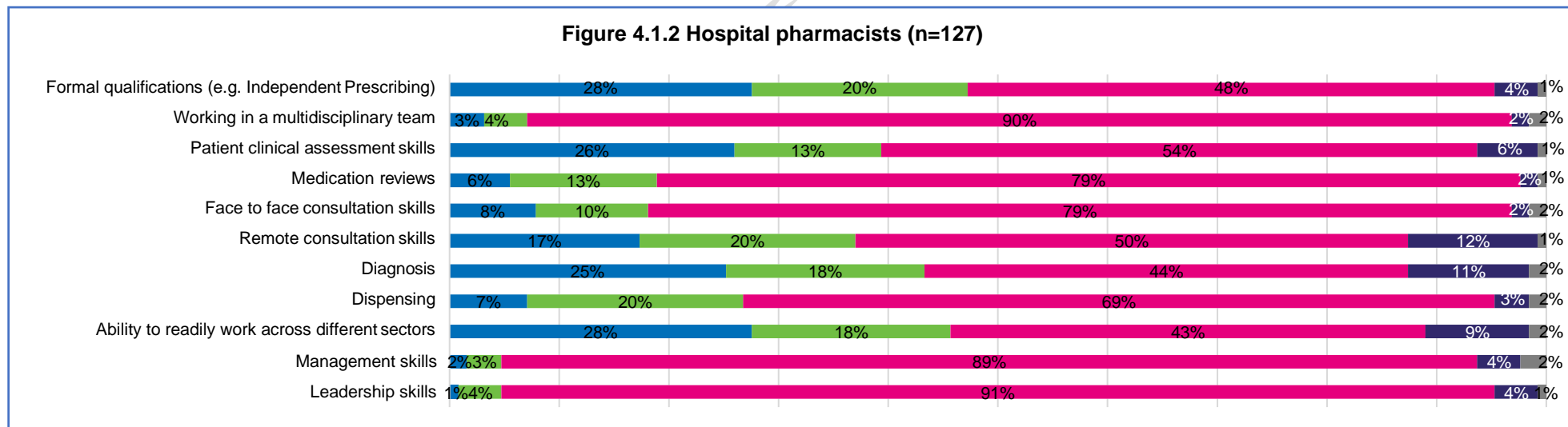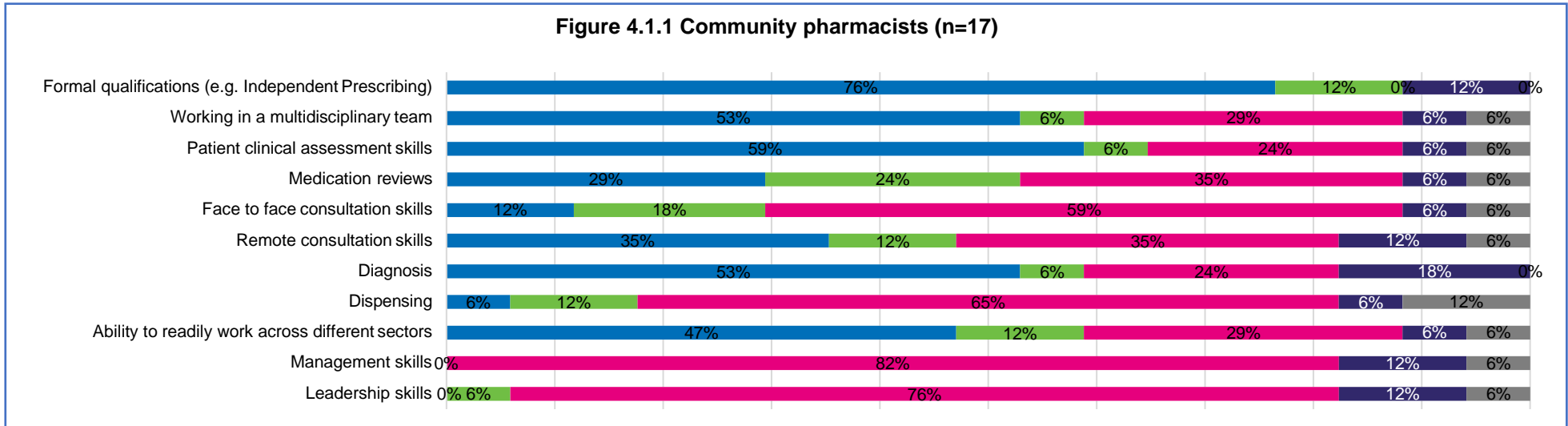### Figure 4.2.4 Multiple setting pharmacy technicians (n=5)

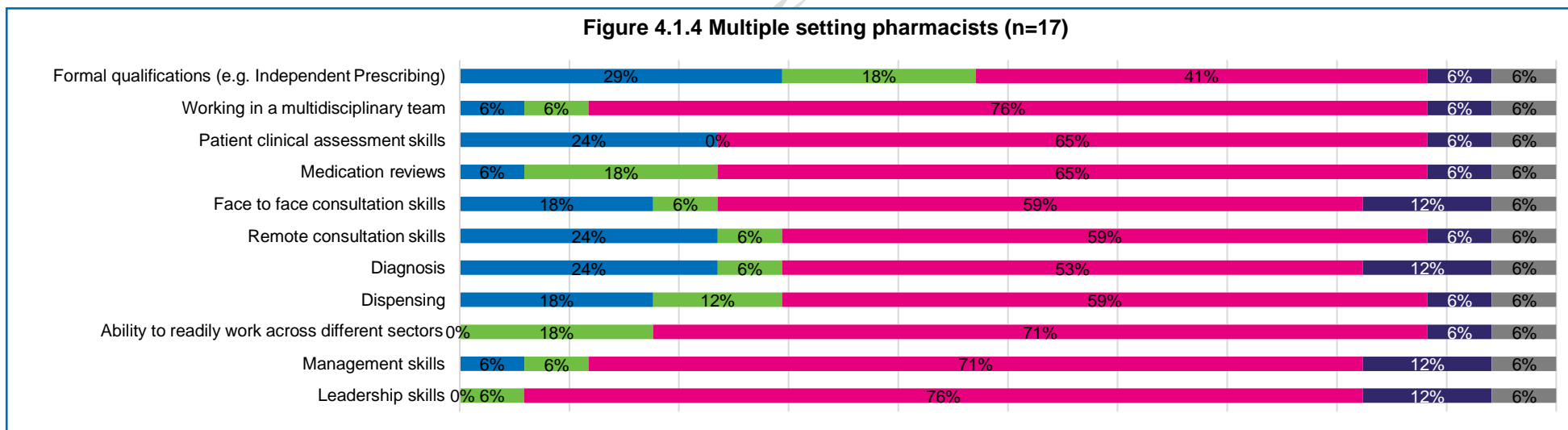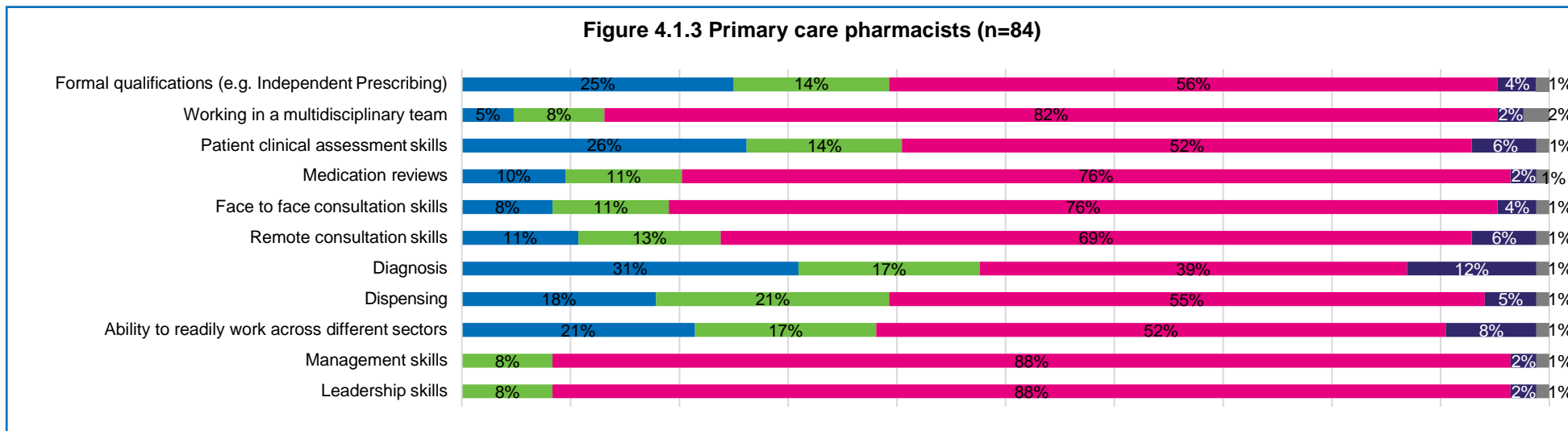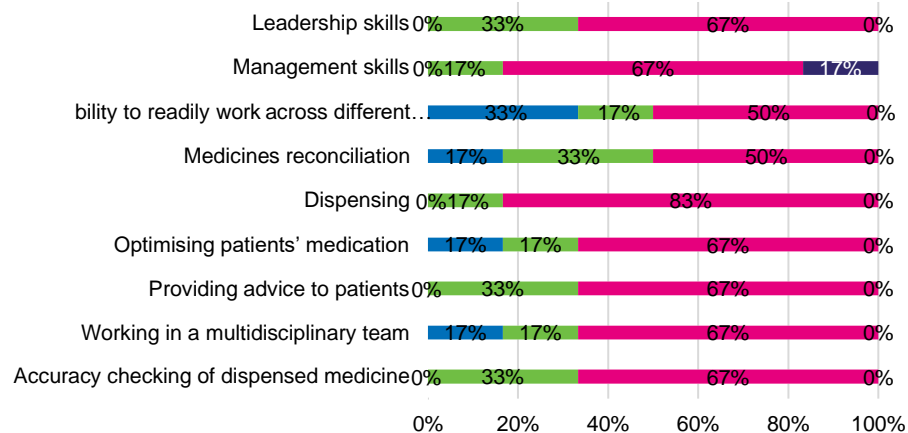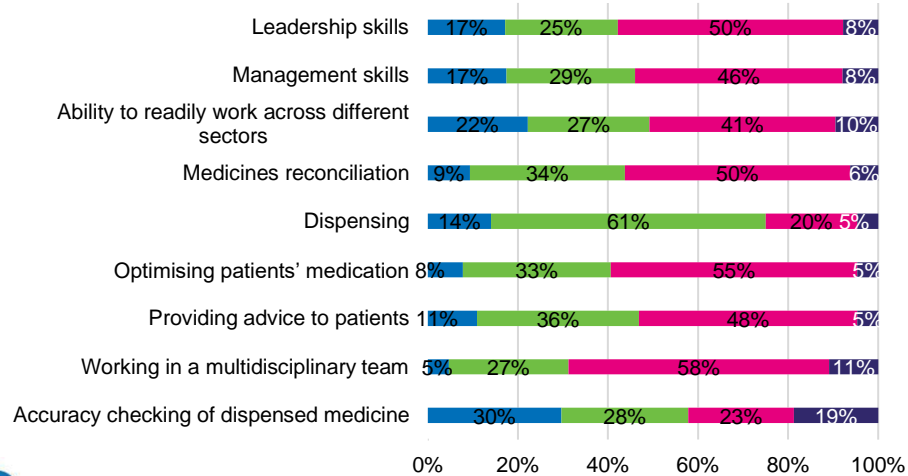| Skill				
Leadership skills	20%	60%	20%	
Management skills	20%	60%	20%	
Ability to readily work across different sectors	60%	20%	20%	
Medicines reconciliation	20%	60%	20%	
Dispensing	20%	60%	20%	
Optimising patients' medication	80%	20%		
Providing advice to patients	80%	20%		
Working in a multidisciplinary team	80%	20%		
Accuracy checking of dispensed medicine	20%	20%	40%	20%

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