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Health Education and
Improvement Wales (HEIW)

Wales Community Pharmacy Workforce Survey 2019

Health Education and Improvement Wales

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1.0 Executive Summary

1.1 Introduction

Information on the number and type of services provided from Wales' 716 community pharmacies has been published by Welsh Government (1). Although we know that more pharmacy professionals work in community pharmacy roles than any other area of practice in Wales, little detail has been available on the size and skills mix of the workforce engaged in delivering these services.

As key stakeholders in the community pharmacy workforce in Wales, Welsh Government, Community Pharmacy Wales (CPW) and Health Education and Improvement Wales (HEIW) recognised the need to gather baseline information on the number and skills mix of the community pharmacy team delivering services.

Baseline data will be used to inform strategic workforce planning and education commissioning. For example, in the vision for Pharmacy in Wales document, 'Pharmacy Delivering a Healthier Wales' (2), there are ambitious goals for the number of community pharmacists that will be independent prescribers in 2022 and 2030. This vision which is a pharmacy response to Welsh Government's policy document, 'A Healthier Wales' (3), also describes the central role of the pharmacy technician in medicines management.

As the Community Pharmacy Contractual Framework moves away from remunerating high-volume dispensing services, future development of the pharmacy professional workforce needs to be focused on clinical service skills which will move health services and the professions forward.

1.2 Methodology

The scope of the workforce survey included all individuals in public facing roles in the pharmacy team in community pharmacies in Wales.

An online survey (using Online Surveys®) was made available via the Drug Tariff and was circulated by CPW to all its' members for completion between 18th February to 29th March 2019.

The survey was the contracted 'Quality Survey' for 2018-19, therefore completing the survey was mandatory for all NHS contractors who had received the 'Quality and Safety Payment' for 2018-19.

1.3 Response Rate

The response rate of 100% of community pharmacies participating in the survey was due to this being a contracted survey. There were a large number of data quality issues identified with (435) 61% of respondents contacted directly after completing the survey to resolve these.

The final dataset included for the analysis was 99.6% of returns (713 surveys). At the data analysis stage new issues with data quality for 3 entries were identified which had not been resolved during the initial data cleansing. As a result, those 3 responses were excluded.

1.4 Summary of Key Findings

The total workforce providing public facing community pharmacy services in Wales was

- 4570 Full Time Equivalent (FTE) staff
- 6607 staff by headcount

The self-employed pharmacist workforce was noted to be significant in size providing close to a fifth (19.8%) of FTE posts and a third (32.4%) of the community pharmacist workforce.

The skills mix in community pharmacy was diverse with registered professionals accounting for 36% of the FTE workforce (24% pharmacists and 12% pharmacy technicians) with the remaining

64% of FTE roles provided by unregistered staff who meet the required General Pharmaceutical Council (GPhC) accreditation for skilled medicines sales and supply.

With 2.1 FTE per pharmacy, the dispensing assistant role was the most common job role in the community pharmacy team.

Trainees

In the community pharmacy workforce, there were 687 FTE trainees engaged in formal training programmes, representing 16% of the directly employed community pharmacy workforce.

The headcount of pre-registration pharmacists (PRP) was 71 which is consistent with GPhC data for the same period. Considering 55 FTE pharmacist vacancies were reported and self-employed pharmacists cover 198 FTE pharmacist roles the number of trainees appeared low. The PRP: pharmacist headcount is 1:22.

The headcount of pre-registration pharmacy technicians (189) was higher than expected considering the number of modern apprenticeship funded courses recorded for the same period by HEIW (21).

Vacancy Rates

The mean vacancy rate for all pharmacy job roles was 0.9 FTE posts vacant per pharmacy. There were fewer vacancies per pharmacy in Cwm Taf (0.5 FTE) with most reported in Hywel Dda (1.4 FTE). The job roles with highest vacancy rates were two training entry job roles; pre-registration pharmacy technicians and trainee medicines counter assistants.

Though pharmacist and pharmacy technician vacancy rates nationally were both 6%, there was variation between professional vacancy rates experienced by different Health Boards.

The vacancy rate for pharmacists was between 2-19% across Health Boards and the range was 2-10% for pharmacy technicians. Health Boards with a high pharmacist vacancy rate, who reported difficulty recruiting to pharmacist posts, had a lower than average percentage of community pharmacies training PRPs. There is no clear pattern between Health Boards training pre-registration pharmacy technicians and pharmacy technician vacancies.

Independent Prescribers (IP)

Overall numbers of community pharmacists with IP annotation reported are small (n=49). However, the percentage of IPs actually prescribing in community practice varies from a high of 80% of those available in Powys, to a low of 17% in Cardiff and Vale. Where staff have developed advanced practice skills, they should ideally be providing services.

Accredited Checking Pharmacy Technicians (ACPT)

Only 45 percent of the pharmacy technician workforce were accredited to accuracy check prescriptions. The highest percentages of ACPT were reported amongst pharmacy technicians in Powys (67%), Aneurin Bevan (49%) and Cwm Taf (48%).

Medicines Delivery Drivers

As medicines delivery to people's homes is not a service included in the community pharmacy contractual framework, the questions on this job role were optional to complete. Just less than half of respondents (47%) provided data, so the headcount of 500 and the 298 FTEs are considered to be an underestimate. However, this part of the pharmacy workforce may need to be explored further in future considering a recent GPhC consultation on requirements for education and training of pharmacy support staff which included those who provide medicine delivery services to patients.

Welsh Language Skills

A mean of 11% of the pharmacy team reported that they could read speak and write in Welsh, although up to 20% of respondents reported that they have some level of Welsh language skills. Respondents from 25% of community pharmacies surveyed expressed a preference to be contacted by HEIW about availability of Welsh language training provision. This has been followed up by the HEIW Welsh Language Lead.

Workforce Development

The survey informed HEIW that the top 5 areas where respondents felt new training provision is needed were:- skills development in diagnostics and education and training and, for therapeutic updates, areas relating to national advanced services, mental health and cancer care.

The 2022 target of all community pharmacy staff being dementia friends appears achievable. Baseline data for dementia friends showed 44% of employees at the time of the survey were dementia friends with close to two-thirds (65%) of all pharmacies having at least one dementia friend.

There was a large expression of interest for level 2 modern apprenticeships. Five hundred and seventy respondents stated they would have opportunities to support staff to undertake this development should it become available within the next 5 years.

1.5 Conclusion

HEIW has been able to collect a baseline dataset detailing the size and skills mix of 99% of the public facing community pharmacy workforce in Wales.

Mandating the survey through the community pharmacy contract assured a high response rate and was a key factor for success.

Data can be used, within stated limitations, to inform workforce planning within primary care clusters and Health Boards and by HEIW to inform training commissions.

1.6 Key Recommendations

Development of a central tool to gather standard workforce information from NHS contractors at an agreed, mandated frequency is needed to map the required changes across the community pharmacy workforce.

Consistent data standards must be used to facilitate analysis and workforce modelling to deliver 'A Healthier Wales' (3).

2.0 Introduction

2.1 Background

Health Education and Improvement Wales (HEIW) has responsibilities for workforce intelligence, planning, commissioning and provision of professional support for health and care.

In relation to pharmacy, HEIW support the workforce, by funding training and development for many pre-registration pharmacists, pre-registration pharmacy technicians and registered pharmacy professionals working at foundation, advanced practice and consultant levels.

Developments which improve pharmacy workforce intelligence will support HEIW in more effective planning for the delivery of Welsh Government's vision for, "a seamless whole system approach to health and social care" as outlined in, 'A Healthier Wales' (3).

Although HEIW has a good level of workforce intelligence for its' NHS employed pharmacy workforce, more pharmacy professionals are employed by NHS contractors in community pharmacy than any other area of pharmacy practice. The General Pharmaceutical Council (GPhC), 'Survey of registered pharmacy professionals', in 2019 (4) reported that 63% of pharmacists and 49% of pharmacy technicians had worked in community pharmacy in the last year.

Understanding of the pharmacy workforce employed by NHS contractors across the 716 community pharmacies in Wales, has been limited to that recorded by the Community Pharmacy Contractual Framework (CPCF). In contrast there will be a growing body of information for the GP contractor employed workforce, due to the contractual roll-out of the Wales National Workforce Reporting System during 2019 (5).

From 2020, HEIW will have new responsibilities for commissioning all centrally funded pre-registration pharmacist training posts in Wales. HEIW will also continue to plan professional developments for the whole pharmacy workforce.

HEIW and a number of key stakeholders, (including Welsh Government, CPW and Health Board pharmacy leads), identified the need for additional key factual information on the composition of the community pharmacy workforce in Wales and their development needs.

This survey will provide an initial baseline position to inform workforce planning towards the pharmacy vision, 'Pharmacy Delivering a Healthier Wales' (2). This may include commissioned training numbers and access to the right development opportunities to deliver a skilled workforce. The HEIW Workforce Strategy for Health and Social Care, (6) describes the vision for 2030 where multi-professional and multi-agency workforce models will be the norm along with a sustainable workforce, in sufficient numbers, to meet the health and social care needs of the population.

2.2 Purpose of the survey

The first Wales Community Pharmacy Workforce Survey was undertaken to provide an initial baseline dataset on the number and skills mix of the community pharmacy workforce.

Data will contribute to the strategic planning of

- investment in commissioning and education for the pharmacy team,
- transformation of community pharmacy towards a more clinically orientated contract and away from volume based dispensing services.

2.3 The vision for community pharmacy in the future

The role of the community pharmacy team is the prevention of ill health, self care for people with minor and acute conditions, and also managing medicines for those people with stable long-term conditions.

We are moving towards a position where the skills of pharmacy staff can support Enhanced

Services being universally delivered across community pharmacy in Wales. This will ensure greater health provision, close to home, in those communities who need it most. All those who can be, will be managed in the community pharmacy. As a consequence, pressure on GP services and urgent and emergency care may be reduced.

Pharmacists must be released from historic roles dispensing and checking medicines to roles which really improve outcomes and reduce harm for people taking medicines. Changes in the way community pharmacy is funded by the NHS contract will be a key driver.

Pharmacy technicians will focus on management and use of medicines and lead on medicines advice and adherence support. Both registered professional groups need to effectively delegate to trained pharmacy support staff, skilled in medicines processes.

2.4 The profile of community pharmacy services in Wales

An estimated 50,000 people per day visit a community pharmacy in Wales to access various services. Community pharmacies are present in the most deprived communities and enable easy access to healthcare in the locality to those that need it the most.

The number of community pharmacies in Wales has changed very little in the last 10 years (from 707 to 716) (1). However, it has been evidenced that the number and range of services provided from community pharmacies have increased during this time (1). More complexity around service provision has required development of the skills of the community pharmacy workforce.

2.4.1 There are 3 categories of services provided from community pharmacies:

Essential Services

These services are provided by 100% of community pharmacies and include dispensing and repeat dispensing with a mean increase of 22% (18,895) dispensed items over 10 years (1).

Public Health campaigns, clinical governance and promotion of healthy lifestyles and support for self-care is a growing area of essential service provision by community pharmacies in line with Welsh Government policy.

Advanced Services

These services introduced in 2009-10 can be provided by community pharmacies meeting specified criteria. In 2018-19, 97% of pharmacies offered at least one advanced service (Medicines Use Reviews and Discharge Medication Service).

Enhanced services

These services are commissioned locally by Health Boards to reflect the needs of the local population. Services were introduced in 2011-12. In 2018-19, 98% pharmacies had at least one Enhanced Service commissioned.

Services that may be commissioned include care home services, smoking cessation, emergency contraception, substance misuse, flu vaccination, respiratory medicines adherence review service and sore throat test and treat.

2.4.2 Requirements for pharmacy staff providing pharmacy services

The Responsible Pharmacist is appointed by the pharmacy owner to oversee the safe and effective running of the pharmacy and supply of all medicines from the registered premises. The Responsible Pharmacist must be aware of which staff are appropriately trained to carry out the different levels of services in the community pharmacy.

Pharmacy professionals must only delegate tasks to those who have the appropriate skills, qualifications and competences for their roles, or to those working under the supervision of another whilst training.

The superintendent pharmacist must also ensure that there are:

- arrangements for appropriate induction for staff and locums
- appropriate training arrangements for all staff in respect of any role they are asked to perform
- arrangements for identifying and supporting the development needs of all staff engaged in the provision of services as part of the health service, including continuing professional development for registered pharmacists and registered pharmacy technicians and any necessary accreditation in respect of the provision of directed services arrangements.

Table 1. Qualifications required for specific job roles in the pharmacy team

Job role (Acronym)	Current route to qualification or accreditation
Pharmacist (P)	Minimum of 5 years. Includes an MPharm degree and 52 weeks pre-registration training with assessment of a portfolio of competence at work and a national registration assessment. Registration with the GPhC for England, Wales and Scotland includes a health declaration and good character checks.
Pre-registration Pharmacist (PRP)	A pharmacy graduate undertaking a 1 year practice based training programme leading to registration in a GPhC approved training site supervised by an approved tutor.
Pharmacy technician (PT)	Completed a GPhC approved, practice-based pre-registration pharmacy technician training programme under the supervision of a pharmacist or pharmacy technician. Includes a Level 3 NVQ Diploma in Pharmacy Services Skills and a Level 3 Diploma in Pharmaceutical Science. Registration with the GPhC for England, Wales and Scotland includes a health declaration and good character checks.
Accredited Checking Pharmacy Technician (ACPT)	A GPhC registered pharmacy technician who has undertaken a post registration competency based accreditation with a training provider to confirm the accuracy of any prescription clinically checked by a pharmacist.
Pre-registration Pharmacy technician (PRPT)	A trainee undertaking a GPhC approved practice based pre-registration pharmacy technician training programme under the supervision of a pharmacist or pharmacy technician. Commonly takes 2 years to complete.
Non-registered Accuracy checkers (AC)	Dispensing assistants who have undertaken additional local competency-based training to be able to confirm the accuracy of any prescription clinically checked by a pharmacist.
Dispensing assistants (DA)	Has completed a GPhC approved DA course at Level 2 (NOS) NVQ in Pharmacy Service Skills. Involved in all areas of prescription dispensing processes.
Trainee dispensing assistants (TDA)	Has been enrolled on a GPhC approved DA course but not completed. Enrolment is within 3 months of starting the role and completion is within 3 years. Training typically takes 12 months to complete.
Medicines counter assistant (MCA)	Has completed a GPhC approved MCA course at Level 2 (NOS) NVQ in Pharmacy Service Skills. Sells over the counter medicines and knows when to refer to a pharmacist.
Trainee medicines counter assistant (TMCA)	Has been enrolled on a GPhC approved MCA course but not completed. Enrolment is within 3 months of commencing the role and completion is within 3 years. This course typically takes 12 months to complete.
Medicines delivery drivers (DD)	No current compulsory standards. However, GPhC have consulted on introducing standardised generic skills and specific technical skills for collection and delivery services.

3.0 Methodology

The Community Pharmacy Workforce Survey became the contracted 'Quality Survey' for community pharmacies with an NHS contract in the financial year 2018-19.

This enabled data on number and skill mix of staff, vacancy rates and gaps in current training provision to be collected via every contracted community pharmacy premises in Wales.

3.1 Scope

In Scope

- The scope included all those in the regular pharmacy team in community pharmacy premises contracted for NHS Wales services.
- Job roles included: pharmacists, pre-registration pharmacists, pharmacy technicians, pre-registration pharmacy technicians, non-registered accuracy checkers, qualified and trainee dispensing assistants, qualified and trainee medicines counter assistants and medicines delivery drivers.
- Number of staff with additional qualifications were logged: independent prescribers and accredited checking pharmacy technicians.

Out of Scope

- Staff who have no contribution to contracted pharmacy services (e.g. shop assistants in larger stores)
- Dispensing GP practices.
- Pharmacy professionals employed in GP practices, Primary Care Clusters and Health Boards

3.2 Process

The Online Surveys tool® (formerly BOS®) was used to build and pilot the Community Pharmacy Workforce Survey in 17 pharmacies. This included independent, small and medium sized pharmacy chains, pharmacy multiples and both English and Welsh language questionnaires. Based on pilot feedback in January 2019, improvements to the survey were made.

In February 2019, the Drug Tariff included a statement that the Community Pharmacy Workforce survey was associated with the NHS Quality and Safety payment. The survey link was circulated to NHS contractors via a Community Pharmacy Wales email.

3.3 Standard for reporting Full Time Equivalent figures

The survey asked for the total number of full-time equivalents in each job role in the community pharmacy to be counted. This was necessary because headcount provides information on the number of individuals doing a job role, but some of those people may work part time. The Full Time Equivalent (FTE) is a common way to convert the hours worked by several part time employees into the equivalent number of hours that would be worked by full-time employees, to enable data comparisons.

The number of FTEs for each job role is therefore a smaller number than headcount for each job role.

Whereas 1 FTE for all NHS employed pharmacist is 37.5 hours per week, the number of hours considered to be full time may vary between NHS contractors.

A standard definition was provided for reporting FTE figures in the survey:

Table 2. Survey standard for reporting Full Time Equivalents (FTE)

Hours worked per week	Full Time Equivalent (FTE) figure to use for this survey
Up to 4	0.1
>4 to 8	0.2
>8 to 12	0.3
>12 to 16	0.4
>16 to 20	0.5
>20 to 24	0.6
>24 to 28	0.7
>28 to 32	0.8
>32 to 36	0.9
>36	1

3.4 Reporting medicines counter assistants and dispensing assistants

Although some medicines counter assistants go on to qualify as dispensing assistants the survey asked for only the highest qualification for each individual to be reported. This was to avoid double counting of staff.

3.5 Data collection

Two documents were made available to contractors. The first was a single page information sheet introducing the survey. Whereas the Data Collection and Guidance form was designed to help survey respondents compile the required workforce data from the pharmacy team prior to data entry in the online survey. See Appendix 1 and Appendix 2.

The survey was open from February 18th to 29th March 2019. Respondents were asked to record the actual staffing level for the community pharmacy for any full 7 day working week during this period for which they had the necessary figures.

Within 2 weeks of the survey launch, a high number of problems were identified with the quality of the survey responses. These included: -

- a.incomplete fields for Welsh language,
- b.very high numbers of staff reported as trained to Improving Quality Together, Silver
- c.data input to two decimal places, not the requested one,
- d.number of hours input, not FTE
- e.erroneous entries made (e.g. 0.1 or 1.0) in all fields to navigate through the survey instead of '0.0'. This appeared to create high numbers of reports of vacancies.
- f. 15 incorrect account numbers
- g.11 duplicate entries

3.6 Data cleansing

A review of every entry for anomalies was required to identify and resolve anomalies.

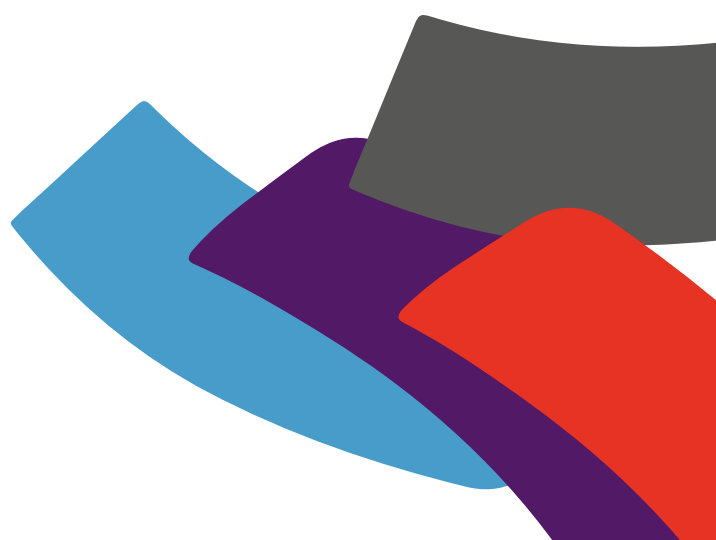
432 survey respondents were contacted to request missing data or to advise on how to resolve less obvious discrepancies.

Survey amendments were collated on a master template and imported to update the original dataset. This final dataset used for analysis included English and Welsh surveys and pilot data.

3.7 Data analysis

Data presentation was to include detail by Health Board and Primary Care Cluster. These fields were not in the original dataset. An additional dataset including the Health Board and Primary Care Cluster for every community pharmacy was merged with the master dataset using pharmacy account numbers.

The merging of datasets generated new discrepancies with pharmacy account numbers so that further cleansing was required before the data was analysed and presented using Microsoft Excel®.



4.0 Findings

4.1 Wales Overview

Survey responses were received for 100% of the 716 community pharmacies across 7 Health Boards in Wales between 18th February and 2nd April 2019.

Datasets for 713 pharmacies (99.6%) were suitable for inclusion in the analysis (see 'Limitations', section 5.1).

A full list of community pharmacy numbers by Health Board and primary care cluster can be found in Appendix 3.

4.1.1. The total community pharmacy workforce

The total workforce providing community pharmacy services in Wales was

- 4570 Full Time Equivalent (FTE) staff
- with a headcount of 6607

Table 3 provides a breakdown of the workforce by job role. See Appendix 4 and Appendix 5 for a full breakdown of FTE and headcount for each Health Board by job role.

4.1.2. The directly employed community pharmacy workforce

The survey reported that the directly employed, public facing community pharmacy team has

- 4366 FTEs
- 6075 employees by headcount

4.1.3. The self-employed workforce

Self-employed pharmacists and pharmacy technicians contributed

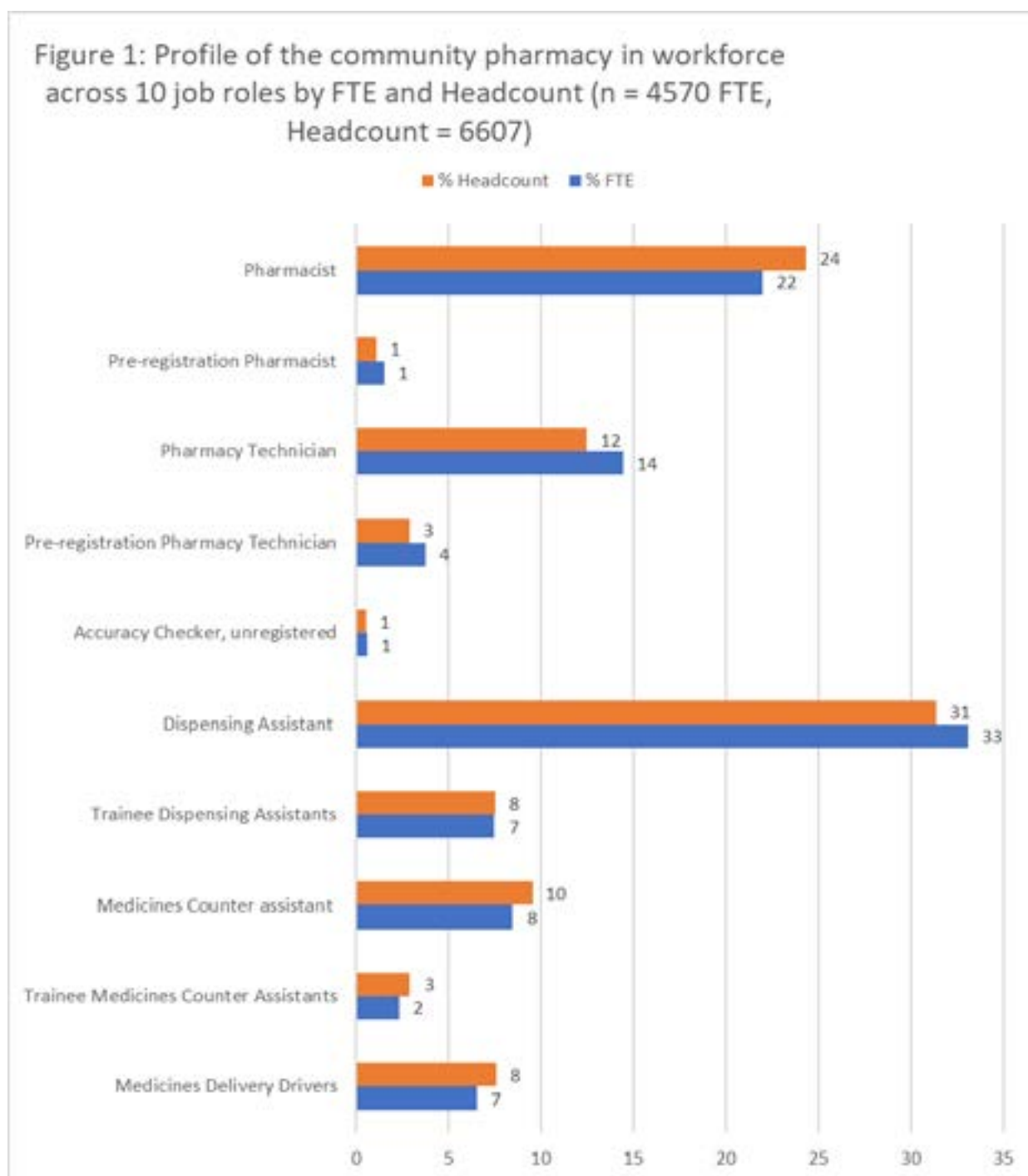
- 198 FTE pharmacist posts
- 520 pharmacists by headcount
- 7 FTE pharmacy technician posts
- 12 pharmacy technicians by headcount

Self-employed pharmacists provide cover for a fifth (20%) of pharmacist FTE posts in community pharmacy and represent close to a third (32%) of the pharmacist headcount.

In contrast the self-employed pharmacy technician workforce is small in number (headcount 12) representing less than 2% of the pharmacy technician workforce by headcount.

Self-employed pharmacy professionals made up 4.5% of the total community pharmacy FTE workforce and 8.1% of the total workforce headcount.

Figure 1 illustrates the total community pharmacy workforce (employed and self-employed) by job role, presented by percentage head count and FTEs.



4.1.4. Skill mix

The skill mix of the workforce is used to describe the ratio of registered to unregistered staff. In community pharmacy the registered staff are the directly employed and self-employed pharmacists and pharmacy technicians with the rest of the team being unregistered staff.

Registered pharmacy professionals made up 36% of the FTE workforce (24% pharmacists and 12% pharmacy technicians)

The ratio of registered to unregistered staff (skill mix ratio) is 1:1.8 FTEs.

4.1.5. Skills Mix

The community pharmacy team has a diverse 'skills mix', which relates to the different types and levels of jobs in the pharmacy.

The most populous job role was dispensing assistants.

The job roles with smallest number of staff were self-employed pharmacy technicians, non-registered 'accuracy checkers' and pre-registration pharmacists.

When considering the number of people employed in each job role, it can be useful to see this expressed as an average per pharmacy. The average number of staff working in each job role in the pharmacy is presented in Appendix 6. This illustrates that the only roles with an average of one or more FTE per pharmacy are dispensing assistants and pharmacists (see 'Limitations' 5.3). All other roles on average are filled by less than one FTE member of staff.

A full breakdown of FTE and headcount for each Health Board by cluster can be found in Appendices 7 to 13.

4.1.6. Trainees

Trainees in the community pharmacy include pre-registration pharmacists, pre-registration pharmacy technicians, trainee dispensing assistants and trainee medicines counter assistants. The number of trainees in the community pharmacy workforce was

- 686.9 FTEs
- 948 staff by headcount

Therefore, 'staff in training' represented approximately 16% of the directly employed workforce at the time of the survey.

4.1.7. Participation rate

The levels of part time working in the workforce can be reported as the 'participation rate'. Participation rates are calculated by dividing the FTE by headcount. The closer the participation rate is to 1.0, the more full-time workers there are in the job role.

Across the whole community pharmacy workforce, the mean participation rate is 0.7.

The only job role with a participation rate of 1.0 is pre-registration pharmacists. This is to meet GPhC training requirements.

Another job role with a high participation rate of 0.9 is pre-registration pharmacy technicians and the sub-group of pharmacy technicians accredited to accuracy check.

With a participation rate of 0.6 the medicines counter assistants and delivery drivers were the directly employed pharmacy team members that most often had part-time hours.

Table 3. Summary of the public facing community pharmacy workforce in Wales

Staff group	Headcount	FTE	Participation rate
Total directly employed staff	6075	4364	0.7
Pharmacist	1084	805.9	0.7
Subset of pharmacists using IP	39	26.1	0.7
Pharmacy Technician	811	651.3	0.8
Subset of pharmacy technicians accredited to accuracy check	361	330.1	0.9
Accuracy Checker, unregistered	33	25.4	0.8
Dispensing Assistant	2070	1511	0.7
Medicines Counter assistant	629	386.8	0.6
Delivery driver	500	298	0.6
Subset of directly employed staff who are trainees	948	685.6	0.7
Pre-registration Pharmacist	71	68.2	1.0
Pre-registration Pharmacy Technician	189	170.1	0.9
Subset of pre-registration pharmacy technicians funded by Modern Apprenticeships	22	N/A*	N/A*
Trainee Dispensing Assistants	496	341.2	0.7
Trainee Medicines Counter Assistants	192	106.1	0.6
Total self-employed staff	532	205.2	0.4
Self-employed Pharmacist	520	198.4	0.4
Subset of self-employed pharmacists using IP	10	5	0.5
Self-employed pharmacy technician	12	6.8	0.6
Subset of self-employed pharmacy technicians accredited to accuracy check	6	3.6	0.6

N/A* - Not Applicable

4.1.8. Vacancy rates

Respondents were asked to report vacancies which were not filled and to which they were actively recruiting or intending to recruit. Vacancies excluded positions where employers had appointed but were waiting for appointees to start work or positions filled with locums where this was planned to continue.

Total community pharmacy vacancies reported for all job roles

- 354 FTE staff
- 652 staff by headcount

This gives a mean vacancy rate of 7% across all FTE job roles.

Across all Health Boards in Wales the vacancy rate was a mean of 0.9 FTE vacancies per pharmacy. The range was from 0.5 FTE in Cwm Taf, to 1.4 FTE vacancies per pharmacy in Hywel Dda.

Table 4. Total reported vacancies per pharmacy

Health Board	Number of FTE vacancies	Number of pharmacies included in the analysis	FTE vacancies per pharmacy
Hywel Dda	134.3	99	1.4
Powys	24.3	23	1.1
Betsi Cadwaladr	152	151	1
Aneurin Bevan	126.6	131	1
Abertawe Bro Morgannwg	98.6	125	0.8
Cardiff and Vale	76.3	107	0.7
Cwm Taf	39.5	77	0.5
			n=713 pharmacies

Where vacancy numbers were collected in the survey, these are reported in Table 5 showing the mean vacancy rate for Wales along with the range of vacancy rates seen for each role across Health Boards. Vacancy numbers were not collected for pre-registration pharmacists.

Table 5. Vacancy rates for job roles across Health Boards

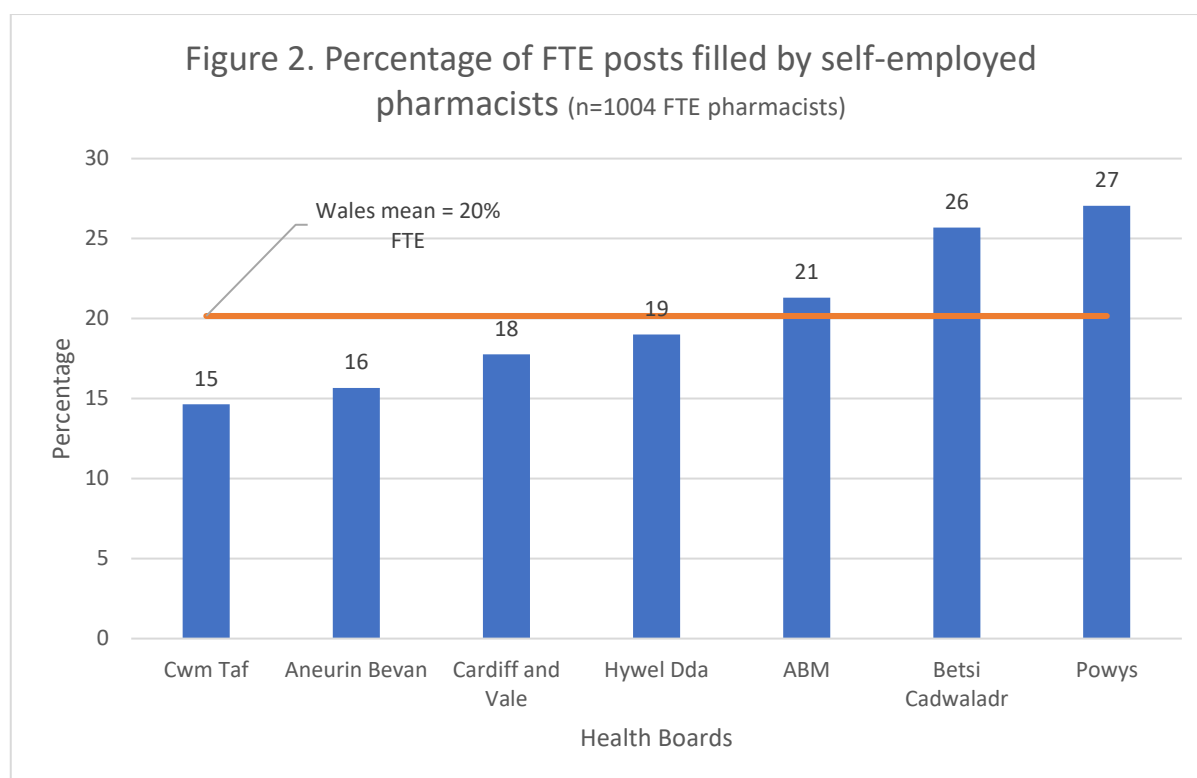
Job role	Wales mean vacancy rate (% FTE posts)	Range of vacancy rates across Health Boards (% FTE posts)
Pre-registration pharmacy technician	10	0 - 21
Trainee medicines counter assistant	10	0 - 17
Pharmacist	6	2 - 19
Pharmacy technician	6	2 - 10
Trainee dispensing assistant	6	3 - 13
Delivery driver	5	0 - 14
Dispensing assistant	4	0 - 10
Medicines counter assistant	4	1 - 9

The highest vacancy rates in community pharmacies were for pre-registration pharmacy technicians, and trainee medicines counter assistants job roles. These are both entry level training job roles. Pharmacist and pharmacy technician vacancy rates were both at 6 FTE posts, but the range showed a marked difference between some Health Board positions see 4.2.3 and 4.4.3.

4.2 Pharmacists

Pharmacists make up 22% of the FTE community pharmacy workforce, with 805.9 FTE (80%) directly employed and 198.4 FTE (20%) self-employed.

The mean number of pharmacists per community pharmacy was 1.4 FTE and this was consistent across all Health Boards in Wales. There must always be a Responsible Pharmacist in charge of the registered community pharmacy. Considering that typically a community pharmacy is open for more than 36 hours per week (which was 1 FTE as defined by the survey), it would appear that most community pharmacies operate on a single pharmacist model.



4.2.1 Self-employed pharmacists

The likelihood of the pharmacist role being provided by a directly employed or self-employed pharmacist varies between Health Boards as illustrated in Figure 2.

With only 15% FTE self-employed pharmacists reported, Cwm Taf had the highest percentage of directly employed pharmacists providing services from its' community pharmacies.

The percentage of self-employed pharmacists was higher than the Wales average of 20% FTEs for Powys, Betsi Cadwaladr and Abertawe Bro Morgannwg (ABM).

4.2.2 Independent Prescribers

There were 49 pharmacists reported as independent prescribers (IPs), this is 3% of the community pharmacist workforce by headcount. Every Health Board had IP numbers in single figures, see Table 6.

The calculated ratio was 1 IP for every 15 community pharmacies in Wales. However, with 51% (n=25) of IPs actively using their qualification in the community pharmacy, this is 1 active IP per 29 community pharmacies.

Table 6 illustrates that Powys, Abertawe Bro Morgannwg and Hywel Dda had the largest percentage community IPs using their skills in practice with fewest qualified IPs using their prescribing skills in community pharmacy in Cardiff and Vale (17%)

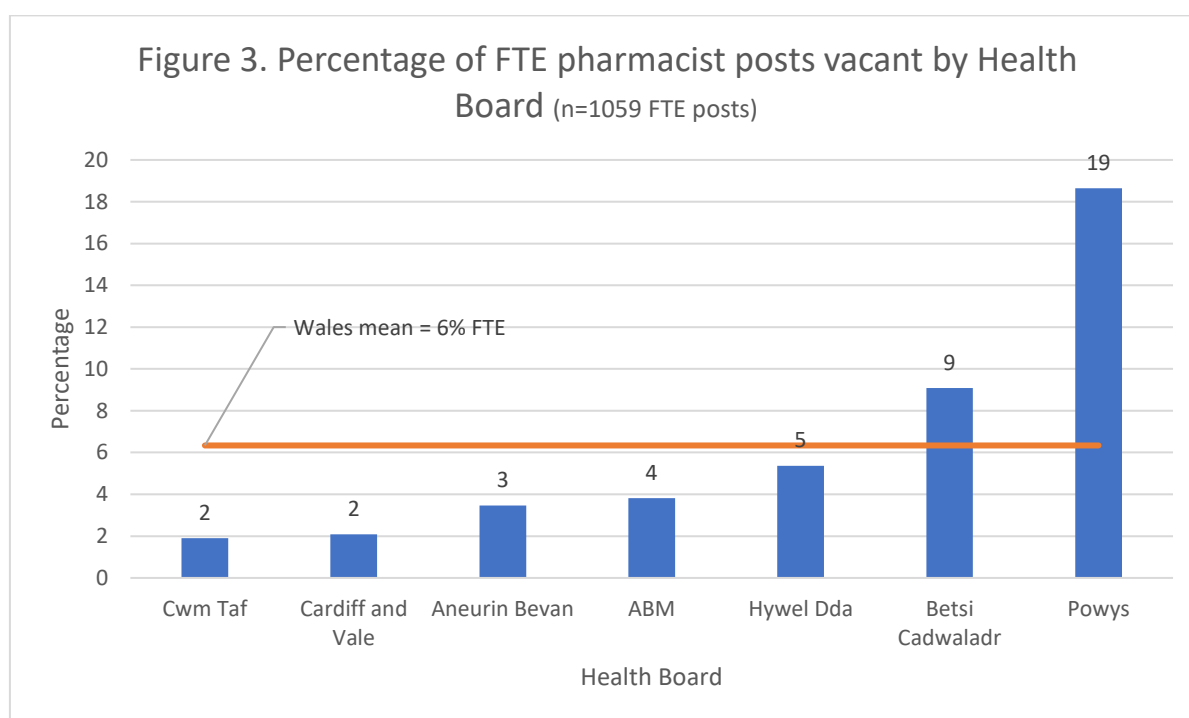
Table 6. IP numbers, and practising IP rates across Health Board

Health Board	Headcount of pharmacists with IP in community pharmacy	Headcount of community IP who are practising	Percentage of IP's in community who are practising
Powys	5	4	80
Abertawe Bro Morgannwg	6	4	67
Hywel Dda	12	7	58
Betsi Cadwaladr	6	3	50
Aneurin Bevan	7	3	43
Cwm Taf	7	3	43
Cardiff and Vale	6	1	17
Wales Total	49	25	51

4.2.3 Pharmacist vacancies

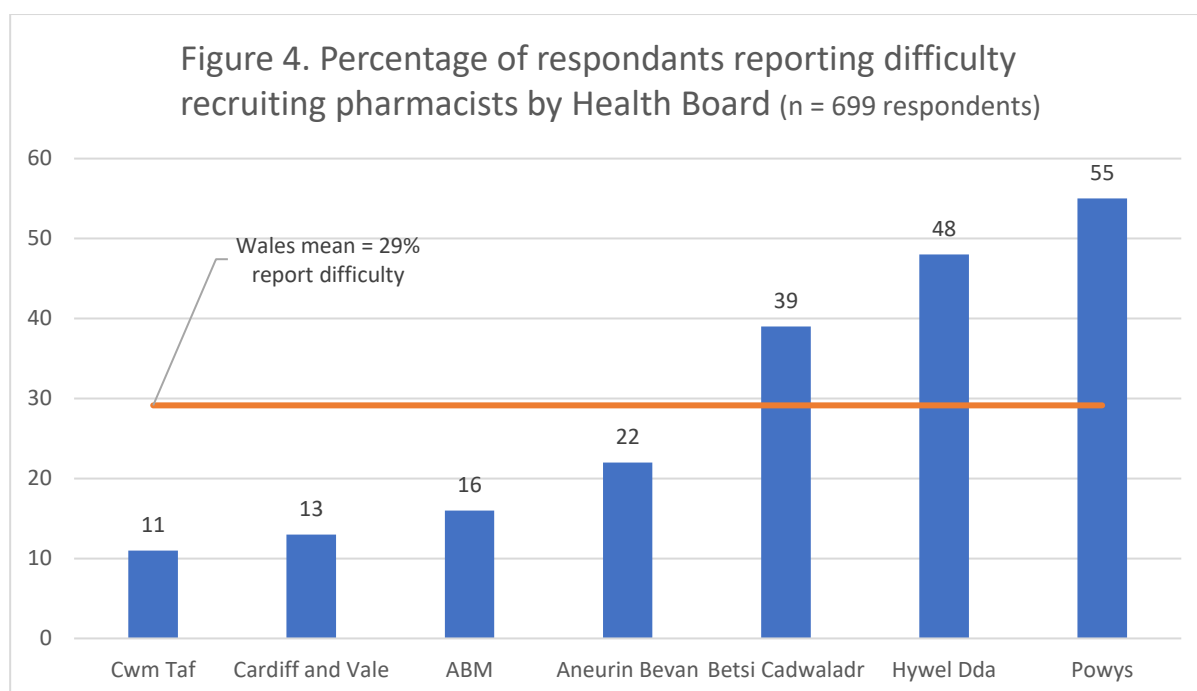
There were 55 FTE pharmacist vacancies reported.

The pharmacist vacancy rate (FTE vacancies as a percentage of total pharmacist posts plus FTE vacancies) ranges from 2% in Cwm Taf to 19% in Powys.



The higher than average vacancy rates for pharmacists in Powys and Betsi Cadwaladr may explain the higher than average numbers of self-employed pharmacists reported in those Health Boards.

More respondents (n=699) in Powys, Hywel Dda and Betsi Cadwaladr reported difficulty in filling vacancies compared to other Health Boards. This may correspond to rurality in the Health Boards with fewer centres of high population.



4.3 Pre-registration Pharmacists

Pre-registration pharmacists (PRPs) make up 2% of the FTE community pharmacy workforce.

There was a headcount of 71 pre-registration pharmacists across 68 pharmacies reported in the survey. This figure matched the overall number of 71 pre-registration pharmacist trainees recorded with the GPhC for the same training period (obtained through a freedom of information request).

The survey found there was an average of 1 PRP for every 10 community pharmacies and 1 PRP for every 23 pharmacists.

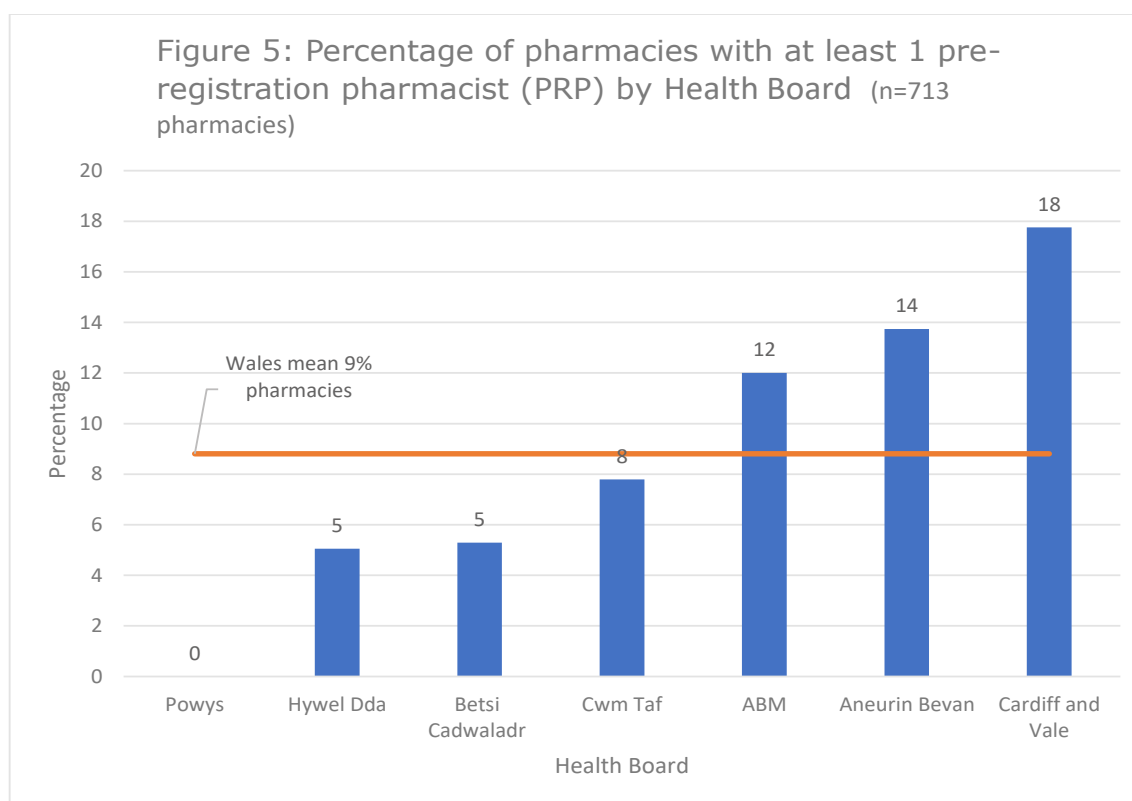
The distribution of PRPs across the Health Boards was not uniform. A summary of the distribution of pre-registration pharmacists across the Health Boards is shown in Table 7.

Table 7. Distribution of pre-registration pharmacists across Wales

Health Board	Headcount (% Headcount)
Abertawe Bro Morgannwg	15 (21)
Aneurin Bevan	18 (25)
Betsi Cadwaladr	8 (11)
Cardiff and Vale	19 (27)
Cwm Taf	6 (8)
Hywel Dda	5 (7)
Powys	0 (0)
Wales Total	71 (100)

Most pharmacies with a PRP reported a headcount of 1 trainee. However, three pharmacies, (two in Aneurin Bevan and one in Hywel Dda,) reported a headcount of 2 trainees.

The more rural Health Boards had fewer pharmacies employing pre-registration pharmacists (Betsi Cadwaladr, Cwm Taf, Hywel Dda and Powys).



4.3.1 Pre-registration pharmacist recruitment

Most survey respondents were unable to comment on ease or difficulty of pre-registration pharmacist recruitment, perhaps because they have not had a trainee or are not directly involved in the recruitment process.

Comments made by respondents (n=699) in relation to ease or difficulty of pre-registration pharmacist recruitment

- 81% neutral or did not know about recruitment
- 7% indicated that recruitment is easy
- 12% indicated that recruitment is difficult

Responses were not analysed further.

4.4 Pharmacy technicians

Pharmacy technicians make up 14% of the FTE community pharmacy workforce. They are predominantly directly employed by community pharmacies 651.3 FTE (99%) with very few, 6.8FTE (1%) self-employed.

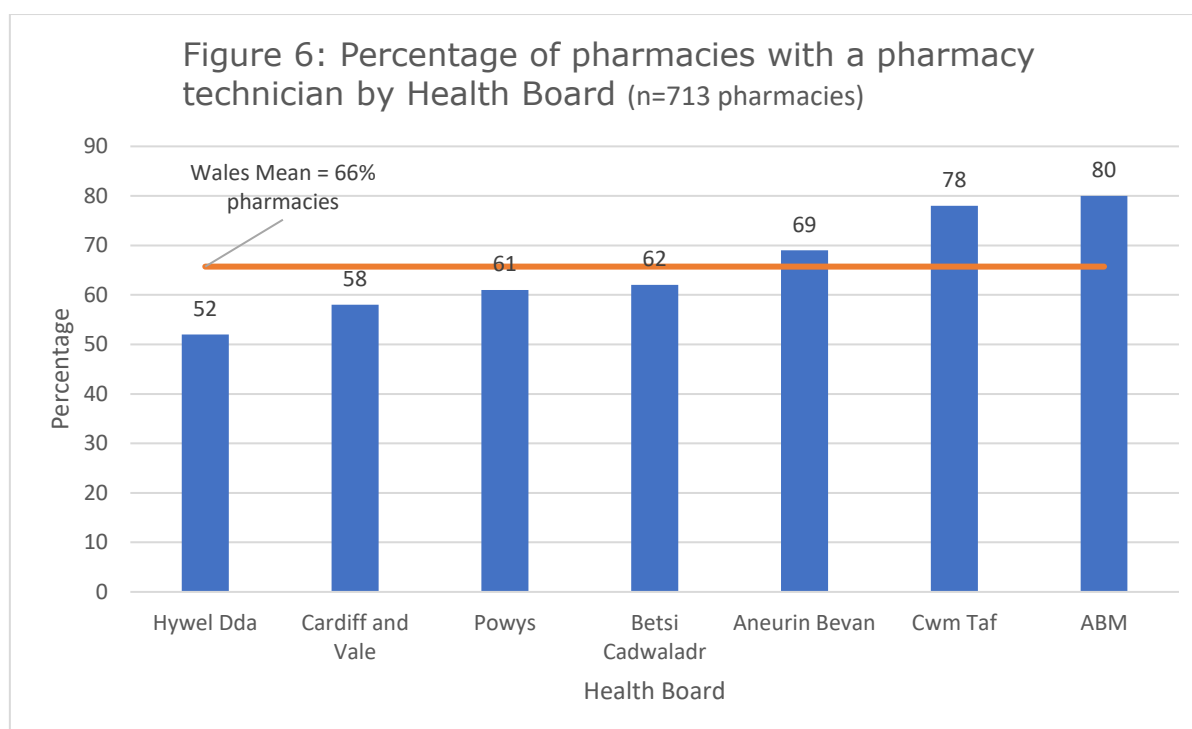
4.4.1 Distribution of pharmacy technicians

Initially the headcount for pharmacy technicians across Wales appears to be favourable at 823 (658.1 FTE) for 713 pharmacies. Where it may be approximated that this may provide one pharmacy technician per community pharmacy, in fact the distribution of pharmacy technicians is not uniform across Health Boards as shown in Figure 6.

Not all community pharmacies reported a pharmacy technician in the team.

- 35% (252) of pharmacies did not employ a pharmacy technician
- 65% (461) of pharmacies, had between 1-13 pharmacy technicians employed per pharmacy

The number of technicians per pharmacy in each Health Board can be found in Appendices 7 -13.



Appendix 14 illustrates the difference in the percentage of pharmacies with a pharmacy technician across Health Boards. A range of 52 – 80% of pharmacies having a pharmacy technician was seen.

More pharmacies in Abertawe Bro Morgannwg and Cwm Taf had pharmacy technicians on the team. Only 2 primary care clusters had a pharmacy technician in 100% of their community pharmacies, both were in Aneurin Bevan Health Board, namely Monmouthshire South and Blaenau Gwent East.

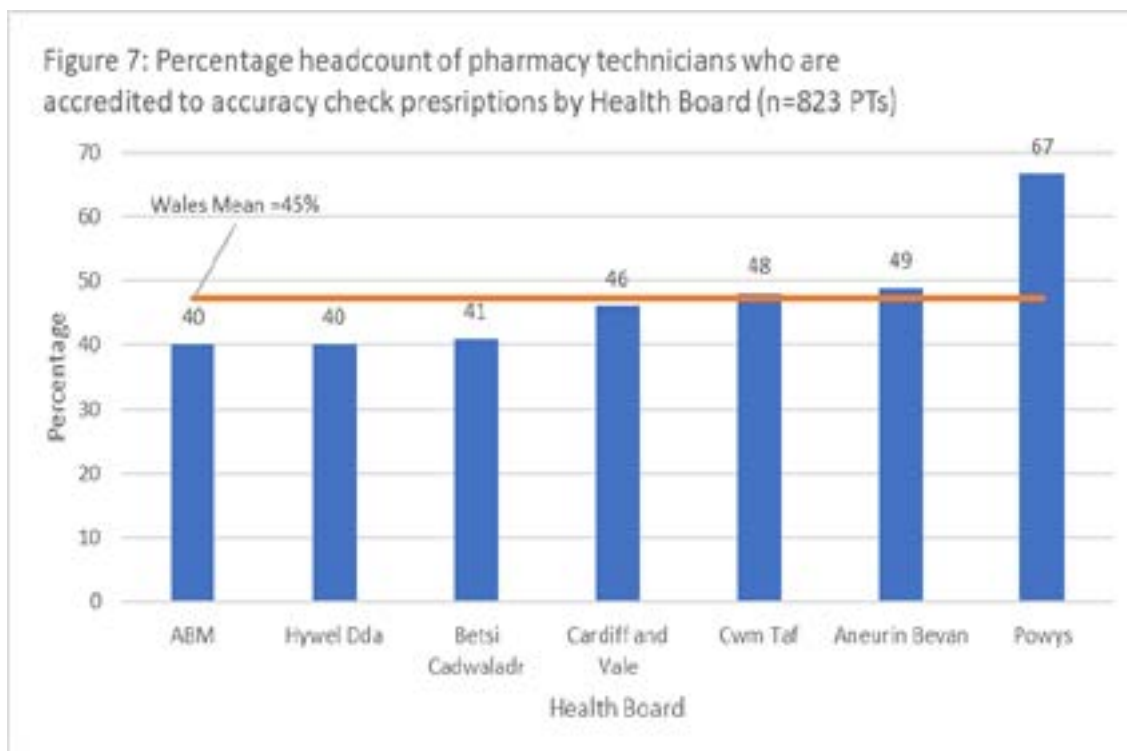
Clusters with the lowest frequency of pharmacies with pharmacy technicians were Cardiff South East, Central and South Denbighshire and South Ceredigion with only 38% of pharmacies having pharmacy technicians. This could indicate opportunities to develop effective skill mix in those areas.

4.4.2 Accredited Checking Pharmacy Technicians (ACPT)

In the survey 45% (370) of pharmacy technicians were qualified ACPT. This number is low as accuracy checking is an established professional skill for pharmacy technicians. If the pharmacy technician is effectively utilised in ACPT activities, the pharmacist is in a position to maximise their clinical input elsewhere.

Appendix 15 illustrates that there was some variation between Health Boards in the percentage of pharmacy technicians qualified as ACPT (range 40-67% of the pharmacy technician headcount).

Accuracy checking skills in the pharmacy technician workforce were less frequent amongst pharmacy technicians in Hywel Dda and most frequent amongst pharmacy technicians in Powys.



4.4.3 Pharmacy Technician vacancies

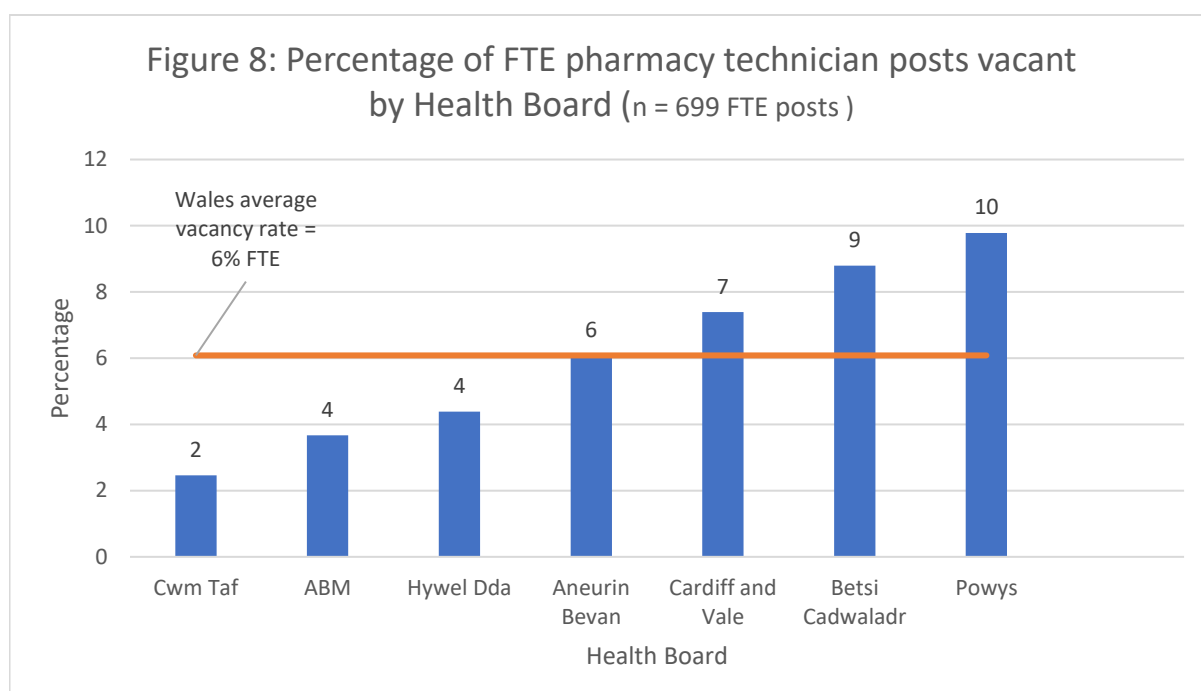
There were 40.6 FTE pharmacy technician vacancies reported.

The pharmacy technician vacancy rate (FTE vacancies as a percentage of total pharmacy technician posts plus FTE vacancies) ranges from 2% in Cwm Taf to 19% in Powys.

The mean pharmacy technician vacancy rate in Wales was 6% FTE posts and 5% by headcount.

There was a regional variation from 2-10% FTE vacancies as illustrated in Figure 6.

Powys, Betsi Cadwaladr and Cardiff and Vale were the 3 Health Boards with pharmacy technician vacancy rates above the average for Wales.



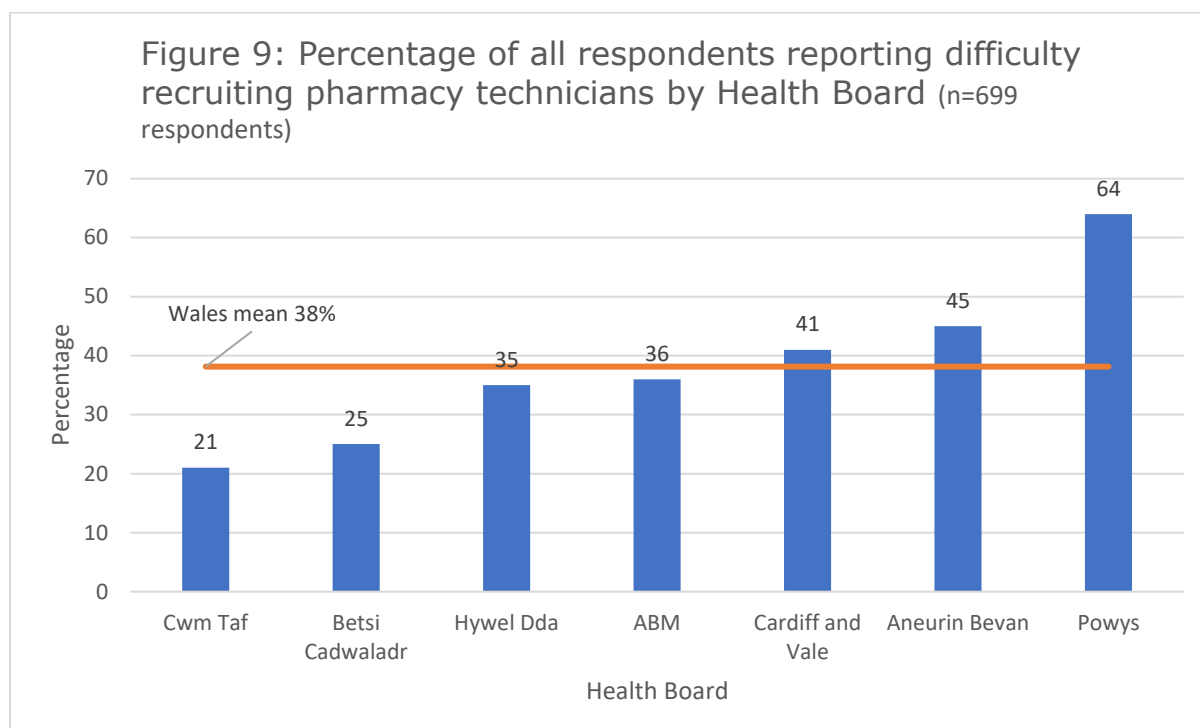
4.4.4 Pharmacy Technician recruitment

The following comments were made by respondents (n=699) in relation to ease or difficulty of pharmacy technician recruitment

- 56% (393) were neutral or did not know about recruitment
- 9% (60) indicated that recruitment is easy
- 35% (246) indicated that recruitment is difficult

Some Health Boards reported greater difficulty than others with recruitment as illustrated in Figure 7. Powys has high vacancy rates for pharmacy technicians and reports the most difficulty recruiting to posts.

More respondents in Aneurin Bevan and Cardiff and Vale report their pharmacy technician vacancies are difficult to fill compared to reports from other Health Boards.



4.5 Pre-registration Pharmacy Technicians

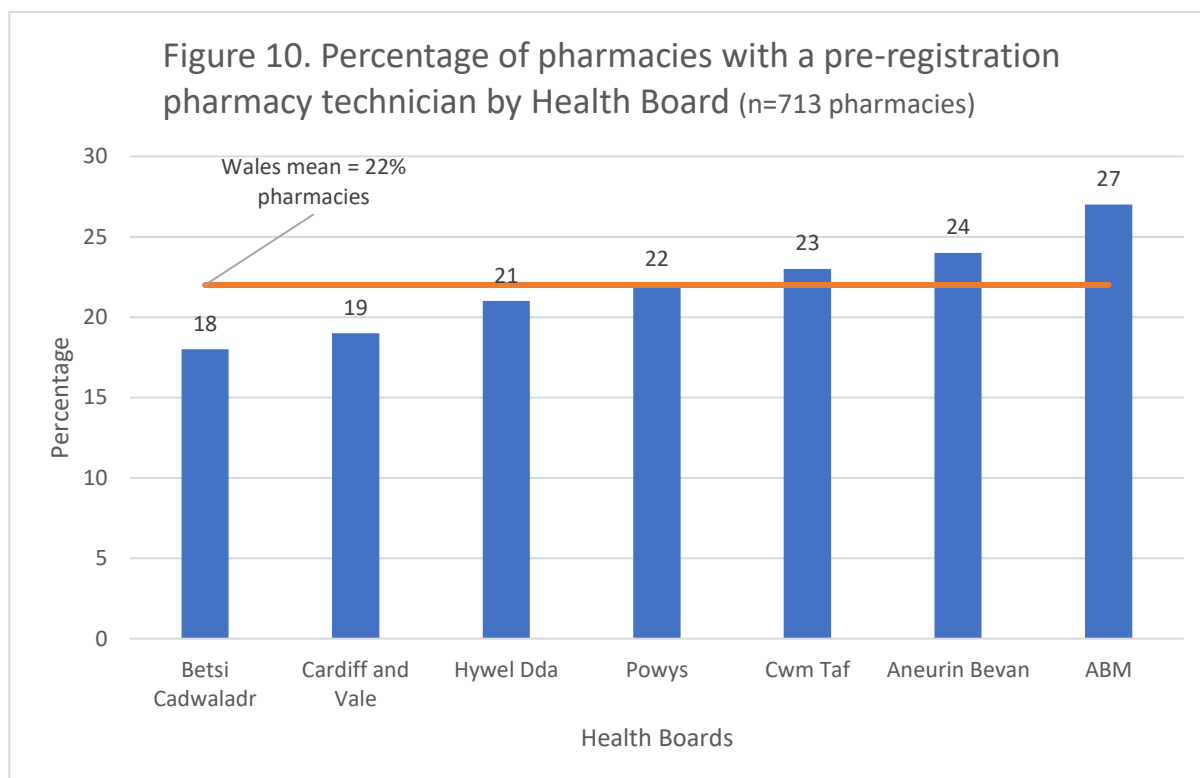
Pre-registration pharmacy technicians (PRPTs) were reported to make up 4% of the FTE community pharmacy workforce, with 171 FTE and a headcount of 189. This number was higher than expected and represents 1 PRPT for every 4 pharmacies and 1 PRPT for every 4 pharmacy technicians.

At the time of the survey HEIW had 21 community pharmacy PRPTs on its' central training programme. If the reported headcount is accurate, then there were 168 PRPTs being trained through private routes, e.g. Company Chemist Association in-house courses or independent NHS contractors purchasing non-HEIW courses. Over reporting could have occurred if respondents were uncertain about how the PRPT job role differs from the dispensing assistant role.

The mean number of PRPTs reported per community pharmacy was 0.2 FTE. All Health Boards reported between 0.2 and 0.3 FTE PRPTs per community pharmacy.

However, the 189 PRPTs were reported from just 157 (22%) of all pharmacies in Wales. This was a range of 18-27% of pharmacies per Health Board employing a PRPT.

A full breakdown of the number of pharmacies training a PRPT per primary care cluster can be found in Appendix 16.



4.5.1 Modern Apprenticeship funding

Only 22 (12%) of pre-registration pharmacy technicians (PRPTs), were reported as being funded by modern apprenticeships.

The only way for employers to access modern apprenticeship funding for the PRPT course in Wales is through the central HEIW programme. At the time of the survey HEIW had 21 PRPT enrolled on its MA funding which correlates with reports in the survey.

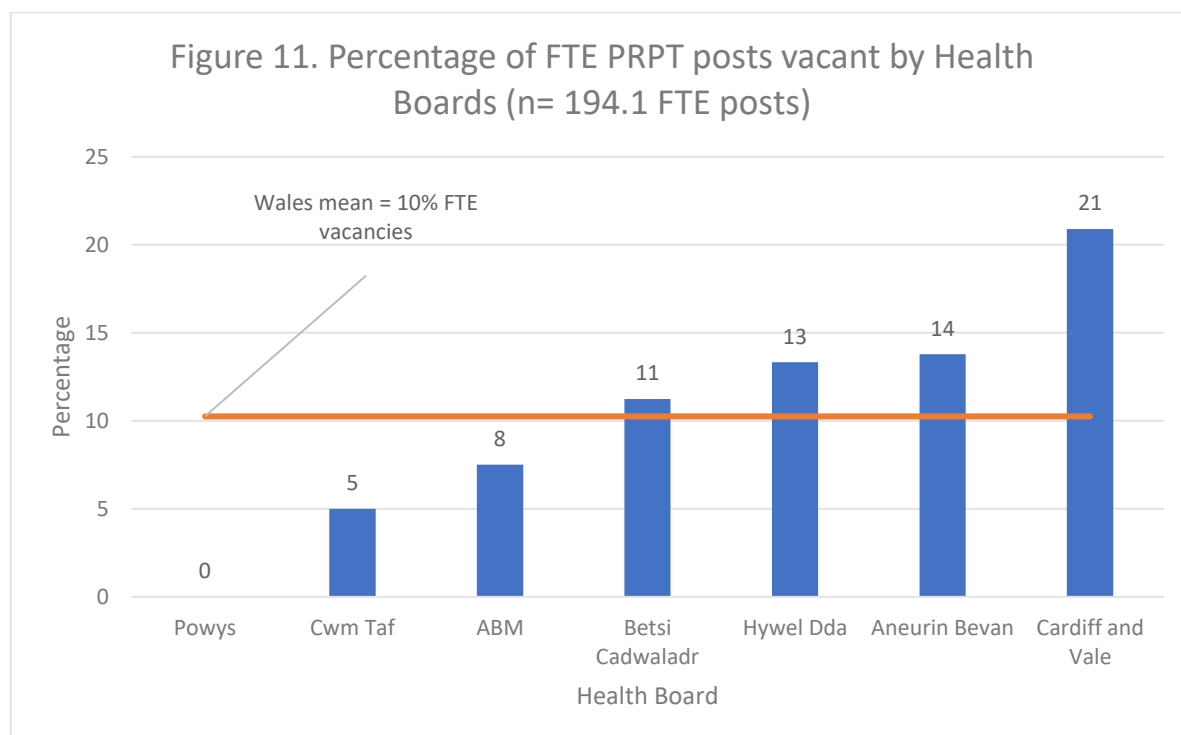
Table 8 summarises the distribution of PRPTs reported across Health Boards and the frequency of Modern Apprenticeship (MA) funding.

Table 8. Distribution of PRPTs across Health Boards

Health Board	Headcount (% all PRPT posts)	Headcount MA funded (% PRPT posts with MA funding per Health Board)
Abertawe Bro Morgannwg	37 (20)	3 (8)
Aneurin Bevan	40 (21)	2 (5)
Betsi Cadwaladr	34 (18)	5 (14)
Cardiff and Vale	27 (14)	6 (22)
Cwm Taf	21 (11)	3 (14)
Hywel Dda	25 (13)	1 (4)
Powys	5 (3)	2 (40)
Wales Total	189	22

4.5.2 Pre-registration pharmacy technician (PRPT) vacancies

Respondents reported 23.1 FTE vacancies for PRPTs in Wales, taking the total number of FTE posts for this job role up to 194.1. The PRPT vacancy rate (FTE vacancies as a percentage of PRPT posts plus FTE vacancies) ranges from 0 to 21% across Health Boards.



Unregistered staff groups

4.6 Non-registered accuracy checkers (AC)

Representing 1% of the FTE workforce, non-registered accuracy checkers (AC) were the smallest directly employed job role reported in the survey. The total headcount was 33, consisting of 26.4 FTE.

A summary of the distribution of the AC workforce is provided in Appendix 4 and 5. Approximately a quarter of the FTE AC workforce was in Aneurin Bevan and Abertawe Bro Morgannwg Health Boards. No ACs were reported in Powys or Cwm Taf.

Despite some controversy around the job role of AC's, some pharmacies did report that they were actively recruiting to vacancies. Reported vacancies for AC's were small at 10.7. There is possibility for unreliability of the data for ACs. During data cleansing some confusion was noted amongst survey respondents between accredited accuracy checking pharmacy technicians and AC roles.

4.7 Qualified dispensing assistants

This was the largest job role and accounts for 33% of the community pharmacy workforce (FTE).

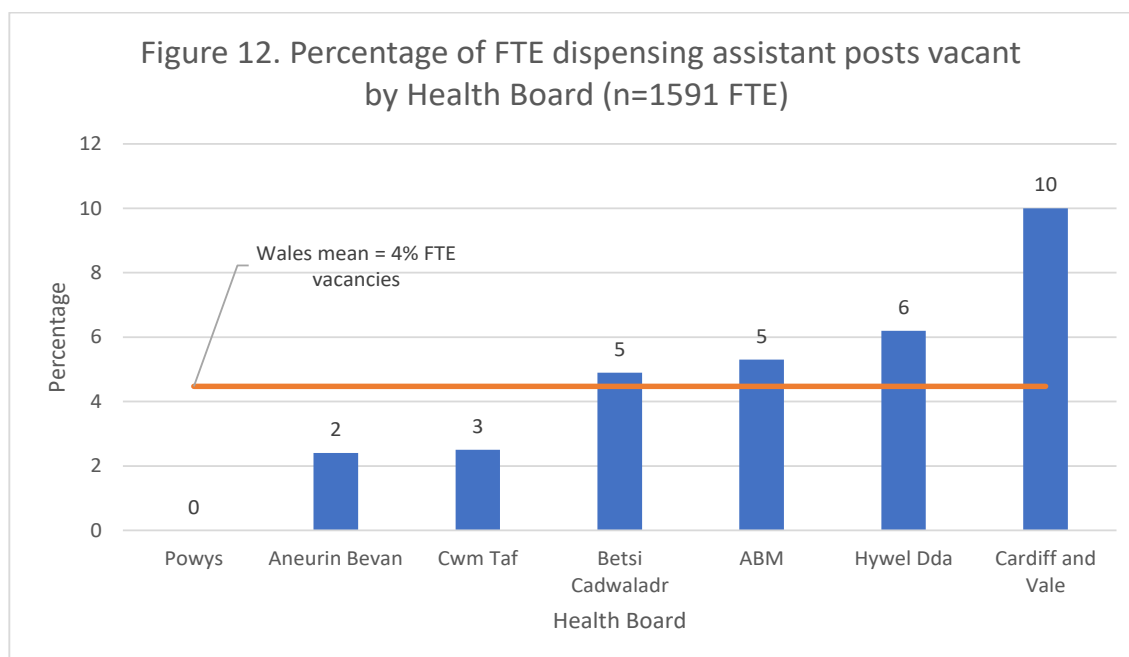
This was 1511 FTE posts and a headcount of 2070 individuals.

The mean number of dispensing assistants per community pharmacy was 2.1 FTE and this ranges from 1.8 to 2.4 FTE dispensing assistants per pharmacy across Health Boards.

4.7.1 Qualified dispensing assistant vacancies

There were 51.1 FTE vacancies reported for dispensing assistants taking the total number of posts up to 1590.6 FTE.

The vacancy rate for dispensing assistants (FTE vacancies as a percentage of DA posts plus FTE vacancies) ranges from 0 to 10% across Health Boards with a mean of 4%.

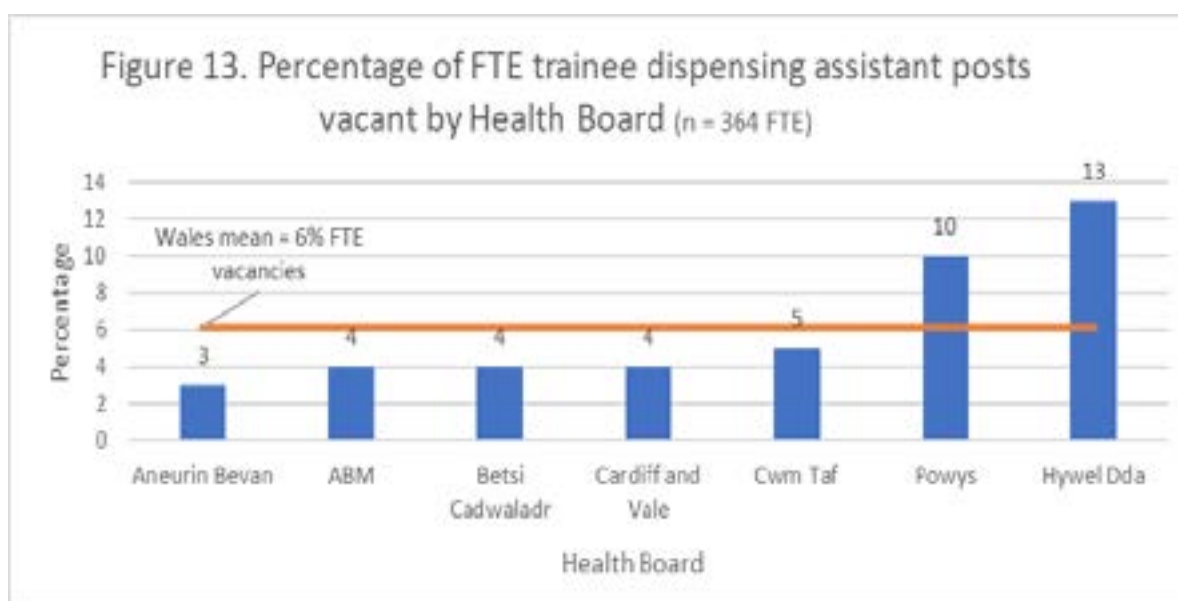


4.8 Trainee dispensing assistants

The trainee dispensing assistant workforce represents 7% of the FTE pharmacy workforce with 342.1 FTE posts and staff with a headcount of 496. The mean number of trainee dispensing assistants is 0.5 FTE per pharmacy. This is similar across Wales, varying only between 0.4 to 0.6 FTE per pharmacy across all Health Boards.

4.8.1 Trainee dispensing assistant vacancies

There were 22.3 FTE vacancies reported. This gave a vacancy rate for trainee dispensing assistants (FTE vacancies as a percentage of DA posts plus FTE vacancies) as 6% for Wales. The range was 3 to 13% across Health Boards.



4.9 Medicines counter assistants

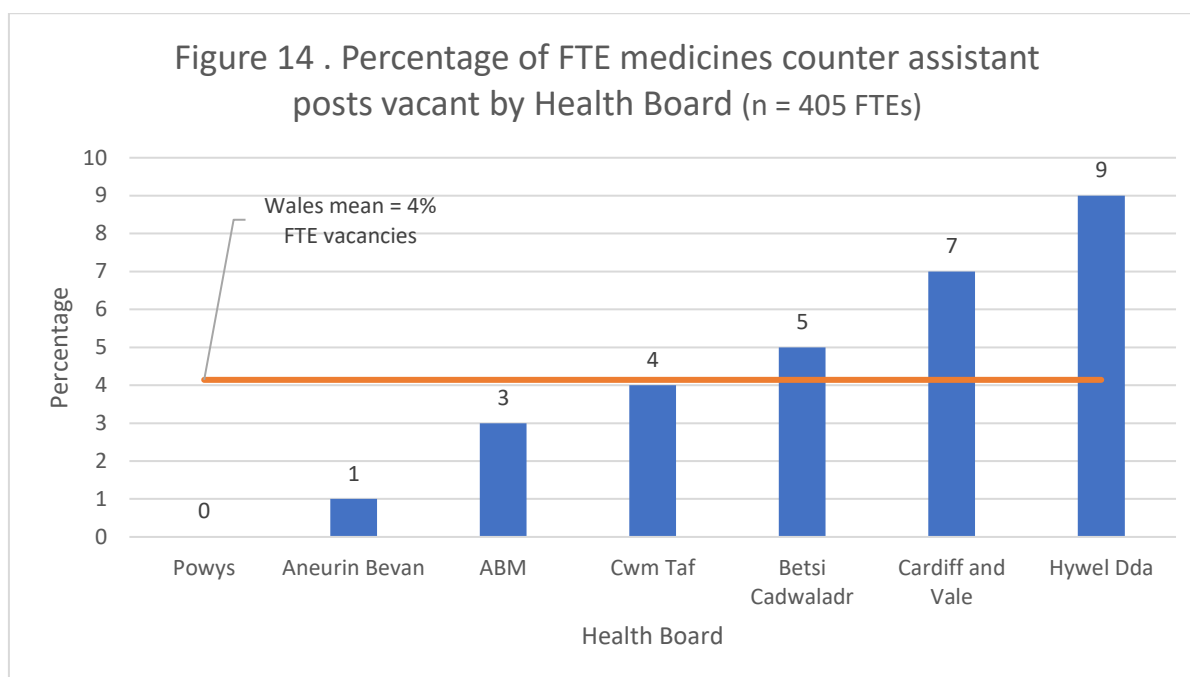
The medicines counter assistant workforce represents 8% of the FTE pharmacy workforce with 386.8 FTE posts and a headcount of 629 staff.

Medicines counter assistants had one of the lowest participation rates of 0.6, the job role having many part-time workers.

The mean number of medicines counter assistants per community pharmacy was 0.5 FTE and this ranged from 0.3 to 0.7 medicines counter assistants across all Health Boards in Wales. Many other staff in the pharmacy are trained to work on the medicines counter including pharmacists, pre-registration pharmacists, pharmacy technicians, pre-registration pharmacy technicians and dispensing assistants.

4.9.1 Medicines counter assistant vacancies

Reported vacancies were low in number with 18.3 FTE, headcount 26, giving a total of 405.1 FTE posts. The mean vacancy rate was low with a Wales mean of only 4% FTE posts being vacant during the survey (range 0-9%).



4.10 Trainee medicines counter assistants

The trainee medicines counter assistant workforce represents just 2% of the FTE pharmacy workforce with 106.1 FTE posts and staff with a headcount of 192.

There is a mean of 0.1 trainee medicines counter assistants per pharmacy. All but 3 primary care clusters had staff training in this entry level job role.

4.10.1 Trainee medicines counter assistant vacancies

There were 12.1 FTE vacancies reported with a headcount of 20. The vacancy rate for trainee medicines counter assistants (FTE vacancies as a percentage of TMCA posts plus FTE vacancies) ranges from 0 to 17% across Health Boards with a mean of 4%.

With many part time roles and no specific qualifications required to undertake the job role, vacancies should be relatively easy to fill. 'On-the-job' training is provided to meet GPhC requirements in relation to following safe medicines sales and prescription protocols.

4.11 Medicines delivery drivers

Medicine delivery to people's homes is not a service included in the Community Pharmacy Contractual Framework. Where these services are provided by community pharmacies, they are not remunerated by the NHS. As this role is not part of an essential pharmacy service, questions on medicines delivery drivers were not mandatory fields in the survey. The job role was included

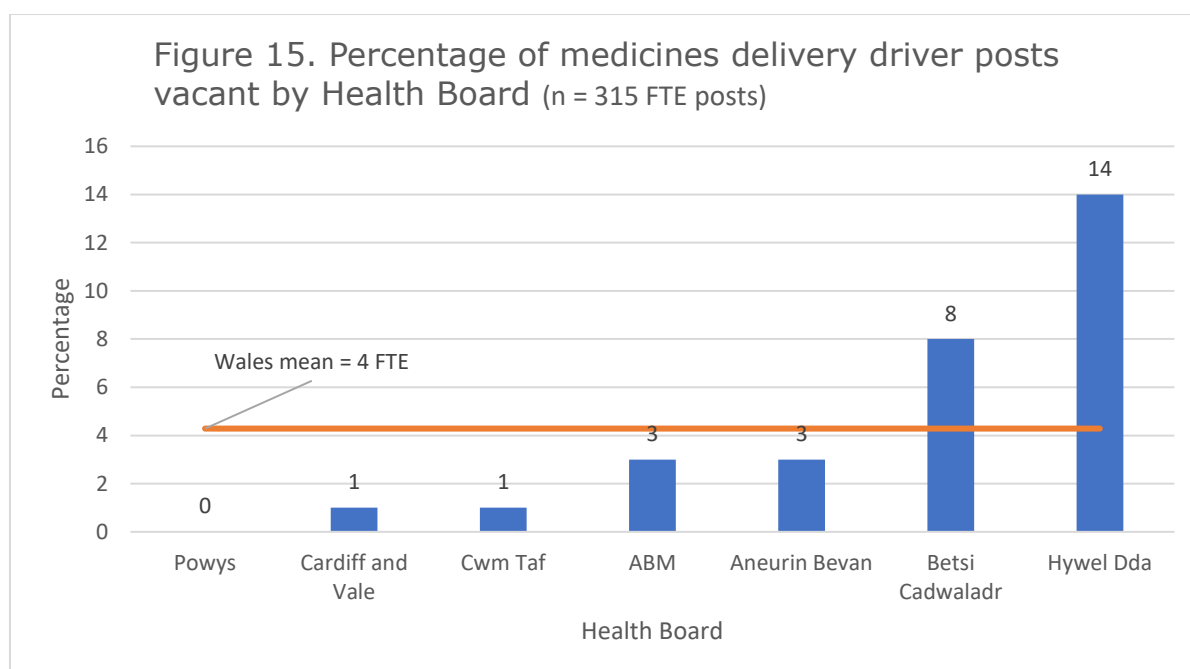
because individuals play an important part in communities and may benefit from training provision. The pharmacy regulator is also considering mandating some training for those in this job role. In this survey only 47% of respondents filled in the fields relating to medicines delivery driver job roles. This may be because they chose not to complete the optional question, or because they did not employ any delivery drivers. There is likely to be under reporting of numbers for this job role in the survey.

Medicines delivery drivers represented 7% of the FTE pharmacy workforce.

With a FTE of 298.1 and a Headcount of 500, the medicines delivery drivers are a predominantly a part-time workforce with a participation rate of 0.6.

4.11.1 Medicines delivery driver vacancies

All Health Boards, except for Powys, reported some vacancies for delivery drivers for 17.2 FTE posts. Across Wales between 3-13% FTE posts were reported as vacant with a Wales mean of 4% FTE post vacant. Llanelli primary care cluster in Hywel Dda particularly reported the need to recruit a high number of deliver drivers.



4.12 Welsh language competency by job role

Data on Welsh language competency of the directly employed pharmacy team was provided for 98% (5941/6075) of staff in the survey by headcount.

Appendix 17 shows the numbers of staff in each job role and their reported Welsh language skills. The percentage staff in each job role at each level of Welsh language competency is also given. The majority of the community pharmacy team (77%) state they have no Welsh language skills. A mean of 11% of the pharmacy team in Wales can read, speak and write Welsh, though up to 20% of the team have some level of Welsh language skill.

The pharmacist, trainee medicines counter assistants, trainee dispensing assistant and accuracy checkers were the job roles with the highest percentage of staff who would speak, read and write Welsh.

Staff in the job roles of medicines delivery drivers, medicines counter assistants and dispensing assistants had the lowest percentage of Welsh language skills in the team.

Welsh language competency by Health Board

The distribution of Welsh speaking staff varied across Health Boards against a Wales mean of 11%. The Health Board with the highest percentage of pharmacy staff who reported that they can read, write and speak Welsh above the Wales mean are:

- Hywel Dda 28%,
- Betsi Cadwaladr 20%
- Powys 14%

And below the mean are:

- Abertawe Bro Morgannwg 6%
- Cwm Taf 5%
- Cardiff and Vale 4%
- Aneurin Bevan 3%

Respondents from almost 25% of community pharmacies expressed an interest in being contacted by HEIW about Welsh language training provision in their areas.

The HEIW Welsh Language team are now working with the National Centre for Welsh Learning to develop bespoke e-learning modules to meet this need.

4.13 Community Pharmacy Workforce Development

Health Education and Improvement Wales need to prioritise key areas of pharmacy training provision over the next 3 years. For community pharmacy this would be particularly in support of developing the workforce to embed the necessary skills to deliver an increasing number of clinically orientated services.

Survey participants were asked to comment on the relative benefits of training in 18 different areas. A full summary of responses can be seen in appendix 18.

The top 5 topics considered essential for new provision were:

- Therapeutic knowledge updates relating to national advanced services (respiratory, anti-hypertensives and high risk medicines)
- Diagnostic assessment skills for acute conditions
- Therapeutic knowledge updates, Mental Health
- Therapeutic knowledge updates, Cancer Care
- Developing Education and Training skills for use in the workplace

Top 5 topics considered to be 'very beneficial' if training was available:

- Supporting people with palliative care needs
- Supporting carers
- Supporting people with mental health issues
- Supporting people with learning disabilities
- Therapeutic knowledge updates, Mental Health

The 5 areas that were considered to already be covered well, or where staff were already trained were:

- Medicines counter assistant initial training
- Pharmacy dispensary assistant initial training
- Supporting people making lifestyle changes
- Introduction to leadership skills
- Developing Education and Training skills for use in the workplace

4.14 Improving Quality Together training – Silver

Results from this question were discarded due to a high error rate. It had become mandatory for all community pharmacy staff to undertake Improving Quality Together, Bronze training, during 2018-19. A high number of respondents entered the number of staff in the pharmacy who had completed Bronze level training, rather than the more advanced Silver level training. All of the suspected errors could not be resolved during the cleansing process.

4.15 Dementia champions

Pharmacy Delivering a Healthier Wales sets a 2022 goal for all pharmacy team members to be Dementia Friends. As part of the survey a baseline number of Dementia Friends and Dementia Champions was collected.

Table 9. Number of Dementia Champions and Dementia Friends (n=6075)

Health Board	Headcount of directly employed staff in the Health Board	Number Dementia Champions	% of Dementia champions	Number Dementia Friends	% Dementia Friends	% Pharmacies with a Dementia Friend
Abertawe Bro Morgannwg	1095	9	1	497	45	66
Aneurin Bevan	1264	15	1	527	42	66
Betsi Cadwaladr	1177	35	3	523	44	62
Cardiff and Vale	919	22	2	458	50	65
Cwm Taf	625	23	4	256	41	65
Hywel Dda	813	27	3	339	42	66
Powys	182	10	5	67	37	61
Wales Total	6075	141	2	2667	44	65

The percentage of pharmacies with Dementia Friends is fairly similar across Health Boards with a range of 61-66% of pharmacies having at least one Dementia Friend.

There was more variability between primary care clusters. Three clusters had 100% of their pharmacies with at least 1 dementia friend. They were Cardiff East and Cardiff City and South and Mid Powys.

Dwyfor was the only primary care cluster with no community pharmacies in the cluster reporting any dementia friends. Eight of Dwyfor's 9 pharmacies were included in the survey data.

4.16 Modern Apprenticeships

Currently HEIW do not offer pharmacy level 2 Modern Apprenticeships for dispensing assistants. Respondents were asked if Modern Apprenticeships became available how many staff they would support undertaking the development in the next 5 years.

Opportunities for a total of 570 potential apprenticeships were reported. Comments on Modern Apprenticeships are reported in Appendix 19.

5.0 Limitations

5.1 Survey completeness

Three survey responses from Betsi Cadwaladr were excluded at the analysis stage (one each from Denbighshire North, Dwyfor and Meirionnydd primary care clusters). Reported figures will be slightly lower than in practice for these cluster. Two surveys were found to contain contradictory data on Headcount and FTE which had not been identified during the cleansing exercise. One survey was a duplicate response to one already submitted for the same pharmacy during the Welsh language pilot. It was impractical to follow up the details of the final survey at the analysis stage.

5.2 Patient facing roles

The total number of people employed in community pharmacy roles supporting Wales public facing services will be greater than reported by this survey. The survey collected information on those providing public facing services and not those employed in administrative roles or, in larger companies, corporate managers and head office staff.

5.3 Pharmacists

The pharmacist role is recorded as 1.4 FTE per pharmacy. However, a 'one pharmacist' model per community pharmacy is likely to be prevalent. Community pharmacy opening hours were not collected in the survey but generally exceed 36 hours per week. Where a pharmacist was working over 36 hours in a week they were counted as 1 FTE. A community pharmacist may work 36 hours over 4 days. Many pharmacies are open for at least 5 or 6 days, requiring a responsible pharmacist to be present at all times. Therefore 1.4 FTE pharmacists may simply indicate that there was a pharmacist present during the hours that community pharmacies were open. This may require more than one pharmacist in a 7 day period.

5.4 Independent prescribers

Respondents were asked to classify pharmacist IPs as employed or self-employed and practising or non-practising in the community pharmacy. There were inconsistencies between the data entered for head count and FTE in 28 cases which could not be resolved during the cleansing process. These responses had to be excluded. The complexity of the question was likely to have contributed to poor quality results. No questions were asked about supplementary prescribers.

5.5 Support staff job roles

The data collection guidance sought to minimise the risk of double counting support staff by asking only for the job role requiring the highest qualification to be entered for each team member. Some respondents raised concern about the impact of this approach on reported skills mix. The skills mix in some pharmacies appeared to show no MCAs and only DAs, when in fact team members had been developed to have a flexible skill set covering the counter or the dispensary depending on workload demand.

5.6 Accredited Checking Pharmacy Technicians and non-registered Accuracy Checkers

The guidance was written to provide clarity about the two distinct job roles for which data was collected. However, the data cleansing exercise identified that there was confusion amongst respondents affecting the accuracy of the data.

5.7 Pre-registration Pharmacy Technicians

The numbers reported for staff in this job role were higher than expected. The number of HEIW Modern Apprenticeship funded posts was however quite accurate. There will certainly be PRPT in the workforce who are engaged in a course run by their employer, if a large multiple company, or bought from a training provider, if an independent, which does not involve the modern apprenticeship route via HEIW. However, there is also a possibility that there is some confusion

about the job role of PRPT and trainee dispensing assistant. This was detected in the cleansing exercise and by the nature of some enquiries received generally by the HEIW pharmacy team.

5.8 Medicines delivery drivers

At the request of the project steering group, data fields for medicines delivery drivers were optional. Figures for this job role were under reported in the survey with medicines delivery driver data completed by only 47% (n=332) respondents.

5.9 Self-employed headcount

Due to the design of the survey, there is a risk that the headcount for self-employed staff (locum pharmacists and pharmacy technicians) could be an overestimate. Double counting was possible if one self-employed professional was counted in more than one pharmacy during the 6 week study period. Therefore, the FTE for self-employed staff is likely to be the more precise figure. During the cleansing exercise, a small number of directly employed pharmacy technicians who rotate around a limited number of pharmacies were found to be inaccurately reported as 'self-employed', when they were not.

6 Discussion

6.1 Overview of the workforce

Key findings from Wales first community pharmacy workforce survey were compared with findings from a similar survey conducted by Health Education England survey from July 2018 (7). The percentage of workers in each job role was compared, though figures in England will have changed in the intervening period.

Wales percentage of pharmacist job roles, 22% FTE, was similar to that reported in England (24% FTE). Wales reported a greater percentage of pharmacy technicians 33% FTE compared with England, 29% FTE.

Community pharmacies in England previously reported a higher percentage of pre-registration pharmacists in the workforce (3% FTE) compared to Wales reports in 2019 (1% FTE). Although Wales reported more pre-registration pharmacy technicians (4% compared to 2% FTEs), there is some concern that the number of PRPTs reported in Wales was falsely high as described in the survey limitations (section 5.7).

The headcount of 16% of the community pharmacy workforce being trainees provides a useful baseline figure for current training models and commissions. This figure can be monitored as pharmacy works to deliver increases in centrally commissioned training posts for pre-registration trainee pharmacists and pharmacy technicians and in the event of Level 2 apprenticeships being offered. However, if recommendations of a recent General Pharmaceutical Council (GPhC) consultation(8) are implemented, there will be a requirement for those providing medicines delivery services to complete relevant units of GPhC accredited level 2 training. The result would be an increase in the percentage of trainees in the community pharmacy workforce.

6.2 Participation rate

Points of note were that the only job role in community pharmacy with a participation rate of 1.0 was for pre-registration pharmacists (PRPs). The wellbeing of those in the job role may be a priority consideration in the context of the new NHS and social care workforce strategy (6). The training year is high-stakes for individuals after 4 years at university, successful transition to the workplace and a registration assessment will finally determine entry onto the professional register. The second point of note was that unregistered support staff have a lower participation rate than professional staff in the community pharmacy team, with the exception of self-employed professionals.

6.3 Vacancy rates

Vacancy rates for pharmacists and pharmacy technicians reported in this 2019 Wales Community Pharmacy Workforce Survey (both 6% FTE posts) were higher than the 2018 Community Pharmacy Workforce Survey for England (3-4% FTE) (7).

Vacancy rates and reported difficulties recruiting for each job role varied across Wales. For example, Powys, Betsi Cadwaladr and Hywel Dda have the highest pharmacist vacancy rates and report more difficulty recruiting pharmacists.

Pharmacy technician vacancy rates are high in Powys and Betsi Cadwaladr again, but also in Cardiff and Vale. Recruitment challenges for pharmacy technicians were most frequently reported in Powys, Aneurin Bevan and Cardiff.

Whilst there are a significant number of vacancies for pharmacists and pharmacy technicians, this provides more opportunities for employees and self-employed professionals to move closer to a preferred location or to select the best employment package on offer.

Factors such as the number of GP contractors employing pharmacy professionals, and the presence of other large employers in the area (e.g. hospitals and prisons) may affect local community pharmacy vacancy rates. If Health Boards and primary care clusters understand the local factors the most appropriate mitigating steps can be taken. HEIW may have a supporting role.

A newly published General Pharmaceutical Council Survey of Registered Professionals (4) contains new information about levels of satisfaction amongst pharmacy registrants in relation to work life balance and job role which need to be understood by employers.

In the analysis for Wales, the GPhC survey of registrants reported 32% of all pharmacists and 31% of pharmacy technicians (across all areas of practise) intended to change their job role in the next 3 years (4). This could particularly impact vacancy rates in community pharmacy where there were higher levels of dissatisfaction reported than in other areas of practice.

During the implementation phase of Pharmacy Delivering A Healthier Wales (2), consideration needs to be given to the practicality of the current 'one pharmacist' model for community pharmacy and how this may affect wellbeing and job satisfaction. Although increasing numbers of pharmacist enhanced services requests are appropriate and are to be encouraged, these consultations are completely unscheduled and occur simultaneously to acute prescriptions requests and queries from the pharmacy team - all requiring clinical input from a single pharmacist.

Community employers should expect increasing numbers of requests for reduced hours as employees seek to improve work-life balance. Opportunities for professional development may also be an important incentive for staff retention. The GPhC survey of registrants reported 23% of pharmacists and 30% of pharmacy technicians across all areas of practise in Wales intend to undertake more qualifications in the next 3 years (4).

Work may be undertaken by employers to attract and retain a skilled professional workforce. However, co-ordinated actions with primary care and education commissioners is likely to be required so that access to quality health services to the public across Wales network of 716 community pharmacies are secure.

6.4 Pharmacists

The GPhC survey of registrants reported that across Great Britain 22% of community pharmacists, by headcount, are self-employed locums (4). Specifically, in Wales, GPhC reported the percentage of community pharmacy locums is lower at 12% (4). This HEIW Community Pharmacy Workforce Survey found a higher headcount of 31% of pharmacists being self-employed. However, a recognised limitation of this study design was that the headcount for a self-employed pharmacist could be reported more than once during the 6-week survey period and lead to a falsely high number. In future surveys, collecting GPhC Registrant Number would eliminate the potential for double counting professionals and support development of a complete picture of headcount across all areas of pharmacy practice in Wales.

The use of FTE figures for the self-employed pharmacist workforce was considered to be potentially more accurate. On this basis, the self-employed pharmacist workforce was reported to deliver 20% of community pharmacists job roles in Wales. This means that there is a 1 in 5 chance that the public will be provided community pharmacy services overseen by a cover pharmacist. There is a greater level of complexity involved in arranging cover, or an appropriately skilled team, whilst variations exist between community pharmacy services commissioned in different pharmacies. A move to increased consistency of commissioned services across all community pharmacies would be positive for service and workforce planning.

In Health Boards, where the percentage of self-employed pharmacists was highest (Powys, Betsi Cadwaladr and Abertawe Bro Morgannwg), it might be expected that a higher percentage of pharmacy technicians are regular members of staff to manage pharmacy issues. However, no link was found, and the percentage FTE pharmacy technician roles was highest in Abertawe Bro Morgannwg, Cwm Taf and Aneurin Bevan. It may be that some self-employed pharmacists choose to work only where there are adequate support staff, for example dispensing assistants and Accredited Checking Pharmacy Technicians.

6.4.1 Independent prescribers (IPs)

The survey confirmed that there are few prescribing community pharmacists in Wales. IPs in the community pharmacy workforce in England were reported as 1 in 15 community pharmacies in 2018 (7). In Wales, 1 in 18 community pharmacies have an IP present in 2019. When looking at IPs who are practising, then the figure reduces to just 1 in 29 community pharmacies. From a HEIW perspective, where investment has been made in pharmacist development, then these skills should be utilised in providing commissioned public services.

The GPhC survey of registrants identified Scotland as having the highest percentage of IPs in the pharmacist workforce (28%, all sectors) (4). This is likely to be due to a previous NHS policy, 'Prescription for Excellence' (9).

6.5 Pre-registration pharmacists (PRPs)

The headcount of PRPs in training was 71. Considering 55 FTE (headcount 66) pharmacist vacancies were reported and self-employed pharmacists cover 198 FTE pharmacist roles (headcount 520), the number of trainees appeared low. The ratio is 1 trainee pharmacist for every 22 pharmacists. HEIW have begun to address the low number through a national multi-sector PRP placement programme across Wales from 2020.

Health Boards with a lower percentage of pharmacies training PRP were noted to report difficulty recruiting pharmacists more frequently. Powys, Hywel Dda and Betsi Cadwaladr all report more difficulty recruiting pharmacists than average in Wales and have below average number of community pharmacies training a PRP.

For some pharmacies it may be a business decision not to employ a PRP in this fixed term job role which requires training, supervision and assessment by employers, but for employers in remote Health Board locations it may also be that PRP are not attracted to work in those areas. An evaluation concluded that students choose PRP training locations by reviewing information available from employers, by considering the size of the employing organisation, and that they tend towards large chain multiples in community because of a perception that training is of better quality than in independents (10). HEIW will be addressing quality of PRP training through the national PRP training programme for Wales. PRP will be assured that wherever they train in Wales minimum standards will be met. This in turn should help small employers wishing to engage in improving the local supply of pharmacists.

6.6 Pharmacy technicians

This survey reports that overall 65% of community pharmacies have at least 1 pharmacy technician. There is no GPhC requirement for a pharmacy technician to be present in every community pharmacy, however the Wales Pharmacy Vision (2) articulates how this professional group will be instrumental in Pharmacy Delivering a Healthier Wales (3).

6.6.1 Accredited Checking Pharmacy Technicians (ACPTs)

The GPhC acknowledged, in a 2016 consultation (11) that accuracy checking is now considered a basic part of the pharmacy technician role. The publication of the new Initial Education and Training Standards for Pharmacy Technicians (12) in 2017 includes a learning outcome for pharmacy technicians carrying out an accuracy check of dispensed medicines. This survey found that only 45% of community pharmacy technicians are accredited to accuracy check prescriptions. In contrast, unpublished data collected across NHS Wales hospitals indicated that 75% pharmacy technicians were either ACPT or training to be ACPT in 2018. More community pharmacy technicians in Wales need to undertake this routine practice development in order to optimise pharmacy skills mix.

Recent research into pharmacy technician roles concluded that community roles were less expansive and clinically oriented than hospital pharmacy technician roles (13). Currently unpublished research into community pharmacy technician roles in Wales showed the majority remain involved in medicines supply processes, either dispensing or final checking (14). Some pharmacy technicians were found to be engaging in leadership and management roles and some in enhanced services like smoking cessation (14).

There is evidence that, not only do community pharmacy technician registrants want to expand clinically and managerially post registration, allowing pharmacists more time in public-facing clinical roles (15), but that pharmacists and pharmacy managers have reported confidence in delegating to their pharmacy team (15).

Community pharmacy technicians need to be developed to achieve the full potential of their role delivering more remunerated public facing services.

Enablers have been identified to include (14):

- professional support via mentoring,
- backfill for release to post-registration training
- a post-registration career framework

This is consistent with the call for protected and funded learning time to be embedded within workforce planning in pharmacy going forward (2).

6.7 Pre-registration pharmacy technicians

The headcount of pre-registration pharmacy technicians (PRPT), 189, compared to the head

count 41 vacancies reported for pharmacy technicians appears favourable to supply the future workforce. The ratio is 1 trainee for every 4 pharmacy technicians. However, this is a job role in the workforce that will need to increase in number to deliver the pharmacy vision. In the HEE survey (7) 2% of the workforce were PRPT but in Wales this was 4%. Wales reports a higher percentage of PTs (12%) compared to HEE (9%), so a higher percentage of PRPT may be expected. However, there may also be over reporting of PRPT in the workforce in Wales due to confusion around the difference of the PRPT and dispensing assistant roles.

With improved pharmacy workforce planning, one option to consider may be to increase the number of PRPT in training to maintain pharmacy services in future. The Pharmacy Schools Council reported a drop in the number of MPharm degree applications in 2018 (16), which could mean higher competition for pharmacy graduates from 2022.

6.7.1 Modern Apprenticeship funding

The route to pharmacy technician registration is via PRPT work based training and a knowledge-based qualification. Training may be accessible via employer funding through a private training provider where there are no minimum entry criteria required. Alternatively, Modern Apprenticeship funding for the cost of the training programme is available through HEIW with the following requirements:

- minimum entry criteria for GCSEs (or equivalent) for trainees,
- minimum protected study time provided for trainees by employers,
- compliance with 8 weekly review visits (required for all Welsh Government funded apprenticeships).
- completion of a quality assured training programme

As discussed in the survey findings, it may be that there is over reporting of PRPT posts that are not MA funded. It is also possible that there may be large numbers of PRPT courses currently directly paid for by employers. Employers may choose to pay the course fees themselves to overcome criteria in the HEIW model which are perceived as barriers. However, criteria are intended to deliver high quality of training, support to employers and capable registrants.

The NHS and some large multiple community pharmacies are subject to the apprenticeship levy tax as they are employers with a pay bill in excess of £3 million. As pharmacy seeks to grow the pharmacy technician workforce for 'Pharmacy Delivering a Healthier Wales', greater use needs to be made of these apprenticeship funds.

Survey respondents indicated there would be a potential 570 Level 2 training posts available over the next 5 years. There was interest in accessing an MA funded route for this. HEIW is exploring how it can grow its infrastructure to prepare for an increase in pharmacy apprentices and provide a new route from Level 2 to Level 3 progression.

6.8 Unregistered pharmacy staff

The survey provided the first data for support staff in community pharmacy in Wales.

6.8.1 Accuracy checkers (AC)

The small number of accuracy checking roles was expected. There are a smaller number of these roles in existence in Wales (a lower percentage than in England in their 2017 survey (7), 2% vs 0.6% headcount). The number of accuracy checkers may have been over reported in Wales due to a lack of understanding amongst those completing the surveys about the difference between ACPT and AC.

There has been controversy over the appropriateness of accuracy checking undertaken by non-GPhC registered staff in relation to public safety. Commissioners of services may need to consider the most appropriate skill mix for a community pharmacy which provide confidence in commissioning additional clinical services.

6.8.2 Qualified dispensing assistants

Qualified dispensing assistant was the job role with the highest number of posts in the community pharmacy team (2.1 FTE per pharmacy). The job role had a wide range of vacancy rates across Wales (0-10% of posts) with vacancies being highest in Cardiff and Vale.

6.8.3 Trainee medicines counter assistants

The entry level job, trainee medicines counter assistant, had the highest vacancy rate for unregistered support staff with vacancy rates varying widely across the geography (0-17% vacancy rate). There were differences in vacancy rates of at least 10% for all support staff roles across Welsh Health Boards but no clear pattern between job role vacancies.

6.8.4 Medicines Delivery Drivers

The role of medicines delivery driver is of interest and the overall number of medicines delivery drivers is likely to change. It is also possible that GPhC will mandate more formal medicines training for this staff group. On one hand, as medicines delivery is not an NHS contracted service, some community pharmacies are reducing or ceasing medicines delivery services to the public due to financial and other pressures. However, in some rural areas, delivery drivers are considered by the Health Board to be part of a support network for vulnerable patients and they may wish to contract for this.

6.9 Welsh Language

In the survey, 11% of community pharmacy staff were reported as able to read, speak and write Welsh. This is slightly higher than self-reported Welsh proficiency amongst all NHS employed staff (8%)(17).

The HEIW Workforce Strategy for Health and Social Care identifies the need to plan to meet the Welsh language needs of health and social care students, workforce and people receiving care. Some analysis of the distribution of Welsh speakers in community pharmacies in relation to population would be possible from the data collected however, it is beyond the scope of this study.

6.10 Workforce Development

The findings from the survey on the key priorities for pharmacy training provision for community pharmacy are in line with expectations:

- skills development in diagnostics and education and training and,
- therapeutic updates relating to national advanced services, mental health and cancer care updates

6.10.1 Dementia

As 65% of all pharmacies already have at least one member of staff who is a dementia friend, then the target of all pharmacy team members being dementia friends by 2022 (2) appears achievable. Becoming a dementia friend is very accessible, even for the 8% (headcount) of self-employed workforce, through remote learning.

6.11 Health and Social Care Workforce Planning

Robust and reliable data at primary care cluster level is required for workforce planning and future workforce modelling. Analysis at an All Wales level will be useful for commissioning and reporting.

One of 7 themes in the newly published Health and Social Care Workforce Strategy (6) is development of 'Seamless Workforce Models'. This is part of a vision of success for 2030 for intelligence led workforce planning so that our health and social care workforce is developed to meet population needs. The strategy describes fundamental steps that need to be taken including "standardised data sets, a shared understanding of workforce data and developing reporting arrangements to turn information into robust intelligence and that will underpin decisions relating to workforce".

NHS Wales Shared Services Partnership was engaged for the first time in 2019 in gathering data for Wales National Workforce Reporting System (WNWRS) collating GP Practice workforce data across Wales (5). As another important group of NHS primary care contractors, a similarly robust mechanism to collate workforce data for community pharmacies is needed to inform the new primary and community care workforce model as part of the Strategic Programme for Primary Care (18).

7.0 Conclusion

HEIW has been able to collect an initial baseline dataset detailing the size and skills mix of 99% of the public facing community pharmacy workforce in Wales.

Mandating the survey through the community pharmacy contract assured a high response rate and was a key factor for success.

Data can be used, within stated limitations, to inform strategies for workforce development and workforce planning within primary care clusters and Health Boards, and nationally to inform training commissions.



8.0 Recommendations

1. Identify how the Community Pharmacy Contractual Framework can be used to build ongoing workforce intelligence in the area of community pharmacy practice in partnership with community pharmacy and Welsh Government
2. Explore the feasibility of a single workforce tool for NHS Wales Contractors which includes community pharmacies, this should be:
 - mandated through NHS contracts, with
 - language aligned and compatible for analysis and modelling with job roles in the NHS Electronic Staff Record
 - workable for contractors to complete at a reasonable frequency (within the range of 3 to 24 monthly reporting)
3. Planning and modelling for primary care services in the Strategic Programme for Primary Care must include the community pharmacy workforce.
4. Clusters and Health Boards should undertake local analysis of the community pharmacy workforce data provided for their geography and act on local challenges with workforce development (e.g. use of Independent Prescriber skills and development of Accredited Checking Pharmacy Technicians).
5. Health Boards should develop a local understanding of the community pharmacy recruitment opportunities and difficulties reported here in order to identify mitigating strategies. HEIW may support increasing central training numbers in areas where there are shortages of professional registrants.
6. The required opportunities and infrastructure should be made available to increase the percentage of community pharmacy technicians accredited to accuracy check prescriptions to match hospital levels over the next 3 years.
7. Undertake workforce planning activity to approximate the number of pharmacy technicians that will be required for Pharmacy Delivering a Healthier Wales (2), 2021-2026.

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10. Abbreviations

Abbreviation Written in full Definition

AC	Accuracy Checker	Dispensing assistants who have undertaken additional local competency based training to be able to confirm the accuracy of any prescription clinically checked by a pharmacist.
ACPT	Accredited Checking Pharmacy Technician	A GPhC registered pharmacy technician who has undertaken a post registration competency based accreditation with a training provider to confirm the accuracy of any prescription clinically checked by a pharmacist.
DA	Dispensing Assistant	Has completed relevant modules of the Level 2 (NOS) NVQ in Pharmacy Service Skills.
DD	Medicines Delivery Drivers	Undertake collection and delivery services of prescriptions, medicines and products from surgeries, people's residence and the pharmacy.
FTE	Full Time Equivalent	Expresses the number of hours worked by part-time staff as the equivalent number of hours that would be worked by full time employees. Enables data comparisons. Expressed to 1 decimal place throughout this report
HC	Headcount	The total number of people employed in a particular organisation. Always a whole number.
IP	Independent Prescriber	Post-registration annotation for a pharmacist, certified by a Higher Education Institution to prescribe.
MCA	Medicines Counter Assistant	Has completed a GPhC accredited MCA course at Level 2 (NOS). Sells over the counter medicines and knows when to refer to a pharmacist.
P	Pharmacist	Minimum of 5 years. Includes an MPharm degree and 52 weeks pre-registration training with assessment of a portfolio of competence at work and a national registration assessment. Registration with the GPhC for England, Wales and Scotland includes a health declaration and good character checks.
PRP	Pre-registration Pharmacist	A pharmacy graduate undertaking a 1 year training programme in a GPhC accredited training site supervised by an accredited tutor. Referred to as a 'pre-registration trainee pharmacist' by GPhC.

PRPT	Pre-registration Pharmacy Technician	A trainee undertaking a 2 year training programme to become a pharmacy technician meeting GPhC standards for the initial education and training of pharmacy technicians . Referred to as a 'pre-registration trainee pharmacy technician' by GPhC.
PT	Pharmacy Technician	Minimum 2 years work based experience under the supervision of a pharmacist or pharmacy technician. Completion of Level 3 NVQ Diploma in Pharmacy Services Skills and a Level 3 Diploma in Pharmaceutical Science. Registration with the GPhC for England, Wales and Scotland. Includes a health declaration and good character checks.
TDA	Trainee Dispensing Assistant	Has been enrolled on a GPhC accredited DA course but not completed. Enrolment is within 3 months of starting the role and completion is within 3 years. Training typically takes 12 months to complete.
TMCA	Trainee Medicines Counter Assistant	Has been enrolled on a GPhC accredited MCA course but not completed. Enrolment is within 3 months of commencing the role and completion is within 3 years. This NVQ Level 2 course typically takes 12 months to complete.

11. Glossary

Community Pharmacy Contractual Framework

Describes the NHS terms of service (and standards/mechanisms for claims) for which a registered community pharmacy will be remunerated by the local Health Board in NHS Wales

Company Chemists Association

A trade association for large pharmacy operators in England, Scotland and Wales.

Dementia Champion

Someone who has excellent knowledge and skills in the care of people with dementia.

Dementia Friend

Someone who has found out more about how dementia affects a person in order to do everyday things that help.

Directly employed

A salaried employee of the pharmacy.

Independent community pharmacy

May be a single store with a sole proprietor or may consist of several stores owned by an individual or small group.

Independent prescriber

A practitioner who assesses, diagnoses and makes clinical decisions including prescribing medicines.

Large chain multiple

A group of 100 or more community pharmacies.

National Occupational Standards (NOS)

Statements of the standards of performance individuals must achieve when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding.

National Vocational Qualification (NVQ)

A work-based qualification which recognises the skills and knowledge a person needs to do a job. The candidate needs to demonstrate and prove their competency in their chosen role or career path.

Quality and Safety payment

Refers to a contractual payment which may be claimed if all elements of the Quality and Safety Scheme in the Community Pharmacy Contractual Framework are met by a community pharmacy contractor in a financial year.

Quality Survey

One element of the Quality and Safety scheme included in the Community Pharmacy Contractual Framework which may be a different topic each financial year.

Registrant Number

Unique number assigned from the General Pharmaceutical Council professional register to an individual pharmacist or pharmacy technician.

Responsible pharmacist

Pharmacist on duty who is in charge of the safe and effective running of the pharmacy and supply of all medicines from the registered premises.

Self-employed

Pharmacists and pharmacy technicians who are not directly employed by the pharmacy but employed to cover professional duties on specific dates and times either privately or through an agency.

Skills mix

The different types and levels of jobs.

Skill mix

The ratio of registered to unregistered staff.

Superintendent pharmacist

A pharmacist who is appointed to act on behalf of a body corporate which wishes to conduct a retail pharmacy business as defined in the Medicines Act 1968.

Supplementary prescriber

Supplementary prescribing is a partnership between an independent prescriber (a doctor or a dentist) and a supplementary prescriber to implement an agreed Clinical Management Plan for an individual patient with that patient's agreement.

Vacancy

A position that is not currently filled and for which the employer is actively recruiting or intending to actively recruit to in the near future. Does not include any posts that are regularly filled by locums and where plans are to continue this cover.

Appendix 1: The Quality and Safety Survey 2018-19

Wales Community Pharmacy Workforce Survey

Who is undertaking the survey?

Health Education and Improvement Wales (HEIW) are the sponsor for this year's Quality and Safety survey in community pharmacy. The survey is being undertaken in partnership with Community Pharmacy Wales, Welsh Government and Health Boards.

Why is the survey being undertaken?

The survey will provide the first baseline data for Wales on the size and skill mix of the community pharmacy workforce. Health Education and Improvement Wales will use the data to plan the right training and role developments to support community pharmacy towards a more clinically orientated contract in Wales.

Who needs to complete the survey?

All pharmacies that received the Quality and Safety contract payment in June 2018 are required to undertake the survey during the 6 weeks between February 18th – 29th March 2019.

Privacy Statement

As in 2017, data collection is at individual contracted pharmacy level. Health Education and Improvement Wales (HEIW) is responsible for data collection, analysis, reporting and security. HEIW may contact individual pharmacies in line with the consents given within the survey.

Due to potential business sensitivity, individual pharmacy data will NOT be shared outside HEIW. Data will be aggregated to primary care cluster, health board and national level to allow comparison across geographies. Information at these higher levels will be published in the final survey report on the HEIW website.

Survey data will be password protected on a restricted access network and access limited to the project lead, digital team and data analytics team within HEIW in order to generate a report. As this survey relates to an NHS contract payment, we will inform the relevant Health Board of the account numbers of community pharmacies who have not completed the Online Survey by 29th March 2019.

How do I access the survey?

Community Pharmacy Wales will email the survey links to contractors in advance of the survey opening on 18th February 2019. The ENAS system will also provide survey links. The survey can be completed in English or Welsh.

A single data set must be input by one individual to the Online Survey tool. This may be undertaken in one session (which we estimate will take up to 30 minutes), or the survey may be saved and returned to later via an email link which is generated and sent to the email address provided by the respondent.

Survey responses can be input via a tablet device or computer with internet connection.

Important notes on preparing to complete the survey

Information from a number of resources will need to be gathered to complete all sections of the survey. This may require collation of information between the pharmacy manager and superintendent pharmacist or their deputies.

We recommend that you use a hard copy of the 'Data Collection' form provided to help with this. Guidance is included to assist with interpretation of questions. It is important that Wales has an accurate data set at the end of the survey.

Reminders

Community Pharmacy Wales will email or telephone non-responders once a week whilst the survey is open.

If you have any problems or questions please email michele.sehrawat@wales.nhs.uk

Appendix 2: Wales Community Pharmacy Workforce Survey

Data Collection Form and Guidance for contractors

We recommend that you use a hard copy of this data collection form to gather the key information you will need to before attempting to complete the Online Survey.

It is important that the figures you enter are as accurate as possible. Some guidance is included to assist with interpretation of questions. Any further questions should be directed via email to michele.sehrawat@wales.nhs.uk

We are recording the numbers of each different staff group that make up the community pharmacy team and the number of vacancies. We want to understand more about the workforce development needs for the community pharmacy team. This could include supporting development of Welsh language skills, so we are recording current competency in the community pharmacy team.

Explanatory Notes

When completing the survey you should record information on the actual staffing level for this community pharmacy for a full 7 day working week. You can use the week in which you are completing the survey or, if appropriate, the most recent complete seven-day period for which you have the necessary figures and that falls between Monday 18th February and Sunday 31st March.

Please provide accurate figures for this period even if you do not feel it is a “typical” period. Data should include any locum cover used to maintain normal staffing levels (pharmacists or pharmacy technicians) during that week.

The survey asks about 10 different pharmacy staff groups, but you may not employ all staff groups in this pharmacy:

1. Pharmacists (including locums, with follow up questions on independent prescribers)
2. Pre-registration Pharmacists
3. Pharmacy Technicians (including a follow up question on numbers qualified to accuracy check medicines)
4. Pre-registration Pharmacy Technicians
5. Accuracy Checkers (who are not registered pharmacy technicians with GPhC)
6. Qualified Dispensing Assistants
7. Trainee Dispensing Assistants
8. Qualified Medicines Counter Assistants
9. Trainee Medicines Counter Assistants
10. Medicines Delivery Drivers (this section is optional)

Do **NOT** include

1. Other staff not working on the medicines counter or in the dispensary (such as those in general sales).
2. Corporate managers and administrators based at the pharmacy but who do not provide services to the public.
3. Those working here on an exceptional basis, such as covering unexpected staff sickness.
4. Hours worked per week

Hours worked per week	Full Time Equivalent (FTE) figure to use for this survey
Up to 4	0.1
>4 to 8	0.2
>8 to 12	0.3
>12 to 16	0.4
>16 to 20	0.5
>20 to 24	0.6
>24 to 28	0.7
>28 to 32	0.8
>32 to 36	0.9
>36	1.0

The survey asks for the total number of 'Full Time Equivalents' (FTE's) and the 'headcount' (number of people) in each staff group.

Full Time Equivalent – Some staff work part time, so the total hours worked by each staff group must be expressed as a proportion of 'Full Time Equivalents' (FTE). One full time member of staff = 1 FTE. Use the standard reference range provided to calculate FTEs for each staff group the purpose of this survey.

Head Count – this is always a whole number as it refers to the number of individual members of staff.

Example calculation - You have 3 medicines counter assistants who work 10 hours, 30 hours and 40 hours.

To calculate the total Full Time Equivalent (FTE) figure for this staff group, identify the number of hours worked by each member of staff in the table and read off the corresponding FTE number. Add together the FTE numbers.

From the table on page 1: 10 hours = 0.3 FTE, 20 hours = 0.6 FTE, 30 hours = 0.8 FTE

The total FTE for this staff group is $0.3 + 0.6 + 0.8 = 1.7$ FTE

The Headcount for this staff group is $1 + 1 + 1 = 3$

SURVEY DATA COLLECTION STARTS HERE

1. This survey refers to the community pharmacy workforce at:

Name of Pharmacy	Account Number (format 60XXXXXX)	Pharmacy Address
Contact name	Contact email	Pharmacy Postcode

Record the number of staff in each staff group in work during your chosen 7 day week

Staff Group 1: Pharmacists Populate the table below with the information for the pharmacists in your team.

2. This question is about pharmacists, registered with GPhC, and currently working as a pharmacist. Please include pharmacists working in the dispensary, care homes, dispensing units, and those who may only provide advanced, national or locally enhanced services. *Take care to record directly employed and self-employed (locum) pharmacists separately.*

Staff Group	Full Time Equivalents (FTE) 1 decimal point	Head Count Whole number	Number of pharmacists with Welsh language skills (Whole numbers in these columns should add up to the Headcount for the staff group)					
			Can speak read and write	Can speak and read but cannot write	Can speak but cannot read or write	Can understand spoken Welsh only	Other combination of skills	No skills
<i>Example</i>								
2 pharmacists	1.5	2	0	1	0	0	0	1
0 Locum	0.0	0	0	0	0	0	0	0
Directly employed pharmacists								
Locum								

3. Populate the table below with the information for the pharmacists in your team who are practising as independent prescribers within this community pharmacy. Take care to record directly employed and self-employed (locum) pharmacists separately.

	Full Time Equivalents (FTE) 1 decimal point	Head Count Whole number
Directly employed pharmacists practising as independent prescribers		
Self-employed pharmacists practising as independent prescribers		

4. Populate the table below with the information for the pharmacists in your team who are working in this pharmacy and have Independent Prescriber annotation with GPhC, but do not use this skill within this community pharmacy. This refers to the pharmacists that you have told us about in question 3.

	Full Time Equivalents (FTE) 1 decimal point	Head Count Whole number
Directly employed pharmacists, annotated as independent prescribers, NOT practising here		
Self-employed pharmacists, annotated as independent prescribers, NOT practising here		

5. How many vacancies do you have for pharmacists? (Please define a vacancy as a position that is not currently filled, and for which you are either actively recruiting or intending to actively recruit in the near future. Do not include any position to which you have made an appointment, even if you are waiting for them to start work. Do not include any positions that you regularly fill with locums and are planning to continue to do so.)

	Full Time Equivalents (FTE) 1 decimal point	Head Count Whole number
Directly employed pharmacist vacancies		

6. How easy or difficult does it tend to be to fill vacancies for pharmacists for this pharmacy? (Tick the most appropriate response)

very easy	fairly easy	neither easy nor difficult	very difficult	don't know.
-----------	-------------	----------------------------	----------------	-------------

Staff Group 2: Pre-registration Trainee Pharmacists This question is about pre-registration trainee pharmacists on a GPhC approved training programme in this pharmacy.

7. Populate the table below with the information for the pre-registration trainee pharmacists in your team.

Staff Group	Full Time Equivalents (FTE) 1 decimal point	Head Count Whole number	Number of pre-registration trainee pharmacists with Welsh language skills (Whole numbers in these columns should add up to the Headcount for the staff group)					
			Can speak read and write	Can speak and read but cannot write	Can speak but cannot read or write	Can understand spoken Welsh only	Other combination of skills	No skills
Pre-registration trainee pharmacists								

These questions are about vacancies for pre-registration trainee pharmacists.

8. Did you try to recruit any or any more pre-registration trainee pharmacists for this pharmacy for the training year 2018-19?

Yes	No	Prefer not to say
-----	----	-------------------

8a. Have you already appointed one or more pre-registration trainee pharmacists for this pharmacy for the training year 2019-20?

Yes	No	Prefer not to say
-----	----	-------------------

8b. Do you still intend to recruit one or more pre-registration trainee pharmacists for this pharmacy for the training year 2019-20?

Yes	No	Prefer not to say
-----	----	-------------------

9. How easy or difficult does it tend to be to fill vacancies for pre-registration trainee pharmacists for this pharmacy? (Tick the most appropriate response)

very easy	fairly easy	neither easy nor difficult	very difficult	don't know.
-----------	-------------	----------------------------	----------------	-------------

Staff Group 3: Pharmacy Technicians This question is about pharmacy technicians who are registered with the GPhC.

10. Populate the table below with the information for the pharmacy technicians in your team.

Staff Group	Full Time Equivalents (FTE) <i>1 decimal point</i>	Head Count <i>Whole number</i>	Number of pharmacy technicians with Welsh language skills <i>(Whole numbers in these columns should add up to the Head count for the staff group)</i>					
			Can speak read and write	Can speak and read but cannot write	Can speak but cannot read or write	Can understand spoken Welsh only	Other combination of skills	No skills
Directly employed pharmacy technicians								
Locum pharmacy technicians								

11. Report on the total number of pharmacy technicians, registered with GPhC, working in this pharmacy this week who are accredited to accuracy check prescriptions. *Take care to record directly employed and self-employed (locum) pharmacy technicians separately.* This refers to the pharmacy technicians that you have told us about in question 10.

	Full Time Equivalents (FTE) <i>1 decimal point</i>	Head Count <i>Whole number</i>
Directly Employed Pharmacy Technicians accredited to accuracy check		
Self-employed Pharmacy Technicians accredited to accuracy check		

12. How many vacancies do you have for pharmacy technicians?

	Full Time Equivalents (FTE) <i>1 decimal point</i>	Head Count <i>Whole number</i>
Directly employed pharmacy technician vacancies		

13. How easy or difficult does it tend to be to fill vacancies for pharmacy technicians for this pharmacy? (Tick the most appropriate response)

very easy	fairly easy	neither easy nor difficult	very difficult	don't know.
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Staff Group 4: Pre-registration trainee pharmacy technicians

This question is about pre-registration trainee pharmacy technicians who are enrolled upon a GPhC recognised qualification (or completed and awaiting registration). Please include those supported by Modern Apprenticeships. Those who have completed the course but have chosen not to register with GPhC should be included under dispensing assistants.

14. Populate the table below with information for the pre-registration trainee pharmacy technicians in your team.

14. Populate the table below with information for the pre-registration trainee pharmacy technicians in your team.

Staff Group	Full Time Equivalents (FTE) <i>1 decimal point</i>	Head Count <i>Whole number</i>	Number of pre-registration trainee pharmacy technicians with Welsh language skills <i>(Whole numbers in these columns should add up to the Headcount for the staff group)</i>					
			Can speak read and write	Can speak and read but cannot write	Can speak but cannot read or write	Can understand spoken Welsh only	Other combination of skills	No skills
Pre-registration trainee pharmacy technicians								

15. How many of your pre-registration trainee pharmacy technician courses are funded with Welsh Government Modern Apprenticeships monies? Enter zero '0.0' if you do not employ any pre-registration pharmacy technicians.

	Full Time Equivalents (FTE) <i>1 decimal point</i>	Head Count <i>Whole number</i>
MA funded Pre-registration Pharmacy Technicians		

16. How many vacancies do you have for pre-registration trainee pharmacy technicians?

	Full Time Equivalents (FTE) <i>1 decimal point</i>	Head Count <i>Whole number</i>
Pre-registration Pharmacy Technician vacancies		

Staff Groups: All unregistered pharmacy staff

This question is about unregistered staff in your pharmacy team. This includes all the following staff:-

Staff Group 5: Accuracy Checkers or those referred to as Accredited Checking Technicians (ACT) that are NOT registered with the GPhC. (Do NOT include any staff that you have already entered into this survey as pharmacy technicians)

Staff Group 6: Qualified dispensing assistants NVQ Level 2, BTEC level 2, City & Guilds level 2 (or completed NVQ level 3 but NOT planning to register with GPhC)

Staff Group 7: Trainee dispensing assistants: Trainee dispensing assistants enrolled on a course to provide NVQ level 2, BTEC level 2, City & Guilds level 2, but not yet completed.

Staff Group 8: Qualified medicine counter assistants (MCA). Completed a GPhC accredited course.

Staff Group 9: Trainee medicine counter assistants enrolled on a GPhC accredited course

Staff Group 10. Medicines delivery drivers are employed for the purpose of delivering prescribed medicines to a person's place of residence. Medicines delivery is NOT generally a contracted service (with a few exceptions). Due to contact with people at their normal place of residence it is recognised that staff in this role may have training needs which we may seek to meet. If you do not have any medicines delivery drivers, OR if you do not wish to disclose their number to us, you may enter '0.0' for this staff group.

The GPhC policy on minimum training requirements for all unregistered pharmacy staff are available at https://www.pharmacyregulation.org/sites/default/files/document/interim_policy_on_minimum_training_requirements_for_unregistered_pharmacy_staff_sept_2018_final.pdf

17. Populate the table below with the information for all unregistered pharmacy staff in your team

17. Populate the table below with the information for all unregistered pharmacy staff in your team

Staff Group	Full Time Equivalents (FTE) 1 decimal point	Head Count Whole number	Number of un-registered pharmacy staff with Welsh language skills (Whole numbers in these columns should add up to the Headcount for the staff group)					
			Can speak read and write	Can speak and read but cannot write	Can speak but cannot read or write	Can understand spoken Welsh only	Other combination of skills	No skills
Accuracy Checkers								
Qualified dispensing assistants								
Trainee dispensing assistants								
Qualified medicines counter assistants								
Trainee medicines counter assistants								

18. How many vacancies do you have for each group of unregistered pharmacy staff?

	Full Time Equivalents (FTE) <i>1 decimal point</i>	Head Count <i>Whole number</i>
Accuracy Checkers		
Qualified dispensing assistants		
Trainee dispensing assistants		
Qualified medicines counter assistants		
Trainee medicines counter assistants		
Delivery drivers		

Workforce Development questions - Health Education and Improvement Wales need to prioritise key areas for pharmacy training provision over the next 3 years. We want to support community pharmacy develop it's workforce to deliver even more clinically orientated services.

19. Please select one answer against each statement below

19. Please select one answer against each statement below

	New provision is essential	New provision would be very beneficial	New provision would be fairly beneficial	Training already available/staff already trained	Not applicable
Developing research skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting people with mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting people with learning disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting people with palliative care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting people making lifestyle changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing domiciliary care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic assessment skills for acute conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction to leadership skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advanced leadership development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing Education and Training skills for use in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic knowledge updates, Care Homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic knowledge updates, Cancer Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic knowledge updates, Liver Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic knowledge updates, Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic knowledge updates relating to national advanced services (respiratory, anti-hypertensives and high risk medicines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines counter assistant initial training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy dispensary assistant initial training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health Education and Improvement Wales may have a role delivering, facilitating or co-ordinating a range of training activities for access by the community pharmacy team. The following information will provide a baseline to help us plan our resources.

20-22. What is the number of staff in this pharmacy team that are ALREADY TRAINED in the following areas?

Enter the headcount figure for the number of staff in this pharmacy team that are trained in the following areas	Number (whole number)
Improving Quality Together (IQT) Silver*, 1000 lives	
Dementia Friend (Alzheimer's Society)	
Dementia Champion (Alzheimer's Society)	

* This differs from Improving Quality Together Bronze which is covered as part of NESA (National Enhanced Services Accreditation) or previous Quality and Safety payments.

23. Is your pharmacy currently planning to access Independent Prescriber training in the next 12 months?

Yes ☐

No ☐

The following question asks how we can support individuals and pharmacy teams to grow their own Welsh language competency by providing access to training opportunities that develop Welsh language skills.

24. To what extent would the pharmacy team's confidence using the Welsh language benefit from access to the following Welsh language training support via the Health Education and Improvement Wales (HEIW) team?

Please select one answer for each statement

	New access or provision is essential to improve confidence	Access would be very beneficial to improve confidence	Access would be fairly beneficial to improve confidence	Access already available	Staff already confident or no benefit in providing more
Access to e-learning courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Welsh language learning 'apps'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face-to-face training on-site*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-site training at a location local to you+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-site training at a regional location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific training delivered by blended learning (face to face and online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* On-site training can be provided where 12 or more staff can attend at a set time

+ Off-site training can be provided where 12 or more staff across a local geography can attend (e.g. training within a primary care cluster)

25. Where there are 12 people or more in a local area seeking Welsh language training, Health Education and Improvement Wales (HEIW) can facilitate the organisation of free courses.

Please indicate below if you would like us to contact you about Welsh language provision in your area.

Yes, I am willing for this pharmacy to be contacted in relation to local and regional Welsh Language training provision	<input type="radio"/>
No, I do not want this pharmacy to be contacted in relation to local and regional Welsh Language training provision	<input type="radio"/>

25a. Please provide a contact email address for us to contact about Welsh language training if this is different from the email address of the person completing this survey.

Currently Health Education and Improvement Wales (HEIW) do NOT offer pharmacy Level 2 Modern Apprenticeships for dispensing assistants. Responses will inform the need for a business case in this area.

Modern Apprenticeship funding would require learners to undertake a knowledge qualification, NVQ level 2 competency based assessment in the workplace (20 credits), Employment Rights and Responsibilities and Essential Skills Wales.

26. If Modern Apprenticeship funding became available, how many staff in this pharmacy would you support undertaking this development in the next 5 years? Base your response on your current turnover of staff.

Headcount (a whole number with no decimal places)

26a. Any additional comments on Modern Apprenticeships

27. Health Education and Improvement Wales (HEIW) is working to facilitate partnerships between employers to provide more multi-sector pre-registration pharmacist training opportunities. Please advise us on your position:

I am interested in support to develop this pharmacy to become a registered training premises with GPhC	<input type="radio"/>
No - I do not want this pharmacy to be involved with pre-registration pharmacist training	<input type="radio"/>
Not applicable this pharmacy is already a registered training premises for pre-registration pharmacists	<input type="radio"/>

28. Health Education and Improvement Wales (HEIW) is interested in targeting support for pre-reg pharmacist tutors. Can we contact you in relation to developing pre-registration pharmacist tutor training?

Yes - I am willing for this pharmacy to be contacted about pre-registration tutor training and development	<input type="radio"/>
No - I do not want this pharmacy to be contacted about pre-registration tutor training and development	<input type="radio"/>

SURVEY DATA COLLECTION COMPLETED

To access the online survey follow the links within the Drug Tariff or ENAS systems. The links are also below for your convenience: -

Welsh Language - <https://heiw.onlinesurveys.ac.uk/arolwg-o-weithlu-fferylliaeth-gymunedol-cymru>

English Language - <https://heiw.onlinesurveys.ac.uk/wales-community-pharmacy-workforce-survey>

We may contact you via the email address you have provided if we have any queries about your responses. You will find the Community Pharmacy Workforce Survey Report published on the Health Education and Improvement Website before the end of the calendar year 2019. You will also be notified of the publication by Community Pharmacy Wales.

Thank you,

Michele Sehwat, All Wales Principal Pharmacist Education and Training
michele.sehwat@wales.nhs.uk

Appendix 3. Number of community pharmacies by Health Board and by Cluster

Health Board	Number of Clusters	Cluster name	Number of pharmacies included in this analysis
Abertawe Bro Morgannwg	11	Afan	13
		Bay Health	16
		City Health	16
		Cwmtawe	11
		East Network	11
		Llwchwr	9
		Neath	10
		North Network	13
		Penderi	7
		Upper Valleys	10
		West Network	9
		Sub-total	125
Aneurin Bevan	12	Blaenau Gwent East	7
		Blaenau Gwent West	9
		Caerphilly East	14
		Caerphilly North	16
		Caerphilly South	14
		Monmouthshire North	11
		Monmouthshire South	7
		Newport East	10
		Newport North	11
		Newport West	11
		Torfaen North	11
		Torfaen South	10
		Sub-total	131

Betsi Cadwaladr	14	Anglesey	13
		Arfon	10
		Central and South Denbighshire	8
		Central Wrexham	12
		Conwy East	13
		Conwy West	15
		Denbighshire North*	14
		Dwyfor*	8
		Meirionnydd*	10
		North and West Wrexham	8
		North East Flintshire	12
		North West Flintshire	8
		South Flintshire	9
		South Wrexham	11
		Sub-total	151
Cardiff and Vale	9	Cardiff East	9
		Cardiff North	20
		Cardiff South East	16
		Cardiff South West	5
		Cardiff West	18
		Central Vale	14
		Cardiff City and South	10
		Eastern Vale	9
		Western Vale	6
		Sub-total	107
Cwm Taf	4	Cynon	15
		Merthyr	14
		Rhondda	27
		Taff	21
		Sub-total	77



Hywel Dda	7	Amman Gwendraith	16
		Llanelli	17
		North Ceredigion	10
		North Pembrokeshire	17
		South Ceredigion	13
		South Pembrokeshire	13
		Taf Towy	13
		Sub-total	99
Powys	3	Mid Powys	7
		North Powys	8
		South Powys	8
		Sub-total	23
Wales Total	60		713

*Entry for 1 pharmacy excluded due to data quality issue

Survey responses cover 99.6% of community pharmacies in Wales

Appendix 4 Health Board Workforce Full Time Equivalents (FTEs) by Job Role

Appendix 4 provides a breakdown of the FTE workforce across Health Boards. The figures in brackets show the proportion of each job role in each Health Board and nationally, which add to 100% vertically. Note that pharmacist and pharmacy technician job roles are reported firstly as a breakdown of directly employed and self-employed job roles, but also as a total for each profession. Total numbers will sometimes not add perfectly to 100%, due to rounding. Where FTE numbers are fewer than 5 FTEs in a job role, this is reported as <5.

Full-Time Equivalents (%FTE)

Job role	Abertawe Bro Morgannwg	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf	Hywel Dda	Powys	All Wales
Pharmacist (directly employed)	137 (16%)	159.9 (17%)	154.7 (17%)	126.2 (19%)	92.4 (20%)	112.8 (18%)	22.9 (16%)	805.9 (18%)
Pharmacist (self-employed)	37.1 (4%)	29.7 (3%)	53.5 (6%)	27.3 (4%)	15.9 (3%)	26.5 (4%)	8.5 (6%)	198.4 (4%)
Total pharmacists	174.1 (21%)	189.6 (20%)	208.3 (23%)	153.5 (23%)	108.2 (24%)	139.2 (23%)	31.4 (23%)	1004.3 (22%)
Pre-registration pharmacist	14.4 (2%)	17.0 (2%)	5.8 (1%)	19.0 (3%)	7 (2%)	5.0 (1%)	0.0 (0%)	68.2 (1%)
Pharmacy technician (directly employed)	131.0 (15%)	128.9 (14%)	125.4 (14%)	94.0 (14%)	85.6 (19%)	67.1 (11%)	19.4 (14%)	651.3 (14%)
Pharmacy technician (self-employed)	<5 (0%)	<5 (0%)	0 (0%)	0.0 (0%)	<5 (0%)	<5 (0%)	0.0 (0%)	6.8 (0%)
Total pharmacy technicians	133.6 (16%)	651.3 (14%)	125.4 (14%)	94.0 (14%)	87.1 (19%)	67.6 (11%)	19.4 (14%)	658.1 (14%)
Pre-registration pharmacy technician	34.5 (4%)	37.5 (4%)	29.2 (3%)	22.7 (3%)	19.0 (4%)	23.4 (4%)	<5 (3%)	170.1 (4%)
Accuracy Checker	6 (1%)	6.7 (1%)	<5 (0%)	<5 (1%)	0.0 (0%)	5.5 (1%)	0.0 (0%)	25.4 (1%)
Dispensing assistant	298.2 (35%)	294.4 (31%)	313.1 (34%)	195.7 (29%)	148.3 (32%)	210.2 (34%)	51.1 (37%)	1510.9 (33%)
Trainee dispensing assistant	47.4 (6%)	55.7 (6%)	86.1 (9%)	58.9 (9%)	35.1 (8%)	45.5 (7%)	12.6 (9%)	341.2 (7%)
Medicines counter assistant	58.8 (7%)	89.9 (10%)	78.0 (9%)	70.9 (11%)	26.5 (6%)	49.4 (8%)	13.3 (10%)	386.8 (8%)
Trainee medicines counter assistant	15.4 (2%)	23.9 (3%)	24.1 (3%)	12.4 (2%)	6.7 (1%)	20.0 (3%)	<5 (3%)	106.1 (2%)
Medicines delivery driver	64.5 (8%)	89.6 (10%)	35.0 (4%)	36.6 (5%)	21.7 (5%)	47.8 (8%)	<5 (2%)	298.0 (7%)
Total FTE	847.9	935.3	908.4	667.5	458.9	613.6	139.4	4570.0

Appendix 5 Health Board Workforce Headcount by Job Role

Appendix 5 provides a breakdown of the workforce Headcount across Health Boards. The figures in brackets show the proportion of job role in each Health Board and nationally, which add to 100% vertically. Note that pharmacist and pharmacy technician job roles are reported firstly as a breakdown of directly employed and self employed job roles, but also as a total for each profession. Total numbers will sometimes not add perfectly due to rounding. Where Headcount unumbers are fewer than 5 FTEs in a job role, this is reported as <5.

Cyfrif Pennau (% y Cyfrif Pennau)								
Job role	ABM	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf	Hywel Dda	Powys	All Wales
Pharmacist (directly employed)	188 (16%)	225 (17%)	196 (14%)	173 (18%)	126 (19%)	146 (17%)	30 (15%)	1084 (16%)
Pharmacist (self-employed)	85 (7%)	75 (6%)	177 (13%)	65 (7%)	38 (6%)	61 (7%)	19 (9%)	520 (8%)
Total pharmacists	273 (23%)	300 (22%)	373(28%)	238 (24%)	164 (25%)	207 (24%)	49 (24%)	1604 (24%)
Pre-registration pharmacist	15 (1%)	18 (1%)	8 (1%)	19 (2%)	6 (1%)	5 (1%)	0 (0%)	71 (1%)
Pharmacy technician (directly employed)	165 (14%)	164 (12%)	152 (11%)	115 (12%)	107 (16%)	84 (10%)	24 (12%)	811 (12%)
Pharmacy technician (self-employed)	4 (0%)	5 (0%)	0 (0%)	0 (0%)	2 (0%)	1 (0%)	0 (0%)	12 (0%)
Total pharmacy technicians	169 (14%)	169 (13%)	152 (11%)	115 (12%)	109 (16%)	85 (10%)	24 (12%)	823 (12%)
Pre-registration pharmacy technician	37 (3%)	40 (3%)	34 (3%)	27 (3%)	21 (3%)	25 (3%)	5 (2%)	189 (3%)
Accuracy Checker	6 (1%)	10 (1%)	4 (0%)	7 (1%)	0 (0%)	6 (1%)	0 (0%)	33 (0%)
Dispensing assistant	403 (34%)	392 (29%)	439 (32%)	277 (28%)	208 (31%)	285 (33%)	66 (33%)	2070 (31%)
Trainee dispensing assistant	65 (5%)	83 (6%)	120 (9%)	86 (9%)	47 (7%)	76 (9%)	19 (9%)	496 (8%)
Medicines counter assistant	87 (7%)	163 (12%)	124 (9%)	122 (12%)	43 (6%)	70 (6%)	20 (10%)	629 (10%)
Trainee medicines counter assistant	26 (2%)	44 (3%)	41 (3%)	27 (3%)	14 (2%)	30 (3%)	10 (5%)	192 (3%)
Medicines delivery driver	103 (9%)	125 (9%)	59 (4%)	66 (7%)	53 (8%)	86 (10%)	8 (4%)	500 (8%)
Total FTE	1184	1344	1354	984	665	875	201	6607

Appendix 6. Workforce Average FTE/Headcount per Pharmacy by Health Board

When considering the numbers of people employed in each role, it can be useful to see this expressed as an average per pharmacy across geographies. Both FTE and Headcount are listed for each job role.

Average number of FTEs/Headcount per pharmacy per Health Board by job role								
Job role	ABM	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf	Hywel Dda	Powys	All Wales
Pharmacist (directly employed)	1.1/1.5	1.2/1.7	1.0/1.3	1.2/1.6	1.2/1.6	1.1/1.5	1/1.3	1.1/1.5
Pharmacist (self-employed)	0.3/0.7	0.2/0.6	0.4/1.2	0.3/0.6	0.2/0.5	0.3/0.6	0.4/0.8	0.3/0.7
Total pharmacists	1.4/2.2	1.4/2.3	1.4/2.5	1.4/2.2	1.4/2.1	1.4/2.1	1.4/2.1	1.4/2.2
Pre-registration pharmacist	0.1/0.1	0.1/0.1	0/0.1	0.2/0.2	0.1/0.1	0.1/0.1	0/0	0.1/0.1
Pharmacy technician (directly employed)	1/1.3	1/1.3	0.8/1	0.9/1.1	1.1/1.4	0.7/0.8	0.8/1	0.9/1.1
Pharmacy technician (self-employed)	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
Total pharmacy technicians	1.1/1.4	1/1.3	0.8/1	0.9/1.1	1.1/1.4	0.7/0.9	0.8/1	0.9/1.2
Pre-registration pharmacy technician	0.3/0.3	0.3/0.3	0.2/0.2	0.2/0.3	0.2/0.3	0.2/0.3	0.2/0.2	0.2/0.3
Accuracy Checker	0/0	0.1/0.1	0/0	0/0.1	0/0	0.1/0.1	0/0	0/0
Dispensing assistant	2.4/3.2	2.2/3	2.1/2.9	1.8/2.6	1.9/2.7	2.1/2.9	2.2/2.9	2.1/2.9
Trainee dispensing assistant	0.4/0.5	0.4/0.6	0.6/0.8	0.6/0.8	0.5/0.6	0.5/0.8	0.5/0.8	0.5/0.7
Medicines counter assistant	0.5/0.7	0.7/1.2	0.5/0.8	0.7/1.1	0.3/0.6	0.5/0.7	0.6/0.9	0.5/0.9
Trainee medicines counter assistant	0.1/0.2	0.2/0.3	0.2/0.3	0.1/0.3	0.1/0.2	0.2/0.3	0.2/0.4	0.1/0.3
Medicines delivery driver	0.5/0.8	0.7/1	0.2/0.4	0.3/0.6	0.3/0.7	0.5/0.9	0.1/0.3	0.4/0.7
Total FTE	6.8/9.5	7.1/10.3	6/9	6.2/9.2	6/8.6	6.2/8.8	6.1/8.7	6.4/9.3

Appendix 7. Abertawe Bro Morgannwg Community Pharmacy Workforce by Cluster

Where FTE or Headcount numbers are fewer than 5 in a job role for a cluster, this is reported as <5.

Full Time Equivalents																
Health Board	Cluster name	P (d)	P (h)	Cyfanswm P	PRP	PT (c)	PT (h)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total
Abertawe Bro Morgannwg	Afan	13.2	3.1	16.3	1	7.3	0	7.3	5.9	1	29.9	4	4	0	7.2	76.6
	Bay Health	15.4	7.3	22.7	2	14.4	0	14.4	0	1	29.8	3.2	4.9	2.3	8.5	88.8
	City Health	19.5	5.0	24.5	2	16.0	0	16.0	3.7	1	45.8	6.9	6.3	2	11.9	120.1
	Cwmtawe	12.6	1.1	13.7	1.4	13.3	0	13.3	4.6	0	18.7	2.2	5.4	1.1	4.0	64.5
	East Network	14.6	3.6	18.2	1	13.9	0	13.9	4.8	0	23.4	3.5	4.7	0.8	2.8	73.1
	Llŵchwr	9.7	2.7	12.4	2	13.3	0.4	13.7	2.3	2	25.6	2.6	3.7	0	4	68.3
	Neath	8.8	4.3	13.1	1	15.3	0	15.3	5	0	29.1	8	11.3	3.4	7.4	93.2
	North Network	13.7	3.4	17.2	0	15.4	2.2	17.6	2.5	0	24.9	8	7.5	2.9	8.6	89.5
	Penderi	9.2	2.5	11.7	1	6.0	0	6.0	1.9	1	17.4	2.6	6.5	1.1	4.8	54.0
	Upper Valleys	8.6	2.6	11.2	1	8.8	0	8.8	2	0	23.1	2.1	1.9	0.5	2.9	53.5
	West Network	11.8	1.4	13.2	2	7.3	0	7.3	1.8	0	30.4	4.4	2.6	1.3	2.4	65.4
		Sub-total	137.0	37.1	174.1	14.4	131.0	2.6	133.6	34.5	6	298.2	47.4	58.8	15.41	64.5
Headcount																
	Cluster name	P (c)	P (h)	Total P	PRP	PT (c)	PT (h)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total
	Afan	24	7	31	<5	10	0	10	6	<5	41	5	9	0	10	114
	Bay Health	18	12	30	<5	17	0	17	0	<5	40	5	9	5	14	124
	City Health	25	13	38	<5	20	0	20	<5	<5	53	11	8	<5	15	154
	Cwmtawe	18	<5	22	<5	16	0	16	5	0	30	<5	10	<5	6	98
	East Network	23	11	34	0	19	0	19	5	0	31	5	6	<5	5	106
	Llŵchwr	13	9	22	<5	19	<5	20	<5	<5	40	<5	6	0	11	110
	Neath	11	7	18	<5	18	0	18	5	0	36	9	14	<5	12	117
	North Network	16	6	22	0	17	<5	20	<5	0	33	11	8	5	12	114
	Penderi	11	7	18	<5	8	0	8	<5	<5	23	<5	8	<5	7	74
	Upper Valleys	13	5	18	<5	13	0	13	<5	0	33	<5	<5	<5	6	79
	West Network	16	<5	20	<5	8	0	8	<5	0	43	5	7	<5	5	94
	Sub-total	188	85	273	15	165	4	169	37	6	403	65	87	26	103	1183.9

Appendix 8. Aneurin Bevan Community Pharmacy Workforce by Cluster

Where FTE or Headcount numbers are fewer than 5 in a job role for a cluster, this is reported as <5.

Full Time Equivalents																
Health Board	Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total
Aneurin Bevan	Blaenau Gwent East	9.9	<5	10.1	0	9.2	0	9.2	<5	0	16.9	<5	9.8	<5	<5	52.7
	Blaenau Gwent West	9.4	<5	9.8	0	7.9	0	7.9	<5	<5	21.4	<5	5	<5	<5	62.0
	Caerphilly East	18.5	<5	20.9	<5	15.0	0	15.0	<5	<5	19.3	<5	11	<5	7.5	85.6
	Caerphilly North	17.9	<5	20.3	0	18.9	<5	20.6	<5	0	28.3	<5	8.6	5.4	9.0	100.6
	Caerphilly South	14.9	<5	17.8	<5	12.5	0	12.5	<5	0	25.7	6.3	<5	<5	6.1	79.9
	Monmouthshire North	12.1	5.4	17.5	<5	5.8	0	5.8	<5	0	23.8	5.5	12.4	<5	25.7	93.1
	Monmouthshire South	8.5	<5	10.1	0	9.2	0	9.2	<5	0	11.2	<5	6.1	<5	<5	48.8
	Newport East	11.1	<5	15.2	<5	13.4	0	13.4	5	0	21.1	6.5	7	<5	7.0	77.4
	Newport North	13.2	<5	17.8	<5	7.2	<5	7.3	<5	<5	27.7	<5	5.7	<5	8.5	80.0
	Newport West	16.4	<5	20.4	<5	12.3	<5	12.7	<5	0	34.6	<5	10.2	<5	10.7	96.9
	Torfaen North	13.6	<5	14.6	<5	6.2	0	6.2	<5	<5	33.1	7.2	<5	<5	5.2	79.4
	Torfaen South	14.4	<5	15.1	<5	11.3	0	11.3	<5	0	31.2	<5	5.1	<5	<5	78.9
	Sub-total		159.9	29.7	189.6	17	128.9	2.2	131.1	37.5	6.7	294.4	55.7	89.9	23.9	89.6
Headcount																
Cluster name	P (c)	P (h)	Total P	PRP	PT (c)	PT (h)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total	
Blaenau Gwent East	15	<5	16	0	11	0	11	<5	0	21	<5	12	<5	<5	69	
Blaenau Gwent West	10	<5	11	0	9	0	9	<5	<5	24	6	7	5	<5	73	
Caerphilly East	25	6	31	<5	20	0	20	<5	<5	28	6	20	5	13	129	
Caerphilly North	27	6	33	0	23	<5	25	5	0	32	5	13	10	14	137	
Caerphilly South	18	8	26	<5	15	0	15	<5	<5	39	8	7	<5	11	116	
Monmouthshire North	20	7	27	<5	7	0	7	<5	0	31	10	21	<5	14	114	
Monmouthshire South	14	6	20	0	13	0	13	<5	0	17	6	12	6	9	86	
Newport East	20	14	34	2	16	0	16	5	0	33	11	15	1	14	131	
Newport North	19	8	27	4	10	1	11	4	2	41	7	15	3	14	128	
Newport West	20	9	29	1	16	2	18	2	0	47	6	23	3	17	146	
Torfaen North	17	6	23	3	9	0	9	2	3	42	10	11	1	8	112	
Torfaen South	20	3	23	3	15	0	15	5	0	37	6	7	4	3	103	
Sub-total	225	75	300	18	164	5	169	40	10	392	83	163	44	125	1344	

Appendix 9. Betsi Cadwaladr Community Pharmacy Workforce by Cluster

Where FTE or Headcount numbers are fewer than 5 in a job role for a cluster, this is reported as <5.

Health Board	Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total	
Betsi Cadwaladr	Anglesey	15.6	6.2	21.8	<5	12.5	0	12.5	<5	<5	29.0	16.1	9.0	<5	<5	100.5	
	Arfon	11.8	<5	15.7	0	7.2	0	7.2	<5	0	26.4	<5	6.6	<5	<5	61.6	
	Central and South Denbighshire	6.8	<5	10.4	0	<5	0	<5	<5	<5	9.2	<5	<5	<5	<5	32.7	
	Central Wrexham	11.2	<5	14.8	0	10.7	0	10.7	0.0	0	27.8	7.4	<5	<5	<5	70.7	
	Conwy East	15.5	<5	19.5	0	10.5	0	10.5	5.3	0	33.3	<5	5.2	<5	<5	80.5	
	Conwy West	16.8	6.4	23.2	<5	13.5	0	13.5	<5	0	34.1	5.9	8.7	<5	<5	94.3	
	Denbighshire North*	13.7	<5	17.7	<5	15.5	0	15.5	5.9	0	26.0	11.0	7.5	<5	5.4	94.9	
	Dwyfor*	<5	6.0	8.8	0	<5	0	<5	<5	0	9.1	<5	<5	<5	<5	29.7	
	Meirionnydd*	9.7	<5	11.6	0	<5	0	<5	<5	0	12.9	5.4	<5	<5	0	38.2	
	North and West Wrexham	7.3	<5	8.9	<5	5.2	0	5.2	<5	0	15.3	5.1	<5	<5	<5	43.6	
	North East Flintshire	15.8	<5	18.2	0	12.1	0	12.1	<5	<5	27.7	<5	6.0	<5	6.5	81.1	
	North West Flintshire	7.1	<5	9.8	0	5.0	0	5.0	5.0	0	13.4	<5	6.6	<5	<5	39.6	
	South Flintshire	11.7	<5	14.7	<5	12.5	0	12.5	12.5	<5	24.1	6.5	7.7	<5	<5	74.8	
	South Wrexham	9.0	<5	13.2	0	8.5	0	8.5	8.5	0	24.7	8.6	<5	<5	<5	66.2	
	Sub-total	154.7	53.5	208.3	5.8	125.4	0	125.4	125.4	29.2	3.4	313.1	86.1	78.0	24.1	35.0	908.4
	Headcount																
	Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total	
Anglesey	20	16	36	<5	16	0	16	<5	<5	35	20	13	5	5	135		
Arfon	15	14	29	0	10	0	10	<5	0	36	6	9	<5	<5	95		
Central and South Denbighshire	8	11	19	0	5	0	5	<5	<5	19	<5	7	<5	<5	59		
Central Wrexham	15	16	31	0	13	0	13	0	0	37	11	4	<5	5	104		
Conwy East	18	8	26	0	12	0	12	6	0	55	5	9	<5	5	120		
Conwy West	20	21	41	<5	16	0	16	<5	0	45	8	18	7	<5	141		
Denbighshire North*	20	9	29	<5	19	0	19	7	0	34	13	13	7	7	132		
Dwyfor*	<5	22	26	0	5	0	5	<5	0	15	6	6	<5	<5	63		
Meirionnydd*	14	7	21	0	6	0	6	0	0	21	8	8	<5	0	65		
North and West Wrexham	9	7	16	<5	7	0	7	<5	0	20	7	5	<5	5	65		
North East Flintshire	21	8	29	0	14	0	14	6	<5	38	6	7	<5	12	115		
North West Flintshire	8	10	18	0	6	0	6	0	0	16	6	7	<5	<5	55		
South Flintshire	14	6	20	<5	12	0	12	<5	0	35	9	13	5	7	106		
South Wrexham	10	22	32	0	11	0	11	0	<5	33	11	5	<5	<5	99		
Sub-total	196	177	373	8	152	0	152	152	34	4	439	120	124	41	59	1354	

*data for 1 pharmacy in this cluster has been excluded, therefore figures likely to be an underestimate

*data for 1 pharmacy in this cluster has been excluded, therefore figures likely to be an underestimate

Appendix 10. Cardiff and Vale Community Pharmacy Workforce by Cluster

Where FTE or Headcount numbers are fewer than 5 in a job role for a cluster, this is reported as <5.

Full time equivalents

Health board	Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total
Cardiff and Vale	Cardiff East	10.6	<5	12.2	<5	6.7	0	6.7	<5	0	19.3	5.7	4.4	0	<5	52.6
	Cardiff North	22.9	<5	27.8	5.0	20.4	0	20.4	8.6	0	28.1	7.0	13.3	<5	8.5	120.2
	Cardiff South East	15.8	5.7	21.5	<5	7.4	0	7.4	<5	0	17.4	7.1	7.8	<5	5.4	72.2
	Cardiff South West	<5	<5	6.1	<5	7.1	0	7.1	<5	0	<5	<5	3.0	<5	<5	25.4
	Cardiff West	21.8	<5	25.1	<5	15.7	0	15.7	<5	0	35.8	7.9	13.5	<5	6.0	111.7
	Central Vale	11.7	5.6	17.3	<5	9.0	0	9.0	<5	0	21.1	12.6	9.2	<5	6.1	81.1
	Cardiff City and South	18.4	<5	20.0	<5	11.2	0	11.2	<5	<5	43.3	12.0	8.6	<5	<5	102.3
	Eastern Vale	12.2	<5	12.7	<5	10.2	0	10.2	6.5	<5	9.4	<5	8.6	<5	<5	56.8
	Western Vale	8.0	<5	10.8	<5	6.3	0	6.3	<5	<5	16.8	<5	2.6	<5	<5	45.2
	Sub-total	126.2	27.3	153.5	19.0	94.0	0	94.0	22.7	3.8	195.7	58.9	70.9	12.4	36.6	667.5

Headcount

Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total
Cardiff East	14	<5	18	<5	7	0	7	<5	0	23	8	6	0	<5	68
Cardiff North	33	11	44	5	23	0	23	10	0	46	13	23	<5	15	183
Cardiff South East	20	14	34	<5	11	0	11	<5	0	34	13	15	<5	10	123
Cardiff South West	6	<5	9	<5	8	0	8	<5	0	7	<5	<5	<5	<5	33
Cardiff West	30	11	41	<5	18	0	18	<5	0	48	12	25	7	13	169
Central Vale	16	12	28	<5	11	0	11	<5	0	28	17	16	7	10	120
Cardiff City and South	25	<5	28	<5	17	0	17	<5	<5	52	13	13	<5	<5	132
Eastern Vale	19	<5	21	<5	12	0	12	8	<5	14	<5	16	<5	5	90
Western Vale	10	5	15	<5	8	0	8	<5	<5	25	5	5	<5	<5	66
Sub-total	173	65	238	19	115	0	115	27	7	277	86	122	27	66	984

Appendix 11. Cwm Taf Community Pharmacy Workforce by Cluster

Where FTE or Headcount numbers are fewer than 5 in a job role for a cluster, this is reported as <5.

Full time equivalents																
Health Board	Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total
Cwm Taf	Cynon	16.9	<5	19.3	<5	17.6	0.0	17.6	<5	0	23.4	5.5	5.8	<5	<5	83.6
	Merthyr	18.6	<5	20.1	<5	18.9	0.0	18.9	<5	0	28.9	7.9	8.0	<5	5.0	96.1
	Rhondda	29.6	8.8	38.4	0.0	28.7	<5	29.6	<5	0	43.1	11.5	7.7	<5	8.1	145.0
	Taff	27.3	<5	30.4	<5	20.4	<5	21.0	5.7	0	52.8	10.2	5.0	<5	<5	134.1
	Sub-total	92.4	15.9	108.2	7.0	85.6	1.5	87.1	19.0	0	148.3	35.1	26.5	6.0	21.7	458.9
Headcount																
Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total	
Cynon	23	7	30	<5	23	0	23	5	0	32	8	9	<5	11	122	
Merthyr	23	<5	26	<5	23	0	23	5	0	38	11	12	<5	13	132	
Rhondda	44	19	63	0	34	<5	35	5	0	62	13	12	5	20	215	
Taff	36	9	45	<5	27	<5	28	6	0	76	15	10	<5	9	196	
Sub-total	126	38	164	6	107	2	109	21	0	208	47	43	14	53	665	

Appendix 12. Hywel Dda Community Pharmacy Workforce by Cluster																
Where FTE or Headcount numbers are fewer than 5 in a job role for a cluster, this is reported as <5.																
Full time equivalents																
Health Board	Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total
Hywel Dda	Amman Gwendraith	17.3	<5	21.3	0	7.7	0	7.7	6.8	0	30.5	11.6	10.0	<5	<5	96.9
	Llanelli	19.5	7.2	26.7	<5	14.2	0	14.2	<5	0	42.7	6.0	<5	<5	17.8	119.2
	North Ceredigion	10.6	<5	14.7	<5	4.3	0	4.3	<5	0	21.0	5.9	<5	<5	<5	57.8
	North Pembrokeshire	19.5	<5	21.7	0	14.5	0	14.5	<5	<5	32.8	<5	8.7	<5	6.2	96.5
	South Ceredigion	16.0	<5	19.2	0	7.3	0	7.3	0	<5	26.3	8.1	6.9	5.0	<5	75.5
	South Pembrokeshire	14.0	<5	15.5	0	9.9	<5	10.4	<5	0	24.0	6.2	10.5	<5	<5	73.0
	Taf Towy	15.9	<5	20.1	0	9.2	0	9.2	3.7	<5	33.0	<5	8.0	5.4	10.0	94.8
	Sub-total	112.8	26.5	139.2	5.0	67.1	<5	67.6	23.4	5.5	210.2	45.5	49.4	20.0	47.8	613.6
Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total	
Amman Gwendraith	20	8	28	0	9	0	9	7	0	40	16	12	3	15	130	
Llanelli	24	16	40	<5	17	0	17	<5	0	58	17	7	1	26	173	
North Ceredigion	13	7	20	<5	5	0	5	<5	0	25	8	<5	<5	9	78	
North Pembrokeshire	26	5	31	0	20	0	20	<5	<5	47	7	12	7	10	139	
South Ceredigion	20	10	30	0	11	0	11	0	<5	34	12	8	6	<5	105	
South Pembrokeshire	20	6	26	0	11	<5	12	<5	0	37	11	19	<5	7	118	
Taf Towy	23	9	32	0	11	0	11	<5	<5	44	5	11	7	16	132	
Sub-total	146	61	207	5	84	<5	85	25	6	285	76	70	30	86	875	

Appendix 13. Powys Community Pharmacy Workforce by Cluster																
Where FTE or Headcount numbers are fewer than 5 in a job role for a cluster, this is reported as <5.																
Full time equivalents																
Health Board	Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total
Powys	Canol Powys	6.4	<5	10.1	0	7.1	0	7.1	<5	0	12.7	<5	<5	<5	<5	41.2
	Gogledd Powys	5.6	<5	9.0	0	7.1	0	7.1	0.0	0	19.5	<5	<5	<5	<5	48.2
	De Powys	11.0	<5	12.4	0	5.2	0	5.2	<5	0	18.9	<5	6.1	<5	<5	50.0
	Is-gyfanswm	22.9	8.5	31.4	0	19.4	0	19.4	4.6	0	51.1	12.6	13.3	4.2	2.8	139.4
Headcount																
Cluster name	P (d)	P (s)	Total P	PRP	PT (d)	PT (s)	Total PT	PRPT	AC	DA	TDA	MCA	TMCA	DD	Total	
Mid Powys	8	7	15	0	8	0	8	<5	0	16	6	<5	<5	<5	58	
North Powys	9	9	18	0	9	0	9	0	0	26	8	7	6	<5	77	
South Powys	13	<5	16	0	7	0	7	<5	0	24	5	9	<5	<5	66	
Sub-total	30	19	49	0	24	0	24	5	0	66	19	20	10	8	201	

Appendix 14. Percentage of Pharmacies with a Pharmacy Technician by Primary Care Cluster

Where numbers of pharmacy technicians are fewer than 5 in a job role for a cluster, this is reported as <5.

Number of pharmacy technicians per pharmacy										
Cluster name	0	1	2	3	4	5	6	7 or above	Number of pharmacies included in the analysis	% pharmacies in cluster with a PT
Afan	5	7	<5	<5	0	0	0	0	13	62
Bay Health	6	5	<5	<5	0	0	0	0	16	63
City Health	5	7	<5	0	<5	<5	0	0	16	69
Cwmtawe	<5	5	<5	0	0	<5	0	0	11	82
East Network	<5	<5	<5	<5	<5	0	0	0	11	82
Llchwyr	<5	<5	<5	<5	0	0	0	<5	9	89
Neath	<5	<5	<5	<5	0	0	0	0	10	90
North Network	5	<5	<5	0	<5	<5	0	0	13	62
Penderi	<5	<5	<5	<5	0	0	0	0	7	57
Upper Valleys	<5	5	<5	<5	0	0	0	0	10	80
West Network	<5	<5	<5	0	0	0	0	0	9	67
Sub-total	35	48	22	13	0	<5	0	0	125	72
Blaenau Gwent East	0	<5	<5	<5	0	0	0	0	7	100
Blaenau Gwent West	<5	<5	<5	<5	0	0	0	0	9	56
Caerphilly East	<5	<5	<5	<5	0	0	0	0	14	71
Caerphilly North	<5	6	<5	5	0	0	0	0	16	75
Caerphilly South	6	5	<5	0	<5	0	0	0	14	57
Monmouthshire North	6	<5	<5	0	0	0	0	0	11	45
Monmouthshire South	0	<5	<5	<5	0	0	0	0	7	100
Newport East	<5	<5	<5	<5	<5	0	0	0	10	80
Newport North	<5	6	<5	0	0	0	0	0	11	73
Newport West	<5	<5	<5	<5	0	0	0	0	11	82
Torfaen North	6	<5	<5	<5	0	0	0	0	11	45
Torfaen South	<5	<5	<5	0	0	0	<5	0	10	60
Sub-total	41	41	29	16	0	0	<5	0	131	69
Anglesey	<5	5	<5	<5	0	0	0	0	13	77
Arfon	<5	<5	<5	<5	0	0	0	0	10	60
Central and South Denbighshire	5	<5	<5	0	0	0	0	0	8	38
Central Wrexham	5	<5	<5	<5	0	0	0	0	12	58
Conwy East	6	<5	<5	<5	0	0	0	0	13	54
Conwy West	<5	9	<5	<5	0	0	0	0	15	80
Denbighshire North	<5	7	<5	<5	0	0	0	0	14	86
Dwyfor	<5	<5	<5	0	0	0	0	0	8	50
Meirionnydd	7	<5	<5	<5	0	0	0	0	10	30
North and West Wrexham	<5	<5	<5	0	0	0	0	0	8	50

North East Flintshire	5	<5	<5	<5	<5	0	0	0	12	58
North West Flintshire	<5	<5	<5	0	0	0	0	0	8	63
South Flintshire	<5	<5	0	0	<5	0	0	0	9	67
South Wrexham	<5	5	<5	0	0	0	0	0	11	73
Sub-total	57	52	29	10	<5	0	0	0	151	62
Cardiff East	<5	5	<5	0	0	0	0	0	9	67
Cardiff North	6	9	<5	<5	<5	0	0	0	20	70
Cardiff South East	10	<5	<5	<5	0	0	0	0	16	38
Cardiff South West	<5	<5	<5	<5	0	0	0	0	5	80
Cardiff West	9	<5	<5	<5	<5	0	0	0	18	50
Central Vale	7	<5	<5	0	0	0	0	0	14	50
Cardiff City and South	5	<5	0	0	0	0	0	<5	10	50
Eastern Vale	<5	<5	5	0	0	0	0	0	9	78
Western Vale	<5	<5	<5	<5	0	0	0	0	6	67
Sub-total	45	33	18	8	<5	0	0	<5	107	58
Cynon	<5	5	<5	<5	<5	0	0	0	15	80
Merthyr	<5	7	<5	0	<5	0	0	0	14	93
Rhondda	6	12	6	<5	<5	0	0	0	27	78
Taff	7	7	<5	<5	0	0	1	0	21	67
Sub-total	17	31	18	6	<5	0	<5	0	77	78
Amman Gwendraith	9	5	<5	0	0	0	0	0	16	44
Llanelli	8	5	<5	<5	<5	0	0	0	17	53
North Ceredigion	6	<5	<5	0	0	0	0	0	10	40
North Pembrokeshire	6	<5	5	<5	0	0	0	0	17	65
South Ceredigion	8	<5	<5	<5	<5	0	0	0	13	38
South Pembrokeshire	6	<5	<5	<5	0	0	0	0	13	54
Taf Towy	5	5	<5	0	0	0	0	0	13	62
Sub-total	48	28	15	6	<5	0	0	0	99	52
Mid Powys	<5	0	<5	0	0	0	0	0	7	57
North Powys	<5	<5	<5	<5	0	0	0	0	8	63
South Powys	<5	<5	<5	0	0	0	0	0	8	63
Sub-total	9	5	8	<5	0	0	0	0	23	61
Wales Totals	252	238	139	60	17	<5	<5	<5	713	65

Appendix 15. Accuracy Checking Pharmacy Technicians (ACPT) by cluster

Where FTE or Headcount numbers are fewer than 5 for ACPT in a cluster, this is reported as <5.

Health Board	Cluster name	Total ACPT FTE	Total ACPT Headcount	% Headcount ACPT	Average ACPT headcount per pharmacy
ABM	Afan	<5	5	50	0.1
	Bay Health	<5	5	29	0.2
	City Health	5.8	9	45	0.2
	Cwmtawe	<5	5	31	0.2
	East Network	5.9	7	37	0.2
	Llchwyr	5.9	7	35	0.2
	Neath	7.6	8	44	0.2
	North Network	6.6	8	40	0.2
	Penderi	<5	<5	50	0.1
	Upper Valleys	<5	5	38	0.1
	West Network	<5	<5	50	0.1
	Sub-total	53.4	67	40	1.7
Aneurin Bevan	Blaenau Gwent East	<5	<5	36	0.1
	Blaenau Gwent West	<5	6	67	0.1
	Caerphilly East	8.3	10	50	0.2
	Caerphilly North	9.3	9	36	0.3
	Caerphilly South	7.3	9	60	0.2
	Monmouthshire North	<5	<5	29	0.1
	Monmouthshire South	5.7	8	62	0.1
	Newport East	7.2	9	56	0.2
	Newport North	<5	<5	36	0.1
	Newport West	6.2	9	50	0.2
	Torfaen North	<5	6	67	0.1
	Torfaen South	6.0	7	47	0.2
	Sub-total	67.8	83	49	1.7
Betsi Cadwaladr	Anglesey	7.9	9	56	0.2
	Arfon	<5	<5	30	0.1
	Central and South Denbighshire	32.0	<5	20	0.1
	Central Wrexham	5.5	<5	31	0.1
	Conwy East	5.4	6	50	0.1
	Conwy West	<5	6	38	0.2
	Denbighshire North*	6.4	9	47	0.2
	Dwyfor*	<5	<5	20	0.1
	Meirionnydd*	0.0	0	0	0.0
	North and West Wrexham	<5	<5	43	0.1
	North East Flintshire	6.0	7	50	0.1
	North West Flintshire	<5	<5	67	0.1
	South Flintshire	5.5	6	50	0.1
	South Wrexham	<5	<5	27	0.1
	Sub total	84.0	62	41	1.5

Cardiff and Vale	Cardiff East	<5	<5	29	0.1
	Cardiff North	9.8	10	43	0.2
	Cardiff South East	<5	6	55	0.1
	Cardiff South West	<5	<5	25	0.1
	Cardiff West	9.5	11	61	0.2
	Central Vale	<5	<5	27	0.1
	Cardiff City and South	6.2	8	47	0.2
	Eastern Vale	<5	5	42	0.1
	Western Vale	<5	6	75	0.1
	Sub-total	43.9	53	46	1.2
Cwm Taf	Cynon	8.2	10	43	0.2
	Merthyr	11.7	14	61	0.2
	Rhondda	13.6	16	46	0.4
	Taff	9.7	12	43	0.3
	Sub-total	43.2	52	48	1.1
Hywel Dda	Amman Gwendraith	3.8	<5	44	0.1
	Llanelli	5.1	8	47	0.2
	North Ceredigion	<5	<5	40	0.1
	North Pembrokeshire	<5	6	30	0.2
	South Ceredigion	<5	<5	27	0.1
	South Pembrokeshire	<5	5	42	0.1
	Taf Towy	6.3	6	55	0.1
	Sub-total	27.9	34	40	0.9
Powys	Mid Powys	<5	5	63	0.1
	North Powys	<5	6	67	0.1
	South Powys	<5	5	71	0.1
	Sub-total	13.4	16	67	0.2
	Wales Total	333.6	367	45	8.2

Appendix 16. Pharmacies with a Pre-registration Pharmacy Technician (PRPT) in training by cluster

Where FTE or Headcount numbers are fewer than 5 PRPTs for a cluster, this is reported as <5.

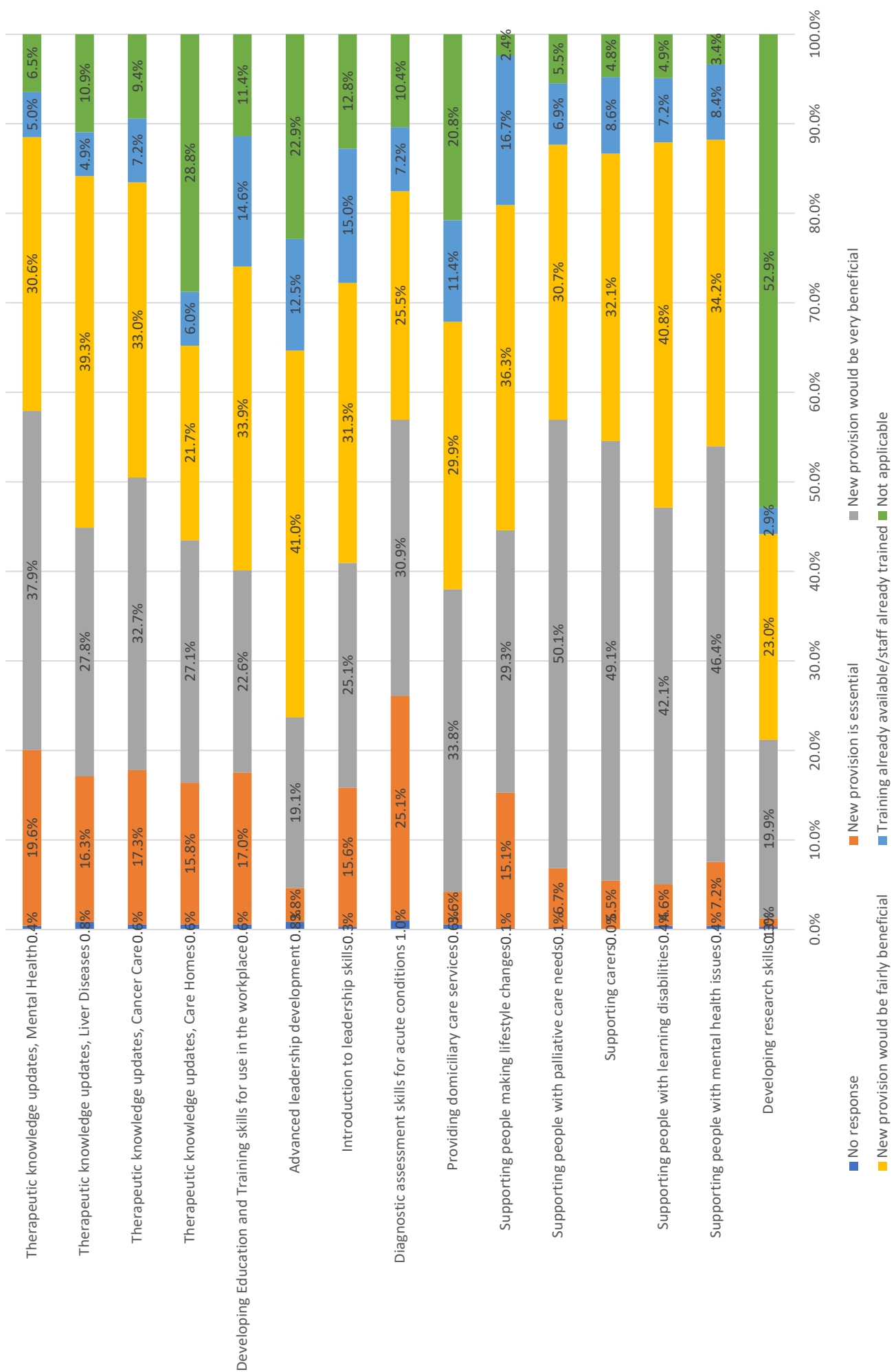
Number of PRPTs per pharmacy									
Health Board	Cluster name	0	1	2	3	4	No. pharmacies in the analysis	% pharmacies with a PRPT	% pharmacies with no PRPT
ABM	Afan	8	<5	<5	0	0	13	38	62
	Bay Health	16	0	0	0	0	16	0	100
	City Health	12	<5	0	0	0	16	25	75
	Cwmtawe	7	<5	<5	0	0	11	36	64
	East Network	6	5	0	0	0	11	45	55
	Llwchwr	6	<5	0	0	0	9	33	67
	Neath	6	<5	<5	0	0	10	40	60
	North Network	10	<5	0	0	0	13	23	77
	Penderi	5	<5	0	0	0	7	29	71
	Upper Valleys	8	<5	0	0	0	10	20	80
	West Network	7	<5	0	0	0	9	22	78
	Sub-total	91	31	<5	0	0	125	27	73
Aneurin Bevan	Blaenau Gwent East	5	<5	0	0	0	7	29	71
	Blaenau Gwent West	6	<5	<5	0	0	9	33	67
	Caerphilly East	11	<5	0	0	0	14	21	79
	Caerphilly North	12	<5	<5	0	0	16	25	75
	Caerphilly South	12	0	<5	0	0	14	14	86
	Monmouthshire North	10	<5	0	0	0	11	9	91
	Monmouthshire South	4	<5	0	0	0	7	43	57
	Newport East	8	<5	0	0	<5	10	20	80
	Newport North	7	<5	0	0	0	11	36	64
	Newport West	9	<5	0	0	0	11	18	82
	Torfaen North	9	<5	0	0	0	11	18	82
	Sub-total	99	26	5	0	<5	131	24	76
Betsi Cadwaladr	Anglesey	11	<5	<5	0	0	13	15	85
	Arfon	9	<5	0	0	0	10	10	90
	Central and South Denbighshire	7	<5	0	0	0	8	13	88
	Central Wrexham	12	0	0	0	0	12	0	100
	Conwy East	8	<5	<5	0	0	13	38	62
	Conwy West	12	<5	0	0	0	15	20	80
	Denbighshire North	10	<5	<5	0	0	14	29	71
	Dwyfor	7	0	<5	0	0	8	13	88
	Meirionnydd	10	0	0	0	0	10	0	100
	North and West Wrexham	6	<5	0	0	0	8	25	75
	North East Flintshire	7	<5	<5	0	0	12	42	58
	North West Flintshire	8	0	0	0	0	8	0	100
	South Flintshire	6	<5	0	0	0	9	33	67
	South Wrexham	11	0	0	0	0	11	0	100
	Sub-total	124	20	7	0	0	151	18	82

Cardiff and Vale	Cardiff East	8	<5	0	0	0	9	11	89
	Cardiff North	14	<5	<5	<5	0	20	30	70
	Cardiff South East	15	<5	0	0	0	16	6	94
	Cardiff South West	<5	<5	0	0	0	5	20	80
	Cardiff West	16	<5	0	0	0	18	11	89
	Central Vale	12	<5	0	0	0	14	14	86
	Cardiff City and South	9	<5	0	0	0	10	10	90
	Eastern Vale	<5	<5	<5	0	0	9	56	44
	Western Vale	5	<5	0	0	0	6	17	83
	Sub-total	87	14	5	1	0	107	19	81
Cwm Taf	Cynon	10	<5	<5	0	0	15	33	67
	Merthyr	9	5	0	0	0	14	36	64
	Rhondda	24	<5	<5	0	0	27	11	89
	Taff	16	<5	<5	0	0	21	24	76
	Sub-total	59	13	5	0	0	77	23	77
Hywel Dda	Amman Gwendraith	11	<5	<5	0	0	16	31	69
	Llanelli	13	<5	0	0	0	17	24	76
	North Ceredigion	7	<5	<5	0	0	10	30	70
	North Pembrokeshire	15	<5	0	0	0	17	12	88
	South Ceredigion	13	0	0	0	0	13	0	100
	South Pembrokeshire	9	<5	0	0	0	13	31	69
	Taf Towy	10	<5	<5	0	0	13	23	77
	Sub-total	78	17	4	0	0	99	21	79
Powys	Mid Powys	<5	<5	0	0	0	7	57	43
	North Powys	8	0	0	0	0	8	0	100
	South Powys	7	<5	0	0	0	8	13	88
	Sub-total	18	5	0	0	0	23	22	78
	Wales Totals	556	126	29	2	2	713	22	78

Appendix 17: Welsh Language Skills Report Totals will sometimes not add perfectly to 100%, due to rounding.								
Welsh Language Skills of the Community Pharmacy team by Job Role (Headcount and percentage)								
Welsh language competency summary by job role	Headcount Speak, Read and Write Welsh	Headcount Speak and Read, cannot Write Welsh	Headcount Speak, cannot Read or Write Welsh	Headcount Understand Spoken Welsh Only	Headcount Other Combination of Welsh Language Skills	Headcount No Welsh Language Skills	Headcount with Welsh Language competency not recorded	Percentage of job role with Welsh Language competency recorded (%)
Pharmacists (n=1084)	149 (14)	19 (2)	17 (2)	32 (3)	30 (3)	825 (76)	12 (1)	1084 (101)
Pre-registration pharmacists (n=71)	47 (9)	3 (1)	3 (1)	8 (2)	11 (2)	438 (84)	10 (2)	520 (101)
Pharmacy technicians (n=811)	9 (13)	0 (0)	0 (0)	1 (1)	0 (0)	60 (85)	1 (1)	71 (100)
Pre-registration pharmacy technician (n=189)	58 (7)	12 (1)	5 (1)	46 (6)	169 (21)	499 (62)	22 (3)	811 (101)
Accuracy checkers (n=34)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	12 (100)	0 (0)	12 (100)
Dispensing assistants (n=2070)	19 (10)	5 (3)	3 (2)	6 (3)	5 (3)	145 (77)	6 (3)	189 (101)
Trainee Dispensing assistant (n=496)	4 (12)	0 (0)	0 (0)	1 (3)	1 (3)	26 (76)	2 (6)	34 (100)
Medicines counter assistants (n=629)	228 (11)	26 (1)	24 (1)	56 (3)	41 (2)	1655 (80)	40 (2)	2070 (100)
Trainee medicines counter assistant (n=192)	61 (12)	7 (1)	3 (1)	11 (2)	15 (3)	396 (80)	3 (1)	496 (100)
Medicines delivery drivers (n=500)	56 (9)	5 (1)	8 (1)	15 (2)	16 (3)	503 (80)	26 (4)	629 (100)
Total workforce (6076)	47 (9)	2 (0)	3 (1)	12 (2)	12 (2)	403 (81)	21 (4)	192 (99)
								100 (99)

	Speak, Read and Write Welsh (%)	Speak and Read, cannot Write Welsh (%)	Speak, cannot Read or Write Welsh (%)	Understand Spoken Welsh Only (%)	Other Combination of Welsh Language Skills (%)	No Welsh Language Skills (%)	No Data reported (%)
Health Board							
Abertawe Bro Morgannwg	6	1	1	2	4	84	1
Aneurin Bevan	3	0	0	0	6	86	4
Betsi Cadwaladr	20	2	2	7	4	64	1
Cardiff and Vale	4	0	0	0	7	87	1
Cwm Taf	5	1	1	1	3	84	6
Hywel Dda	28	3	2	8	5	53	0
Powys	14	2	1	2	5	71	4
Wales mean	11	1	1	3	4	77	3

Appendix 18. Perceived benefits of potential training and development topics (n=713 respondents)



Appendix 19 – Modern Apprenticeship feedback

In the survey 138 respondents made free text entries about modern apprenticeships. This included 84 identical comments entered as a standard response from one community pharmacy multiple. There were 54 unique comments.

The comments were grouped into 20 themes. Some free text comments covered more than one theme. Themes are listed in Tables 1 and 2 according to whether the issue was a concern or a potential benefit.

Table 1: Themed concerns raised in relation to Modern Apprenticeships

Concerns	Number of reports
Head office/superintendent not professional decision	13
Lack of understanding awareness. Need more info	5
Bureaucracy	4
Financial	4
Low staff turnover	4
Content with the familiar	3
Identify favourable risk/benefit	2
Increases staff costs (reduced funding)	2
Training capacity issues	1

Table 2: Themes raised in relation to potential benefits of Modern Apprenticeships

Positives	Number of reports
Interest raised for NVQ2	84
Potential for the future	4
Increases professionalism of pharmacy/ is a reputational aid for pharmacy	2
Had positive experience elsewhere	2
Supports skill mix	2
Interest raised for NVQ3	1
General positive impact on pharmacy	1
Make courses freely available with no charge	1
Widening access for jobs	1
Fund NVQ2 training to support contractors as other funding being cut	1
Increases workforce morale	1