



# Support provided by Pharmacist Support to pre-registration trainees

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## 1. Introduction

### Pharmacist Support

Pharmacist Support is an independent charity providing a range of free and confidential services to pharmacists and their families, former pharmacists and pharmacy students in times of need. Our support includes an information and enquiry service, financial assistance to those in hardship, a range of wellbeing services (workshops, e-therapy, Listening Friends helpline, counselling), addiction support, specialist advice in debt, benefits and employment matters and careers coaching support.

Established by the Royal Pharmaceutical Society of Great Britain (RPSGB) in 1841, The Benevolent Fund (as it was then known) was governed by the RPSGB Council. In 2006, an independent Board of Trustees was recruited to govern the organisation independently. Following extensive market research involving pharmacists from all sectors of the profession, the fund was relaunched two years later, with a new name to reflect the development and variety of its service provision.

Today sees requests for support increasing year on year. The profile of our service users has moved significantly, away from widows/widowers of pharmacists and those retired from the profession to pharmacists of working age, trainees and students.

## 2. Background to this report

### High proportion of pre-registration trainee service users

The analysis of Pharmacist Support's service provision over the period since 2009 shows that a consistently high percentage of Pharmacist Support's service users are pre-registration trainees. The services where this is particularly evident include financial assistance, specialist advice, the enquiry service and Listening Friends. Analysis of visits to the Pharmacist Support website also shows that, apart from the Home page, the most visited pages are those with information for pre-registration trainees.

Total numbers of enquiries to Pharmacist Support have been steadily increasing year on year with numbers doubling between 2011 (404) and 2015 (814).

Over the past three years, figures for the percentage of our **enquirers** who were pre-registration trainees have increased to 27% in 2013, 29% in 2014 and 30% in 2015. So in 2015 this amounted to 239 enquiries.

In terms of **financial assistance**, the percentage of all recipients who were pre-registration trainees has increased from 17% in 2013, to 25% in 2014 and 28% in 2015.

Of all new callers to **Listening Friends**, Pharmacist Support's stress helpline, pre-registration trainees made up between 18% and 39% over the past six years.

Referrals to Manchester Citizens Advice for specialist advice show a similar percentage with 27% of all referrals being trainees in 2015. Of these, employment issues made up 77% of the referrals, with 13% being debt and 10% benefit.

### **Why these figures are of note**

The eligibility criteria for use of Pharmacist Support services are as follows:-

- a pharmacist who is on the GPhC register or who has been on the GPhC register or the former RPSGB register
- someone who is considered to be financially dependent on one of the above
- a pre-registration trainee
- a student on an MPharm course in Great Britain.

In terms of overall numbers of these groups in Great Britain, pre-registration trainees are by far the smallest of these groups numerically. Using the most recently available figures from the GPhC for pharmacists on the register (48,815 as of 31 March 2014; 50,292 as of 31 March 2015), MPharm students (14,638 in the 2013-14 academic year) and trainees (approximately 3,000 at the end of July 2015), the percentage of our service users who are pre-registration trainees is very striking. Looking at the enquiry service alone, about 8% of trainees contacted us in 2015. In percentage terms, this would be the equivalent of around 4,000 pharmacists making an enquiry that year, compared to the actual 369 who did make an enquiry. While it is true that the overall numbers of pre-registration trainees have increased over recent years, it is also the case that numbers of pharmacists and MPharm students have also risen. Where figures are available (taken from GPhC annual reports), these are noted in the Appendix.

## **3. Purpose of report**

To inform the Charity's strategic and financial planning, it was decided to examine in further detail both the nature of the assistance requested from trainees as well as the help provided to them by the Charity.

The report gives examples of the issues being brought to the Charity as well as highlighting a number of areas of concern and considers the potential impact on Pharmacist Support of the demand.

Pre-registration training is currently being discussed and reviewed in a number of different arenas. For example, the GPhC have recently held a round table where delegates came together to discuss how to improve the quality of pre-registration training in England. The RPS has established the Pre-registration Advisory Group (PRAG) whose aims include ensuring and leading on quality of training for trainees, supporting mentoring, ensuring the quality of tutors and working with the GPhC to raise standards where necessary. Health Education England is developing a proposal for a new process for pre-registration trainee recruitment.

The charity considers that the findings in this report will be of relevance to other organisations with a role in relation to pre-registration training and has therefore decided to make the report more widely available.

We hope our information will be helpful in providing an indication of questions and concerns raised with us and prompting consideration of potential steps that can be taken towards resolving the issues highlighted, ultimately achieving an improvement in the experiences of trainees across the board, wherever they undertake their training.

Although we do have many specific examples, we guarantee confidentiality to our users and therefore have given examples in more general terms that cannot identify an individual trainee.

## **4. Other organisations**

### **GPhC**

In its role as the regulator of pre-registration training, the GPhC has been taking steps to improve understanding of the key trends, issues and themes in pre-registration training and has embarked on a three year series of annual surveys of trainees, starting with the 2012/13 year (as well as a survey of pre-registration tutors for 2013/14). The trainee survey asks questions about trainees' overall experience, induction, educational supervision, progress and feedback, access to educational resources and the trainee voice. Summaries of the first two years (2012/13 and 2013/14) have been published and the results referred to in the report.

The GPhC's two part-time Pre-registration Training Facilitators deal with enquiries from individual trainees and Pharmacist Support often signposts to them.

### **Royal Pharmaceutical Society (RPS)**

The RPS offers associate membership to pre-registration trainees. This allows access to networks and discussion groups, resources and tools, support on a range of professional issues and revision tools. As noted above it is also engaged in work to ensure and lead on the quality of training for trainees.

### **British Pharmaceutical Students' Association (BPSA)**

The BPSA is the official student organisation of the RPS and it represents the interests of students and pre-registration trainees. Support for trainees includes two conferences per year, guidance for those entering training and a pre-registration magazine. There is a graduate officer who represents the views of trainees to external organisations and who can answer questions and provide support.

### **Pharmacists' Defence Association (PDA)**

The PDA offers all trainees free membership of the PDA and the PDA Union. PDA membership includes professional indemnity and legal defence costs insurance and access to solicitors and experienced pharmacist advisers. PDA Union membership includes legal and employment expert advisers and trade union accredited pharmacist representatives to support in employment disputes. In our discussions with the PDA, the issues brought to them have commonality with the issues noted by Pharmacist Support in this report.

## **Centre for Pharmacy Postgraduate Education (CPPE)**

CPPE provides a range of learning programmes to help trainees prepare for the assessment and work on their portfolio for registration. CPPE and peer support is also provided through their Facebook page.

## **Pharmacist Support**

Pharmacist Support is the only organisation providing the full range of pastoral support to trainees, however, trainees may well also have discussed concerns relating to their training with some of these other bodies.

## **5. What support does the Charity provide to trainees**

### **Enquiries**

Enquiries from pre-registration trainees are mostly related to specific pre-registration issues (they accounted for 78% of enquiries from trainees in 2015) during the initial placement or an additional six month placement or following a failed attempt at the assessment, though many of these also have a financial hardship aspect. The key issues for 2015 were failing the registration assessment (24%) and problems with a tutor (22%). Of the enquiries relating to failing the registration assessment, second time fails accounted for the largest group (59%), first time fails 29% with third time fails 12%.

Pharmacist Support provides employment advice regarding possible breach of contract issues and employment law issues, such as leave entitlement, changes to terms and conditions, pay, bullying and harassment and discrimination. Where the situation causes the trainee stress, distress and/or anxiety, a Listening Friend or our in-house counsellor can support them through this difficult period.

Where help is required with financial problems, we provide benefits entitlement advice, debt advice as well as direct financial assistance in the form of a grant. The vast majority of financial help provided is for living costs, with help also being given for the cost of the pre-registration assessment fee, revision aids, including RPS membership and the GPhC registration fee where applicable.

A key area of our work is to signpost enquirers to appropriate organisations/sources. We do regularly signpost to the GPhC Pre-registration training facilitators who have been of significant help both to us, in clarifying/providing information and to trainees experiencing issues.

Further information is given below to outline different situations affecting trainees with some examples to illustrate the issues.

### **Sector**

The majority of trainees who contact Pharmacist Support are undertaking their placement in community pharmacy. Analysis of our calls suggests that the quality of preregistration training across the community sector varies greatly, particularly in its compliance with good employment practice and/or employment legislation. In the assessment results for 2015, there was a noticeable difference in the success rates of trainees who completed their training in hospital (91%) compared with community (71%).

## **6. Training and tutor/employer issues**

The surveys carried out on behalf of the GPhC show the majority of trainees are satisfied with their training. In the 2013/2014 survey 78% rated the quality of their pre-registration experience to be good or very good. The remaining 22% rated it as neither good nor poor (11%), poor (7%) or very poor (4%).

Problems with tutors and/or employers accounted for almost a quarter of the enquiries received by Pharmacist Support about pre-registration issues. This is a broad category covering a range of issues relating to the quality of training provided and the way the trainee has been treated. We highlight some common areas of enquiry below.

Trainees often tell us they are reluctant to take any action about a problem, because of the unequal power balance they perceive between them and their tutor.

In initial discussions with prospective employers, issues such as salary, working hours, pay or support for study/additional training should be discussed with trainees, but once a trainee has started their placement, offers made do not always materialise.

It should be noted that as the trainee has a 12 month employment contract, their employment rights are limited, as many rights only apply once an employee has worked for an employer for two years.

### **Contact time with tutors**

The GPhC pre-registration manual recommends that the trainee makes sure the hours they usually work each week overlap with their tutor for at least 80% of the time they are working. They also state that the tutor is expected to meet with the trainee at least once per fortnight to ensure regular feedback is provided and to complete formal progress reviews.

Trainees contact us because the level of their contact with their tutor does not meet this minimum expectation. This can be for various reasons such as tutors not being based at the same location as their trainees and/or having very minimal contact with their trainees.

### **Training content**

In the report of the 2013/14 GPhC survey, 15% of trainees rated the quality of support received as poor or very poor, 78% thought their tutor had adhered to the learning contract, 60% rated their educational supervision as good or excellent, 22% as adequate and 17% as poor or very poor.

Trainees have expressed to us dissatisfaction with coverage of the GPhC assessment syllabus, not being given sufficient relevant experience and being asked to spend significant amounts of time on tasks, such as cleaning and shelf-stocking.

In contrast, some trainees have reported being asked to carry out tasks that only a qualified pharmacist should do.

In 2015, we started to see an increase in approaches from trainees in the first few weeks of their training who were unhappy with their placement and were considering moving or had already decided to move placement.

## **Study time**

Although there are no specific requirements set down in relation to the amount of study time that a trainee can take, the GPhC Learning Contract requires both tutor and tutee to sign that they agree the training will be self-directed, *with mutually agreed time dedicated to study and reflection on learning that will be documented in a portfolio for joint review.*

This is an area about which we often receive enquiries, with a number of trainees asking us if there are any rules/guidance regarding the amount of study time to be provided. We have a number of examples from trainees who have been refused any study time at all by their tutor. In contrast, others receive support from their employer and may have external training paid for them.

## **Progress reviews and final sign off**

The Pre-registration Manual states that if a trainee does not have a satisfactory progress review, it is vital that they and their tutor define clear expectations that would result in a 'satisfactory' outcome at the next progress report. The GPhC's *Pre-registration tutor development* document suggests an action plan is agreed with a review date. A number of trainees have contacted us with queries about their progress reviews. Some trainees have reported having had no progress reviews at all, others are unclear whether they have had a review, others again have undergone significant proportions of their training and have had no satisfactory reviews and no structured feedback or action plan to address this.

Some trainees contact us because they have passed the registration assessment and had a successful 39 week progress review but their tutor is not willing to give them final sign off. For trainees in this situation, they will need to undertake a further period of training for which they may not be paid. The pre-registration provider is not always willing to keep them on and in this case they will be required to find a new provider who is willing to take them on for a further six month period.

## **Bullying behaviour**

We receive a number of concerning reports from trainees about behaviour they perceive as bullying or inappropriate. We note also that the summary of the GPhC survey expressed concern that 15 trainees reported experiencing bullying during their training. The range of behaviour reported to Pharmacist Support is wide and includes:-

- constant criticism and/or belittling, which may be in front of colleagues
- inappropriate sexual conduct
- inappropriate verbal behaviour
- threats and intimidation about the consequences of trainees not carrying out certain required actions
- threats of being reported to the GPhC for a range of inappropriate reasons
- physical abuse
- discriminatory behaviour

- harassment on the grounds of gender or sexuality
- refusal to allow statutory annual leave entitlement.

This can have a significant health impact and we have been in contact with a number of trainees reporting anxiety and work-related stress.

## **Salary issues**

Hospital trainee salaries are paid according to a specified salary band (£21,692 per year in April 2015) (more in London and the South East).

A community pharmacy receives a payment of £18,440 for a year's pre-registration training but there is no set amount of this payment that must be passed on to a trainee. We have had reports from trainees receiving salaries ranging from the full payment received by the pharmacy to minimum wage. We have also had reports of some trainees being asked to work for periods without pay.

## **Hours of work**

There is no set number of hours that a trainee must work each week – the GPhC defines full-time training as between 35 and 45 hours per week. Trainees have reported to Pharmacist Support being required to work beyond the 45 hours maximum. Trainees working long hours report this as having a significant impact on their health and wellbeing, time and energy they have available to study and family life.

## **7. Failing the registration assessment**

### **Failing the first attempt**

Sitting an examination is a stressful experience and failing can be very traumatic. By the time a trainee sits the registration assessment for the first time, it is a minimum of five years since the commencement of their MPharm. They have been working for the past year and are anticipating finally qualifying and working as a pharmacist with a commensurate salary. A number have already taken on long term financial commitments, for example, car finance.

If the first attempt was in June, the trainee has to manage until October, taking a second attempt in late September and then waiting a month for the result. This is a difficult period, particularly for those trainees without family or other support. Financially, finding temporary work while waiting to resit is not considered by many as an option as they wish to use the time to revise and prepare for the second attempt. The requirement for claiming jobseeker's allowance is that the claimant is available for and is actively seeking work. It is very difficult for a trainee in this situation to confirm that they meet these two requirements.

If the first attempt was in September, they have to find the means to support themselves until the following July. Assuming temporary work is available, this may be more viable, particularly in the earlier months and, if they are actively looking for work and meet the other criteria, they can qualify for benefit. Although there may be plenty of time to revise, undertake further training and perhaps see a personal tutor, these can incur costs, plus the trainee must pay a further registration assessment entry fee.

For trainees facing this situation, we have helped by provision of a range of our services, including specialist benefits advice, financial assistance and a listening ear in the form of a Listening Friend.

### **Failing the second attempt**

Failing the assessment for the second time has significant additional consequences. The trainee cannot sit the assessment for the third and final time until they have completed a further six months of supervised employment in a patient facing establishment. There is no guarantee that this will be funded – while there are a small number of trainees who manage to find paid work, we are aware of a number of trainees who have managed to find a pharmacy that will agree to provide six months' work experience but who have not been paid for their work. They do not meet the eligibility criteria for jobseeker's allowance during this period as they are not available for work. Some state help may be available towards rent and council tax but such a long period with limited or in some cases no income can cause severe hardship and significant and continued stress, against the background of preparation for the last attempt at the assessment.

Trainees in this situation may need to move to a different area of the country to find a placement, which can leave them living away from their family and support networks, sometimes with significant relocation costs.

If a placement is paid this is usually at a low rate and trainees may still require some level of financial input from the charity to cover essential living costs.

In terms of the additional six months, there is no minimum working hours requirement – the trainee must carry out their own assessment of what they need to do to enable them to pass the assessment, which trainees speaking to us have found confusing, given there is also no requirement in terms of the content of the work. The supervising pharmacist must sign a declaration confirming the dates the trainee has worked and that they do not know of any reason under 7.11 of the Standards of Conduct, Ethics and Performance relating to the actions, professional performance or health of the trainee that would prevent their registration as a pharmacist.

Some trainees undertaking the additional six months work placement have reported being asked to work very long hours, even when not being paid, which impacts negatively on their ability to study. They also say this particularly vulnerable situation makes them reluctant to challenge their supervisor and adds to their stress and anxiety.

In our experience, trainees are confused by the requirements of the six months' work experience, in particular, the role of the supervising pharmacist and we have had concerns expressed to us by trainees that they will not be 'signed off' if they do not, for example, work a certain number of hours.

There can be concerns on the part of the pharmacy where they are taking on a trainee on a volunteer basis, in terms of the status of the trainee and their rights, whether they should agree a contract with the trainee, what they should do regarding insurance. For the trainee, if they are not an employee they have no employment

rights, other than the right as a worker not to be discriminated against. They can request expenses but there is no obligation to pay them.

In the main, the individuals we support in this situation are stressed and anxious, finding it difficult to work, live and prepare for their final attempt.

## **8. Other financial issues**

In addition to financial need arising from failing the assessment, we are sometimes contacted by trainees during their paid 52 week placements who are struggling to cover their living costs. In addition, a trainee's ability to manage financially is impacted by their individual circumstances, including family circumstances, dependants and unexpected events such as illness or relationship breakdown.

Some trainees are unable to find a placement near to their current accommodation and moving can incur significant costs, such as a month's deposit plus one or more months' rent in advance and removal costs. Other costs can include attendance at training events, access to or purchase of revision materials and, where the trainee is taking their second or third attempt, private tutoring. Where the trainee does pass their registration assessment, the salary may not have allowed for sufficient saving during the year to cover the registration fee assessment, their living costs from the time they finish their placement, through the period up to the assessment, the month until results come out, payment of the registration fee (give the amount), time to appear on the register and, even where they register immediately and have a job, time between starting work and receiving a first salary. This can be difficult for trainees who do not have other support, for example, from family. Once the trainee earns more than a certain amount, they must also start to repay their student loan from the April following their graduation date.

In addition to living costs, we help with purchase of study and revision materials, membership of the RPS to ensure the trainee is able to prepare and get the most of the support available, assessment fees and the GPhC registration fee to enable a newly qualified pharmacist to register and start to work.

## **9. Recruitment timing**

The difference in timing of recruitment for hospital places compared to community places has been a source of stress for trainees. In particular, some community pre-registration placements are now filled very early on, for example, 12 months before the training programme start date. Because of the need to know they have a placement arranged, trainees may apply for placements in both sectors, accept the offer of a community place, but then be offered a hospital place which they would rather accept. We have advised a number of trainees on the legal situation if they then decide to accept the hospital place. We have had a number of examples where trainees have stated that employers have threatened to report them to the GPhC if they withdraw from an agreement they have made.

## **10. Implications for Pharmacist Support**

We have seen a steady increase in approaches to Pharmacist Support in general for help since 2009. As awareness of the charity also grows year on year, we anticipate this trend will continue.

### **Financial implications**

With no cap on student numbers, it seems likely there will be increasing numbers of pharmacy graduates. Therefore, the Charity would expect and should prepare for a proportionate increase in requests from trainees seeking financial help at the key periods noted above.

If the increase in graduate numbers is not matched by an increase in pre-registration places, (and setting aside the other potential consequences of supply exceeding demand), it is conceivable that in some areas of community pharmacy salaries could go down, as has been seen recently with locum rates. So we may receive more requests for help during the initial 52 week placement.

In terms of pass and fail rates, statistically, if the number of trainees increases, we may expect the number of assessment fails to increase.

While trainees are not able to find funded work placements following a second time fail, or to achieve a final sign off, the charity will be asked to provide financial assistance to help trainees support their essential living costs plus additional expenses such as study materials, training and GPhC fees.

### **Other support requests**

We can make an assumption that an increase in student numbers will also lead to an increase overall in requests for support. This will impact on the enquiry service and CAB employment advice in particular.

## **11. Conclusions**

The majority of trainees have a positive experience in their pre-registration year. However, this is not the case for all trainees.

A number of themes have emerged from analysis of the support sought by pre-registration trainees and these are set out below.

### **Reluctance to report problems**

The mechanism for the reporting of issues to the GPhC is via its *Reporting a concern* option. Wherever appropriate, we highlight this option to trainees who contact us but they are in the main reluctant to use it. They feel in a vulnerable situation in terms of the way they may be treated for the rest of the year and of being reliant on their tutor to sign them off and do not therefore wish to risk making the situation worse. They are often also wary about passing on specific details of the training provider. It may be that some providers continue to behave in a similar way year on year but this cannot be picked up while trainees will not report. Some trainees prefer just to leave their placement and find an alternative provider.

## **Behaviour of tutors/employers**

Trainees often report feeling vulnerable and say that this is exacerbated by the behaviour of some individuals in a position of control and power.

Whilst it is the case that issues relating to salary, working hours and study leave are part of the employment contract, significant inconsistencies in employment practice have been noted as well as behaviour that may contravene the GPhC's standards of conduct, ethics and performance.

## **Lack of consistency in training provision**

There appears to be a lack of consistency in training provision, particularly in the community sector. This has been noted also in the PJ [no 7874/5 vol 295 8/15 August 2015] in a comment on the dissatisfaction levels expressed in the GPhC survey. "One of the reasons for this dissatisfaction was the quality of support they received, in particular from their preregistration tutors. Because tutors are not currently accredited, it is not possible to ensure that trainees are given consistent support, neither between individuals nor across sectors, so community pharmacy trainees may well be at a disadvantage." As noted above, trainees can be reluctant to report problems through the provided mechanism and so individual situations cannot be investigated. Measures such as inspection, random sampling, additional reporting requirements, minimum training requirements and accreditation could be ways to help address this in the future.

## **Monitoring of delivery of training**

Steps are being taken to improve the quality of training provision, for example, *tutor development* resources have been produced by the GPhC and are included in the pre-registration manual, the RPS are looking at support for tutors, the application for approval for the provision of pre-registration training sets out a number of declarations for applicants to confirm. However, there are gaps in the inspection and monitoring of the quality of training provision. For example, there are 12 declarations that must be made when applying for approval for the provision of pre-registration training. This includes, for example, declarations that the tutor must be based at the site where the trainee is employed and that there are sufficient resources and capacity to meet the requirements of the training. Reports to us indicate these undertakings are not being met but currently this is only likely to be brought to the regulator's attention if a concern is raised. Again, the PJ [no 7874/5 vol 295 8/15 August 2015] addresses this issued, quoting the President of the BPSA, Lottie Bain's concerns regarding lack of regulation of training during the pre-registration year "*it's no one's responsibility to ensure the quality of prereg tutors and to make sure that the training provided is up to standard.*" As a result, students' experiences vary widely and there is no mechanism to feedback poor experiences.

## **Difficulty dealing with issues in the way recommended**

The GPhC Manual advises that if a trainee thinks a problem between them and their tutor is impossible to solve they should first seek assistance in the workplace either from a more experienced colleague or a senior manager. If there is a pre-registration manager, they should be consulted to give guidance. It also notes that in some organisations, support is available from the regional or national pre-registration co-ordinators and that it is important to keep them informed of any significant issues. In a small pharmacy, this guidance may simply not be applicable, either because of the

lack of personnel in a position to help or because, as has been reported to us in some situations, the situation in the workplace means that no one else is willing to act and the trainee may often in effect be alone with no support available to them.

### **Problems with the six month work experience period following a second unsuccessful attempt at the assessment**

There is lack of clarity over the aim of this additional six month work period, what the work experience should cover and confusion over the lack of any requirements regarding numbers of hours.

The lack of guaranteed funding also creates significant problems for trainees.

### **Inconsistent employment practice**

In the community sector in particular, there is a lack of consistency and sometimes a wide discrepancy in terms of employment practice, so that trainees in different pharmacies may be treated differently, receive very different salaries, work a very different number of hours and receive very different study leave provision.

### **Lack of support**

Some trainees can be isolated with no one external to their training provider whom they feel they can speak to who understands their situation or has experience of it. This is particularly felt where trainees are having difficulties with their placement.

Pharmacist Support is able to help by providing access to Listening Friends volunteers, some of whom have been pre-registration tutors but the Charity is looking at options to increase the range and availability of support, including Investigation of the possibility of peer support so that trainees can speak to other trainees and/or be mentored by pharmacists who are recently qualified themselves.

## Appendix

### Pharmacist Support service provision statistics

| Year | Percentage of enquiries from pre-reg trainees | Percentage of people financially assisted who were trainees | Percentage of Listening Friends cases |
|------|---|---|---------------------------------------|
| 2009 | 24% (70)                                      | 27% (45)  | 22% (16)                              |
| 2010 | 31% (107)                                     | 26% (39)  | 39% (30)                              |
| 2011 | 24% (97)                                      | 22% (32)  | 18% (18)                              |
| 2012 | 14% (64)                                      | 14% (22)  | 20% (19)                              |
| 2013 | 27% (177)                                     | 17% (28)  | 31% (15)                              |
| 2014 | 29% (212)                                     | 25% (40)  | 23% (14)                              |
| 2015 | 30% (239)                                     | 28% (38)  | 22% (14)                              |

### GPhC figures for pharmacists, trainees and MPharm students

| Status                    | Number   |
|---------------------------|--|
| Pharmacists               | 43,500 (March 2011)<br>45,435 (March 2012)<br>47,407 (March 2013)<br>48,815 (March 2014)<br>50,292 (March 2015)  |
| Pre-registration trainees | 2,505 (2011) (new trainees)<br>2,651 (2012) (new trainees)<br>2,719 (2013) (new trainees)<br><br><b>2577</b> –number of trainees who were sent the 2013 GPhC survey request<br><br>3,000 (July 2015) |
| MPharm students           | 14,638 (2013-14)   |

### Pre-registration assessment pass rates

#### Whole cohort pass rates

| Year | June  | September |
|------|-------|-----------|
| 2011 | 85.5% | 89.6%     |
| 2012 | 94.5% | 58.2%     |
| 2013 | 78%   | 69.2%     |
| 2014 | 85.3% | 60.9%     |
| 2015 | 74%   | 64%       |