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**Differences between the  
National NHS Pharmacy Staffing Establishment & Vacancy Survey data  
(carried out by NHS PEDC) and the  
NHS Information Centre's NHS Workforce Census and NHS Workforce Vacancy  
Survey data**

**Background**

The NHS Pharmacy Education & Development Committee (NHS PEDC) has surveyed the NHS pharmacy workforce for several years; the activity started because workforce information made available centrally (e.g. English SHA data) and from HR departments was proving to be incomplete and/or inaccurate. The purpose of the National NHS Pharmacy Staffing Establishment & Vacancy Survey is to provide a picture of workforce requirements to provide NHS pharmacy services within NHS organisations (the Staffing Establishment), and the extent of the vacancy rates within this requirement, both of which can then be used to inform workforce planning activity and, in turn, discussions at local and SHA/home country level, to inform both workforce planning and education commissioning of trainee places at SHA/home country level.

**Issue**

As a result of differences between the data reported by the NHS Information Centre's (NHS IC's) NHS Workforce Census and NHS Workforce Vacancy Survey for England, and those reported in the National NHS Pharmacy Staffing Establishment & Vacancy Survey carried out by the NHS PEDC, the Department of Health in England asked the NHS PEDC to work with the NHS IC to explain the discrepancies between the two English data sets. The two organisations have met on three occasions over the last 12 months and carried out some subsequent work (see below and attached). This paper serves to explain the discrepancies and actions being taken to try to streamline some activities.

Table 1. Key differences between the two data sets (see below for further narrative):

**Key:** FTE = Full Time Equivalent i.e. 37.5hrs per week (Agenda for Change Terms and Conditions)

ESR = Electronic Staff Record

	NHS Information Centre	National NHS Pharmacy Staffing Establishment and Vacancy Survey
1. Data collection date	Staff in post 30 September 2008; Vacancy rates 31 March 2009	31 May 2009
2. Data source	Human Resources departments in NHS organisations, using the ESR	Pharmacy departments / Chief Pharmacists in NHS organisations
3. How is vacancy rate calculated?	<p>Total vacancy rates are calculated using: (total number of FTE vacancies) divided by the (FTE staff in post plus total number of vacancies).</p> <p>Three month vacancy rates are calculated using: (number of 3 month FTE vacancies) divided by the (FTE staff in post plus number of 3 month vacancies).</p> <p>The resulting total or three month ratio is expressed as a percentage. The FTE staff in post figures are taken from the workforce census results that were collected in the previous September.</p>	Number of vacancies (FTE) as percentage of Staffing Establishment (FTE). Headcount numbers are <b>not</b> collected.
4. How is a vacancy defined?	<p>A vacancy is defined as one which employers are actively trying to fill as at 31st March.</p> <p>A three month vacancy is defined as one which has lasted three months or more and which employers are actively trying to fill as at 31st March. Thus the emphasis is on vacancies which employers are finding hard to fill, rather than on normal staff turnover.</p> <p>It is acknowledged that with the introduction of the total vacancies, the denominator for both the three month rate and total vacancy rate should be based on staff in post plus total vacancies however in order to preserve the time series of three month data for comparability the above methods have been used.</p>	<p>"A post which is not currently filled by a permanently-employed member of NHS staff".</p> <p>Actual vacancies and 3-month vacancies are collected.</p>

Table 1 contd. Key differences between the two data sets

**Key:** FTE = Full Time Equivalent i.e. 37.5hrs per week (Agenda for Change Terms and Conditions)  
 ESR = Electronic Staff Record

	NHS Information Centre	National NHS Pharmacy Staffing Establishment and Vacancy Survey
5. Definitions and coding issues	Terms / Codes used are not always clearly defined e.g. <ul style="list-style-type: none"> <li>• Manager – Pharmacy</li> <li>• Pre-registration Pharmacy Trainee</li> <li>• MTOs</li> <li>• Technicians</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacist</li> <li>• Pharmacy Technician</li> <li>• Pre-registration Trainee Pharmacist</li> <li>• Pre-registration Trainee Pharmacy Technician</li> <li>• Pharmacy Assistant</li> </ul> Clearly understood by the pharmacy community.
6. Data collected	NHS Vacancy Survey covering NHS staff (medical and dental, and non-medical) for all NHS organisations. Total numbers in group only e.g. total number of pharmacists	Above groups broken down into Agenda for Change Bands. Data are collected separately for acute & mental health NHS trusts and PCTs, and then amalgamated.
7. Reasons for carrying out the survey	The vacancy survey supplies evidence to Nursing Pay Review Body and to monitor NHS Planning and Priorities Framework Targets at national and regional level to help balance supply and demand of workforce numbers.  The Workforce Census collection informs the national workforce planning agenda and key customers and stakeholders include the DH, the 10 SHAs, Deaneries, NHS Employers and other national workforce planning bodies.	To provide a picture of workforce requirements to provide NHS pharmacy services within NHS organisations, and to inform workforce planning activity & discussions.

**Note:** The NHS IC is unlikely to carry out its vacancy survey/report in this way beyond 2010; it is considering getting its vacancy information from alternative administrative sources (e.g. NHS Jobs) in the future, but this is not yet confirmed. NHS IC is likely to continue to look at posts which are being actively recruited into (*N.B.* Pre-registration trainee pharmacist posts are recruited using the National Recruitment Scheme and **NOT** via NHS Jobs)

## Further explanations / implications of the differences & actions being taken

### 1. Data collection dates

Rather than duplicating data collection activity, the NHS IC requests vacancy information on 31 March each year and uses the Staff in Post figures from the census in September of the previous year to calculate the percentage of vacancies. The NHS IC acknowledges the limitations of this (see below), and as the Electronic Staff Record (ESR) develops, more frequent and timely data collection will be carried out.

The NHS PEDC asks for Vacancy data and Staffing Establishment data on 31 May each year. It is acknowledged that data collection at this time of year is likely to reflect some of the highest vacancy rates in the calendar year, just before the cohorts of pre-registration trainee pharmacists and pre-registration trainee pharmacy technicians qualify, particularly for Band 6 pharmacist posts and Band 4 pharmacy technician posts. 31 May continues to be the preferred data collection date as accurate trend data over the last few

years would be lost if the date is changed. The NHS IC and NHS PEDC are in agreement with this; because other things are different, particularly the definition of a vacancy and the methods of vacancy calculations, a direct comparison between the two sets of data would still not be possible even if the dates were aligned.

In addition, following a meeting early in 2009, it was agreed that the NHS PEDC would collect data from two or three trusts in each SHA (a District General Hospital-type trust and a large teaching trust) on 31 March 2009 as well as 31 May 2009 so that the data obtained could both be compared with the NHS IC report based on data from 31 March, and also with the NHS PEDC data collection exercise on 31 May (see separate report).

## 2. Data source

Whatever the data source, NHS staff completing returns need to have been appropriately trained and/or have access to clear guidance notes for definitions and coding usage to enable consistent usage and a meaningful return. HR departments have to deal with a host of NHS posts whereas pharmacy departments will have a deeper understanding of pharmacy workforce issues. (See below).

## 3. How is vacancy rate calculated?

The NHS IC calculates the total vacancy rate as the total number of FTE vacancies on 31 March 2009 as a proportion of the sum of FTE staff in post as at September 2008 plus total number of vacancies in March; i.e. vacancy figures and staff in post figures are collected at different times of the year. The NHS IC acknowledges that this definition is limited because it does not take into account vacant posts in September 2008 or use Staffing Establishment, which better reflects the workforce required. NHS IC aspires to using the Electronic Staff Record (ESR) to obtain Staffing Establishment data and change its calculation of vacancy rates to being a proportion of Staffing Establishment in the future. (The ESR already has the ability to capture Staffing Establishment information; however, the ESR is not currently being used for this purpose by many NHS organisations).

NHS PEDC calculates the vacancy rate on 31 May as a proportion of Staffing Establishment on 31 May, so better reflects the vacancies as a proportion of staffing required to deliver services at the time.

## 4. How is a vacancy defined?

The NHS IC defines a vacancy as "A vacancy is defined as one which employers are actively trying to fill as at 31st March".

The NHS PEDC defines a vacancy as "A post which is not currently filled by a permanently-employed member of NHS staff".

Until recently, the NHS IC only collected 3-month vacancy data. A three month vacancy is defined as "one which has lasted three months or more and which employers are actively trying to fill as at 31st March". Thus the emphasis is on vacancies which employers are finding hard to fill, rather than on normal staff turnover.

The NHS PEDC only collected actual current vacancy rates. For the last two years, both organisations have collected actual and 3-month vacancy data, thus facilitating more meaningful comparisons.

### 4.1. Limitations of the above definitions.

There are limitations to both of the above definitions of a vacancy:

There are a number of reasons why an NHS organisation may not be actively recruiting into a vacant post on the date of the survey:

1. **The post has already been filled but the new incumbent has not yet started.** This is often the case for Band 6 pharmacist posts, as pre-registration trainee pharmacists are often recruited early in the new year to fill posts in August of the same year on registration.
2. **Financial pressures (end of financial year or fiscal climate generally) mean that the post is not being recruited into.**
3. **The post is being filled on a temporary basis by locum/agency staff.** This is often the case for pharmacists, as it is difficult to recruit into Band 6 posts between summer periods when newly qualified staff complete their training, therefore preventing NHS organisations from investing in recruitment rounds which they perceive as likely to be unsuccessful.

### Maternity leave

A post filled by a member of staff who is on maternity leave would be classed as a vacancy under the NHS IC definition *if a short-term recruitment process is under way* to cover the M/L, but not if it isn't.

The post would not be classed as vacant using the NHS PEDC definition, as it is currently filled by a permanently employed member of NHS staff (who happens to be on M/L).

### Locum/agency staff

A post filled by a locum or agency staff would be classed as a vacancy under the NHS IC definition *if a recruitment process is under way*, but not if it isn't.

The post would be classed as vacant using the NHS PEDC definition, as it is not currently filled by a permanently employed member of NHS staff.

This difference is important as anecdotally, pharmacy managers report that the use of locum/agency staff can limit their service provision, particularly during evening / weekend shifts, as locum staff choose when they want to work rather than when the service is required. In addition, it is more difficult to cover a vacancy at more senior levels, where specialist expertise and / or consistent input is required to deliver a particular service; often more senior vacancies are left vacant for this reason.

## 5. Definitions and coding issues

The pharmacy community understands that there are three staff groups requiring professional training and or registration to meet with professional body requirements, who may be in training, making the following five groups:

- Qualified pharmacist
- Pre-registration trainee pharmacist
- Qualified pharmacy technician
- Pre-registration trainee pharmacy technician
- Pharmacist assistant (who may or may not be in training)

The NHS Information Centre's coding guidance refers to pharmacy staff collectively. To those within the pharmacy community it is unclear what is meant by terms such as:

- Manager – pharmacy (could be a pharmacist or not?)
- Pre-registration pharmacy trainee (could be either a pre-registration trainee pharmacist or pre-registration trainee pharmacy technician)
- Technician (could be a pharmacy technician or another type of technician)

### Actions:

1. NHS PEDC has met with the NHS IC's Workforce Information Review Group (WIRG) and is currently reviewing coding definitions to provide clear guidance of codes to be used for various staff groups. This piece of work should be completed in the first half of 2010, after which HR departments should have clearer coding guidance, and pharmacy departments will be better equipped to work with HR departments to achieve greater consistency and accuracy of pharmacy workforce information.
2. The NHS IC intends to gather workforce data more frequently and in a more timely way in future. E.g. from July 2010 onwards, the current proposal out for consultation is for **monthly** Staff In Post figures to be made available using an extract taken directly from ESR (April's figures will be available in July, May's figures available in August, and so on). NHS PEDC will be able to request access to this information when required. In the longer term, NHS PEDC could use it to feed the workforce staff in post numbers into the vacancy survey data. This would ensure pharmacy departments work with HR departments to ensure accurate collection and coding of pharmaceutical staff at source and reduce pharmacy departments burden on completing the survey.
3. NHS PEDC and NHS IC have agreed to continue to work together to increase mutual understanding and streamline processes as far as is practicable.

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