

Market shifts towards permanent posts: a snapshot of recruitment

In this special feature, Zoë Gross looks at the current picture and issues affecting pharmacist recruitment across the UK

Over the past 12 months vacancy rates in the community pharmacy workforce have fallen. Even so, there are still reports of geographical recruitment “blackspots” across the UK. In the hospital sector, the full impact of Agenda for Change on recruitment and retention remains uncertain, but the number of locum pharmacists being employed is reported to have decreased. An increase in trend for a flexible workforce has been seen and, with the opening of new schools of pharmacy under way, there is scepticism over whether there will be enough preregistration places to accommodate graduates in a few years’ time.

All that said, supportive, statistical information on the current state of play of pharmacy recruitment and retention in NHS hospitals is still unavailable. Collection of data for the annual “NHS hospital pharmacy staffing survey” (which is carried out by the NHS Pharmacy Education and Development Committee and looks at recruitment and retention of pharmacists and technicians in all NHS hospitals across Great Britain) was put on hold for the second year running last year, again because of Agenda for Change. According to David Scott, regional training pharmacist for Thames Valley and co-ordinator of the survey, an update to the 2003 survey is about to take place this month and outcomes of the data collected are expected to be published by early autumn.

Picture of the workforce across the UK

Although vacancy rates in the community sector have dropped over the past year, there are still areas of the UK where recruiting pharmacists continues to be problematic. East Anglia and the North East remain such areas. Superdrug reports that it is increasingly seeing the recruitment of pharmacists becoming more area specific and areas where the company is particularly experiencing recruitment problems include the South West, East Anglia and parts of the North East and North West coasts. Boots The Chemists says that other areas where there is a significant shortage of pharmacists, although not specific to Boots, include Lincolnshire and the South West. Paul Stretton, the company’s human resources partner for pharmacy, hopes that the opening of the new school of pharmacy at the University of East Anglia in 2003 will help with the number of pharmacists wanting to work in the area in a few years’ time.

At the other end of the spectrum, there are specific areas where there are high numbers of pharmacists wanting jobs. According to Martin Crisp, head of pharmacy at



Superdrug: “There always seems to be a lot of interest in London and surrounding areas where our concentration of pharmacies is greater.” Rowlands Pharmacy has seen an influx of calls from pharmacists in Glasgow and Manchester looking for work, and there are currently no vacancies with the company in these areas. There has also been an influx of pharmacists near schools of pharmacy, for example, in London, Birmingham, Glasgow and Edinburgh, according to Karen Wakefield, the company’s pharmacist recruitment officer.

Commenting on the situation in the hospital sector, Jennifer Dorey, chief pharmacist and clinical director of medicines management at Oxford Radcliffe Hospitals NHS Trust and secretary of the Association of Teaching Hospital Pharmacists, which includes approximately 40 different hospital trusts linked to 25 or more medical schools across the UK says: “Implementation of the NHS plan over the past five years has generally resulted in increases in the pharmacy workforce, but this has not been a consistent level of increase across the country. For example, Thames Valley has generally fared less well than neighbouring areas and this may reflect the relatively challenging financial position within this strategic health authority.” She adds: “Recruitment of preregistration trainees to newly qualified pharmacists posts is becoming very competitive, with some applicants deferring a decision on an offer pending the outcome of another interview. This year we were unable to fill all our resident pharmacist places from the first round of interviews.” In addition, recruitment of technicians remains a challenge, especially in areas like Thames Valley where the cost of living is high. Technicians need to be locally trained and SHAs are not consistent in provision of supernumerary training posts and funding for training and assessment costs. There is uncer-

tainty over future funding of national vocational qualification costs, Mrs Dovey says.

Effects of Agenda for Change

The restructure of hospital pharmacist posts created by Agenda for Change is still not complete in some trusts and this has resulted in continuing uncertainty in recruitment. In some trusts initial bandings have been put in place but are subject to appeal and in others, “a substantial minority”, initial bandings have not yet been declared, says Dr Scott. Not knowing the new structures as a result of Agenda for Change has made it hard for hospitals to advertise posts for pharmacists.

Mrs Dorey comments that Agenda for Change has been enormously time consuming for both staff and managers. She says that at the Oxford Radcliffe Hospital the complexities of weekend working and pay protection arrangements have resulted in a delay in pharmacists being assimilated, though some of the job descriptions were submitted more than 18 months ago. In addition, the uncertainty over grading outcomes has tended to slow down the movement of pharmacy staff between trusts but this is likely to increase again once the Agenda for Change process is complete.

Tony West, chief pharmacist, Guy’s and St Thomas’ NHS Foundation Trust and immediate past-president of the Guild of Healthcare Pharmacists, adds that although it is too soon to tell what the impact of Agenda for Change on recruitment and retention will be, the significant salary differential for newly qualified pharmacists still remains and has not been addressed at all through Agenda for Change salary changes.

NHS financial pressures

Mrs Dorey told *The Journal*: “The financial pressure in some trusts has resulted in posts either being frozen or lost to meet savings targets. In other trusts, strict advertising policies mean that the preferred advertising mode for those trusts is now through local and national websites. Pharmacists are still adapting to this change but this is an increasingly successful means of recruitment.”

The number of locums working in the hospital sector has also “reduced considerably” over the past year as most hospital trusts across England are no longer employing them, as is the case at Oxford Radcliffe NHS Trust. According to Mrs Dorey, this has been for financial reasons rather than due to the availability of locums or the impact of the Royal Pharmaceutical Society’s retention fees. Commenting on the expense of locums,

Dr Scott says: "Sometimes a basic grade locum may cost as much as a head of department because of the agency fees." He adds that the effects of deficits in NHS budgets have also meant that pressures caused by Agenda for Change are more severe because there is no room to expand budgets.

Mr West comments: "The uncertainty over funding for the NHS, which has been widely trailed in the national press, is not helping but it is clear there will be a big push to avoiding the use of expensive agency or locum staff."

Community pharmacy locums

It was reported in last year's pharmacy recruitment feature in *The Journal* (25 June 2005, p793) that established locums in the community sector were beginning to look for permanent posts. So what does the community sector consider to be the situation a year on? United Co-op Health Care, which now has around 230 pharmacies based across the Midlands, in the north of England and southern Scotland, says that it has not seen any evidence of locums preferring to come in-house, although Superdrug has seen an in-

creasing interest from locums when its vacancies have been advertised. Martin Crisp, head of pharmacy at Superdrug, comments: "We believe the uncertainty of forthcoming legislation around the responsible pharmacist role and the increasing number of [potential] pharmacists graduating from the new schools are leading to more pharmacists seeking job security."

Rowlands Pharmacy has seen some of its locums taking on permanent posts with the company. Speculating on reasons for the switch from locum to employee, Mrs Wakefield thinks that the changes to the structure of the Royal Pharmaceutical Society's Register and the implications of being accredited for enhanced services may have both had an effect. "If you are employed by a company we are more inclined to contribute towards the training," she says.

However, analysis of data from the 2005 pharmacy workforce census, conducted by Karen Hassell, director of the Centre for Pharmacy Workforce Studies, University of Manchester, and funded by the Society, shows only a 1 per cent difference in the number of

community pharmacists working as locums, compared with data from the 2002 census (37 per cent for 2005 compared with 38 per cent for 2002). The full report of the 2005 pharmacy workforce census is expected later this month.

Overseas pharmacists

Companies and recruitment agencies report looking overseas to recruit pharmacists. Mrs Wakefield says that at Rowlands Pharmacy "we actively recruit in Europe and have maintained the number of overseas pharmacists employed with us". She has, however, seen an increase in enquiries from overseas pharmacists in EU countries during the past 12 months.

Boots has recently been approached by a number of locum agencies promoting the recruitment of overseas pharmacists to work for the company as locums. According to Mr Stretton: "Two agencies [had been] offering introductory-free offers for [taking on] Polish pharmacists." His main concerns about this are the transfer of professional and clinical skills to UK pharmacy and whether agencies

Views from multiples: vacancy rates in the community have dropped

Superdrug, with 224 pharmacies across the UK, reports a significant improvement in the recruitment of pharmacists in the past six months. The company has a current vacancy rate of around 10 per cent — nearly a 50 per cent improvement on last year's figures — and is currently mainly recruiting for pharmacy managers, although it is also looking to recruit more relief pharmacists. According to Martin Crisp, head of pharmacy at Superdrug: "Our pharmacist turnover is currently fairly stable. This is a trend we expect to see continue throughout the remainder of 2006."

The company has internally restructured its pharmacist workforce in the past year, which has involved the introduction of group pharmacy managers (GPMs). Mr Crisp explains: "The GPM's role is to support around a dozen stores, providing local advice and expertise. They are also a key point of contact for external agencies such as primary care trusts. GPMs will typically spend one day a week out of their base stores to achieve this."

Boots The Chemists, which restructured its pharmacy workforce two years ago to increase manager support, also reports that it is doing better this year — both in terms of filling vacancies and retaining pharmacists. According to Paul Stretton, human resources partner for pharmacy at Boots, this may be because the company has recently put a new training programme in place for both newly qualified and established pharmacists. However, Boots is still actively looking to recruit more pharmacists because of the need to deliver more pharmacy services as a result of the new pharmacy contract.

Boots is expected to merge with AllianceUniChem at the end of July and the merged organisation will retain 2,600 stores, each of which will have a

pharmacist central to the business. Commenting on the effect of the merger on recruitment, Mr Stretton says that it will create more posts for pharmacists in the future as well as "greater career choices and opportunities to deliver community pharmacy and the new features of the pharmacy contract".

For Lloydspharmacy, "2005 was a very successful year in terms of recruiting new pharmacists", says Andrew Hainge, the company's resourcing manager. However, "there are still some pockets where we experience recruitment difficulties, but these are usually the remoter parts of the UK where pharmacists continue to be in short supply. This is an issue that affects the whole pharmacy industry, not exclusively Lloydspharmacy."

The company made two changes to its pharmacy network structure last year. It created a new role of senior area pharmacy manager, to provide additional clinical support for pharmacy managers and pharmacists, and has increased the number of area managers "to give greater support to pharmacy managers and pharmacists, especially as a result of the increased demands in implementing the pharmacy contract", says Mr Hainge.

The vacancy rate for pharmacists at Rowlands Pharmacy, including long-term locums, has decreased from 22 per cent to 17 per cent over the past year. Karen Wakefield, pharmacist recruitment officer for the company, says that this may be because some of the company's locums decided to become employees and the company also retained 10 of its 12 preregistration trainees who qualified in 2005. The company is also experiencing far more calls from both pharmacists and preregistration trainees for jobs at the moment than this time last year.

Views from a recruitment agency

Recruitment agency, Mediplacements, which has recently been listed as a provider of the new NHS "Purchasing and supply agency national framework agreement", confirms that vacancy rates for locum pharmacists are down this year — although the company says that it is "making a good number of placements for technicians". Steve Porter, operations director, comments: "Bookings [from trusts for locum pharmacists] are definitely down, principally because of freezes resulting from NHS funding shortfalls." He adds: "As with the general trend in the NHS, more people are taking permanent jobs, including candidates from overseas."

The company says that the introduction of its loyalty scheme last year has proved to be popular and although the use of MediPoints is having a positive effect on retention, the effect on recruitment is not huge.

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No guarantee of enough places for preregistration trainees

The current opening of new schools of pharmacy across England will "undoubtedly" have an effect on preregistration places and recruitment in a few years' time. However, it is hard to say precisely what the effect will be, says David Scott, regional training pharmacist for Thames Valley Strategic Health Authority. The NHS Pharmacy Education and Development Committee estimates that there will be 1,625 pharmacy graduates in England and Wales this year and 2,543 graduates by 2010. "It is highly unlikely that the hospital sector and probably the multiples in the community sector will increase their training places substantially," he says. "Therefore, any additional places required, and there will be a large number, will have to be met by the independent community sector. In the past that has always worked in that as numbers have fluctuated both up and down, the independent sector has taken more or fewer students and almost all graduates have found employment." However, he is sceptical that this will continue to happen in a few years' time.

So what is the Royal Pharmaceutical Society's view? Peter Burley, head of preregistration, says: "It is worth bearing in mind that some of the prospective

schools of pharmacy in the pipeline will not be producing graduates for several years yet. For the next few years at least we foresee a balance between graduates and placements if current figures are extrapolated forwards. There are certainly enough approved training sites for the time being, although there is never a guarantee that any given site will take a trainee in any given year. There may be issues around the relative capacity of the different sectors. The Society is taking forward education and policy development work to try to ensure that pharmacy education and training remains fit for the future both quantitatively and qualitatively."

Looking at the short-term recruitment of trainees, Dr Scott comments that the number of preregistration trainee places will be affected by Agenda for Change. Under the new pay structure, the pay rise for preregistration trainees is several thousand pounds and many hospitals are finding that the full costs of taking on a preregistration trainee are no longer being met by strategic health authorities, he says. The outcome of this could be fewer students in the hospital system for the 2007 intake.

test candidates on use of the English language. Boots has a stringent process for recruiting overseas pharmacists and, as well as testing English language skills, spends three months acclimatising pharmacists into UK pharmacy. Mr Stretton told *The Journal*: "We do not currently use, or plan to use, any locums from agencies 'shipping in pharmacists' from overseas." Of those agencies questioned as to whether they test overseas pharmacists on use of English language, two said that they did and one said that it did not.

So what do the agencies say? Although Mediplacements has not seen a difference in the number of overseas locum pharmacists, agency Orion Locums says that it has been looking at recruiting European locum pharmacists more this year than previously. Paul Turner, managing director, Sterling Cross, comments that there have been a lot of overseas pharmacists that have been brought into the UK from Poland, Spain and the Czech Republic, mainly by multiples.

From the hospital perspective, Mrs Dorey says: "The loss of the reciprocal registration agreement with New Zealand and Australia from 1 June has meant a short-term increase over the past few months in the number of pharmacists from those countries wanting to complete the one month preregistration training, but is likely to have a negative impact on recruitment from now on."

Moving between sectors

There is uncertainty about the movement of pharmacists between primary care and secondary care, according to Dr Scott. With the reduction in the number of primary care organisations being implemented at the moment, the NHS Pharmacy Education and Development Committee "does not imagine there will be a significant problem [with losing hospital pharmacists to primary care] in the near future".

However, there may be job losses involved in primary care mergers and some community primary care pharmacists may even come back into the hospital environment, Dr Scott says.

A more flexible workforce

Flexibility in the workforce is on the rise, says Dr Scott. He explains that previously, hospital pharmacy departments would have recruited one person who perhaps would have stayed for a number of years, whereas now a lot of people are interested in short-term contracts so that they can, for example, go travelling or take study leave.

This means that hospital pharmacy departments have to be flexible about whom they are prepared to recruit, he says. Although there are costs involved in maintaining such a workforce, there are also many advantages, he adds.

Influence of KSF on career progression

An integral component of Agenda for Change has been the assignment of NHS Knowledge and Skills Framework (KSF) outlines to NHS jobs. Although such outlines provide a single system of pay progression across the NHS, satisfactory performance against the KSF is not associated with pharmacist grade changes.

Katey Hewitt, deputy chief pharmacist, and Barry Jubraj, lead pharmacist for academic studies and professional development, Chelsea and Westminster Healthcare NHS Trust, say that the KSF may have a positive effect on the recruitment of hospital pharmacists. However, it may slow down progression into senior pharmacist posts. Although they think that the introduction of KSF will not affect whether pharmacists choose to go into hospital pharmacy, if pharmacy departments integrate the KSF into the appraisal and continuing professional development process, there will be a number of benefits.

Mr Jubraj emphasised the importance of not viewing the KSF in isolation since, eg, "a major reform is currently going on in the South East of England regarding postgraduate diplomas which dovetails with the KSF and will provide more structure to career progression". The pharmacy department at Chelsea and Westminster has begun to use the KSF as part of the recruitment process.

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NHS funding deficits take their toll on hospital pharmacist workforce

Hanadi Ghannam, clinical rotational pharmacist, Heart of England NHS Trust, describes the state of the hospital pharmacy workforce

Recent announcements on job losses have thrown uncertainty on the future for many NHS employees. The BBC has reported redundancies running into thousands — 7,000 were reported up to May 2006 — with the Midlands said to be losing at least 3,650 jobs. The Government is resolute that only temporary, clerical or administrative staff places are being cut, thus minimising any impact on patient care, but many trusts have had to freeze recruitment and have already made cuts to management and nurses.

Why have these cuts had to be made and what impact have they had on hospital pharmacy? NHS Employers, the organisation representing employers on workforce issues in the English NHS, recently issued a briefing to explain: “Reductions in workforce numbers are being considered for many reasons, including the reconfiguration of primary care trusts, changes in NHS funding arrangements, the introduction of new providers of services and provision of more care in the community rather than in hospitals.

“Some financial changes in the past year have been quite significant and sudden at a local level, in part because of organisations preparing for the introduction of the new Payment by Results system, as well as some primary care trusts commissioning less work from their local NHS hospital or uncertainty about the level of work they will require them to do. A number of NHS trusts also have substantial historical debts which they now have to pay off.”

It has conducted a survey of human resources directors at trusts where job losses have been announced. The results confirm rumours of redundancies, although at levels much lower than those reported in the media (see Panel below). Most trusts did not provide exact figures but “almost all were confident that they could avoid compulsory redundan-

cies”. Only the University Hospital of North Staffordshire, a trust with a “history of significant financial and managerial problems” reported plans to make a large number of staff redundant.

These figures are in stark contrast with what the media have given, but they account only for redundancies and not the loss of posts. Anthony Oxley, president of the Guild of Healthcare Pharmacists, is also sceptical: “We do not have any exact figures so it is difficult to comment but I think the numbers of job losses will be higher than what has been quoted. I question the position that NHS Employers has taken.” Even if trusts are able to keep redundancies to a minimum, funding deficits can still have a significant impact on services. One NHS trust in the West Midlands, which did not want to be named, ended 2005–06 with an overspend of £7.3m. The pharmacy department has been asked to make drug budget cuts of £250,000 and staff cuts of £142,000. For the next year, pharmacy staff will not be paid for extra hours or be able to accumulate time off in-lieu or overtime. The department has now lost four full-time positions and cannot replace another three recent vacancies, leaving the pharmacy department stretched and staff morale low.

The chief pharmacist at the trust explained the impact it has had on the service: “Our outpatients pharmacy is now closed on



Hospital pharmacists face an increasingly competitive job market as trusts reduce staff due to budget cuts

Friday afternoons to reduce running costs. To avoid wastage of drugs in the health economy and reduce spending on discharge prescriptions we are now rolling out the use of patients’ own drugs across the hospital without the qualitative benefits and safeguards of ward-based pharmacy teams. Ward visits get cancelled more often than before due to lack of pharmacist cover. Consequently I cannot justify staff going on study leave, even if we had the funding.”

This picture is common: pharmacy redundancies have been kept low by diminishing vacancies, the use of locum staff and cutting back to essential services, but this puts a strain on departments that are already understaffed. Mr Oxley accepts that there is an element of inevitability: “Unfortunately pharmacy is not exempt from cost-cutting exercises but job losses, even if they are vacancies, should be properly planned and not knee-jerk reactions to deficits. Losing professional staff is a serious issue as it deskills our workforce. Hospitals doing this will find that in the long run they have shot themselves in the foot.”

In its annual hospital staffing survey, the NHS Pharmacy Education and Development Committee reported that for 2005, 16 per cent of hospital junior pharmacist posts were vacant and locums filled an additional 14 per cent of posts. This is despite an 8 per cent growth in hospital pharmacist numbers. The impact of this is a significant reduction in modernisation and service development, with up to 70 per cent of hospitals reporting service reduction or refusal.

Expected redundancies in trusts able to confirm their plans and willing to be named (NHS Employers, May 2006)

Trust	Reported losses	Expected redundancies
Norfolk and Norwich University Hospital	450	Very few
Pennine Acute Trust	800	Uncertain
East Sussex Hospitals Trust	250	Very few
Royal Free Hospital	480	Nil
University Hospital of North Staffordshire	1,000	Maximum 550
Peterborough & Stamford Hospitals Foundation Trust	185	Under 10
South Tees Hospitals Trust	300	Four
York Hospital	200	Very few
Homerton Hospital	100	Very few

This deficit is set to increase. Agenda for Change has led to a reduction in hours for pharmacists from 39 hours per week to a normal week of 37.5 hours, which requires 4.8 per cent additional staff to make up for the shortfall. There is also high staff turnover: 21 per cent of pharmacists left their employing hospital in the previous year and 10 per cent left the hospital sector altogether.

The funding shortfalls have inadvertently impacted on hospital preregistration training. As a result of Agenda for Change, the salary of a hospital preregistration trainee has gone up by about £5,000 to £19,163. Many regional workforce development directorates, which fund these posts, have found themselves unable to finance the new higher salary. To resolve this problem, hospitals either keep the same number of preregistration posts at the lower salary, or cover the shortfall themselves. Many have opted for the second choice, but as a result cannot afford to take on so many preregistration trainees: the Hampshire and

Isle of Wight Strategic Health Authority, for example, has now lost two posts.

David Scott, who manages preregistration trainee recruitment for the NHS, estimates that nationally there may be as many as 60 hospital posts lost in the coming year. Although the number of posts has been steadily rising from 568 in 2004 to 609 for the 2006 intake, it is outstripped by the growing number of graduates, with 1,625 expected in 2006 and 1,957 in 2008. This ratio is still better than in many other graduate markets, however, and Dr Scott believes that students should not be discouraged: "I still think that hospital pharmacy offers excellent training for students and there are plenty of opportunities, so do not let the competition put you off from applying."

While competition for preregistration posts may be growing, the mood among junior pharmacists is sombre: "Until this year I would have said job prospects were good, but with recent events across the UK, NHS jobs

now are not guaranteed," commented Puneet Sharma, a pharmacist at Wolverhampton Royal Hospitals. "Lately very few D-grade and above jobs are being advertised and so career progression is slowing down. Even sideways movements are difficult within a region."

Collectively, NHS trusts ended the 2005-06 financial year with a cumulative deficit of £598m, a sum that represents 1.5 per cent of their total turnover. The Government has asked everyone to keep this figure in perspective, but whatever its long-term impact, the short-term reality may see some pharmacists looking elsewhere for employment.

Hospital pharmacy has the potential to develop some excellent new roles and services, but without adequate funding, few will see them become a reality. It seems that the reputation of the NHS needs some repair if it is to avoid worsening problems within hospital pharmacy.

Purchasing and Supply Agency (PASA) approved recruitment agencies

Apex International
Contact: Holly Jago
01206 369973

Eurosite
Contact: the pharmacy team
020 8418 3025

Mediplacements
Contact: Paul Carnera
020 8491 8899

RS Locums
Contact: Hayley Moss
08450 063 726

Elite Recruitment Specialists
Limited
Contact: Rachel Stone
020 7235 1900



Holt Medical Recruitment
020 8614 5858
enquiries@holtmedical.com

National Locums
Contact: David Chung
07770628791

Sensible Locums
Contact: Joseph Dumont
020 8364 9911

Labmed Recruitment
Contact: Craig Kayse
020 7749 8284

Orion Locums
Contact: Gareth Thomas
0870 333 8312



EM Recruitment Ltd
Contact: Junior Stewart
020 8709 6570



MJV Pharmacy Locums
Contact: Kathleen Galvani
0800 0856350 / 01702 542636

Tradewind Recruitment
Contact: Laura Marks
0845 880 1272



Locumlink
Contact: Priti Popat
020 8927 0975



Quality Locums
Contact: Sarah Kempthorne
01992 305 645



PJ Locums
Contact: Greg Ford
020 8874 6111

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