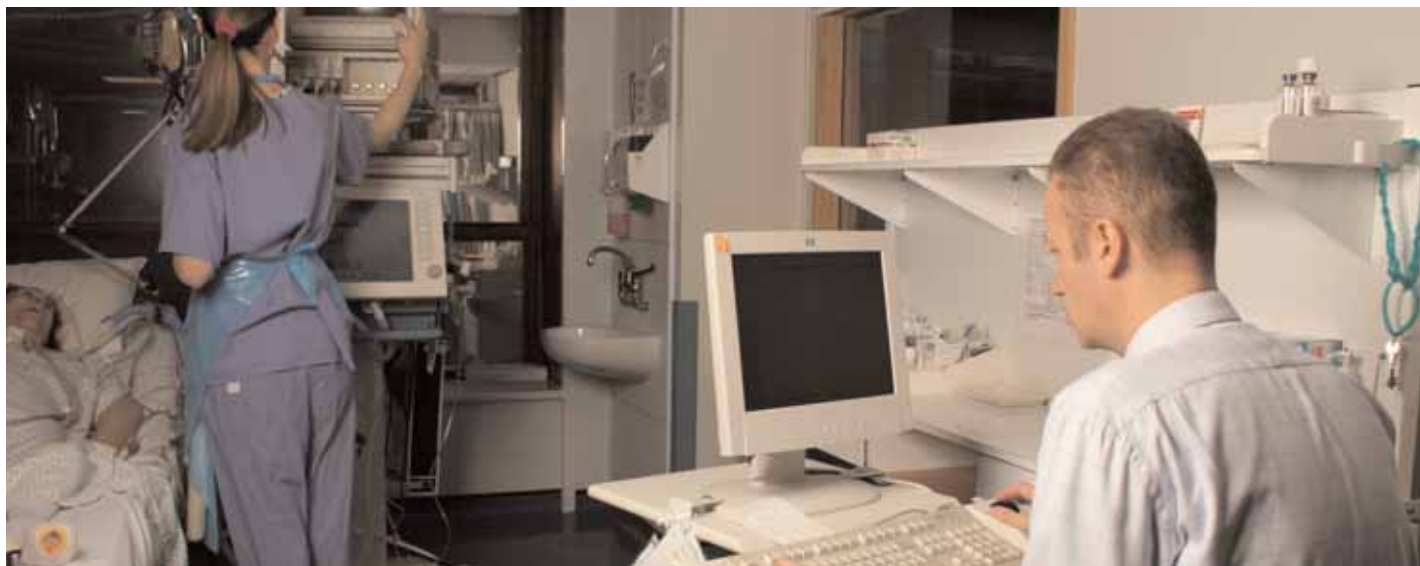


Huge leap in hospital posts but AfC and financial deficits slow movement

In this special feature **Debbie Andalo** finds out what has been happening in hospital pharmacy recruitment and what is predicted for the future



A record number of pharmacists are now working in the hospital sector. Today hospital pharmacies have 54 per cent more [pharmacist] posts than they did six years ago, according to official annual recruitment figures. There has also been a rise of 59 per cent in the number of technicians over the same period. Around a third of these new jobs have been created in the past three years.

But despite this explosion on the jobs' front, there has been little movement of pharmacists across the sector in the past 12 months. Most have decided to stay put during 2006, mainly because they have come out winners in the national regrading of NHS jobs brought about by Agenda for Change.

Recruitment has also been affected by trusts struggling to balance their books. Those trusts that have been carrying a deficit say that they have still been filling vacancies but that recruitment has slowed down with posts

needing to be approved by senior trust managers. Chief pharmacists say that there are fewer opportunities for locums but, where departments are taking them on, they report that the new system of only recruiting locums from Department-of-Health-approved agencies works well and is reducing temporary staff costs.

The vacancy rate for hospital pharmacy posts in 2006 was between 2 and 5 per cent — a similar pattern to previous years. But, for the first time, the number of vacancies in mid-career pharmacy posts has overtaken junior posts, according to the results of the national hospital pharmacy recruitment survey. David Scott, from the pharmacy department at John Radcliffe Hospital in Oxford, who carries out the survey every year, believes that the rise in mid-career posts lying vacant is the result of trusts regrading jobs to try to overcome job vacancies lower down

the department at junior level. He explains: "What has been happening is that trusts may have had a junior job they could not fill so they have been creating a new medium-grade job and a technician post instead. At the same time the nature of the job is changing, bringing more responsibility which creates the need for more middle posts." He admits that, although it is good news that the number of pharmacy jobs has been increasing (up to 6,062 full-time equivalent jobs in 2006 from 3,929 in 2001), the failure to make any headway in reducing the percentage of vacancies has been disappointing. He says: "I think there are complex reasons for that. Every organisation will have a residual number of vacancies and what we do not know is whether we have hit rock bottom yet."

Despite the national vacancy picture painted by the annual recruitment survey, there are local variations. Ron Purkiss, clini-

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Panel 1: The NHS Purchasing and Supply Agency master vendors' scheme

Trusts which have chosen to employ locums have been recruiting them through the NHS Purchasing and Supply Agency (PASA) master vendors' scheme. Master vendors are Department of Health-approved locum suppliers that trusts can use to ensure quality standards and control costs.

Master vendors are given a time frame, depending on the urgency of the placement, in which to recruit. For example, in the case of next-day appointments the master vendor can have as little as one hour to fill the position before it is passed to secondary suppliers.

Maxxima (more specifically Labmed Recruitment — the arm that deals with pharmacists) is the master vendor for the Yorkshire and Humber area and the East Midlands. Neil Webb of Maxxima notes that high levels of demand across all areas of hospital pharmacy, although he has noted that the recent change in the registration process for international applicants has caused a deficit of newly qualified locum pharmacists coming into the UK. He says: "The registration process now takes 52 weeks, rather than the previous four-week course. The upshot of this, however, must be a better quality of locum, more adept at working within the NHS framework, so it is just a case of waiting for them to qualify and, in the meantime, looking after those who are already in the market to ensure that they choose your agency."

Master vendor contracts have, overall, improved the service offered by locum agencies. Appointing one agency to oversee all temporary recruitment across an entire NHS region means that the process is streamlined, saving the trusts money

and time. Mr Webb comments: "Our locum pharmacists and technicians have welcomed the trend as, for the first time, they now know that they only need to register with one agency to find work in that region. The trusts, likewise, no longer have to make dozens of phone calls to try to find a locum . . . just one call to their master vendor and the entire process is taken care of."

HEC (Healthcare Employment Consortium) was the first group of agencies to combine the resources of specialist medical recruiters in order to secure major NHS contracts. This has proved successful with HEC having secured master vendor contracts with the NHS across the south central region and more recently with Salisbury NHS Foundation Trust.

HEC-member agency Mediplacements is also the master vendor for the recruitment of staff to Bedfordshire and Hertfordshire NHS Strategic Health Authority. Paul Carnera, marketing director at Mediplacements, says: "Without doubt, 2007 has seen a positive up-turn in the demand for temporary pharmacists by the NHS. Following the introduction of the PASA framework last year many trusts and strategic health authorities have established master vendor contracts for the recruitment of temporary staff, including pharmacists. This has not only resulted in tighter financial controls for the NHS but also improved quality procedures in terms of the candidate screening processes undertaken by agencies."

Holt, another agency, has also just won a PASA master vendor contract for north and central London.

cal director of pharmacy and medicines management at Sheffield Teaching Hospitals NHS Foundation Trust, says that in the past year he has had problems filling posts for clinical diploma students. "What we find is that the current batch of young pharmacists seem to lack self confidence, even though they have been the best educated and best trained. They don't seem to have the confidence to do the more demanding jobs — what they seem to want is more nursing and a more gradual step up the career ladder."

He has also noticed that the number of applications for posts is shrinking as they become more senior. There are usually around 28 applicants for the six or seven basic grade posts the trust offers annually. He says: "It's when you get to the more senior posts, the 8A grades, that you're lucky if you get two people applying. You don't get much choice, I think, because there is little incentive for people to move."

Other foundation trusts like Sheffield report that, since they have been free from the financial deficits that, in the past 12 months, have generally hit those trusts without foundation status, recruitment patterns remain unchanged. Stephen Nice, director of pharmacy at Southend University Hospital NHS Foundation Trust, says recruitment has been "reasonable". Martin Pratt, deputy director of pharmacy at the Heart of England NHS Foundation Trust in Birmingham is also the recruitment officer for the Guild of Healthcare Pharmacists. Mr Pratt says: "Trusts which have financial difficulties are always going to face problems around recruitment. As a foundation trust we don't have any recruitment or financial problems."

His views are borne out by chief pharmacists working in acute trusts battling to clear financial deficits in the past year. Liz Kay is

clinical director of medicines management and pharmacy at Leeds Teaching Hospitals NHS Trust which has had to work to clear a "substantial" deficit in the last year.

Since last October every vacancy in the pharmacy department has had to be approved by the trust's director of operations — even though the department has not been in the red. Professor Kay says: "Pharmacy has met all its targets and balanced its costs against its budget, but because others haven't performed so well we have all got to use the same vacancy approval process. I can't say it's been a particular problem for us, we have very few vacancies and it's not stopped us recruiting, but it has been a bit bureaucratic."

It is a similar picture in Manchester. Pharmacy vacancies at the Central Manchester and Manchester Children's University Hospitals NHS Trust have had to be approved before they can be filled. Richard Hey, the trust's director of pharmacy, says the approval system has always been in place. But he admits: "We have always had to justify every position for which we want to recruit but I think the rigour has been a bit more stringent than it has been for a while which may have slowed the process down. It's the same situation which a lot of acute trusts have found themselves in." Mr Hey, who is also the guild's representative for the Manchester region, says that while Manchester has been successful in recruiting, even if the process has been slow, recruitment is still difficult in other parts of the UK, especially Cumbria, Lancashire, Merseyside and outside Manchester (greater Manchester).

The national restructuring of NHS jobs brought about by Agenda for Change (AfC) has also had an impact on pharmacy recruitment in the hospital sector. Pharmacists have been reluctant to job hunt while their posts have been regraded. Where regrading has

been completed, the general picture is that pharmacists have done well with improved salaries and employment packages. Mr Pratt says AfC has been a good experience for pharmacists and has been "a significant aid to recruitment." He adds: "Certainly the skills of pharmacists have been recognised and, because of the national profiles, there is now a clear career progression in pharmacy. Because assimilation under AfC has taken place in some parts of the UK but not in others it has meant there has been some stagnation in recruitment and people have been sitting tight." He believes once the rebanding has been completed nationally, recruitment will become more buoyant — not just in hospital pharmacy but across other pharmacy sectors. He says: "Those [pharmacists] who are newly qualified who think that they can earn more in community pharmacy will realise that this may be the case for the first few years, but after that the pay scales are similar in the hospital sector and then even higher." However Mr Hey, whose trust was one of the first to complete the AfC rebanding, says staff are still not moving on. He says: "AfC has been done and dusted now for 12 months but people are staying — most senior grade people are reasonably content with their grading."

Dr Scott, who has a national perspective about the impact on recruitment caused by AfC, says: "A lot of people were waiting to see what happens under AfC. If people had to move they did but I think there was a tendency to wait and see what came out in the wash. I think what happens next will be a mixed picture — a lot of pharmacists did well out of AfC and will decide to stay where they are although I think more people will now move."

Opportunities for locums in some pharmacy departments appear to be shrinking, according to chief pharmacists. They put this

PASA master vendors to date

Reed Health	North-west and south-east London	Ryan Sutton	020 8252 5761
Holt	North-central London	Julie Greenwood	0800 731 1748
Pulse	North-east, south-west and north west London, Surrey and Sussex	Lucy Martino	019 9242 5500
HEC	South-central London, Bedfordshire, Hertfordshire and Salisbury NHS Foundation Trust	Paul Carnera	020 8491 8899
Maxxima (Labmed)	Yorkshire and the Humber, and East Midlands	Neil Webb	012 7723 2805

down to a number of factors — when recruitment is stagnant the vacancy rate and need for locums goes down and, at the same time, some trusts have brought in a policy decision not to use locums. Central Manchester and Manchester Children's Hospitals NHS Trust used to have one of the highest locum rates in the UK with a bill running into hundreds of thousands of pounds. But today, according to Mr Hey, the department is more likely to spend no more than £10,000 on locums instead. The turnaround came after the trust allowed the department to go over establishment. Mr Hey explains "In the past our workload was such that we couldn't let vacant posts remain unfilled while we advertised for a replacement so we used locum cover. Once we got an agreement from management to allow us to go over establishment in junior posts it created a buffer to allow us to work with short-term vacancies and we don't spend any more than we were budgeted for."

Those trusts which have chosen to employ locums have been recruiting them through the new NHS Purchasing and Supply Agency (PASA) master vendors' scheme which was first introduced for all health science staff, in-

cluding pharmacists, in April last year (see Panel 1). Under the system the DoH has an approved list of locum suppliers which trusts can contract with to ensure quality standards and control costs.

Despite the belief from chief pharmacists that locum opportunities are declining, locum agencies approved to supply pharmacy say the market is buoyant. Reed Health, which is approved to supply locums in North West and South East London, says business has been higher than originally anticipated at the beginning of the year. Operations manager for pharmacy John Herron says: "The market for pharmacists is buoyant and we are placing 10 per cent more pharmacists than estimated at the start of the year."

The new PASA master vendors' system is good news for the NHS because it is helping to keep down locum costs as well as guaranteeing the quality of the locum staff, according to Mr Herron. Before the new system was brought in, agencies and locum pharmacists could "dictate to the NHS and negotiate pay and charge [their own] rates, he says. "Roles are now reversed and, because of contract rate transparency, the NHS is now in a position to dictate to agency workers without having to

negotiate rates, producing significant cost savings. Agency use is now targeted and efficient, fulfilling specific objectives and needs . . . without compromising quality and service delivery to patients."

James Scott is the operations director for health science services at Pulse, which has master vendor contracts in London, the North West, Surrey and Sussex. He says the major demand is for pharmacy staff on bands 6 and 7, which includes clinical pharmacists. He says: "There is a shortage of pharmacy locums in general although in London there is some over supply." The new locum recruitment system is popular with those trusts which have been using it. Stephen Nice says: "The preferred provider system is providing better value as we haven't had to pay so much and we are much more confident about the locum's ability."

As chief pharmacists look to the future they are confident that the recruitment market will become more active. Dr Scott says that there is good reason for their optimism as the number of pharmacy graduates is set to increase. Last year 2,002 new pharmacists entered the profession but that figure is set to rise to 2,914 by 2010. Dr Scott says: "What I suggest will happen is that in the next year some of the pharmacy vacancies will start to disappear because there will be more students coming out of pharmacy school. The picture is going to change dramatically — it is still unknown how we will accommodate all those new people across the sector." Another major factor which will determine the recruitment picture in hospital pharmacy into the next year, and beyond, is whether there will be enough preregistration trainee places for new graduates to allow them to become qualified. But Dr Scott predicts: "If these graduates get preregistration trainee places they will be coming out qualified. There will be a lot more competition for posts and vacancies should reduce."

PJ Careers Forum at the British Pharmaceutical Conference 2007

A career fair for pharmacists seeking their next move, or pharmacy graduates looking to take their first step on the professional ladder, takes place in Manchester in September. The event, in its second year, is run jointly by *The Pharmaceutical Journal* and the Royal Pharmaceutical Society, and coincides with the British Pharmaceutical Conference 2007, which is held in the Manchester Central Conference Centre from 10–12 September.

A variety of services will be on offer to pharmacists and graduates who attend the BPC-PJ Careers Forum. The organisers will be able to prearrange job interviews with prospective employers attending the fair. Visitors will also be able to attend seminars by employers from the community and industrial pharmacy sectors who will explain career opportunities that their companies can offer the profession.

There will be experts on hand to give careers advice in question and answer sessions, and computer terminals will be set up so that pharmacists can look online for job opportunities offered by the fair's participating employers.

Pharmacists and graduates will also have the chance to discuss career opportunities with prospective employers informally in specially designated networking areas at the event. Emily Fuller, who attended the event last year when she was a PhD student at Leeds University, said the fair helped her secure her

present job with AstraZeneca. She said: "It provided me with the opportunity to speak directly to AstraZeneca employees to gain an insight into their working life and to ask questions in an informal manner. BPC ultimately offered me a foot in the door with the chance to be considered for several available jobs at once with just one interview."

Former chairman of the BPC conference committee Colin Ranshaw said he was delighted that the careers fair was being held again. He said: "BPC is the flagship event for pharmaceutical science and pharmacy practice in Great Britain."

The event is an opportunity to promote the industry as an "exciting career option for pharmacists" and is likely to develop into the "key recruiting event for pharmaceutical development skills in the UK", said Chris Doherty, vice-president, pharmaceutical and analytical research and development at AstraZeneca, which is jointly sponsoring the event with GlaxoSmithKline.

Admission to the BPC-PJ Careers Forum is free to anybody interested in career opportunities in pharmacy as well as those attending BPC 2007.

Any visitors who want to set up an interview with a prospective employer at the event should e-mail their CV in advance to channey@health-links.co.uk.

Any companies wishing to take part in the forum should also contact Chris Hanney at channey@health-links.co.uk or telephone 0121 248 3399.