

A new breed of pharmacist created

by an innovative training programme

By DEBBIE ANDALO

Junior pharmacists in South East London and Hertfordshire are being offered the opportunity to advance their careers through participation in rotational training programmes, designed to provide greater flexibility in the workplace

Hospitals are offering newly qualified pharmacists greater flexibility in the workplace in order to overcome the recruitment and retention crisis. This innovative approach, which has taken off in the South East, has led to a lower staff turnover and is creating a new breed of pharmacist with a broad-based knowledge of the profession.

Junior pharmacist Liz Wagichiengo (26), who was amongst the first cohort to enrol in the Structured Training and Experience for Pharmacists (STEP) programme in South East London, said: "I think this is definitely turning me into a better pharmacist because I am picking up a lot of different skills, interests and perspectives."

THE STEP SCHEME

The STEP scheme is one of two rotational programmes designed for hospital pharmacists which are highlighted in the Department of Health document "Improving working lives for the pharmacy team."¹ The report puts forward examples of best practice and aims to create a well-motivated and highly qualified pharmacy team. Similar to the rotational programme developed at the Lister and Queen Elizabeth Hospitals in Hertfordshire, the STEP programme is linked to offering recruits the opportunity to study postgraduate qualifications to enhance their climb up the career ladder. The pay back for the trusts is that they have been able to use the scheme to create the pharmacists they need to fill vacancies at a time when recruitment has never been more difficult.

Josie Mansell, hospital pharmacist and STEP programme director, said: "The main

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reason the programme came about was because of recruitment and retention problems. We were also trying to create the opportunity to re-engineer the training and development of junior pharmacists. One of the complaints these pharmacists had during the focus groups we held the year before the scheme was launched was that they did not feel there was enough guidance or a career path for them. They also said that they did not want to do the basic rotation and then go into a C grade post because they felt they were going into a specialty too soon."

The South East London scheme has designed the rotation around two criteria — that they are a suitable match for the pharmacist's experience and are posts which are vacant. However, Ms Mansell said: "There were some posts which became vacant which were not seen as suitable for a STEP pharmacist because of their lack of training."

HERTFORDSHIRE SCHEME

Just to the north of London, the East and North Hertfordshire NHS Trust has developed two pharmacy rotational schemes — one for junior pharmacists at A, B or C grade and another for more experienced pharmacists at C or D grade.

According to trust chief pharmacist Rosie Lapsley, the rotations on offer are dependent on the experience of the individual pharmacist and the needs of the trust. She said: "We really try hard to tailor the electives to the pharmacists and be as flexible as possible. We consider the experience of the individual and, at the same time, see if we have vacancies which need to be covered by people in post. The scheme means that the pharmacists involved are being given broader skills. However, it also means that we are

getting the staff to cover all the areas we need at a time when recruitment has been a nightmare, and we have managed to keep those posts filled."

The Hertfordshire scheme currently offers pharmacists the opportunity to work across two district general hospitals following recent trust mergers. This means junior pharmacists have the chance to experience working at two different hospital sites within their first couple of years of qualifying as well as increasing the range of specialties offered for the electives, says Mrs Lapsley.

The STEP programme, however, offers pharmacists placements across 15 trusts, which include six primary care trusts (PCTs) and two mental health trusts. Ms Mansell said: "As far as I am aware, we are unique. We are the only scheme which covers this number of trusts and the only one that works across all trusts, PCTs and the strategic health authority."

HOW DOES STEP WORK?

The scheme in South East London, which is entering its third year, is open to pharmacists from either the hospital or community sector. During the first year, it had 22 places and there were 100 applicants for 24 posts this year. The quality of candidates was high, which made it difficult to create a short list. Given the current recruitment crisis, it was an enviable position for the trusts to be in.

Ms Mansell said: "Traditionally, most junior pharmacists stay for about a year or 18 months before moving on. As we start our third year, we have managed to keep about 60 per cent of our STEP pharmacists, which is a huge improvement in our recruitment and retention." The programme is open not only to newly qualified pharmacists

but also to those who have more experience. Pharmacists who have been in practice for a while are slotted into the STEP programme at the most appropriate level, either joining at year two or three.

STEP pharmacists are employed from the outset for the three-year programme by one of four participating hospital trusts. When they move on to their placements in the second and third year, an honorary contract is taken out with the placement trust. The first year is spent with the employing trust completing a foundation rotation. This includes preparative services, patient services and medicines information, as well as a daily ward round. STEP pharmacists will also spend time studying for the Certificate in Pharmacy Practice.

All STEP pharmacists have to meet a range of clinical competencies to ensure that they all reach the same standards at each of the four trusts. The next six months are spent on a clinical elective at the same trust and the pharmacists could find themselves attached to a clinical team in general medicine, cardiology or diabetes. This first elective is patient-centred and has a strong clinical input. The following 18 months of the programme are devoted to three different six-month placements. This can be taken at any of the four main employing trusts, at another two district general hospitals within the area, two mental health trusts or one of the PCTs. The pharmacists have some element of choice in their placement and there is potential for flexibility over length of stay. The STEP programme is outlined in Panel 1.

Ms Mansell said: "The range of posts available is quite dynamic. In theory, the pharmacist could stay beyond the six months and there would be no reason, if somebody really enjoyed the placement, why they could not stay there permanently."

Each of the rotations in the STEP programme are six-month rotations, although in Hertfordshire, the trust has opted for three-month rotations for the more junior scheme and six-month rotations for pharmacists working on the C or D grade programme.

FEEDBACK

Ms Mansell said: "The response has been brilliant — far better than we imagined. If there have been any problems identified, they have been logistical."

Liz Wagichiengo is just starting her third year as a STEP pharmacist based at the Queen Elizabeth Hospital in Woolwich. Miss Wagichiengo said: "What attracted me to STEP was that I had a good chance of gaining experience in different areas and going to different hospitals without actually moving job. If I worked elsewhere, and I wanted a new post, I would have had to move. The appeal of this scheme is that I can try something for six months and, if I really enjoy it, I

Panel 1: The STEP programme

- | Three-year programme open to both junior and more experienced pharmacists
- | Offers career development across 15 different trusts, including six PCTs and two mental health trusts
- | Pharmacist is employed by one of four trusts for three years regardless of where elective placements are based
- | First year foundation rotation in standard hospital pharmacy at employing trust
- | Six-month clinical and patient-centred elective at employing trust
- | Three six-month placements at any trust within the district
- | Placements fill pharmacy vacancies where appropriate
- | Pharmacists complete Certificate in Pharmacy Practice
- | Budget to cover cost of employing STEP programme director met by local workforce development confederation

can go back to it in the future. I have already done oncology, paediatrics and some cardiology, and have chosen the electives I have an interest in. I have been able to see different practices at different hospitals, which is useful because you can change how you work and also influence how other people work."

Miss Wagichiengo says that she will stay in hospital pharmacy when the scheme finishes next year and has enjoyed the breadth of knowledge she has accumulated in the first two years. Miss Wagichiengo said: "I have felt that I have been able to join in with the team that I have worked with. Colleagues have always acknowledged my presence as part of the team and given me adequate responsibilities so that I feel I have been able to contribute."

One area which has been reviewed since the scheme was launched in 2000 has included some of the clinical competencies which, in practice, led to a lot of paperwork. Another issue which had to be resolved was the on-call commitment the pharmacists retained for their employing trust while they were on placement. It was expected that the placement trust would give them time off in lieu for the on-call commitment.

The STEP programme could be adopted by other trusts but is more likely to succeed where the geographical areas covered are small and where good transport networks exist between the participating trusts. Ms Mansell said: "I was discussing the scheme recently with the chief pharmacist at Kent and Sussex Hospital. It occurred then that travelling across the district could pose a challenge because of the large geographi-

cal area covered, although I think the scheme could be adapted."

ADVICE TO TRUSTS

Ms Mansell's advice to other trusts keen to develop a STEP programme is simple — do not underestimate the amount of work involved. The scheme in South East London took a year to plan and develop. Its success is also dependent on a culture change which may be difficult to achieve. "People are traditionally working in individual trusts and it is a real sea change to work together. You have to find a balance between the STEP programme and the trust," she said. According to Ms Mansell, hospital pharmacists are traditionally familiar with networking so the transition was not such a hurdle for them. However, it took a year for the programme to settle down.

Ms Mansell added: "There was a much greater feeling of team spirit after a year and I think there is now a strong feeling of being a team. Although that may have already been there as far as the chief pharmacists were concerned, it has taken a little longer for that attitude to sift across the trust."

LOOKING AHEAD

The rotational schemes in South East London and Hertfordshire may be one way of helping to overcome the recruitment and retention problems facing the pharmacy profession. However, it only solves one part of the workforce crisis.

Ms Mansell says that there is a desperate need for more funding for trusts to employ more pharmacists. Ironically, it was not until the development of the STEP programme that this glaring gap was recognised. Ms Mansell said: "The reason we got into such a mess with recruitment and retention in the first place was that we had not done any workforce planning. That is why we developed the STEP programme. I am sure that the programme can continue because it is a robust junior pharmacist training programme. However, in terms of our overall workforce planning we end up falling down, despite STEP, because we have not been able to put in place the workforce needed for the future because we cannot fund it. We know what we have to do to achieve the aims of the NHS, but due to the way that is structured at the moment we cannot do that."

REFERENCES

1. Department of Health. Improving working lives for the pharmacy team. London: DoH; 2001. www.doh.gov.uk/iwl/iwlpharmacy.pdf