

# AGENDA FOR CHANGE

— *All change! All change!*

By TONY WEST, BPHARM, MRPHARMS

**T**he title for this article is unashamedly stolen from the front cover of a recent issue of *The Pharmaceutical Journal* (21 August) announcing the arrival of Agenda for Change (AfC) with the advertisement of the first pharmacy job under these new terms and conditions. Most of the articles and presentations on AfC to date have concentrated, quite rightly, on the mechanics of the process. Many, but not all, of the problems with the job evaluation scheme and national profiles are now behind us and probably our biggest concern on the basic terms and conditions side, the emergency duty commitment, has been sidelined for the next four years as a consequence of the review process. As a result, earnings and other terms of conditions for pharmacists working in the NHS should improve significantly, if not immediately then certainly over the next year or so. All of this provides a real opportunity to reflect and look forward.

In writing this article for *Hospital Pharmacist* I have been careful to ensure it is clear what I am wearing as none of the following necessarily reflects views held corporately by the Guild of Healthcare Pharmacists.

The sentence that would naturally follow the title to this commentary generally goes something like: "This service terminates here". AfC probably terminates, in my opinion, two aspects of hospital pharmacy. The first of these is our current career path (if readers actually believe that we have a career path that is obvious and structured when viewed from a new entrant to our service). The second is our pre-occupation

with collecting bits of paper from higher education institutions that may have academic rigour but lack any indication of whether the individual possessing the qualification can deliver. The new NHS is all about delivery, so anything that fails to address this will almost certainly fall by the wayside at some stage.

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The biggest challenge for pharmacy in the next 12 months, as the rest of the NHS gets to grips with the technical components of AfC, is to articulate the future career paths available to pharmacists within the NHS. This in turn has to be integrated with the work, being led by the Department of Health, on consultant pharmacists. Opportunities to frame the future of the profession come around rarely: this is one such time and the opportunity must be grasped. There is already a "Career framework for the NHS" published by the Modernisation Agency — we need to recognise that we will have to work within such a framework as this includes all staff, even doctors and dentists!

The days are numbered for chief pharmacists to have the scope to adjust grades of

pharmacists or technicians so they can recruit — job evaluation puts an end to this. We will simply not have E grade pharmacists with just a few years experience or MTO3 technicians being appointed 18 months post-qualification. If you are lucky enough to be offered a band 8a pharmacist post or a band 5 pharmacy technician position in the future, you will already be able to demonstrate your capability to meet a subset of the skills of the new job. The mechanism for this will, of course, be the NHS Knowledge and Skills Framework (KSF).

Each post will have two KSF profiles: subset and full. The subset will be the profile under which the post holder will be assessed within the first 12 months in the job, the full profile will be what is expected of a post holder who is meeting all the requirements of that job. Access to development and training will be determined by what is required to ensure the post holder fully meets the requirement of the current job. It will also allow for identification of development needs for the next job, ie, the chosen career path.

The subtle changes here should be clear to all. First, it will be the NHS that drives the development needs of its staff, to maximise both effectiveness and efficiency to deliver the NHS Plan. Second, the individual professional groups within the NHS will need to be clearer about the step changes in knowledge and skills that are required for different roles. This clarity is required because it both directly impacts upon job evaluation (posts gain points for what is required of the post holder rather than what the post holder might potentially bring to the job) and the access to resource for development of staff. The less

subtle component will be the part played by the KSF in pay progression once the development reviews are embedded in a couple of years time.

At this stage, we need to ask ourselves a number of questions:

- Is there any clarity, shared across the UK, for a career structure for pharmacy services within the managed service component of the NHS?
- Is there a clear lead being given by any authoritative pharmacy organisation that assures we have a consensus on knowledge and skills requirements, and that this is uniformly applied across the UK?
- Is the NHS firmly in control in terms of specifying what it wants from providers of staff development, whether they are internal or external to the NHS itself, and how it performance manages them?

Anyone reading this who could answer yes to any of these questions would, in my view, demonstrate clear delusional tendencies!

There is much to do — the work on the consultant pharmacist role will give a clear enough indication of whether we are a profession intent on "up-titling" to deal with workforce problems in the short term or one that might be willing to at least try and move along a common path, to address medium and longer term issues. What is needed at this time is some inspirational leadership and radical thinking — given the number of largely independent pharmacy organisations that exist currently, where do we find this?

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