

Agenda for Change

— are we trained to deal with the issues?

By **David Corral**, BSc(Hons), MRPharmS

Agenda for Change bands have been revealed at Hull and East Yorkshire Hospitals NHS Trust and, I believe in common with other trusts around the country, this event has produced some challenging management issues. The grade D pharmacists have been matched to band 8a, as have the grade E pharmacists. The senior technicians (MTO3s) have been matched to band 5, as have the ward support technicians (previously MTO2s). In addition, the local overtime arrangements for pharmacists are scrapped and overtime is now payable to fewer than 20 per cent of pharmacists.

What do the changes in bands mean for the day-to-day running of the department? Apart from a mixture of tears and frustration on the day of the release of matching results, the short-term reaction appears to be that no one wants to apply for a senior technician post. A ward support technician immediately withdrew her application for one such post upon receiving her matching result. The critical point for pharmacists will occur when any of the principal pharmacists (old grade Es) leave their post. The post will then have to be advertised at the bottom of the 8a transitional points and the new member of staff would be expected to manage staff earning £6,000 more than them who have less responsibility.

How are such staff to be kept motivated? Maslow and Herzberg have their theories on motivation^{1,2} but, as a pharmacist,

David Corral is deputy chief pharmacist, Hull and East Yorkshire Hospitals NHS Trust

you may not have come across these unless you have undertaken a management course. Unlike the clinical diploma, this still seems to be more an added extra than an essential part of the job specification for a senior hospital pharmacist, or even the chief pharmacist.

Management

So what does a chief pharmacist (or even deputy chief pharmacist) actually do? Basically, it is management! It is acting as a figurehead, representing, monitoring, disseminating, negotiating, handling disturbances, allocating resources, directing, controlling, forming contacts, innovating and planning, and not an awful lot of clinical work. Most chief pharmacists in their more unguarded moments can be heard saying, quietly of course, “I am losing my clinical knowledge”.

Chief pharmacists manage large numbers of staff and significant budgets. In many other walks of life, extensive management training would be a prerequisite for the role. What training do we undertake as pharmacists to fulfil these roles? The answer is not very much.

It is also not just at chief pharmacist level that we are not equipping ourselves sufficiently with management skills. Directorate pharmacists (at bands 7,8a or 8b — subject to national variation), having achieved their clinical diploma, are expected to attend, often with little training, service meetings and face the vagaries thrown up by the divisional accountant, service manager, human resources and the occasional “dragon” consultant.

There has also been a view in some quarters in the past that if a subject is not clinical then it is

somehow not quite real hospital pharmacy. Hospital pharmacists need to become an integral part of their trust to influence its strategy. Why do pharmacists feel they cannot comment on issues outside their pharmacy areas?

Some of these problems are finally being realised and action has been taken. The Royal Pharmaceutical Society has undertaken work to identify what skills are lacking in pharmacists. The main conclusion of the report “Competencies of the future pharmacy workforce” is that a lot more needs to be done. Also, some of the newer diploma courses are looking beyond pure clinical skills to adapt pharmacists to the new NHS and this is to be welcomed.

There has been a view in some quarters in the past that if a subject is not clinical then it is somehow not quite real hospital pharmacy

One of our strengths in managing a pharmacy service is having a broad outlook based on a sound clinical background. We touch upon most patients who come through the hospital. However, if we, as pharmacists and especially those that are chief pharmacists, do not develop management skills in our workforce and ourselves, then someone at some point will argue that we do not need a pharmacist to run a pharmacy.

Agenda for Change

The Knowledge and Skills Framework (KSF) has the potential to be a useful tool to develop staff further and identify the skills required for the job. The main issue in using this may be the time involved. All staff need to understand the process, have a KSF outline and an annual appraisal, or they may not get a pay rise. This is the way forward but will require a lot of additional time to implement.

And, of course, Agenda for Change did reduce the time our staff are meant to be in the hospital in the first place, with extra leave and a reduced working week (about two whole-time equivalents have been lost for a 140 whole-time equivalent department). So back to my Agenda for Change problems. There are three possible solutions:

- Carry on with the current structure and see what happens
- Do minor tweaks to the structure as posts become vacant
- Completely re-structure

My preferred option would probably be the third. However our department of pharmacy underwent a restructure three years ago, post merger, and some of the changes are just beginning to bear fruit. Any ideas welcome. Please e-mail David.Corral@hey.nhs.uk

References

1. Maslow AH. Motivation and personality. 2nd ed. New York: Harper and Row; 1970.
2. Herzberg F, Mausner B, Snyderman BB. The motivation to work. 2nd ed. New York: John Wiley & Sons; 1959.