

Funding lottery for hospital training

Hospital pharmacists in England are having problems funding postregistration education and training. Zoë Gross investigates the difficulties

UNLIKE community pharmacists in Great Britain, whose postregistration training needs are well organised, training for hospital pharmacists is not so clear cut. Hospital pharmacists have to find their own funding for education and training, which is not always an easy task. This article refers to postregistration training ranging from regional study days and in-house training to academic training courses, such as certificate courses in pharmacy practice or masters degrees.

Keith Farrar, director of pharmacy, Wirral Hospital NHS Trust, says that in the North West region of the National Health Service, some trusts have managed to set up their own training programmes. Hospitals are finding funding, from one source or another, and some regions now have a regional pot of money which they use to supplement postgraduate education and training courses. However, "a lot of trusts are still struggling to find even a few hundred pounds to send somebody to a weekend school," he says.

Mr Farrar goes on to explain that workforce development confederations, which receive central Government funding, have been formed to manage education and training for NHS health care professionals, including medical, pharmacy and nursing staff. However, the amount of money available for pharmacy is limited and hospitals must bid for it. "Postgraduate training of pharmacists, certainly beyond clinical diploma level, is hit and miss in terms of availability of funding. Locally, we are partly funded by the confederation. We have to find the rest from the trust," he says. Workforce development confederations mainly fund training for preregistration trainees, he adds.

Some trusts have flexibility in what they do with their money. Chief pharmacists may have an endowment fund established from payments for clinical trials and may be able to persuade trust management teams to let them keep surplus money for training purposes, Mr Farrar says. However, he comments: "Pharmacy departments that are really struggling in terms of delivering a service find that the problem is often linked to the fact that the chief pharmacist finds it difficult to provide education and training."

More hospital pharmacists need to put a case forward for funding to workforce development confederations. He says that "the ideal would be to have a central pharmacy pot so that if, in the future, CPPE money should go into workforce development confederations it is sufficiently large to be allocated to both hospital and community pharmacists".

Claire Grout, head of pharmacy education and training, North West region says that for pharmacy, some workforce development confederations have, in the past, provided funding towards diploma training and

other academic courses, but increasingly continuing professional development money for all professions is being distributed directly to trusts. "It is really all the same NHS money but just from a different pot," she says.

Susan Sanders, director of London pharmacy education and training, describes another problem in that although a number of organisations deliver education and training, "there is no clear map of who does what, who gets their funding from where and who can access that training". She says that all NHS regions in England provide an education and training service for NHS staff and obtain funding via workforce development confederations. However, this money, which is known as non-medical and training money, is used in different ways in different regions.

Mrs Sanders adds that many hospitals have their own training departments and qualified staff can access that training if it meets their needs. Hospitals in the London region have the ability to be able to decide whether to send their staff to their own hospital training departments or on a London pharmacy education and training programme.

Also, for postqualification academic courses related to pharmacy practice, including clinical diplomas and masters degrees, some NHS regions in England, such as London, have a scholarship scheme whereby employees can bid formally for their course fees to be paid. The money again comes from the workforce development confederations. However, "we have to consult with the workforce development confederation locally as to what the priorities are", she says. In London, the money does not cover the certificate course in pharmacy practice offered by the School of Pharmacy, London University, which the trusts themselves put resources into.

Commenting on the variety of sources of pharmacy education and training in England, Mrs Sanders says: "The population of pharmacists in England is so large that for pharmacy education and training and the NHS agenda to be co-ordinated to meet local needs is a problem. It is a very complex picture."

Dr Maria Christou, regional education specialist, Eastern region, commenting on the problem with funding in East Anglia, says that there is no direct communication between hospitals and funding organisations irrespective of whether the hospital is small, medium or large. Larger hospitals are setting up their own internal systems for training pharmacists and may receive money directly from their trust. However, for smaller hospitals in East Anglia, it is not only the money that is a problem for providing training but the fact that the region does



Hospitals are having to offer postregistration training to aid recruitment

not have a good system set up to support them. Frequently these hospitals find funds to send pharmacists on diploma courses but they "are totally isolated", she says.

Dr Christou adds that, from a regional perspective, East Anglia is starting to find money for training but, she says, unless workforce development confederations start working directly with pharmacy and see the profession as a discipline that they are to support directly based on pharmacists needs, then "our future is bleak".

Larger hospitals and trusts, such as Addenbrooke's NHS Trust, Cambridge, need to recruit and train more pharmacists than smaller hospitals, which leads to various problems in terms of funding. Alison Eggleton, principal pharmacist for education and training, Addenbrooke's, says that "in order to try to improve recruitment, we are virtually obliged to offer postregistration training as part of our package. But there is not anywhere near enough CPD funding in the department to cover this, so the department has to provide the funding from other sources". At Addenbrooke's, 92 per cent of continuing professional development funding goes on training nurses and the rest is divided among other health care professions, including pharmacy, she says.

Addenbrooke's offers training for the certificate in pharmacy practice, on behalf of the School of Pharmacy, both to its own pharmacists and to pharmacists from other hospitals in the region. In the past, it has received a small amount of money from the East Anglian academic pharmacy practice unit for that training, but there is now a problem with getting funding and individual hospital pharmacy departments may have to pay, Mrs Eggleton says. She adds that London University delivers the diploma and masters levels of this course but there is no CPD funding for that either and hospital pharmacy departments have to pay for their own pharmacists to do them.