

Locums can use new contract as an opportunity to increase marketability

Should community pharmacy locums have concerns about how they will deliver the new pharmacy contract? **Hannah Pike** finds out

As most community pharmacists gradually get to grips with the new pharmacy contract concerns are being raised that one group of pharmacists are feeling left behind — community locums.

Making up a significant number of the pharmacy workforce (8,500 in 2003), the locum population has a considerable impact on patient care. In terms of the provision of advanced services, locums can not only hold the fort while the regular pharmacist is performing medicines use reviews, for example, but can become accredited to perform MURs themselves, helping primary care trusts to meet their targets.

However, according to Jeremy Reuben, managing director of Locumlink, an agency, there is a lack of understanding among locums about how the new contract will change the way they work, and where they should go for information. "Many locums are unclear about continuing professional development requirements, new training regulations and how to get accredited to carry out advanced services," he says.

Writing in a recent **Broad spectrum** article (*PJ*, 9 April, p420), Malcolm Almond, a community pharmacist from West Yorkshire, called for more training for locum pharmacists.

"As the profession changes little training is currently offered to freelance locums to cope with new roles," he wrote. "Local services such as supervised methadone consumption and head lice treatment have been introduced and community pharmacists have been offered appropriate training. However, the freelance locum is thrown in at the deep end to sink or swim."

Mr Reuben says that some locums believe that their colleagues who work for multiples or who are independent contractors receiving support from virtual chains are spoon-fed information and training, and that locums who do not have such head office support are being overlooked.

He explains how Locumlink has teamed up with the National Pharmaceutical Association to try to bridge this gap. Locumlink is now running a number of seminars across England covering essential and advanced services and continuing professional development. The seminars are designed to make sure locums understand how the new contract will affect them, and to address any questions they may have.

Amal Hamood, a community pharmacy locum from the London area, says that she is keen to be able to provide advanced and enhanced services, but was not sure how to go about it before attending one of the seminars.



An advertisement placed in *The Journal* in February seeks a well trained locum

"As a locum you can feel quite isolated and have to work harder to find information," she says.

Miss Hamood says that she wants to be as versatile as she can in the services that she can provide, to make the most of her clinical skills and put her learning into practice. She says that the seminar has made her more aware of the training available from higher education institutes, and the help available from NPA Link, a level of NPA membership available to pharmacists in any field of practice, including locums.

Mr Reuben says that the intention of the seminars is to encourage locums to use Locumlink as a starting point for information and Locumlink will then point them in the right direction to obtain the help they need. Locums are required to register with the agency but Mr Reuben says that access to information and training is independent of locums taking bookings.

He adds that Locumlink plans to develop these training sessions further to include courses on services such as smoking cessation and diabetes clinics.

Marketability

As self-employed people, locums should bear in mind the increased marketability that undertaking extra training will provide for them, says Sukhjit Grewal, assistant head of education and training at the NPA. He says that locums need to keep up with the changes in order to maintain their marketability and provide the best services for patients, as pharmacy contractors are beginning to offer advanced services.

It follows that a locum trained to offer a higher level of service could demand a higher fee, he points out, and pharmacies are already starting to advertise for locums equipped with these skills (see illustration above).

However, Mr Grewal acknowledges that locums may understandably want to wait until they are sure of demand for these services in the areas in which they work before committing their time and resources to training.

CPD

Mr Grewal notes that locums can record relevant training and accreditation as CPD. Some locums have expressed concerns about how CPD will apply to them, but Mr Grewal points out that locums will be monitored for CPD in the same way as other pharmacists are and that the Royal Pharmaceutical Society's "Plan and record" resource is unbiased towards locums or other pharmacists.

Mr Grewal believes that locums will benefit from higher standards of working practices in the future. Standard operating procedures will enable the pharmacist to see which staff are trained to carry out duties such as accuracy checks. "This will allow the locum to spend more time out at the counter, where the public now expect to see their pharmacist," he says.

PCT registration

Mr Reuben says that one of the main areas worrying locums is the issue of whether accreditation is transferable across primary care organisation areas, and whether locums will have to be registered separately in each area in which they may want to work.

Alastair Buxton, head of NHS services at the Pharmaceutical Services Negotiating Committee, told *The Journal* that although the profession is waiting for ministers to clarify this issue in the Fitness to Practise regulations, the suggestion so far is that locums will only have to enrol on the supplementary list of the PCT in which they are registered.

Mr Buxton says that this registration will help primary care trusts to improve communication with their locums, which may prevent locums feeling left out of the loop.

"PCTs currently have no idea which locum pharmacists are working in their area," he said. "If there was a register of locums then local pharmaceutical committees and PCTs could inform locums about current issues and local training events, for example."

Mr Buxton does not think that locum pharmacists are currently disadvantaged in terms of access to national training. He points out that locums have the same access to open learning packs from the Centre for Pharmacy Postgraduate Education, higher education institutes, professional journals, and online resources as contractors. Rather, he feels that it is the locums themselves who need to be proactive and make the most of these opportunities.