

Why locums are an endangered species

By Stephen Goundrey-Smith, health care development manager at SGS PharmaSolutions

Over the past few years, the pharmacy profession has become increasingly pre-occupied with the demographics of its workforce, as is evidenced by the series of published research reports and conference presentations by the Pharmacy Workforce Research Unit at Manchester University. One of the key issues that has been highlighted in the emerging body of research is the growing crisis in pharmacist recruitment and retention.

In the community sector, the main problem has been the functional shortage of pharmacists working in community pharmacy. Because of a lack of pharmacists able or willing to take up permanent posts in community pharmacy companies, many pharmacies are run using locum pharmacists, either during the interregnum between

permanent pharmacy managers or, in some cases, instead of a full-time pharmacist. The results of the 2002 National Workforce Census indicated that no less than 38 per cent of pharmacists working in community pharmacy were locums.

In my experience, the locums are sometimes former contractors or employee pharmacists from the local area — who are semi-retired, or who may have family commitments — who bring with them a wealth of valuable local knowledge.

More often than not, however, the locum may be booked from an agency and may have travelled 50 miles or more for a day's work. In this situation, it is likely that the locum will have no local knowledge whatsoever. Furthermore, although a locum agency will ensure that pharmacists are registered and appropriately accredited, there is no guarantee that a pharmacy organisation will find a locum pharmacist who has the appropriate type and level of experience to work effectively in a particular pharmacy.

The widespread use of locum pharmacists, therefore, has implications for the service provided by community pharmacies. First, there is the potential for a lack of continuity in the patient care provided by a pharmacy. Secondly, support staff may have increased, possibly inappropriate, responsibility for commercial and merchandising issues in a pharmacy which is staffed primarily by locums. Thirdly, there may be sporadic provision of enhanced services from a pharmacy, depending on what each locum is accredited to provide, or willing to provide.

However, this situation is about to change. Comments from pharmacy employers in a recent feature on community pharmacy in *The Pharmaceutical Journal* (30 June, p769 p000) indicated that, in various companies, the trend is towards more pharmacists being recruited to full-time pharmacist posts within pharmacy companies, with a corresponding reduction in the engagement of locums. This may be for a number of reasons.

It is easier to provide employee pharmacists with consistent training — especially to fulfil enhanced services. It is easier to incentivise, or threaten, employee pharmacists to encourage them to meet service targets, eg, medicines use reviews. Also, notwithstanding initiatives by company superintendent pharmacists to bring standard operating procedures to the attention of locum phar-

macists, employee pharmacists are likely to be more familiar with company procedures. Locums may still be used for holiday cover but, even then, some pharmacy chains have a pool of employed relief pharmacists to cover gaps in the rota, to reduce locum use to a minimum.

Furthermore, there are other prevailing factors that are likely to reduce the pool of locum pharmacists available. The recently announced increase in Royal Pharmaceutical Society registration and retention fees may well lead to older pharmacists who are on the point of retirement, or pharmacists with other career options, to retire from the Register. The low hourly rates paid by some pharmacy companies may make being a locum pharmacist a less attractive proposition, compared with employment as a salaried pharmacist. The stresses of being a self-employed person, and the lack of support given to locums by pharmacy professional bodies, may lead to some locum pharmacists choosing employment as an easier option.

However, a crucial issue in the continued engagement of locum pharmacists by pharmacy operators is the ability of locums to deliver enhanced services, as specified in the new pharmacy contract, and this was highlighted in the comments of pharmacy employers.

Primarily, this will be concerned with conducting MURs and, in some areas, this will also include repeat dispensing, minor ailments and provision of emergency hormonal contraception and other medicines under patient group directions.

In all probability, these pressures will combine to produce an increasingly hostile business environment for locum pharmacists. The number of locum pharmacists available for work is likely to decrease, especially during the course of next year, when the impact of the registration fee increase takes effect. Locum pharmacists are likely to become increasingly rare and will consist of two types. On the one hand, there will be those who are particularly dedicated and talented, or who wish to remain self-employed for personal reasons. On the other, there will be the underperformers and the unemployable, who would be unable to get work elsewhere. Both types of locum will cause difficulties for pharmacy operators, though. The former will be in demand, and pharmacies will find out the hard way that it is a seller's market. The latter will be more readily available, but will be a liability to the pharmacy's business.

Yet locums are potentially a useful resource for any pharmacy operator. Unlike employees, they may be deployed at will and for as long or short a time as is necessary. A good locum may bring a breadth of pharmacy experience that an employee cannot match. Furthermore, a good locum who is adept at networking will have business intelligence that is valuable to a pharmacy operator.

However, gone are the days of locum pharmacists who, in the memorable words of a previous *PJ* correspondent, are no more than "corpses with certificates". In the brave new world of pharmacy in the run-up to 2020, only a certain type of locum community pharmacist will survive. Most significantly, the best-equipped locum pharmacists will be those who have an in-depth understanding of the pharmacy market and the health care economy — the surgeries, hospitals, primary care trusts etc — within a 30–50 mile radius of their homes.

Locum pharmacists will be most effective when they are local to a particular area. Successful locums will be clinically focused on the pharmaceutical care needs of specific patients and of the local patient population. They will be accredited to provide enhanced services. They will be willing to embrace the new ways of working that are enabled by the electronic transfer of prescriptions and the use of other new technologies in the pharmacy.

The new breed of locum pharmacist will be highly valued by pharmacy employers. But, pharmacy operators, beware! These pharmacists will be an expensive resource because they will be able to name their fee. Furthermore, these pharmacists will need their fee to pay their increased registration fee and still preserve the income — and quality of life — they deserve.

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