



## **PAY REVIEW BODY**

### **SUBMISSION OF EVIDENCE 2006-07**



### **(GUILD OF HEALTHCARE PHARMACISTS – A SECTION OF THE UNION AMICUS)**

This paper addresses the rationale behind and proposes some solutions to deal with the national problem of the Recruitment and Retention of Pharmacists. The negotiators of Agenda for Change had previously agreed that there is prima facie evidence from both the work on job evaluation scheme and consultation with management and staff representatives that a premium was necessary for pharmacists. This was in recognition of the market forces that would prevent the service being able to recruit and retain staff. The level could not be set nationally, because data was unavailable on recruitment at the new pay levels. This paper argues that the evidence for pharmacists was already available and preliminary results of assimilation have not addressed these issues. This requires an early intervention if the service and patient care are not to suffer due to unavailability of appropriately trained and skilled pharmacists.

#### **National Professional Position**

It was recognised in the last Royal Pharmaceutical Society Workforce census in 2003 that some major developments within the profession and the NHS are likely to have an effect on the labour market behaviour of pharmacists.

These include

- Policy initiatives to make the NHS a better place to work
- Local Pharmaceutical Service Pilots (and new Community Pharmacy Contractual Framework)
- Growing influence of PCTs in driving forward community pharmacy initiatives
- Salary differentials between the sectors
- Increasing shortages of Pharmacists
- Policy initiatives to expand the role of Pharmacy technicians

The census also showed the current labour market situation. The updated 2004 census will be available in the next few months, although the key trends noted are unlikely to have changed.

- Nearly 80% of the profession on the Royal Pharmaceutical Society of Great Britain consider themselves to be within the private sector.
- Pharmaceutical Register has grown by 2.4% per year over the last 10 years.

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- In 2003, 60% of new registrants were female. Majority of leavers are males over retirement age and females under 39.
- Despite this increase, in the last year, the number actively employed has fallen and proportion not working increased by 3%.
- The numbers and percentages of the register working in hospital and primary care have increased slightly in the last year
- Part-time working is undertaken by 32.5% of the actively employed workforce an increase of 5% in one year. The growth in PCTs and direct working in General Practice is largely part-time and within the normal working week with 60% reporting that this role was part of a “portfolio” career.
- Nationally it is reported that 25% of pharmacists who are actively employed are classified as a retail locum.
- 9% of the 2003 Census expressed a desire to work abroad in the future. As the average age of the hospital pharmacist was 37 years compared to 42 years in community pharmacy this percentage from hospital intending to work abroad was double the rate in community pharmacy.
- Mobility across sectors is comparatively low and 96% of respondents from the 2002 survey who reported working in the hospital sector still worked in the NHS in 2003 compared to 84% still in primary care. Retention rates in Community Pharmacy were higher at 98%.
- Of the 20% of pharmacist in the managed sector over half are in the Whitley Grades D-E, these are the staff that appear from results in the early implementer sites are currently in receipt of “protection” or premia resulting from assimilation. The Grade D staff are tending to be in band 7, where the starting salary, excluding assimilation points is around 25% lower and the top of the band is still 10% below the top of the Grade D range with incremental points, which have been traditionally used for recruitment purposes. This shows that whilst the starting salary is a particular problem the complete salary range particularly for Band 7 as this example is insufficient in practice for pharmacists.

The NHS Pharmacy Education & Development Committee undertakes a specific annual hospital staffing survey. The key findings show:

- The survey takes place in July, which identifies the worst-case scenario.
- There are large numbers of vacancies. 16.2% junior pharmacist posts are vacant and locums fill an additional 13.5% of posts.
- There is a high turnover, 21% of pharmacists left their employing hospital in the previous year and the percentage leaving the hospital service is 10%.
- There is a high proportion of staff taking maternity leave and this exceeds the numbers returning from maternity leave.
- Travelling is the cause of a major loss of junior pharmacists.
- Despite the shortages, the service increased recruitment by 103 wte or 8% and numbers leaving for Community Pharmacy is less than movement the other way. Movement to primary care is modest but includes an important number of experienced pharmacists.
- 70% of services reported they had reduced or refused new services in the previous year.

- Services seem to be attempting to deal with the problem by regrading posts and enhancing salaries this option is not available through job evaluation.
- Hospital Pharmacy recruits on a national rather than local basis.

### **Other factors that affect the recruitment and retention**

- Agenda for Change has led to a reduction in hours for pharmacists from 39 hours per week to a normal week of 37.5 hours. This requires 4.8% additional staff to make up for the shortfall.
- Significant numbers of junior pharmacist posts are covered by EC pharmacists and this may affect long-term career paths. The changes in reciprocity arrangements between the RPSGB and Australia and New Zealand will significantly reduce available short-term locums to the service from 2006.
- The Department of Health's own data 2003 shows that jobs vacant for more than 3 months or more exceeded 6%, this is significantly above most other professional groups and there is concern that the reported figures may be an under-representation due to the effect that vacancy rates have on the previous "star rating" system.
- Salaries on appointment to the Commercial sector are in the region of 35k and many in the professional journals are advertised at higher rates. Further evidence for this figure is provided by "The Control of Entry Regulations and Retail Pharmacy Services in the UK" report by the Office of Fair Trading stated the costs of employing a pharmacist in a small pharmacy amounts to 42k per year. This compares with Band 6 salary on recruitment of 22.3k (19.5k 1<sup>st</sup> Assimilation point) rising to 30.2 k **after up to 11 years** and a Band 7 with a starting salary of 27k (22.8 for 1<sup>st</sup> Assimilation point) rising to 35,5k **after up to 11 years**. Band 7 is the grade to which most Grade D pharmacists have assimilated and the comparative Whitley payments as stated started at over 31k and went to over 37k with discretionary points.
- Currently most hospital pharmacists, since the withdrawal of on-call from the national agreement are still in receipt of £2,527 as part of their Emergency Duty Commitment until 2008. The history of this payment from the late 1980s is that it was paid to assist recruitment. It is essential that any consideration of RRP require this payment to pharmacists be addressed. Primary Care Trusts have in part dealt with the lack of this payment by in part raising the Whitley grades used on appointment

### **Summary**

The Pharmacy register is growing although the numbers actively working are reducing with evidence of a move to an increasingly part-time predominantly female register.

Whilst hospital numbers have grown by 8% there are still large numbers of vacancies with around a third of junior pharmacist posts being left unfilled or covered by locums. This has led to significant reduction in modernisation and service development with up to 70% of hospitals reporting service reduction or refusal. The high numbers of EC pharmacists may be disguising the situation.

There is a high turnover of pharmacists 21% within hospitals with a high percentage leaving for other hospitals, maternity leave and travel being the other major reasons quoted.

Pre-Registration Pharmacists are expected to grow with new schools of pharmacy coming on stream but current numbers roughly equate to available posts. There are concerns that due to increase in salary that the numbers of training posts may be reduced.

Service modernisation, the key objective of the Agenda for Change process is being seriously affected by an inability to obtain sufficient trained and competent staff.

## **Recommendations**

- **Increase number of pharmacists trained in hospitals to maintain a pool of eligible recruits. This is important, as salary increases under AFC have led to pressures on student numbers with some workforce organisations reducing student numbers.**
- **One long-term option is to translate the existing Emergency Duty Commitment into a long term Recruitment and Retention Premia payable to all pharmacists in the managed sector, which may address some of the initial problems in primary care. However, the current proposed levels of remuneration for those staff, still required to retain a on-call commitment or continuing professional responsibility to provide 24/7 emergency cover, as part of a rota, remain an insufficient incentive. Any payments proposed for this commitment would need to be based on a revised system that took account of the frequency and intensity of working similar to that in place for Medical staff.**
- **Similar to other professional groups of Healthcare Scientists and Allied Health professionals the sole availability of lieu time for Band 8 staff to deliver additional services at unsocial time periods is unsustainable. A system similar to that for senior medical staff that remunerates weekends at an enhanced sessional rate commensurate with the grade of the staff needed is essential.**
- **A further staffing survey to identify the number of EC and other non-UK resident pharmacists and their long career term aims may be required to identify any potential future deficits. Additionally the change in the reciprocity arrangements from 2006 will prevent many posts being covered as now by short-term locums from Australia and New Zealand.**
- **A national recruitment and retention premia should be targeted at Band 6 and Band 7 pharmacists by ensuring these bands are adjusted by a cash sum equivalent to 4 incremental points. This cash sum equates to £3,740 at Band 6 and £4,179 at Band 7. This would provide combined with the current EDC payment, available until 2008, a salary range of £28,595- £32,774 for Band 6 and £33,654- £38,054 for Band 7. It is accepted that these salary ranges remain below commercial rates but they would provide the service with a greater opportunity to recruit but more importantly retain experienced pharmacists for the benefits of patient care. These problems of recruitment and retention are further compounded in certain geographical areas, but it is accepted that this is a problem for many professional groups in these areas and requires a service wide solution or additional local action using the existing options under the terms and conditions framework.**