



## **PAY REVIEW BODY**

### **SUBMISSION OF EVIDENCE 2007-08**

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

This paper readdresses the rationale behind and proposes solutions to deal with the on-going 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. Last year the Review Body<sup>(1)</sup> believed that the case provided was insufficiently robust for a premium to be set nationally and within the system; data was unavailable on recruitment at the new pay levels. This paper reviews the evidence for pharmacists and demonstrates the results of assimilation have not addressed the underlying 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**

The last published Royal Pharmaceutical Society Workforce census was in 2003 and this combined with other available data shows 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 of the Royal Pharmaceutical Society of Great Britain consider themselves to be within the private sector.
- In 2003, 60% of new registrants were female. Majority of leavers are males over retirement age and females under 39. In September 2005 nearly 80% of hospital pharmacists in Scotland were female with an increasing preponderance for part time working up from 21% to 27% in 5 years and much younger profile compared to other qualified scientific and professional staff. <sup>(3)</sup>A recent cohort study across 14 Schools of Pharmacy suggests hospital pharmacy will increasingly develop as a female gender niche. <sup>(4)</sup>
- Despite the register increasing by 2.4% per year, the number actively employed has fallen and proportion not working increased by 3%.
- Nationally it is reported that 25% of pharmacists who are actively employed are classified as a retail locum.

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- 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 were in the Whitley Grades D-E, these are the staff that appear from results 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 6 and 7 are insufficient in practice for pharmacists.

The Review Body commissioned a report from NHS partners in 2005<sup>(2)</sup> this listed a number of sources of evidence on recruitment and retention including NHS Workforce Surveys and identified exit surveys as a crucial source of information on whether RRP are warranted. Hence NHS Pharmacy Education and Development leads undertook a survey on all trainees leaving the service in 8 NHS regions or countries. Of the 44 questionnaires issued 35 were returned (in an average year 100-200 trainees leave the NHS). The survey showed.

- The majority were moving to community pharmacy
- The most cited reason for leaving was higher salary shortly followed by saving to pay off debts. (Pharmacy is a four-year undergraduate course and from 2006 University fees will increase to £3,000 pa.)
- Starting salaries were in excess of £30,000 with 10% earning a salary in excess of £41,000. (This compares with £22,886 for a hospital post)
- Hours of working and holidays were largely comparable with those under AfC.
- Nearly all expressed an expectation of potentially returning to hospital prior to starting the post and receiving the higher salaries.

The Information Centre provides broad data broken down by region for the NHS workforce These all demonstrate that vacancies are similar across all regions with the highest figures being East Midlands and Yorkshire rather than traditional NHS “blackspots” emphasising a national rather than local problem.

Whilst it is accepted that the NHS Workforce survey shows a reduction from 3.2% in 2005 to 2.1% in 2006 this is for posts that Trusts are actively trying to fill which have lasted for more than 3 months and is more likely a result of the short-term financial difficulties of the service than a measure of the underlying vacancy picture. Pharmacy remains in this survey one of the professions with the highest vacancy rate.

More importantly the NHS Pharmacy Education & Development Committee undertakes a specific annual hospital staffing survey that provides more detailed information taken at a fixed point in time. This has traditionally identified significantly higher numbers particularly at the entry points of the profession. Compared to the NHS workforce survey the NHS Pharmacy Education and Development survey undertaken in July 2004 (This is currently being updated with July 2006 data) shows.

- 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.
- 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.
- The changes in reciprocity arrangements between the RPSGB and Australia and New Zealand have significantly reduced available short-term locums to the service from June 2006.
- Salaries on appointment to the Commercial sector are in the region of 31-35k and many in the professional journals are advertised at higher rates (see Pharmaceutical Journal). 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 22.8k rising to 31k **after 8 years** and a Band 7 with a starting salary of 27.6k rising to 36,4k **after 8 years**. It is this lack of accelerated progression that has been cited, as the reason for some Foundation Trust staff sides agreeing to leave the AfC process.
- Prior to Agenda for Change most Pharmacists would have reached Grade D within 3 years as the service sought parity with the commercial sector (Whitley payments as stated started at over 31k and went to over 37k with discretionary points). This rapid grade progression is being unravelled by the job evaluation process, Band 7 is the grade to which most Grade D pharmacy posts have been evaluated and the poor relative starting position is disguised by the assimilation process as staff move from Whitley to AfC. The situation for future recruitment with the evaluation scheme and long incremental scale will exacerbate the problems with salaries after 3 years being in the region of 27k rather than over 31k under Whitley. Community starting salaries are more comparable to those at band 8.
- Currently most hospital pharmacists, since the withdrawal of on-call from the national agreement are still in receipt of 2.5k as part of their Emergency Duty Commitment (only until April 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 imminent removal of this enhanced 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. This is even greater in hospital, which has a younger female dominated workforce.

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. Those trainees leaving the service after completing their pre-registration year move into community pharmacy citing higher salary and the need to repay debts as major reasons.

Pre-Registration Pharmacists are expected to grow with new schools of pharmacy coming on stream but current numbers roughly equate to available posts due to increases in Community Pharmacy placements as the allowance has been increased in England from 5k to over 16k. However the current financial situation has led to a significant reduction in hospital trainees recruited for 2007 leading to further future recruitment problems as the service seeks to attract future pharmacists initially trained in the higher paid Community sector. Service modernisation, the key objective of the Agenda for Change process will be 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 most workforce organisations reducing student numbers.**
- **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, with a major underlying vacancy situation. 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. Evidence of some Trusts making payments outside national agreements to maintain existing weekend services**
- **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 £3,834 at Band 6 and £4,244 at 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.**

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1. **Twenty First Report on Nursing and Other Health Professions 2006- Review Body for Nursing and other Health Professions 2006**
2. **High Cost Area Supplements and Recruitment & Retention Premia- A Report for the Office of Manpower Economics by NHS Partners Research & Information May 2005**
3. **National Workforce Planning Framework 2005 (NHS Scotland)**
4. **The Pharmaceutical Journal Vol 277 No 7411 137139 29<sup>th</sup> July 2006**