

Regional Member report from Guild of Healthcare Pharmacists Council Meeting 17th February 2011

Pay Review Body

Dave Thornton attended the meeting with the pay review body with Barrie Brown, Sian Errington and Karen Reay. A number of issues came up including the fact that NHS employers pay the private sector. It has been agreed that if there was a successful recommendation this year for a national RRP and it is turned down by the Minister then we do not go back, as it is likely to be a waste of time. It is thought the Minister is likely to put it back for local consideration on the basis of "local solutions for local problems".

On-call

One of the first questions to be asked in local negotiations is whether there is a figure for the cost of on-call within the organisation. That figure is needed before negotiation can take place. Any agreement must be within that cost envelope - it should be no more than the cost but, as far the staff side is concerned, certainly no less.

One of the negotiating points has to be the transition period. Principle 12 set out by the Staff Council states that there has to be a transition.

Any agreement is likely to work for the existing service but not for new staff and therefore, over time, the on-call service will be lost.

Members' questions -

- At what point is a change in contract so big that it invalidates the contract?
- What action/response can be taken within contract?
- Would the minimum wage legislation be breached if staff were only paid pence for working at home?

It was pointed out that the allowance for being available would be paid as a separate payment from working time. The minimum wage would be the starting point for this. It was also noted that travel time, travel expenses and lieu time all need to be incorporated into any agreements.

- How does section 46 (assimilation to agenda for change) relate to on-call? This section stated that staff should be no worse off under agenda for change on assimilation. Does this still apply?

Many areas are continuing the current arrangements until new on-call systems can be negotiated. It is thought likely that pathology will be extracted from the on-call negotiations and converted to a shift system.

It was requested that all information on agreements should be fed back to Vilma Gilis, although another suggestion was the use of a survey monkey questionnaire. It was agreed to investigate this possibility.

President's Report

The President had been contacted by the Shadow Minister for Health about the apparent support of GHP for the White Paper reorganising the NHS. It was noted that the GHP supported the principles of the White Paper as they are, in fact, the principles of the NHS – “an NHS that is available to all, free at the point of use and based on need, not the ability to pay.”

The query had come from a written answer to a Parliamentary question where the Care Minister had listed 51 organisations indicating their “support for the principles of the National Health Service reforms”.

Practice

It was noted that the GHP response to the NPSA draft insulin guidance has resulted in quite a few changes based on our comments and a review of the whole package. Other consultations responded to include

- GPhC standards
- CPD framework and rules
- MHRA review of the Medicines Act

There was discussion on the proposal to have a “passport” to allow the mobility of European pharmacists for short periods of work. There is no requirement to be able to speak the language and hospital specialisation is also required. This means that it is not usable by UK pharmacists.

Education and development

It was reported that Unison is starting a campaign to get pharmacy technician training made into a degree course. Whilst GHP would support this, the problem is that the NHS will not pay for it and will technicians still need trading after graduating? We would need to see a vision for improved patient care and indication of what need is not being met by the training at the moment.

VAT

After a meeting with Unite this morning, Karen Reay will be talking to the Shadow team to get parliamentary questions asked to get the Government's view on using taxpayers money to privatise public services. In parallel, a question will be formulated for the Office of Fair Trading about unfair competition in tenders between private companies and in-house bids to run the services due to the VAT situation. There are also to be Freedom of Information requests to trusts asking for any papers on contracting out services put to their boards.

Modernising pharmacy careers

There was a presentation on the proposal for a five-year undergraduate course for pharmacists. It is envisioned that registration and graduation would take place at the same time with graduates already trained as supplementary prescribers. The idea is to make the adjustment from academic life to normal working life more straightforward and for work experience to give a context for the academic learning, instead of having four years training as a scientist and one year as a clinician. Being more integrated, the student will be learning to be a scientist, clinician and professional at the same time.

The problem with a five-year course as opposed to the four-year course, is that it is a bigger financial commitment for an 18-year-old student with no band 5 pay in year 5 to look forward to.

There is also considerable pressure in the workplace, with two six-month clinical placements from university to cope with. The end of the second placement will be co-terminus with graduation/registration. The first placement will take place in year three or year four and it will be for the employers to decide who goes on what placement – probably by interview. The presenters were asked whether the first placement was being driven by educational outcomes i.e. is it intended to be a learning experience or for service provision? It would appear to be the former, although still under debate?

Will there be the equivalent of a Dean of Pharmacy to ensure the quality of the placements? Where will the clinical academics come from to run the system? Some estimates reckon it will take 10 years to get to the final stage.

The document is not yet at a formal consultation stage; the group are discussing it with interested parties before the proposals are firmed up, become recommendations and the document does go out to consultation.

There was a question as to whether the current system was broken, but it was noted that graduates at day 1 of the preregistration year were not of consistent quality. Output from university was dependent on the vested interests within each university fighting their own corners.

The group had apparently looked at the strengths and weaknesses of the current arrangements and listened to employers and students.

Although the group is part of Medicines Education England, they have been asked to think about the impact on devolved administrations, as this work impacts only on England. What would be the effect on Scotland, Wales and Northern Ireland if they decided to stay with a 4 +1 undergraduate course? As net exporters of graduates, how could they continue to do so if there were no pre-registration places in England?

GHP opinion is that the paper gives an excellent analytical and diagnostic overview of the failings of the 4+1 year course, but that the treatment plan does not match the diagnosis.

The fear for universities is that they now have to produce Pharmacists rather than graduates and this raises the possibility of students suing if the available placements are not as advertised.

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18.2.11