

Employment in British Hospitals

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Abstract

This article discusses the ways in which hospital pharmacy staff qualify and reports on a shortage of pharmacy staff. Trends and possible remedies are discussed.

Qualifications

Pharmacists in Great Britain qualify by completing a 4-year degree in pharmacy (M.Pharm.) and a registration training period of one year prior to examinations controlled by the Royal Pharmaceutical Society of Great Britain. In some cases, the degree and registration training are combined in a 5-year course but the majority of pharmacists qualify having completed their final training mostly in one work setting (either hospital or community pharmacy) with short visits to other workplaces. The trainee is also assessed by competencies under the supervision of a pharmacist in their place of work. The registration is valid for all sectors of the profession but pharmacists working in hospitals will almost always complete further training before being promoted from junior posts. This training will often be formalised in a course, most commonly 2-3 years long, run by a university in conjunction with hospital tutors. These courses usually have a major clinical content but may also cover other aspects of hospital pharmacy practice and management. There is a range of courses available, generally tailored to suit local employers; some lead to Diplomas and some add a research component and lead to M.Sc. While virtually all pharmacists wishing to work in hospitals will require a diploma to proceed, the addition of the M.Sc. is not usually necessary.

Pharmacists wishing to become managers within the profession usually complete a management training course run by the National Health Service or a university, for example, an MBA degree.

Division of labour

Pharmacists in hospitals are often about one third of the employees in their department, another third are trainees, clerical staff or general assistants, and one-third are qualified technicians. Technicians are usually trained within the hospital service over a two-year period to attain the National Vocational Qualification at level 3. The responsibilities of technicians have increased over the last decade as pharmacists have handed over some of their duties in order to free up time to concentrate on more clinical roles. Although pharmacists retain overall responsibility for all areas of the department, it is now common for technicians to run the dispensaries, to take charge of purchasing medicines, to maintain stocks of drugs on wards, to assist in Medical Information departments and to visit wards to supply medicines for individual patients. Pharmacists are therefore more able to join doctors on ward rounds, to attend clinics to advise doctors and counsel patients, to run clinics, for example anticoagulation clinics, to spend time counselling patients on the wards, and to assess patients on arrival at hospital. Most pharmacists spend 40-60% of their time on clinical activities.

Staff employed in English and Welsh hospital pharmacies in July 2001 (Whole-time equivalents)

	Posts available	Posts occupied	Vacancy rate
Pharmacists	3929	3383	14%
Technicians	3959	3507	12%

Trends

Although pharmacists are becoming more clinical in their work and this is supported by several government-backed statements and reports, the implementation of the changes is hindered by a general shortage of pharmacists and technicians. About 14% of pharmacist posts and 12% of technician posts are vacant according to surveys by the NHS Pharmacy Education and Development Committee. Pharmacists may work either in hospital (6385, about 20% of working pharmacists) or community pharmacy. Salaries for junior pharmacists are higher in community, often by over £10,000 (15,000 Euros), because a community pharmacy cannot function without a pharmacist present and so companies need to make sure they have pharmacists at all times. To compete with this, hospitals can offer good training, a variety of jobs, and the chance to be part of a multidisciplinary working team. The clinical emphasis is usually also attractive.

None the less, hospital pharmacy is a very fluid profession; one fifth of staff changed employer in one year.

Staff changing employers in one year up to July 2002 (Whole-time equivalents excluding moves and promotions within a hospital.)

	Changed hospitals	Left hospital service
Pharmacists	13%	8%
Technicians	9%	4%

Destination of pharmacists leaving their hospital in the year up to July 2002

Destination	Number (whole-time equivalent)
Other hospitals	292
Travel & locums & breaks	122
Maternity	102
Community & primary care	95
Left profession	57
Retirement	30
Reduced hours	25
Others	77

There are several trends that affect the number of pharmacists in hospitals. In some cases, departments have converted pharmacist posts that they could not fill into technician or assistant posts and have re-arranged the work to suit. This is a desirable process in some cases, but not in others.

Many posts have had increased salaries or grades because they could not be filled without.

There are more trainees now than a few years ago, about the same as the number of pharmacists leaving the service, but not all remain once they qualify.

Many junior pharmacists, especially in London, are now choosing to take *locum* employment and spend time travelling the world in between jobs. To keep services running, departments employ *locums*, some British and some from overseas, at higher rates of pay than regular employees and this reduces the budgets available for other staff and services. Since this trend also affects nurses

and doctors, some hospitals have overspent their government allocation of funds by millions of pounds.

Three-quarters of hospital pharmacists, and nearly all technicians, are female and maternity leave is the second greatest reason for pharmacists leaving their employer. Many new mothers take advantage of flexible working arrangements and work part-time only on their return to work.

Impact on work

Important work is being left undone because of staff shortages. In a recent survey, three-quarters of departments were unable to meet the demands made upon them and half of these departments said they could not implement new government initiatives to improve care for elderly patients. Other cuts included not providing a clinical service to all wards, closing dispensing services at weekends or at night, closing aseptic dispensing services, and closing pharmacist-run clinics.

Hospital managers and medical staff have generally recognised the role of pharmacists in the management of patients and their medicines and there have been many new posts created to provide improved services. Unfortunately, the number of recruits has not matched the number of extra posts, so that both the number of pharmacists and the number of vacancies has increased over recent years.

Remedies

Ultimately, the service needs a greater number of pharmacists and, unless something significant happens in the community sector, this will have to come from more pharmacists registering. There are several universities that propose to open new Schools of pharmacy, but it will be 2008 before new pharmacists can register and 2010 before they could complete diploma training. Technicians can be trained more rapidly but constantly increasing numbers of trainees places a burden on already busy qualified staff.

Hospitals are recruiting successfully from their own trainees and from other sectors but need to pay more attention to why staff leave so that the numbers of leavers can be reduced.

Reorganisation of workload, so that pharmacists are doing only what is unique to their skills and qualifications, is essential but is a difficult process to manage with shortages of technicians. Information technology and robots are being introduced to the dispensing process as well as to ordering services, and this may free technicians. Electronic patient records and prescriptions are used in some hospitals and are due to spread to all hospitals in the next few years.

Conclusion

British hospitals are recruiting well but remain short of pharmacists and this is affecting their work and their ability to meet objectives. The profession is responding by re-organising the workload and increasing use of electronics and robots but, ultimately, more pharmacists are needed.

Resources

www.RPSGB.org.uk Royal Pharmaceutical Society of Great Britain

www.ghp.org.uk Guild of Healthcare Pharmacists

www.oxpharm.co.uk/nhspeadc.htm Reports from NHS Pharmacy Education and Development Committee on recruitment and staffing issues.

www.audit-commission.gov.uk Audit Commission reports on pharmacy including pharmacy staffing (search “Medicines management”)

www.nhsprereg.co.uk NHS pharmacy recruitment site, contains information about hospital pharmacy as well as details of individual hospitals

www.nhs.uk/thenhsexplained/default.asp Information about the National Health Service