The impending budget shortfall for the NHS and associated funding cuts will only be making a chronic problem worse for hospital pharmacy. “We have never been awash with qualified pharmacists and pharmacy technicians,” says Susan Sanders, director of London Pharmacy Education and Training. “And the NHS has not got enough capacity to handle any upcoming shortages of pharmacists,” she added.

Ms Sanders runs a service providing education and training for NHS employees, giving them opportunities they would not find elsewhere. The service trains a 230-strong cohort of preregistration trainee pharmacists, and a large number of preregistration trainee pharmacy technicians and pharmacy assistants studying for national vocational qualifications.

But there are not enough trainees to fill the required pharmacist and pharmacy technician positions within the NHS and Ms Sanders, who is also a member of the NHS Pharmacy Education and Development Committee, doubts there will ever be — if nothing changes.

Ongoing staffing problem

“We simply have not got the funding, and the turnover, to train new staff. If the boat is not pushed out now to increase training capacity, we will not pull ourselves out of this ongoing staffing problem. “As a result of the fallow year of 2001, when there were very few pharmacists registering due to the MPharm degree being changed in 1997 from a three-year to a four-year course, finding newly qualified pharmacists was a challenge. We have been working with a shortage ever since.”

The shortage of suitable staff to fill gaps holes within NHS services is just one factor pushing pharmacists to break point with their jobs, says Ms Sanders. Her comments come in the wake of the Royal Pharmaceutical Society’s April symposium, “Workload pressures and the pharmacy workforce: supporting professionals and protecting the public”, a flagship initiative of the Workplace Pressure campaign. Launched in January by the President, Steve Churton, the campaign aims to combat the real culture shift in that respect. I would like to see pharmacists across all sectors of practice develop and nurture strong working relations with each other, with other disciplines and with the wider healthcare community.

Despite the implementation of radical changes in the NHS, she believes pharmacy has not lost its allure for the young. “There is no evidence to suggest pharmacy is not an attractive career; there is still demand for student training. But I think there needs to be a discussion around the type of people we are recruiting into degrees.

“There needs to be a greater understanding of the career selection process; making sure it is fit for purpose in order to select the right students to become pharmacists. It is generally acknowledged that the selection process could be more robust.”

“We need to help people to focus on what the profession needs to identify in school leavers. Testing knowledge and, to an extent, skills is easy to do on paper, but key attributes and the potential to develop into a professional are more difficult to identify without a wider variety of testing methods, including face-to-face interviews.”

The desire to enter a career in pharmacy is one thing but finding the money to continuously develop a person’s career is another.

Worse, not better

“The NHS financial situation is going to get worse, not better,” says Ms Sanders bluntly. “We know centralised money does not cover the costs for NHS organisations to train people. The measures to cut costs are contributing to the squeeze on training capacity. Ring-fenced money would help allow trained staff to develop new staff, but it is unlikely to become available.”

“With less taxpayers’ money finding its way to NHS coffers, the competition between hospitals, departments and staff for funds is growing fiercer each year, she says.

“We really have to look at making the most with what we have. Technology, IT — those things will help ease the workload but they are only worthwhile if we have enough trained pharmacists and technicians. “We also have to look at the training capacity of primary care trusts; currently they contribute very little to training. We need to think innovatively and work collaboratively so NHS hospital pharmacy departments, PCTs and community pharmacy colleagues, as well as colleagues in other organisations, work together to boost training capacity.”

With staff and skill shortages, funding and training shortages in her mind, Ms Sanders echoes her earlier words: “If we don’t start to do things differently, things are going to get worse, not better.”