Young pharmacists are starting to develop cross-sector portfolio careers

Locum pharmacists are riding a booming market, with more and more community pharmacies planning extended hours, writes Debbie Andalo

The locum market in hospital and community pharmacy is booming and the popularity of the 100-hour pharmacy contract for supermarkets is creating new flexible working opportunities. Morale in primary care is starting to improve following reorganisation of trusts and financial cutbacks, but there is little movement in the recruitment market in this sector at senior level, although there are employment opportunities in junior grades.

In hospital pharmacy up to 18 per cent of lower grade posts are unfilled as newly qualified juniors turn their backs on the sector, seduced by community posts offering higher salaries — sometimes as much as £12,000 more. A new breed of pharmacist is starting to emerge as the idea of creating a portfolio career — working as a "freelance" pharmacist across the sectors — becomes more popular.

There are around five vacancies for every locum on the books of Reed Health, according to John Herron, its divisional director for doctors, health and nurses. He says: "The market has changed in the past 12 to 18 months when there used to be more locums than jobs. Now there are about five jobs for every locum so they can pick and choose." The increased opportunities in hospital and community have been helped by the changes in the rules governing overseas pharmacists who want to practise in the UK.

Pharmacists disappointed with their new grade under Agenda for Change have also voted with their feet and turned their backs on permanent posts in the NHS, according to Mr Herron. He says: "The request for locums, especially in Scotland, went through the roof as pharmacists [left] following Agenda for Change. Most of the demand was for grades at six or seven."

Path to a higher grade

The trend, according to Mr Herron, is for newly qualified pharmacists to become locums to gain experience so they can then return to hospital or other NHS posts at a higher grade, which offers a higher salary. He says: "A lot of locums use community to get a foot in the door and get a reference while they are waiting for hospital posts so that they can go in at a higher level."

This new trend is borne out by Peter Coot, pharmacy manager at Basildon and Thurrock University Hospitals NHS Foundation Trust and secretary of the Essex group of the Guild of Healthcare Pharmacists. Mr Coot says that none of the five preregistration trainees he had this year have stayed. "Two went to another trust and three went into community pharmacy as locums. I was able to recruit — we took on a band 7 and a band 8 from another trust, but band 6 posts have been a worry." He says: "I didn’t get a large field of applicants for band 6 and one of the things which came across is that they don’t think they can afford to stay in hospital pharmacy." Mr Coot generally welcomes Agenda for Change but he says: "In the past we could tinker around and find the money and not take newly qualified pharmacists on at the bottom of the scale. Now we have lost that flexibility. Agenda for Change has given us some degree of stability, provided we can get people coming in at the bottom. With the number of pharmacists being trained, it has to be that in the future a number of people will be prepared to work for less and we will carry on getting people in hospital. I am confident that some of my current preregistration trainees will decide to stay but it’s a question of affordability and what kind of student debt they come out with."

Vacancies in hospital pharmacies

Vice-president of the Guild of Healthcare Pharmacists Richard Cattell points out that the results of the latest NHS staff survey continue to show "fairly large numbers" of vacancies in hospital pharmacy at the lower band grades 6 and 7 (see Panel). He says: "That isn’t unusual but the evidence is that the vacancy levels have not improved over the past year and have gone up from 11.7 per cent to 12 per cent overall, and from 16 per cent to 18 per cent in the lower grades, which is almost one in five jobs."

He says that the lower grade posts are staying unfilled as newly qualified pharmacists turn to the community to pay off their student debt. He says: "They are going to where they are paid more, which is the community.

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National NHS survey shows that pharmacist vacancies persist

Martin Pratt, recruitment officer at the Guild of Healthcare Pharmacists writes: "The ‘National NHS hospital staffing establishment and vacancy survey’ continues to show large numbers of pharmacist vacancies in England and Wales, particularly at band 6 and 7.

Recruitment across all the professions in the NHS, within primary and secondary care was affected in 2006/07 due to attention being drawn away from clinical and performance targets to the need to deliver a short-term financial balance. Vacant posts were frozen or axed and it was difficult for pharmacy managers to recruit. However, in this financial year the situation has improved for most trusts where they achieved financial balance, and it is easier to advertise vacancies.

Surveys of hospital pharmacist numbers have shown that pharmacist numbers have increased over the past five years, with reduced vacancy rates. The introduction of the new salary scales under Agenda for Change has recognised the roles, education and responsibility of pharmacists and is a significant aid to recruitment. This was achieved through extremely hard negotiations by the guild in partnership with Amicus against stiff opposition from some of the assessment panel on the banding of the national profiles for pharmacists, against which many existing posts were matched. Furthermore, the Pay Review Body this year has accepted the guild’s case that a national recruitment and retention premium for pharmacists warrants proper investigation. Pharmacists are the only group for which this recommendation was made by the Pay Review Body."

The Guild of Healthcare Pharmacists represents over 4,000 pharmacists in the UK, including the majority of hospital pharmacists, pharmacists employed by primary care trusts and pharmacists employed by other public bodies, such as the Commission for Social Care Inspection and the Healthcare Commission. The guild is part of the health sector of the union — Unite Amicus.

The challenge for us is that we can offer somebody £23,000 but they will get £35,000 in community — that’s a £12,000 pay rise.” That is particularly attractive if you are a 22-year-old graduate pharmacist with a £15,000 student debt, he points out.

Recruitment opportunities in community pharmacy are “buoyant”. It is a “candidate driven” market, according to Barbara Sutherland, resourcing manager at Lloydspharmacy. She feels the desire of newly qualified pharmacists to go into locum posts rather than employee posts is “worrying.” She says: “Locum work is not as profitable as people may think, but it does offer flexibility and we as employers are looking to provide more flexible working. But commercially there will always be a market for locums in community pharmacy because, for example, if somebody is off sick, you can’t open if you don’t have a qualified pharmacist in place.”

Alliance Boots has noticed a different trend in the recruitment market. Paul Stretton, head of pharmacy resources at Boots the Chemists, says over the past six months more locums have looked to become employed pharmacists and there has also been increased interest from hospital pharmacists looking to move into the sector. "Those coming from hospital are looking to work part time in both sectors. It may be that they want to keep their options open and keep their career broader. A couple have said that in hospital pharmacy the career focus and roles are narrow whereas community is going the other way and becoming broader.”

He believes the role in community pharmacy is fundamentally changing and is now much more about serving the patient “rather than creating a need.” He adds: “At Boots there has been a huge shift in patients asking about what services the pharmacy can offer, which has been the result of our ‘Ask the Boots pharmacy team’ campaign. Patients are asking about services rather than pharmacists saying we offer these services. There has been a lot of discussion around medicines use re-
views. That makes a huge impact on the relationship if you are servicing rather than creating a need — it’s more about what pharmacists believe is their role, which is to support people’s needs.”

Teaming up with in-store GP surgeries

The company’s move to have more GP surgeries in its stores — 70 planned according to current figures — is having an impact on the profession, he says. “All the problems about being dual sited in the health service disappear because we become a working team with the GP — we are in the same environment and have the same benefits you would have if you were working in the same health centre.”

The new 100-hour opening contract for community pharmacies is helping to increase recruitment opportunities in the sector in both stores such as Boots and supermarkets. Boots already has 170 stores that stay open until midnight and plans to increase that number to 250 by the end of March. Mr Stretton says: “Customer response when they use the service is positive. It also delivers pharmacists some choice about how they want to work their hours — which are different from the traditional working hours — which some people will find flexible.”

Supermarkets, like Asda, are relying on the new 100-hour regulation to expand their pharmacy services. Asda now has 38 100-hour stores and from next year all its new pharmacies will have 100-hour contracts. Its superintendent pharmacist John Evans admits: “That is the only way that we can bring pharmacies into our stores.” The company is also exploring the popularity of 24-hour pharmacies. This Christmas its store in Hounslow, West London, will open around the clock and the in-store pharmacy will have the same opening hours. He says: “We do not know yet whether that is what customers want, but customers definitely want pharmacies to open early in the morning and late at night. They don’t want pharmacies to close when they finish work, which is what most community pharmacies do.”

100-hour pharmacies offer flexibility

Mr Evans is keen to promote the new job opportunities that 100-hour pharmacies will create. He says: “We are opening 50 more stores next year and will need two or three pharmacists per store to manage that. These are opportunities that might appeal to people who have left pharmacy, for example, to have children. With 54 per cent of pharmacists (being) women, it offers flexible working — when their partner comes home in the evening it means he can look after the children and she can then go off to work.” Asda, like Boots, is opening its doors to GP practices. It was waiting to hear this month whether plans to open the first GP branch surgery out of hours in one of its stores had been given the go ahead by the local primary care trust (PCT).

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Mr Evans says: “We are looking to provide more private services for patients — we already offer flu vaccinations (we were the first to offer that service in a supermarket in this country) and we also offer travel vaccines.” Asda is also keen to increase the number of enhanced services it can offer patients under contracts with PCTs. However he says: “Supermarkets are well placed to offer enhanced services, but PCTs are still reeling from reorganisation and there is not as much

NHS pharmacists struggling to buy property are entitled to key worker support

NHS pharmacists struggling to take their first steps on the property ownership ladder are entitled to assistance under the Government’s HomeBuy initiative. The scheme, introduced to help boost recruitment and retention of key NHS clinical staff includes a loan of up to 17.5 per cent of the purchase price towards the purchase of a first home and is available to pharmacists working in London, the south east and east of England. Under the initiative, which is open to key public-sector employees, including all NHS clinical staff apart from doctors and dentists, the household income must be under £60,000 in order to qualify.

Martin Pratt, recruitment officer for the Guild of Healthcare Pharmacists says: “It is a good idea even though it may only benefit [pharmacists in] certain regions of the country. However you have to consider whether a pharmacist struggling with a large debt after university will also want to take on a mortgage.”

The initiative is being managed by housing association social landlords and overseen by the Housing Corporation on behalf of the Government’s Department for Communities and Local Government. The DCLG has developed two possible options for helping key public-sector worker first-time buyers under the open-market initiative of the HomeBuy programme.

One option is for the employee to raise a mortgage to cover 75 per cent of the purchase price with the balance being met through a five-year interest-free equity loan that is put up between the Government and mortgage lender. Alternatively the Government will provide an equity loan of 17.5 per cent of the purchase price (up to a maximum £50,000) with the balance of the purchase being met through normal mortgage channels. A third possibility for pharmacists under HomeBuy involves a shared equity scheme for new build properties where they would be expected to purchase 25 per cent of the property.

According to the latest figures from the Housing Corporation 33 per cent of public sector staff who have relied on HomeBuy to purchase a home have come from the health sector.

The National Housing Federation, the organisation that represents 1,300 social landlords in England, said the scheme was having a positive effect on recruitment and retention of public sector key workers. Its policy officer Lucy Thornycroft said: “I am confident it will continue to only have a positive effect on recruitment and retention.” She revealed that a recent evaluation survey carried out by the DCLG showed that nearly a quarter (23 per cent) of those accessing HomeBuy agreed with the statement “without key-worker living I would have left the specific post I am currently in.” Participant satisfaction was also high with 95 per cent reporting they were “very” or “fairly” satisfied with the programme.
money available for enhanced services as there should be.”

PCT reorganisation hit morale
Primary care pharmacists are just about starting to see the light at the end of the tunnel following mergers of PCTs last October, which has had an impact on recruitment, according to the organisations that represent their interests. Shailen Rao, chairman of the Primary Care Pharmacists Association, says: “Things are still falling into place — all the implications of the boundary changes have not yet been felt. There are some areas where there is stability where the new PCTs have found their feet. Some people still don’t know what directorate they fit into or have a clear picture about what happens to the teams once the merger goes ahead. It’s patchy and seems to depend on what senior managers have focused on.” He says morale is low but is better than it was a year ago. “The reality sometimes is not as bad as the impending doom. But I think as far as morale is concerned we have hit the bottom of the rough and it is now heading in the right direction.”

All of this uncertainty has had an impact on the recruitment market and he believes it will encourage more pharmacists to consider a portfolio career. Mr Rao says: “I think with practice-based commissioning, for example, the future holds all sorts of opportunities for primary care pharmacists. I think there is the opportunity as well for more integrated working with community pharmacy. It is really important that primary care pharmacists need to be leaders in their own right and to be able to forge these new opportunities and relationships, to get in there and sell themselves and make people aware of their value and what they can offer, and make it happen.”

Nigel Barnes, chairman of the Pharmaceutical Advisers Group in England and Wales, believes that the “shake down” caused by reorganisation of PCTs has “more or less” been completed and agrees with Mr Rao that this round of changes has “been more painful than others”. Mr Barnes says that across the West Midlands, where he is head of medicines management at its strategic health authority, most pharmacists ended up with the jobs they wanted and that “there are enough jobs to go round.” But he admits morale has been low. He says “Morale hasn’t been great in the past 18 months, especially because of the financial deficits. I think people are probably feeling happier to have survived.” He says: “There hasn’t been any major movement in jobs in the past six months. There are no senior jobs coming up, but there are plenty of jobs at junior level in primary care, such as practice pharmacist posts or others to do with prescribing within an individual practice or within a practice-based commissioning cluster of practices.” Despite the emergence of practice-based commissioning, PCTs are still employers of medicines management teams and prescribing advisers.

Opportunities in primary care
He says: “I am not sure if practice-based commissioning groups want to take on the management of these people. Practice-based commissioning is in its infancy and it may be that the groups are happy to take the pharmacy services from the PCTs.” But, like Mr Rao, he is confident that there will be job opportunities in practice-based commissioning, with pharmacists working across practices and practice-based commissioning clusters employed by the PCT or contracted to the practice. He estimates that around 5 per cent of primary care pharmacists are working freelance across the sector, but he has no idea whether that number will grow. Mr Barnes says there are more career opportunities to work as locums in primary care and some pharmacists are now taking that option and turning it into a full-time career. He says: “I think you can make being a locum a career and I see pharmacists doing that. I think, though, that if they are doing that from the point of qualification, then maybe they are missing out on the training and mentoring they would get if they were in a permanent post. But I see people working as locums across the board and quite a few of them are opting for portfolio careers — working in community pharmacy, PCTs and hospital.”