

National hospital pharmacy vacancy survey 2001

- Authors** NHS Pharmacy Education and Development Committee with approval from Department of Health, Office of Chief Pharmacist.
- Purpose** To provide data on aspects of recruitment to hospital pharmacist and technician (MTO) posts.
- Scope** All NHS hospitals in England and Wales.
- Method** A questionnaire (Annex 1) was sent to each hospital or NHS Trust by the education pharmacist in each region. Non-responders were followed-up with repeated requests. Free text comments were encouraged.
- Results** 233 pharmacies responded out of 239 identified and surveyed (97.5%). There were 6 non-responders.

Previous reports

Similar reports were issued on 20th December 1996, covering the period August 1995 - July 1996, 20th December 1998, covering the period August 1997 - July 1998 and 20th May 2000 covering the period August 1998 - July 1999. Previous reports included Scotland but those data have been excluded from this report whenever comparisons are made.

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Background and Summary

In response to demands from various sources for accurate data on the current state of recruitment and retention in hospital pharmacy, the NHS Pharmacy Education and Development Committee undertook a survey of all NHS hospitals in England and Wales.

The methodology and style were similar to surveys completed 2, 3 and 5 years earlier; the survey included technicians (MTO grades 1-5) and pharmacists (Whitley Council grades A to H).

There was an almost complete response (97.5%); only 6 out of 239 pharmacies did not reply.

The results demonstrate that there were a large number of vacancies at the time of the survey and these were not just at the most junior grades.

The total of 547 whole-time equivalent (wte) pharmacist vacancies may be compared with the number of trainees in the service (fewer than 400 in 2000, a very small number in 2001 because of changes to the undergraduate education, and about 480 in 2002). Similarly, there were 247 fewer MTO trainees due to qualify than there were vacancies.

Recruitment and retention difficulties have led to reductions in service, or to refusal of requests for new services, in 60% of all hospitals. In the two previous surveys the proportion was 50%.

Pharmacies have resorted to a variety of methods to cope with the situation, these include:

- withdrawing or refusing services
- regrading staff or enhancing salaries (approximately 10% of pharmacists in 2000-01 in addition to 14% and 7% in previous surveys)
- working extra hours, and
- restructuring departments to match available personnel rather than a desirable skill-mix.

Difficulties in recruitment and retention are continuing to affect the service significantly.

Insufficient numbers are recruited or trained to match losses of around 10% per year as well as an inherited shortfall.

Headline figures

Unless otherwise stated, data refer to whole time equivalents (wte) and to changes over the one year period to 31st July 2001. Please see Comments for other trends.

Vacancy numbers.

On 31st July 2001 there were vacancies for 547 pharmacists and 452 technicians. These included posts for 93 A/B grades, 187 C grades and 194 D grades. 13.9% of all pharmacist posts were vacant, 17.8% of A/B grades, 21.5% of C grades and 13.9% of D grades.

The total number of pharmacist posts has increased by 90 over the duration of these surveys and has been matched by a similar increase in the number of staff in post, thus making a negligible difference to the number of vacancies. In contrast, the number of MTO posts has increased considerably (404 extra posts) but the number occupied has risen by only 200, thus leaving an additional 204 vacancies.

Grade shifts

Although the number and proportion of pharmacists in junior grades (A-C) has fallen over the years, there is a much greater fall in the number of posts available at these grades. The most obvious explanation for this is the conversion of posts that could not be filled into more senior or MTO grades. There is strong evidence for this in the figures for re-grading and in figures previously published for post conversions in 1998 and 1999. There is also supportive evidence for this in the increases in D and E grades, both available and occupied.

88 units do not have A/B posts separate from C grades. Some Trusts in London appoint newly qualified pharmacists to grade C.

The trends for MTOs are similar with marked increases in grades 3 and 4 and higher vacancy rates in grade 2. The number of trainees shows a steep rise in year 1 but this still does not match the vacancies.

393 pharmacist posts (10%) and 184 MTO posts (4.6%) were up-graded because of recruitment and retention difficulties.

Effects on service.

140 (60%) of pharmacies withdrew services or refused new services because of inability to recruit or retain staff during the year surveyed. This is in addition to the 50% and 49% who withdrew or refused services in the previous two surveys.

Comparison with Department of Health data.

The Department of Health calculates vacancies based on those posts vacant for at least 3 months on 31st March. In 2001 they reported 5.3% of pharmacists and 2.0% of MTOs vacant in England. Using the same measure, but based on 31st July, we found 8.5% (333.9) pharmacists and 4.5% (200.7) of MTOs vacant in England and Wales.

Comparison with Audit Commission data.

In their report, "A spoonful of sugar", the Audit Commission reported a 25% increase in pharmacy staff, as a headcount, over 5 years. The increase in pharmacists is similar to the increase we observed as whole-time equivalents but the increases in technician numbers were much greater than we observed. This implies that there is a lot more part-time working amongst technicians and may result from full-timers becoming part-time or from non-employed returning to part-time work.

Movement between professional sectors.

In addition to newly qualified and hospital-trained staff, 146.1 pharmacists were recruited from community employers in the last year but the total employed rose by only 87.7 over the last 2 years. This suggests that appreciable numbers must have left the hospital sector, though not all will have gone to employment in other sectors. (See comments section).

One area often cited in this connection is that of Primary Care Organisations (PCOs) such as PCGs, PCTs and GP practices. A survey to which 419 PCO pharmacists (268 wte) in England replied indicated that 219 (124 wte) had been recruited from community and 152 (112 wte) from hospital. We also surveyed joint hospital-PCO posts and found 62 wte in hospital and 42.2 wte in PCOs. Of these 78.1 wte were recruited from hospital and 12.1 from community (14 unspecified).

These data, which cover about 60% of pharmacists known to work in PCOs, indicate a significant imbalance in the source of recruitment and an appreciable drain on the hospital sector, especially as staff moving to PCOs are often middle-grade, experienced pharmacists.

Comments

The survey followed well-established methods and obtained data from a very high proportion of hospitals. This, combined with the consistency of the trends observed and the correlation with explanatory remarks from respondents, suggests the data are reliable and valid.

The number of hospitals reporting that recruitment difficulties have caused them to refuse or withdraw services is worryingly high and is increasing.

There is clear evidence of trends to increase the number of technician posts at the expense of pharmacist posts, partly for planned organisational change and partly because of recruitment difficulties. The number of trainee technicians is now a severely limiting factor. The number of pre-registration trainees continues to be less than is needed to replenish the numbers of pharmacists; this is exacerbated because only about two-thirds of pre-registration trainees stay in the sector (1999 data).

The number of recruits from Community pharmacy is higher than some have suggested it might be, but the losses to other professional sectors, or to non-pharmacy employment, are also marked. It is estimated that 250 pre-registration trainees stay in the hospital sector each year (based on 1999 data). In the last 2 years there have therefore been about 750-800 entrants to the sector (qualifiers plus transfers from community) but the number in post has risen by only 86. The estimated loss of 650-700 over two years represents about one-fifth of hospital pharmacists. An unknown number of these losses will be to retirement, family care, part-time employment, or travelling as well as to other sectors of the profession. Primary Care Organisations have recruited significant numbers of experienced hospital pharmacists but do not account for the majority of departures. The 'fallow year' that resulted from changes in undergraduate education would be expected to affect numbers of new recruits in 2001, but after the date of this survey.

Which figures for vacancy rates are truly important may be debated but these surveys show that on a given date about 14% of pharmacists and 11% of MTOs are not in post and those missing for at least 3 months amount to 8.5% and 4.5 % respectively. Department of Health figures are lower because of a difference in timing and probably do not reflect the true impact on the hospital service.

Table 1. Pharmacist posts & vacancies in England & Wales (wte)

1998				1999			2001					
No. of reporting units				276			257			233		
No. missing				1			10			6		
Grade	Posts	Occupied	%Occupied	Posts	Occupied	%Occupied	Posts	Occupied	% Occupied			
A/B	711.4	465.7	65.5	630.7	439.0	69.6	550.4	452.7	82.2			
C	935.9	773.4	82.6	912.9	743.0	81.4	871.3	683.9	78.5			
D	1244.1	1148.9	92.3	1302.1	1165.7	89.5	1399.4	1205.5	86.1			
E	545.1	513.6	94.2	606.1	563.2	92.9	682.3	636.5	93.3			
F	237.3	222.4	93.7	271.0	216.7	80.0	251.6	237.3	94.3			
G/H	163.2	157.2	96.3	171.9	167.5	97.4	174.4	166.9	95.7			
Total	3837.0	3281.2	85.5	3894.7	3295.1	84.6	3929.4	3382.8	86.1			

Table 2. Technician posts & vacancies in England & Wales (wte)

1998				1999			2001					
No. of reporting units				276			257			233		
No. missing				1			10			6		
Grade	Posts	Occupied	% Occupied	Posts	Occupied	% Occupied	Posts	Occupied	% Occupied			
MTO 1	352.3	318.2	90.3	273.6	275.3	100.6	290.3	270.0	93.0			
MTO 2	2015.2	1850.7	91.8	2053.6	1811.5	88.2	2246.9	1882.2	83.8			
MTO 3	981.1	949.6	96.8	989.6	952.7	96.3	1085.5	1026.6	94.6			
MTO 4	177.4	159.8	90.1	191.9	187.9	97.9	294.8	287.8	97.6			
MTO 5	28.8	28.8	100.0	25.7	24.7	96.1	41.2	40.2	97.6			
Qualified MTOs	3554.8	3307.1	93.0	3534.4	3252.1	92.0	3958.7	3506.8	88.6			
MTO trainee 1	*	*	*	238.0	213.0	89.5	292.0	302.0	103.4			
MTO trainee 2	*	*	*	189.0	184.0	97.4	232.0	205.0	88.4			
Total				3961.4	3649.1	92.1	4482.7	4013.8	89.5			

*data not requested

Reducing number of reporting units in Tables 1 and 2 is due to mergers.

