

## **National hospital pharmacy staffing survey 2002**

- 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 and retention amongst hospital pharmacist and technician (MTO) posts.
- Scope** All NHS hospitals in Great Britain.
- 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** 230 pharmacies responded out of 246 identified and surveyed (93.5%). There were 16 non-responders, 10 in England (response 95%), 6 in Scotland (response 64%), and none in Wales.
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- Previous reports**  
Similar reports were issued on 20th December 1996, covering the period August 1995 - July 1996, 20<sup>th</sup> December 1998, covering the period August 1997 - July 1998, 20<sup>th</sup> May 2000 covering the period August 1998 - July 1999, and 28<sup>th</sup> February 2002 covering August 2000- July 2001. This report adds data on sources of recruits and destinations of leavers.
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## 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, Scotland, and Wales.

The methodology and style were similar to surveys completed over the last 6 years; education pharmacists issued and collected questionnaires in their region and checked on response rates. The survey included technicians (MTO grades 1-5) and pharmacists (Whitley Council grades A to H). There was an almost complete response (93.5%); only 16 out of 246 pharmacies did not reply.

### **What was already known:**

Previous surveys have demonstrated considerable numbers of vacancies within the hospital pharmacy service and have shown that recruitment is a significant problem. They have suggested that retention may also be an important problem and this survey was designed to investigate movements in and out of the hospital service.

### **What this report adds:**

The proportion of departments unable to meet the demands made upon them because of staff shortages is very high (74%) and is increasing. The NSF for Older Persons is particularly affected.

There is a high job turnover (21% of pharmacists *per annum* left their employing hospital) and a high leaving rate from the service (8%). We have been unable to find comparable data for other professions.

Increasing numbers of staff are leaving for travelling or locum positions.

Fewer staff are leaving hospital for community pharmacy than are moving the other way.

The proportion of staff leaving for Primary Care Organisations is small but includes an important number of experienced pharmacists.

There is a high proportion of staff taking maternity leave but we have been unable to find comparable data for other professional groups.

## Commentary

1. Maternity leave is clearly a major factor in recruitment and retention. The effect is greater because these wte figures are the proportion of time lost over the whole year; the number of persons missing at any one moment is probably greater and more relevant. If maternity leave is added to the losses through reduced hours, which is though to be largely due to family commitments though some will be due to pre-retirement changes, then the losses are considerable. (Changing hours excluded losses due to splitting jobs with other organisations, which are recorded elsewhere.)

In a stable situation, returnees who left for family reasons in earlier years might balance losses due to maternity leave in this year. The numbers described as returning to practice (50 pharmacists, 27wte) don't make up for the losses (175 pharmacists, 102 wte maternity leave and 25 wte reduced hours) and this reflects common observation.

A survey by Peter Sharott in the former London, Essex, Bedfordshire and Hertfordshire region (October 2001 to September 2002) recorded just under half of pharmacists and a quarter of MTOs returned to work from maternity leave, though for methodological reasons these may be under-estimates.

We were unable to identify data on maternity leave in the NHS as a whole, or in other professional groups, but the proportion on maternity leave in this sample is similar to that across all staff groups in one large trust with an 80% female workforce. We don't know how many return but observation suggests most return for a reduced working week.

2. Travelling and indeterminate-length breaks for locums, etc., account for another large proportion of leavers, including new qualifiers. Recruits from locums (97 pharmacists, 83 wte) don't match departures (113 pharmacists, 108 wte) but the gap is smaller than the equivalent for maternity leave. A number of these recruits are from Australia and New Zealand who have reciprocity agreements with UK registration authorities, and other countries. It is not known what will happen over time as the earlier UK leavers consider their future.
3. Fewer pharmacists went to Primary Care Organisations (PCOs, about 0.7% of all pharmacists) but they constituted an important group amongst the D-E grade staff (1.6%). Previous surveys have shown that a high proportion of PCO staff were formerly employed in hospitals.
4. Only 0.5% of pharmacists moved to community pharmacy but that included 2% of A-C grades. The number of community pharmacists recruited to hospitals (165, 131wte) was far more than those who moved the other way (44, 41wte). This imbalance must be viewed in the light of the numbers who took indeterminate breaks or whose destination was unknown, but the overall picture still contradicts rumours of a mass exodus to community.
5. The proportion of staff retiring was exceeded by those who emigrated or left the profession for some unclassified reason.
6. The proportion of newly-registered pharmacists (4-year graduates) staying in hospitals (66%) is a little higher than in a 1999 survey from a cohort of 3-year graduates (61%) but the number of these recruits has increased by 50%. Fewer went to community pharmacy (8% vs 15%) but more chose to take a substantial break (13% vs 6%, short breaks were excluded), and another 13% went elsewhere, including back to academia.

The relatively low numbers of newly-qualified recruits reflects the fallow year when there were very few UK graduates and suggests that the situation was not as dire as had been feared but not as good as a more normal year should be. England and Wales recruited 116 hospital-trained qualifiers in 2001 compared to 220 in 1999 and 299 in 2002.

7. The impact of staff shortages on the service is considerable; three-quarters of departments could not meet targets or had to deny services because of staffing shortages; these figures have increased over recent years. The net gain or loss of staff is subject to a range of estimates because we do not know how many of the maternity leavers will return. It is disappointing that, yet again, the numbers of pharmacists in the service has at best remained stable and at worst has decreased markedly (gain of 31 to loss of 144 pharmacists, gain of 1 wte to loss of 100 wte). By incorporating data from Peter Sharott (described in note 1 above) the most likely estimate is a loss of 56 persons and 50 wte. The proportion of pharmacists leaving (8%) is similar to that estimated by different means for the previous two years. Having 21% of pharmacists change employer and losing 8% of them surely cannot be sustainable.
8. This year we did not collect data on grade distributions but the apparently stable numbers of staff may hide important changes in grading. A London survey has shown a 30% increase in senior pharmacist posts over the last two years.
9. The figures in each region (not cited in this report) reflect those in the country as a whole, with some variation in proportions, but London and adjacent counties have a higher proportion of staff leaving to travel or take other indeterminate breaks, about 50% more than the national average.
10. MTOs have similar problems, though slightly lower in magnitude. The turnover was 13% but a higher proportion went on maternity leave. The fraction going to community or Primary Care was lower than for pharmacists but still significant. Travelling and other breaks accounted for many departures.

## **Summary of free-text comments.**

When asked to give examples of services withheld or withdrawn, or targets not met, a large number of respondents, around half, mentioned the NSF for Older Persons, one-stop dispensing, Patients' Own Drugs schemes, or self-administration schemes.

Others mentioned reduced dispensary opening hours, withdrawal of residency or on-call services, closure of weekend services, and transfer of outpatient dispensing to community FP10(HP) forms. Provision of more time-consuming services, e.g., filling of compliance aids, was another casualty.

Several had withdrawn pharmacy-led clinics for anticoagulation or lipid control; in some cases other professionals had been employed to take the pharmacist's place. Some departments have been unable to supply a service to newly opened wards. A number of hospitals reduced the frequency of pharmacists' visits to wards.

Intravenous additive services, intrathecal injection preparation, parenteral nutrition, and aseptic dispensing services have been suspended by some and new projects have been declined by others. These included support for nurse-led clinics, and support for primary-secondary care interface projects. Audit and training, for both pharmacy and other staff, was also mentioned by several respondents.

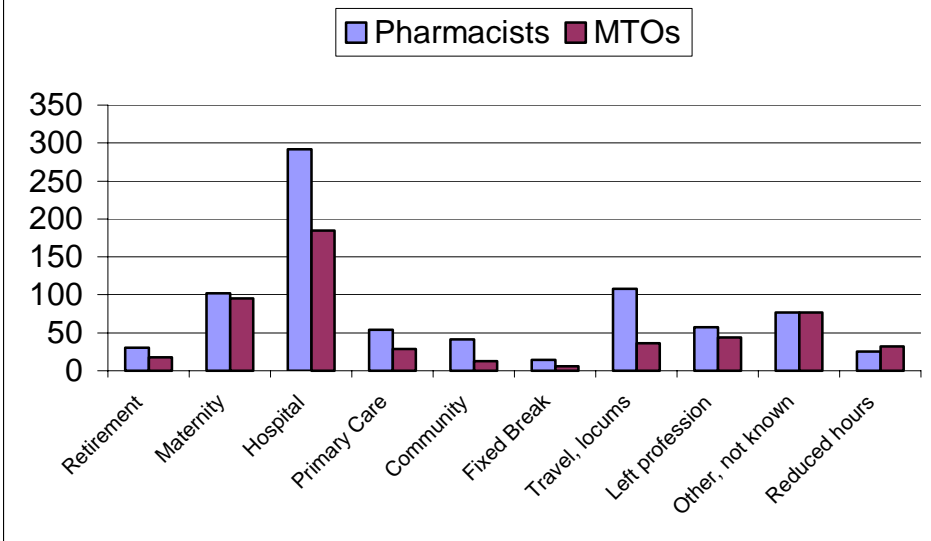
## Hospital pharmacy staffing 2001-2002

**Table A Destination of leavers** (percentages are percentage of departures in that staff group)

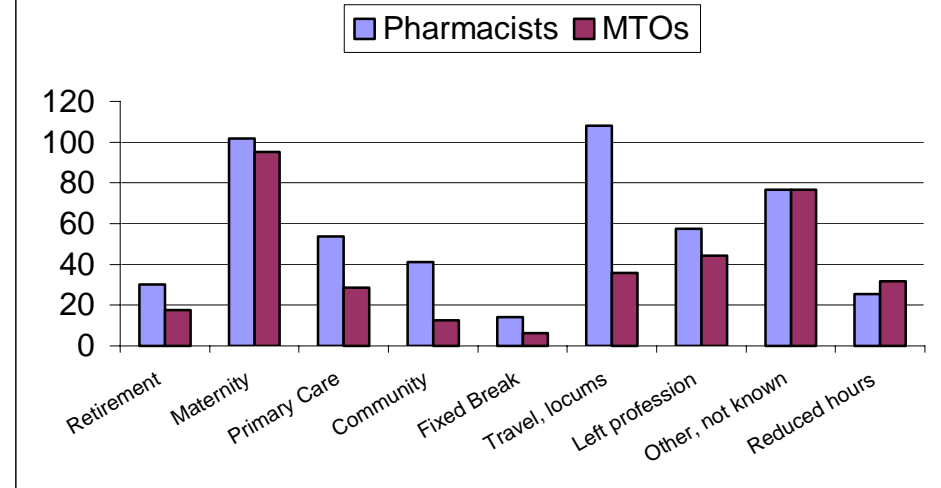
	Pharmacists			MTOs			Total		
	n	wte	%wte	n	wte	%wte	n	wte	%wte
Retirement	37	30.1	4	21	17.4	3	58	47.5	4
Maternity leave	175	101.6	13	161	95.1	18	336	196.7	15
Hospital	309	291.9	36	197	185.0	35	506	477.0	36
Primary Care	66	53.7	7	31	28.5	5	97	82.1	6
Community	44	41.1	5	14	12.5	2	58	53.6	4
Fixed Break	19	14.2	2	10	6.3	1	29	20.5	2
Travel, locums	113	108.2	14	38	35.9	7	151	144.1	11
Left profession	65	57.5	7	50	44.3	8	115	101.8	8
Other or not known	90	76.8	10	91	76.8	14	181	153.6	12
Reduced hours		25.5	3		31.8	6		57.4	4
<b>Total</b>	<b>918</b>	<b>800.6</b>	100	<b>613</b>	<b>533.6</b>	100	<b>1531</b>	<b>1334.2</b>	100

Pharmacists' reduced hours is the net result of 40.97 wte reduced and 15.44 wte increased hours.  
MTOs' reduced hours is the net result of 54.66 wte reduced and 23.04 wte increased hours.

### Leavers' destinations (wte)



### Leavers' destinations (wte) excluding inter-hospital moves



**Table B Leavers' destinations** (percentages are percentage of departures in that staff group)

Staff group	Retirement			Maternity leave			NHS hospitals		
	n	wte	% of staff group wte departures	n	wte	% of staff group wte departures	n	wte	% of staff group wte departures
A-C	10	7.6	2	43	25.7	6	163	159.6	39
D-E	17	14.0	4	123	70.0	22	126	115.2	36
F+	10	8.5	18	9	5.9	13	20	17.1	37
MTO 1-2	14	10.4	3	112	64.3	17	137	132.0	36
MTO 3+	7	7.0	5	49	30.8	23	60	53.0	40

Staff group	NHS Primary Care			Community pharmacy			Fixed-length breaks		
	n	wte	% of staff group wte departures	n	wte	% of staff group wte departures	n	wte	% of staff group wte departures
A-C	18	17.1	4	30	29.2	7	9	7.3	2
D-E	46	34.6	11	14	11.9	4	8	6.8	2
F+	2	2.0	4	0	0.0	0	2	0.1	0
MTO 1-2	24	22.5	6	13	12.5	3	6	3.6	1
MTO 3+	7	6.0	4	1	0.0	0	4	2.7	2

Staff group	Travelling, locums			Left profession			Not known or other		
	n	wte	% of staff group wte departures	n	wte	% of staff group wte departures	n	wte	% of staff group wte departures
A-C	85	84.3	21	42	38.0	9	44	37.5	9
D-E	25	21.9	7	21	17.5	5	37	30.3	9
F+	3	2.0	4	2	2.0	4	9	9.0	19
MTO 1-2	29	27.9	8	39	34.7	9	72	61.5	17
MTO 3+	9	8.0	6	11	9.6	7	19	15.3	12



Figure 3. **Leavers' destinations**  
as percentages of departures in that staff group

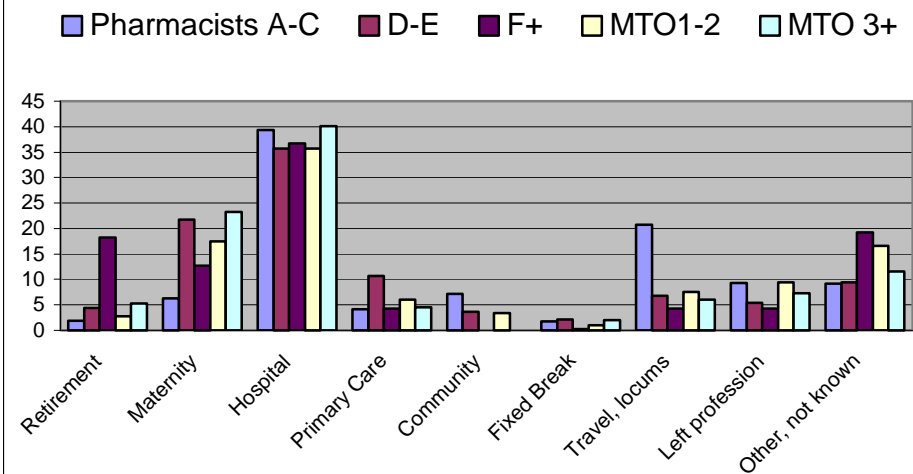


Table C Leavers' destinations summarised by staff group

Staff group	Total departures		Departures excluding inter-hospital moves and unknown destination							
	n	wte	n	wte	% maternity leave	% Primary Care	% community pharmacy	% fixed-term break	% retired	% travel, locums, emigrated or left profession
A-C	444	406.2	237	209.1	12	8	14	3	5	58
D-E	417	322.2	254	176.7	40	20	7	4	7	22
F+	57	46.7	28	20.5	29	10	0	1	41	19
MTO 1-2	446	369.5	237	176.0	37	13	7	2	5	36
MTO 3+	167	132.2	88	64.0	48	9	0	4	12	27
<b>Totals</b>	<b>1531</b>	<b>1276.8</b>	<b>844</b>	<b>646.3</b>						

**Table D Staff in post on 31<sup>st</sup> July 2002**

	<b>n</b>	<b>wte</b>
Pharmacists	4409	3837.2
MTOs	4549	4023.6
Student MTOs	594	586.2
Pre-registration pharmacists	477	477.0

**Table E Impact of staffing shortages upon ability to deliver services**

Departments prevented from meeting NHS or government targets:	158	(68.7%)
Departments refusing or withdrawing services:	136	(59.1%)
Departments in both categories:	115	(50.0%)
Departments in either category:	171	(74.3%)
Total responses	230	

**Table F Sources of newly-recruited pharmacists**

<b>Recruitment sources</b>	<b>n</b>	<b>wte</b>	<b>% of wte</b>	<b>% wte excluding inter-hospital moves</b>
Community pharmacy	165	131.0	17	32
Primary Care	11	8.4	1	2
Hospitals	349	343.9	46	
Return to work	50	27.2	4	7
Newly-qualified:				
--hospital	133	130.3	17	32
--other	18	27.0	4	7
Other	88	84.5	11	21
<b>Total:</b>	<b>814</b>	<b>752.3</b>	<b>100</b>	<b>100</b>
including locums:	97	83.0		

Locums are those who were recruited from unspecified locum work in any location.

The pre-registration pharmacists in tables D and H are not the same cohort as the newly-qualified pharmacists in table F

**Table G Recruitment and departures, excluding inter-hospital moves and maternity leave**

	<b>n</b>	<b>wte</b>
Pharmacists recruited	465	408.4
Pharmacists leaving service	434	381.5
<b>Net gain to service</b>	<b>31</b>	<b>26.9</b>
Reduced hours		25.5
<b>Gain to service</b>		<b>1.3</b>

These figures assume that all maternity leavers stay in the service, which is known not to be true. If the proportion known to return in London (Peter Sharott, see notes) applies across the country then the net loss is 56 pharmacists and 50 wte. If all maternity leavers were assumed to have left the service then there would be a net loss of 144 pharmacists and 100.3 wte.

The figure for reduced hours is the net result of increases and decreases in the working hours of existing staff.

**Table H Destination of pre-registration pharmacists on qualification in Summer 2002**

Own training hospital	167 (35%)
Other hospital	148 (31%)
Community	39 (8%)
Academia	38 (8%)
Other	24 (5%)
Locum, travel, or breaks	64 (13%)
of whom 27 said they would return	
<b>Total:</b>	<b>480</b>

Pre-registration graduate posts included 477 one-year placements for UK graduates and 44 for overseas graduates. 445 UK students passed their registration year in July, 16 deferred their examination until September and 17 failed in July; presumably most of these also resubmitted for examination in September. There were 115 half-year placements from UK Schools of pharmacy, of which 46 were final placements; this table excludes those students. These figures also exclude EU students intending to register in their home country.

**Table I Departures as percentage of staff group in post on 31<sup>st</sup> July 2001 (England and Wales only)**

	<b>All moves</b>		<b>Left service</b>
A-C	33		15
D-E	16		5
F+	11		4
<b>Pharmacists:</b>	<b>21</b>		<b>8</b>
MTO 1-2	16		5
MTO 3+	9		2
<b>All MTOs:</b>	<b>13</b>		<b>4</b>
<b>Total</b>	<b>17</b>		<b>6</b>

Notes: Figures for staff in post in July 2001 in Scotland are not sufficiently accurate for use in this table.

“Left service” excludes inter-hospital transfers and maternity leave but includes those with unknown destinations.

“All moves “ excludes internal promotions or moves.

## Annex 1. NHS Pharmacy Education and Development Committee.

## National hospital staffing survey 2002.

Having obtained good data in previous years on staff numbers, we now need to clarify where staff come from and move to. Please complete this form for the year from **August 1<sup>st</sup> 2001 to July 31<sup>st</sup> 2002**. Please convert local grades to Whitley equivalents if necessary. **Thank you very much.**

**Please show why staff left during this year.** If staff changed to a split post, please show in this table the proportion of their posts lost. If staff changed hours, please use box below. For maternity leave, please show wte missed during the year. (e.g., 3 months full-time = 0.25 wte)

	Retired		Maternity leave		Other NHS hospital		NHS Primary Care Organisation.		Community Pharmacy		Fixed-length Breaks*		Travelling, locums indeterminate breaks, etc.*		Emigration or left practising profession		Other or not known		
	No.	wte	No.	wte	No.	wte	No.	wte	No.	wte	No.	wte	No.	wte	No.	wte	No.	wte	
Pharmacist A-C																			
Pharmacist D-E																			
Pharmacist F-H																			
MTO 1-2																			
MTO 3+																			

### Regarding pre-reg students who qualified in July 2002

and disregarding short breaks before commencing work,

How many:

Remained with you \_\_\_\_\_

Are going to another NHS hospital \_\_\_\_\_

Are in community pharmacy \_\_\_\_\_

Are doing research/study \_\_\_\_\_

Locum/travelling/indeterminate breaks etc. \_\_\_\_\_

Other \_\_\_\_\_

(Disregard sandwich students in this table.)

**If travelling/locums/breaks etc., how many said they intended to come back to hospital?** \_\_\_\_\_

### During the last year, how many pharmacists have you recruited from:

Community \_\_\_\_\_ (Wte: \_\_\_\_\_)

Primary Care Orgns. \_\_\_\_\_ (Wte: \_\_\_\_\_)

Hospitals \_\_\_\_\_ (Wte: \_\_\_\_\_)

Newly qualified (hospital) \_\_\_\_\_ (Wte: \_\_\_\_\_)

Newly qualified (other) \_\_\_\_\_ (Wte: \_\_\_\_\_)

Returning to work \_\_\_\_\_ (Wte: \_\_\_\_\_)

Other \_\_\_\_\_ (Wte: \_\_\_\_\_)

**How many of all the above were mainly doing locums?**

\_\_\_\_\_ (Wte: \_\_\_\_\_)

How many staff changed their hours during this year?  
**(Overall totals please)**

Pharmacists wte: \_\_\_\_\_ increase / loss

### On 31<sup>st</sup> July, how many staff were in post?

Pharmacists \_\_\_\_\_ (\_\_\_\_\_ wte)

MTOs \_\_\_\_\_ (\_\_\_\_\_ wte)

Student MTOs \_\_\_\_\_ (\_\_\_\_\_ wte)

**Have staffing shortages prevented you from meeting NHS or government targets, NSFs, etc?** Yes / No

Have you refused or withdrawn services because of staff shortages? Yes / No **(Please specify**

**Hospital:** \_\_\_\_\_

Please return this to <named person>  
(envelope enclosed).  
by 14<sup>th</sup> September. Thank you.

\* Note: Fixed-term breaks could be unpaid leave, career-breaks, secondments etc.  
Indeterminate breaks involve resignation and no commitment to return.

## Annex 2

## Definitions

Staff grades are expressed as Whitley equivalents.

**Wte** = Whole-time equivalent

### **Destinations:**

**Primary Care** means NHS organisations in primary care including Strategic Health Authorities, General Practices, and Primary Care Trusts, and their Welsh and Scottish equivalents, but excluding community pharmacies.

**Breaks** include any fixed-length arrangement such as unpaid leave, career breaks, and secondments.

**Travelling/locum** includes anything that involved resignation and no commitment to return. This may be for travelling, locum positions in any sector of the profession, etc.

**Left profession** includes those who emigrated as well as those who are known to have left the practising profession although some may have retained their registration with the Royal Pharmaceutical Society. Retirements are shown separately.

**Academia** (only listed for newly-qualified pre-registration students) would include those going to research as well as those going on to taught courses.

**Maternity leave** is counted as the fraction of the year during which a person was on leave. This therefore provides the most optimistic view of staffing.