

National hospital pharmacy staffing survey 2003

- 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, and also for other pharmacy staff.
- 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.
- Results** 226 pharmacies responded out of 248 identified and surveyed (91%). There were 22 non-responders, 21 in England (response 90%), none in Scotland, and one in Wales (response 93%).
In addition to extending data collected in previous years, this report adds data on sources of recruits and destinations of leavers after the fallow year and examines maternity leave in greater detail. It adds information on locums.
- Contents** Summary
Commentary
Tables A-M
Figures 1-3
Annex 1 Questionnaire form
Annex 2 Definitions
- 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, 20th May 2000 covering the period August 1998 - July 1999, 28th February 2002 covering August 2000- July 2001, and 1st March 2003 covering August 2001 – July 2002.
- Contact:** Dr D.K. Scott
Pharmacy Department
John Radcliffe Hospital
Oxford OX3 9DU
Tel: 01865 221808 Fax: 01865 221828
e-mail David.Scott@orh.nhs.uk
- Issue Date:**
3.07.2004

National hospital pharmacy staffing survey 2003

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 7 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). A less detailed question was asked about other pharmacy staff. There was a high response (91%); only 22 out of 248 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, especially in relation to maternity leave.

What this report adds:

This survey identifies that some aspects of recruitment and retention, about which we enquired for the first time last year, are consistent and not a short-term result of the fallow year when very few newly qualified pharmacists were available.

The proportion of departments unable to meet the demands made upon them because of staff shortages remains very high (70%).

There is a high job turnover (21% of pharmacists left their employing hospital) and a high rate of leaving the service (10%, compared to 8% last year). We have been unable to find comparable data for other professions.

Many staff are leaving to travel or to take up locum positions and the service employs a large number of locums, especially in junior grades. 16.3% junior pharmacist posts are vacant and 13.4% are filled by locums.

Although there are significant staff shortages, the service recruited more pharmacists than were lost (net gain 103 wte). Fewer staff are leaving hospital for community pharmacy than are moving the other way. The proportion of staff leaving for Primary Care Organisations is modest but includes an important number of experienced pharmacists and technicians.

There is a high proportion of staff taking maternity leave and this exceeds the numbers returning from maternity leave.

Commentary

Maternity leave

Maternity leave is clearly a major factor in recruitment and retention. Even after allowing for returnees, 14% of middle-grade pharmacist losses, and 9% of senior MTOs, were due to maternity leave. The numbers returning to work from maternity leave were greater than reported last year from an incomplete survey in the Home Counties.

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. Observation suggests most return for a reduced working week. Staff reducing their hours, for any reason, accounted for a net loss of 25 wte pharmacists and 89 wte MTOs.

Locums and travelling

Travelling and indeterminate-length breaks for locums, etc., account for another large proportion of leavers, including new qualifiers. Recruits from locums (97 pharmacists, 86 wte) don't match departures (115 pharmacists, 108 wte) but the gap is smaller than the equivalent for maternity leave. A number of these recruits are from overseas, including Australia and New Zealand who have reciprocity agreements with UK registration authorities. It is not known what will happen over time as those reciprocity agreements change and the earlier UK leavers consider their future.

Primary Care and community pharmacy

1.2% of pharmacists moved to community pharmacy but that included 2.8% of A-C grades. The number of community pharmacists recruited to hospitals (115, 97wte) was more than those who moved the other way (57, 48wte) but this imbalance is much less than last year and must be viewed in the light of the numbers who took indeterminate breaks or whose destination was unknown. None the less, former rumours of a mass exodus to community can be firmly rebutted.

More pharmacists went to Primary Care Organisations (PCOs, about 1.6% of all pharmacists). Previous surveys have shown that a high proportion of PCO staff were formerly employed in hospitals.

Trainees

This was the second year that newly-registered pharmacists had completed a 4-year degree prior to registration training. The proportion staying in hospitals (66%) is similar to last year and remains higher than the last cohort of 3-year graduates, both in proportion and number. 11% went to community or industrial pharmacy but 6% chose to take a substantial break and 11% took locum positions (short breaks were excluded from both figures). 7% went elsewhere, mostly back to academia.

The number of pre-registration trainees qualifying in July is about 70 more than the wte pharmacists leaving the service over the year but about 80 fewer than the number who left, including maternity leavers. Since one third of qualifiers do not stay in the service the overall wte deficit is about 130. Two thirds of recruits to the service are newly-qualified, nearly all from hospital training schemes.

The number of newly-qualified recruits has risen after the fallow year when there were very few UK graduates and is now similar to 2000-2001. Although the present number of recruits exceeds the losses, it makes only a small dent in the continuing level of 470 vacancies. To reduce the vacancies it will be necessary to increase all types of recruitment, including pre-registration training schemes

Impact on services

The impact of staff shortages on the service remains considerable; 70% of departments could not meet targets or had to deny services because of staffing shortages. Although the proportion of posts vacant has fallen slightly, there is a significant proportion occupied by locums, especially amongst junior

pharmacists where 30% of posts are vacant or filled by locums. The use of locums, and the high turnover of other staff, places a great stress on other staff to train newcomers and to cover for those parts of the service for which more local experience is required.

Technicians (MTOs)

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 was still significant, especially as the MTOs going to PCOs are amongst the more experienced staff. Travelling and other breaks accounted for many departures.

Some MTO posts are occupied by overseas pharmacists who are temporarily or permanently unable to register as pharmacists in UK. When technicians are also required to be registered with the Royal Pharmaceutical Society, this option will no longer be available and the vacancy rate may rise. The vacancy rate may also increase if others who are currently labelled as MTOs but who will not be able to register with RPSGB cannot continue in their posts.

Hospital pharmacy staffing 2002-2003

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	36	30.3	3	32	26.7	4	68	57.0	4
Maternity	165	130.6	15	139	119.0	19	304	249.6	17
Hospital	337	323.9	37	176	167.1	26	513	490.9	33
Primary Care	74	61.9	7	48	44.3	7	122	106.3	7
Community	57	47.8	6	17	16.3	3	74	64.1	4
Fixed Break	30	25.1	3	22	18.0	3	52	43.1	3
Travel, locums	115	107.5	12	37	35.4	6	152	142.9	9
Left profession	38	35.8	4	24	21.0	3	62	56.8	4
Other, not known	89	79.4	9	108	102.9	16	197	182.9	12
Reduced hours		24.3	3		89.0	14		113.3	8
Total	941	866.6	100	603	639.7	100	1544	1506.2	100

Figure 1.

Leavers' destinations

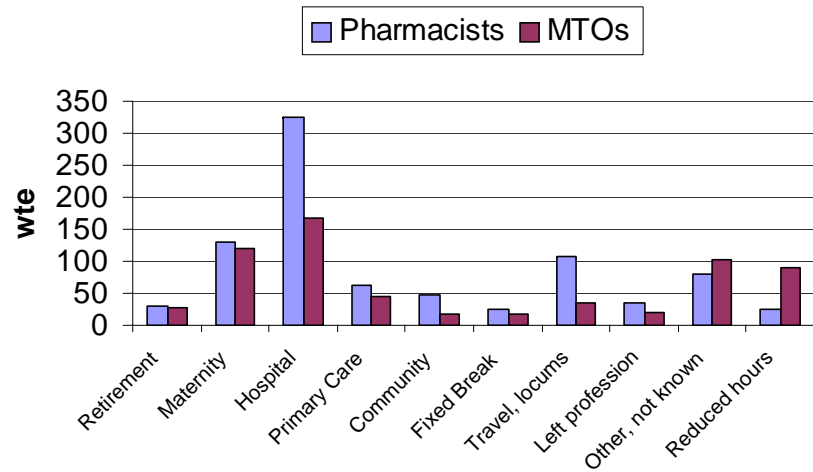


Figure 2.

Leavers' destinations excluding inter-hospital moves

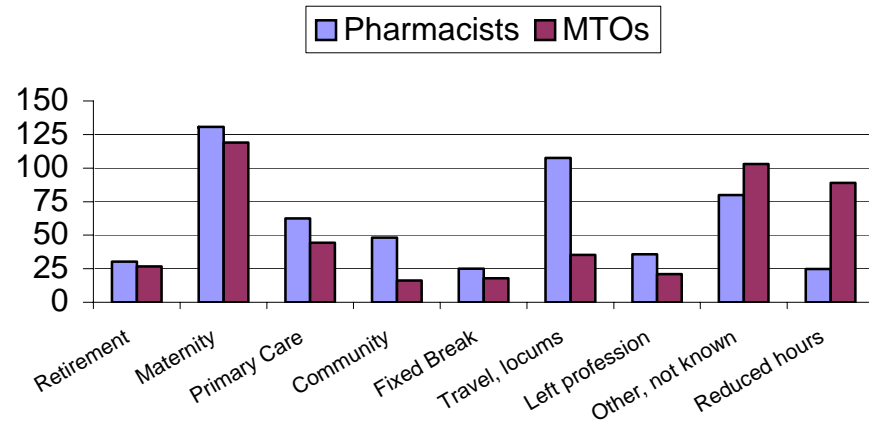


Table B. Leavers' destinations (percentages are percentage of departures in that staff group)

Grade	Retirement			Maternity leave			To NHS hospitals		
	n	wte	% of staff group	n	wte	% of staff group	n	wte	% of staff group
A-C	7	4.1	1	50	37.29	9	175	165.1	40
D-E	17	14	4	105	84.9	23	136	131.79	36
F+	12	12	18	10	8.4	13	26	27.00	41
MTO 1-2	23	18	5	85	73.6	20	123	117.52	31
MTO 3+	9	9	5	54	45.4	26	53	49.53	28

Grade	NHS Primary Care			Community pharmacy			Fixed-length breaks		
	n	wte	% of staff group	n	wte	% of staff group	n	wte	% of staff group
A-C	27	22.5	6	41.0	35.2	9	11	9.4	2
D-E	39	32.1	9	16	12.5	3	13	11.3	3
F+	8	7.4	11	0	0.0	0	6	4.4	7
MTO 1-2	34	31.4	8	15	14.5	4	14	11.5	3
MTO 3+	14	12.9	7	2	1.8	1	8	6.5	4

Grade	Travelling, locums, etc.			Left profession			Not known or other		
	n	wte	% of staff group	n	wte	% of staff group	n	wte	% of staff group
A-C	82	77.1	19	20	18.8	5	47	45.6	11
D-E	31	28.4	8	18	17.0	5	37	29.2	8
F+	2	2.0	3	0	0.0	0	5	4.6	7
MTO 1-2	26	24.4	7	14	11.2	3	75	72.3	19
MTO 3+	11	11.0	6	10	9.8	6	33	30.6	17

Figure 3.

Leavers' destinations as percentages of departures in that staff group

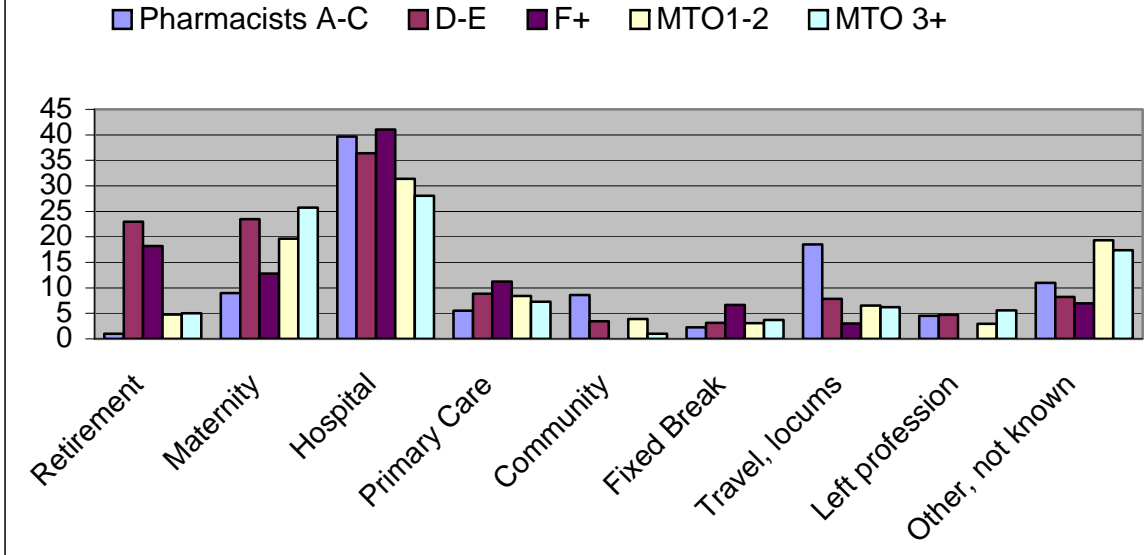


Table C. Leavers' destinations summarised by staff group

	Total departures		Departures excluding inter-hospital moves and unknown destination							
	n	wte	n	wte	% Primary Care	% community pharmacy	% fixed-term break	% travel/left profession	% retired	% maternity leave
A-C	460	415.1	238	204.3	11	17	5	47	2	18
D-E	412	361.4	239	200.5	16	6	6	23	7	42
F+	69	65.8	38	34.2	22	0	13	6	35	25
MTO 1-2	409	374.2	211	184.4	17	8	6	19	10	40
MTO 3+	194	176.4	108	96.3	13	2	7	22	9	47
Totals	1543	1392.9	834	719.7						

Table D. Staff in post on 31st July 2003 (wte)

	Posts available	Total posts occupied	Incl. occupied by locums	wte vacant	% vacant	wte vacant/locums	% vacant/locums	Total number in post
Pharmacists A-C	1550.0	1275.8	204.1	274.2	17.7	478.3	30.9	1457
Pharmacists D-E	2435.7	2199.1	94.6	236.6	9.7	331.2	13.6	2425
Pharmacists F-H	524.5	501.8	8.9	22.7	4.3	31.6	6.0	501
Pharmacists Total	4510.2	3976.7	307.6	533.5	11.8	841.0	18.6	4383.0
MTOs 1-2	2826.1	2562.8	111.4	263.3	9.3	374.7	13.3	2776
MTOs 3+	1691.6	1583.6	26.5	108.0	6.4	134.5	8.0	1628
MTOs Total	4517.7	4146.4	137.9	371.2	8.2	509.2	11.3	4404.0
MTOs & Pharmacists	9027.8	8123.1	445.5	904.7	10.0	1350.2	15.0	8787.0
Others	3241.3	3146.8	32.6	94.5	2.9	127.1	3.9	3439
All staff	12269.1	11269.9	478.1	999.2	8.1	1477.3	12.0	12225.6

Note: The above table reports all figures entered but a number of hospitals did not include a figure for “other staff”. To allow comparisons, the following table shows wte posts occupied for hospitals that reported all figures.

Pharmacists:	3388	(33.6%)
MTOs:	3553	(35.2%)
Others:	3147	(31.2%)

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

Departments prevented from meeting NHS or government targets:	124	(54.9%)
Those refusing or withdrawing services:	128	(56.6%)
Departments in both categories:	93	(41.2%)
Departments in either category:	159	(70.4%)
Total responses:	226	

Table F. Sources of newly-recruited pharmacists

	n	wte	% of wte	% wte excluding inter-hospital moves
Community	113	95.4	11	17
Primary Care	16	13.3	2	2
Hospitals	316	280.9	34	
Return to work	20	9.2	1	2
Newly-qualified				
--hospital	324	316.0	38	57
--other	35	35.6	4	6
Other	96	87.3	10	16
Total:	920	837.6	100	100
including locums:	97	86.4		

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

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

Table G. Recruitment and departures, excluding inter-hospital moves

	n	wte
Pharmacists recruited	604	556.7
Pharmacists leaving service	439	387.8
Gain to service	165	168.9
Reduced hours		24.3
Net loss to maternity leave		41.6
Net gain to service		103.0

Table H. Destination of pre-registration pharmacists on qualification in Summer 2003

575 graduates commenced training. 527 (91.6%) were known to have passed and registered at the time of the survey; others may have passed later. The table below shows the employment destination for 490 of those, excluding Yorkshire.

Hospital	322	(66%)
Community / Industry / Primary Care	55	(11%)
Academia	29	(6%)
Locum, travel, or breaks	84	(17%)
Total:	490	

Table I. Maternity leave departures and returns

	Pharmacists A-C	Pharmacists D-E	Pharmacists F+	MTOs 1-2	MTOs 3+
Number left	50	105	10	85	54
WTE left	37.3	84.9	8.4	73.6	45.4
WTE returned	26.5	57.8	4.7	71.3	36.7
Net movement	-10.8	-27.1	-3.7	-2.3	-8.7
Net % departures	5	14	11	1	9

(excluding inter-hospital moves and unknowns)

Table J. Departures as percentage of staff group in post on 31st July 2003

	All moves	Left service
A-C	32	17
D-E	16	7
F+	13	6
Pharmacists:	21	10
MTO 1-2	15	7
MTO 3+	11	5
All MTOs:	13	6
Total:	17	8

Notes: "Left service" excludes inter-hospital transfers and maternity leave but includes those with unknown destinations.

"All moves" excludes internal promotions or moves.

Table K. Distribution of pharmacist posts and staff by grade, as percentage of total, over 9 years

Grade	1996		1998		1999		2001		2003	
	Posts	Staff in post	Posts	Staff in Post	Posts	Staff in Post	Posts	Staff in Post	Posts	Staff in Post
A-C	42.2	39.3	42.9	37.8	39.6	35.8	36.2	33.6	34.4	32.1
D-E	45.8	47.8	46.6	50.7	49.0	50.5	53.0	54.4	54.0	55.3
F+	12.0	13.1	10.5	11.6	11.4	11.7	10.8	11.9	11.6	12.6
Total	100	100	100	100	100	100	100	100	100	100

1996 data are from an RPSGB survey that covered about half of hospitals.

Table L. Distribution of MTO posts by grade, as percentage of total, over 7 years

Grade	1998		1999		2001		2003	
	Posts	Staff in Post	Posts	Staff in Post	Posts	Staff in Post	Posts	Staff in Post
MTO 1-2	66.6	65.6	65.8	64.1	64.0	61.4	62.6	61.9
MTO 3+	33.4	34.4	34.1	35.9	36.0	38.6	37.4	38.1
Total	100	100	100	100	100	100	100	100

Table M. Percentage of wte pharmacist and MTO posts occupied on 31st July.

Grade	1998	1999	2001	2003	2003
				including locums	excluding locums
Pharmacist A-C	75.2	76.6	79.9	82.3	69.1
Pharmacist D-E	92.9	90.6	88.5	90.3	86.4
Pharmacist F+	94.8	86.7	94.9	95.7	94.0
MTO 1-2	91.6	89.7	84.8	90.7	86.7
MTO 3+	95.9	96.5	95.3	93.6	92.0
MTOs	93.0	92.0	88.6	91.8	88.7
Pharmacists	85.5	84.6	86.1	88.2	81.4

Annex 1. NHS Pharmacy Education and Development Committee.

National hospital staffing survey 2003.

Please complete this form for the year from **August 1st 2002 to July 31st 2003**. 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.

	Retired		<u>Maternity leave</u>		<u>Other NHS hospital</u>		<u>NHS Primary Care Organisation.</u>		<u>Community Pharmacy</u>		<u>Fixed-length Breaks*</u>		<u>Travelling, locums indeterminate breaks, etc.*</u>		<u>Emigration or left practising profession</u>		<u>Other or not known</u>		
	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+																			

How many staff did you have on 31st July?

	Total posts available (wte)	Total posts occupied (wte)	Posts occupied by locums (wte) [¶]	Staff in post (number)
Pharmacist A-C				
Pharmacist D-E				
Pharmacist F-H				
MTO 1-2				
MTO 3+				
Others				

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

Newly qualified (hospital) _____ (Wte: _____)
 Newly qualified (other) _____ (Wte: _____)
 Hospitals _____ (Wte: _____)
 Community _____ (Wte: _____)
 Primary Care Orgns. _____ (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

How many staff returned from maternity leave during this year?

Pharm. A-C _____ (wte)
 Pharm. D-E _____ (wte)
 Pharm. F+ _____ (wte)
 MTO 1-2 _____ (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: _____

WDC: _____

Please return this to Dr David Scott, Pharmacy, John Radcliffe Hospital, Oxford OX3 9DU (envelope enclosed) by 14th September. Thank you.

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

¶ Posts in this column should also be included in the "Total posts occupied" column.

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.