

A working holiday in australia

By A. WARD MSc, MR PHARMS and T. MELOCCO, BPHARM

Many UK pharmacists and technicians take working holidays in Australia. This article, based mainly on the experience in New South Wales, gives a brief overview of the process of applying for a visa, pharmacist registration, grading systems and finding work placements in hospitals

Australia attracts many overseas visitors. The current influx from the United Kingdom (UK) and Ireland may be for several reasons. Incentives may include the weak Australian dollar, publicity following the Olympics, escape from a depressing climate, the outdoor lifestyle and that well renowned Australian “feel-good” factor. Employment may be sought as a way of supplementing funds for travelling around Australia or to realise the common desire to “stay just a little bit longer.”

At the time of writing, Miss Ward was working at St Vincent's hospital, Sydney, New South Wales, Australia. Ms Melocco is director of pharmacy at St Vincent's hospital

A common dilemma for pharmacists and technicians is whether to seek employment within their specialty of pharmacy or try something completely different, such as work on a cattle station or wine bar. This is generally a personal decision common to all professionals travelling abroad. Currently, working in Australia is heavily promoted to pharmacists in the UK and Ireland by locum agencies. Working within the field of hospital pharmacy may have several advantages such as the opportunity to exchange ideas with colleagues or to carry out continuous professional development (CPD), as well as the security of working within the familiar hospital environment. Alternatively, it may provide an incentive to try work within a different branch of pharmacy for a period of time.

VISAS

Everyone seeking employment within Australia is legally required to hold the relevant visa. Further details are available from the Australian Department of Immigration and Multicultural Affairs at the www.immi.gov.au website.

Under 30 years old A working holiday visa (WHV) is available to applicants aged between 18 and 30 years, and is valid for one year. As the main purpose of the visit is for holiday and travel, the WHV enables full time employment for a maximum of three months with one employer. It is ideal for the working traveller who plans to experience the different Australian states as they can literally “work themselves around Australia”.

Over 74,000 WHVs were granted in 1999/2000. The majority of these visas were granted to citizens of the UK (38,696), Ireland (13,155), Japan (8442) and Canada (5433).

Travellers over 30 years of age The “30-something” traveller seeking employment in Australia must apply for sponsorship which restricts them to work with a specific hospital trust at any one time. It enables employment for up to four years but has been more recently used by employers for a period of a couple of months as a parallel to the working visa for the “younger” traveller. More and more hospitals are becoming familiar with the process of applying for sponsorship as there appears to be an influx of mature overseas pharmacists in Australia. Sponsorship can be arranged with an employer before travelling to Australia or, alternatively, while already there on a tourist visa. It is important to be aware that the process may take many months to complete, despite the fact that pharmacists and technicians are in great demand.

THE REGISTRATION PROCESS

Registration of pharmacists from the UK or Ireland is not dealt with centrally at the Australian Pharmaceutical Society.

Instead, each of Australia's six states and two territories has its own Board of Pharmacy and one of the functions of these boards is to deal with the registration process.

The registration requirements vary for each board. Pharmacists must register with the board of the state or territory where they intend to practise pharmacy. Thus, if planning to work in all states and territories, the pharmacist would have to be registered eight times. Technicians are able to work in hospital and community pharmacies with no additional registration process. The registration process for New South Wales (NSW) is shown in Panel 1. Interested parties are advised to contact Ian Dean, the Board Registrar, telephone: +61 2 9281 7736, for further information.

Initial and subsequent registrations The Mutual Recognition Act 1992 of Commonwealth States and Territories enables a person who is currently registered in any Australian state or territory in an occupation, to be registered and to practise in the equivalent occupation in any other state or territory. In summary, mutual recognition facilitates the movement of pharmacists across state and territory borders.

The application for registration as a pharmacist under mutual recognition provisions should be lodged with the pharmacy board.

Panel 1: Requirements for the initial registration in NSW

- Completed 12 months in practice as a registered pharmacist in the UK
- Had supervised pharmacy practice for one month
- Certificate of identity from the Royal Pharmaceutical Society of Great Britain (RPSGB) forwarded to the state/territory Board of Pharmacy directly from the RPSGB headquarters
- Registration fee (A\$110)
- Completed one hour short answer forensic test following a tutorial conducted by the registrar or member of the Board. Before the examination, candidates are directed to the resources required and given case studies to complete
- Two character references
- Passport size photograph

In NSW, for example, the applicant is required to provide evidence of their registration acquired from another state with the registration fee.

INSURANCE

The Australian Pharmacy Guild recommends that all pharmacists should obtain insurance. There is only one professional indemnity company for pharmacists in Australia, Pharmacy Defence Limited, who provide A\$20m indemnity for A\$134.05 per year. The company can be telephoned toll free from within Australia on 1800 810213. Insurance cover is not state or territory specific, and only one payment is required on an annual basis. The statute of limitation period for action to be taken against another is three years from the time of incident (for an adult), thus it is also advised to carry on the insurance policy for three years from the last day of practice. Alternatively, on leaving Australia, one can inform the Board of Pharmacy and the insurance company that he or she is “retiring” from pharmacy in Australia, as cover is still available to retired pharmacists.

GRADING STRUCTURE

Table 1 provides a basic guide to the grading structure of pharmacists and technicians in NSW. Interestingly, competencies have been developed for grade two pharmacists shown in Panel 2. This grade appears to be predominantly for clinical specialties. Competencies are at present being reviewed. It is intended to introduce them to all grades of pharmacists and technicians.

The term “technician” is interchangeable with “assistant”. Only the larger Sydney hospitals have assistant posts. Their responsibilities include dispensing for hospital inpatient and outpatients, assisting with computer data entry, co-ordination of sterile manufacturing, preparing prepacks and maintaining the ward supply service. Patient counselling is performed by pharmacists.

Although salaries appear to be much lower for pharmacists and technicians compared with UK pharmacy staff salaries, especially when taking into account the high tax rate, the cost of living is relatively inexpensive compared with that in a similar city in the UK.

An additional benefit to staff working in hospitals in NSW are the monthly “allocated days off”. These are also known as a “low activity days” as there are no outpatients and no elective surgery. Staff work an extra few minutes a day to gain this extra day's annual leave each month.

WHICH HOSPITAL?

Most hospitals are restricted from using locum agencies to recruit pharmacy

Table 1: A basic guide to the hospital grading structure of pharmacists and assistants in New South Wales*

Grade	Description	Gross annual salary (pounds)† (range dependent on the number of years in that grade)
Pharmacist graduate — unregistered	Preregistration year required by pharmacy graduates Four-week supervisory period required for registration of pharmacists from the UK and Ireland	11,625
Pharmacist grade one	Newly registered pharmacist	13,021-18,273
Pharmacist grade two (eg, a cardiac, HIV or drug information specialist)	1) Minimum of three years' hospital experience 2) Demonstrate competency in at least ONE of the ESSENTIAL competency criteria 3) Demonstrate competency in at least THREE of the OTHER competency criteria	18,866-20,968
Pharmacist grade three (eg, clinical services manager, outpatients pharmacy manager, research and development co-ordinator)	Responsible to the director of pharmacy or deputy director of pharmacy for the management and efficient performance of a specific unit or function of the hospitals pharmacy department Such an appointment can only be made when the hospital employs at least five pharmacists OR Director or deputy director of pharmacy (dependent on hospital size)	21,557-22,146
Pharmacists grade 4-5	Director or deputy director of pharmacy (dependent on hospital size)	22,759-24,860
Pharmacist grade 6-7	Director of pharmacy (dependent on hospital size)	25,683-29,012
Pharmacy assistant year one-year six	Minimum requirements include "school certificate" (or equivalent), good communication skills and computer literacy	10,812-11,798

*Taken from the Health Employees Pharmacy Award produced by the Industrial Relations Commissions, 2000

†The figures provided are based on December 2000 salaries in New South Wales and the exchange rate at that time (A\$1 = 0.38pounds). They are to be used as a guide only, as conditions may vary from time to time and DO vary from state to state.

staff because of the additional costs incurred. This has the disadvantage that overseas pharmacists seeking hospital employment have the task of contacting each hospital directly as well as missing out on the attractive agency benefits such as financial assistance for flights, accommodation, the registration process, and general support for working abroad.

Despite not being able to compete with the overall support of agencies, some hospitals can provide assistance with finding accommodation. For example, university accommodation is usually available during vacation time. It has also developed a "support" package for overseas pharmacy staff, which contains useful pharmaceutical information such as guidance for the registration process and practice questions, as well as information about living in Sydney, including details on applying for a tax file number, or opening a bank account.

Hospital positions tend to be advertised on Thursdays and Saturdays in the medical positions column of the daily city newspaper, the *Sydney Morning Herald*. Occasional advertisements for Australian pharmacists' positions are seen in the RPSGB's *Pharmaceutical Journal*. These are aimed at more senior permanent positions. Pharmacy boards may provide some direction on hospitals for four-week registration placements. For example, the pharmacy board of NSW provides contact details for the Society of Hospital Pharmacists (NSW branch). Technician posts are advertised as assistant positions in the Australian press and rarely, if at all, advertised in the UK.

Finding hospital employment may appear a daunting task, but the majority of hospitals have a continuous supply of both four-week preregistration placements, with opportunities to work a further two months, in addition to the three-month WHV place-

ments for pharmacists and technicians. Rather than waiting for such positions to be advertised, it is recommended to contact each hospital directly. For example, at present, the Children's hospital at Westmead and St Vincent's hospital at Darlinghurst each employ two UK pharmacists who have just completed their four-week preregistration placements and who are now working for a maximum of two months, as allowed by their three month WHV restrictions. In addition, St Vincent's hospital has a pharmacist who registered in a different state, now employed for three months on WHV, a technician employed for three months on a WHV, a senior member of pharmacy with permanent residency, and an "over 30" pharmacist who has been sponsored for a few months of employment.

As entry to the first port of call for employment is generally successful, it is important how the first hospital is selected.

before people have left the UK, to provide them with more options and help them plan their time in Australia. Interestingly, the training offered, or duties to be performed, were not indicated as a reason for the selection of a hospital.

— SUPERVISED PRACTICE

The supervised one-month practice does not have any objectives or guidelines from the pharmacy boards.

Each hospital can devise its own programme for their preregistration applicants, resulting in a large variation in the experience that could be gained during this period. Practising pharmacy in Australia is different to the UK, with many new systems to learn.

When taking into consideration everything else that is happening, such as moving to a new city, new accommodation and a new job, the experience can be very challenging. Additionally, it may be the first exposure that a UK community pharmacist has to a hospital environment.

As a general rule, the placements appear typically more of a technical nature, primarily to dispense, but the structure may also depend on the staffing levels of the department. For example, time may be spent in distribution doing top-ups and “ward boxes” if there are staff shortages in that area. This type of work may be frustrating for some pharmacists and it may be reflected in the salary offered, as salaries may also vary from hospital to hospital.

A structured programme with aims and objectives provided, and regular opportunities for feedback can make this experience more enjoyable, although in reality, such a programme does not appear to be the norm. An example of such a programme is found at the Royal Prince Alfred hospital in Camper-

down, Sydney. This includes an initial two-day orientation to the hospital and pharmacy department, time allocated to inpatients, outpatients, visits to the wards with a clinical pharmacist “buddy,” and attendance of staff meetings. Responsibility is increased gradually over the month to prepare preregistration applicants for the role as registered pharmacists. These applicants are given time to settle into their new environment at the start of their placement. The traditional social side of hospital life, both at work and outside, adds to the placement value.

In NSW applicants must pass an examination as part of the registration process. Evaluation of the four-week preregistration placement at St Vincent’s hospital is routinely carried out, and as a result of the feedback, an examination support package has been developed.

— STATE TO STATE

A pharmacist will often register in one state or territory and then decide to move on and look for work in another state.

A job description and specification are not always guaranteed for these placements but as a general rule the roles and responsibility are focused towards dispensary and ward work.

The level of involvement in service delivery is restricted and, as with all locum positions, the post’s main function is to ensure the maintenance of the basic functions of the department. It is well suited to the hospital pharmacist with a few years’ experience, which is traditionally the background of the majority of pharmacists seeking work in Australia.

Those pharmacists with several years’ experience will still be requested to provide the same level of service as a more junior

A small number of UK pharmacy staff presently working in Sydney on WHV were questioned about how they had made their decisions on which hospital to contact first. Their responses included:

- locality
- leafing through a telephone directory
- the provision of accommodation
- the recommendation of another hospital in Sydney (which was initially applied to but had no current vacancies)
- specialties that a hospital offered

The last reply was by a pharmacist who had arranged her hospital placement while still in the UK. The random process of selection and “leaving to fate” by the majority of pharmacy staff questioned may have been related to the fact that placements were sought after arrival in Australia. It has prompted setting up a small project to publicise pharmacy employment opportunities

Panel 2 : Competency criteria relating to the requirements for grade two pharmacists*

Essential competence criteria

- i) Postgraduate qualification eg, diploma in clinical pharmacy, and minimum of six months’ experience in the relevant specialty
- ii) Not less than 12 months’ experience in relevant speciality
- iii) Can demonstrate a higher level of performance in clinical pharmacy practices by meeting the standards published by the Society of Hospital Pharmacists of Australia (1996), to the satisfaction of a panel

Other competency criteria

- i) A record of participation in teaching programmes with other pharmacists and/or university students, nursing staff or other health care providers
- ii) Demonstrated ability to supervise other pharmacy staff and be responsible for the supervision of other pharmacists
- iii) A record of significant contribution to quality assurance activities (eg. being responsible for the implementation of maintenance of a quality assurance programme)
- iv) Participation in institutional committees relevant to the profession (eg. infection control)
- v) Can display judgement and demonstrate initiative and independence in problem solving
- vi) Demonstrated ability to actively participate in research, presentation and publication of research results in peer review journals

*Taken from the Health Employees Pharmacy Award produced by the Industrial Relations Commissions, 2000

UK pharmacist. Work may later be adapted to use their background experience but is not necessarily the case.

Ward work provides more opportunity to meet and work with different professions. The pharmacist will be involved with increased pharmaceutical care of patients and this can lead to more job satisfaction. Three months (or two if continuing to work after the four-week preregistration at the same hospital) enables the pharmacist to be comfortable with the systems of work in the pharmacy and at ward level.

Temporary locum positions such as these allow few opportunities to develop services. Also, there is generally no funding available to support additional activities and no guarantee any new initiatives could be maintained. It is left to the individual to decide if they are prepared to undertake any activities above the minimum service in their own time.

The majority of three-month placements are not seen as a career development move, but as a route to finance travel expenses. Indeed, the prospect of a period of regular 8am to 5pm work, in a sociable environment with less responsibility than "at home", can be a refreshing break in itself.

Pharmacists are encouraged to attend staff meetings and continuing education meetings, as well as contributing to the weekly programme.

CPD and keeping up to date with UK pharmacy-related issues may become a concern over a period of time, particularly in such a relaxed environment.

Access to the internet for review of UK journals and some useful web sites, for example, www.druginfzone.org and www.pharmj.com.uk is recommended to keep abreast of developments in the profession.

SPONSORED PHARMACISTS

Sponsorship provides the more experienced pharmacist or technician with an opportunity to work abroad in their profession for up to four years. The duties and responsibilities depend on the pharmacy department positions available at the time. Options could be work which ideally would be complementary to that person's area of expertise. For example, at Sydney hospital, a pharmacist was sponsored to be the senior pharmacist in charge of clinical pharmacy. At St Vincent's hospital, a senior education and training pharmacist from London was offered short term sponsorship and was able to do project work in that specialist area.

TECHNICIANS

Technicians from the UK who are seeking employment in Australia will be classified as assistants. The assistant grading, and thus salary, depends on the number of year's experience and current medical technical officer (MTO) status. For example, a MTO3 qualified for five years appears to be equivalent to a senior pharmacy assistant, which is the highest grade an assistant can achieve. There appear to be few, if any, "extended" roles for technicians and accredited schemes such as checking, counselling and medicines management are in their infancy. Instead, it is a technical role and includes basic duties of dispensing and stock control. Prescription problem solving, contacting prescribers and patient counselling are routinely performed by pharmacists. As with the pharmacists' position, in a temporary three-month placement there is little responsibility with the post. Thus, after the initial challenge of working with different systems and in a new environment, job dissatisfaction or complacency may occur

which makes it even more important for a regular commitment to CPD, especially as technicians' roles in the UK are developing so quickly.

SUMMARY

Employment opportunities in hospital pharmacy in Sydney are vast. In addition to offering financial and sociable support for a working holiday, the experience can provide a valuable insight into pharmacy in a different country and a scope for maintaining CPD. An awareness of the pharmacist registration process for each state or territory and the recruitment process for UK pharmacists and technicians is an advantage to get the most out of a working holiday. Hospital placements appear to vary in structure, responsibility and salary. The individual must be flexible to adapt to their new working environment. Finally, it is the responsibility of each applicant to find a placement that suits their own professional and personal needs.

For further information about working in Australia contact Terry Melocco, e-mail, tmelocco@stvincents.com.au

ACKNOWLEDGMENT: Thank you to the following for their help in writing this article: Tracy Cross, Rob Douglas, Alison Menzies, Satapal Soor and Anne Marie Pinder — pharmacy staff from the UK at St Vincent's hospital; Terry Maunsell, director of pharmacy, Royal Prince Alfred hospital; Gwen Giggins, chief pharmacist, and David Russell and Hemant Patel, pharmacy staff from the UK, at the New Children's hospital, Westmead.