

CAREER BREAK INITIATIVES :

why I encourage them in my department

■ By DEBBIE ANDALO

It may seem odd for a head of department to encourage staff to take a career break. However, this is an aspect of professional development which has been highlighted by the Department of Health that improves the working lives of the pharmacy team

A hospital pharmacist decided to give up her job after returning to England following a two-year career break working in Tanzania. The drudgery of a long rush-hour drive to work in the seaside town where she lived just did not compare to the 10-minute stroll through the bush to the small hospital pharmacy which she had been running. The culture shock of coming home was enough to persuade this mother of grown-up children to quit. That is the risk which managers at Worthing and Southlands Hospitals were prepared to take when they allowed her to take part in its career-break scheme. Steve West, head of pharmacy services at the trust, accepts that there is always the chance that the break can trigger a major life change which means they lose a valued member of staff. But he admitted: "As a manager, I am very happy to support staff who take a career break abroad — even if it means that at the end of the day they leave us, because in some ways the needs of those they are helping are greater than ours."

Already, two pharmacists have taken part in the career-break initiative run by the trust, which employs 50 pharmacists and technicians at a 650-bed split-site hospital. Staff are entitled to take up to two years off work as unpaid leave and are guaranteed their old job back on return.

The scheme developed after colleagues were keen to follow the example of a consultant microbiologist at the hospital who traditionally used to take two weeks of her annual leave every year to work in hospitals across Africa, caring for patients with eye infections. Her work inspired other staff in the trust wanting to pursue work with hospitals in the third world, so the trust established links with hospitals in developing countries and organisations like Voluntary Services Overseas.

The pharmacy department employed a replacement pharmacist on a two-year

fixed-term contract when the member of staff went with VSO to Tanzania. It relied on locum cover when another colleague took the opportunity to work for three months in the street clinics of Calcutta. "While there, he had to hand out medicines to whoever turned up at the clinics. He had to counsel patients so that they knew what they were doing with the medicines, and also had to look after medicine storage — he had to do all the pharmacy work for the clinics along with another pharmacist," Mr West said.

Arranging a career break for staff may appear a daunting task for the head of a busy district general hospital pharmacy, but Mr West pointed out that because the initiative is open to all trust staff, it meant he could rely on the trust personnel department to sort out all the necessary paper work as well as offer support and advice in filling the post short-term. But he added: "Allowing staff such a long career break does, however, cause some aggravation because you still have to fill the post in the short-term. On one occasion the department was left with an unexpected gap which we had to fill with locums.

"To some extent, the scheme doesn't directly benefit the trust, apart from a bit of altruism. But for the individual concerned, the benefits are tremendous even if they may appear intangible.

"I subscribe to the view that we can sometimes have too narrow a mind and focus on our own small patch and forget how lucky we are in terms of the health care we have in this country. You are cut off from the problems which other countries and cultures face. Initiatives like this help bring a sense of perspective to your work. It is a perspective which can be shared with others in the department because as part of the scheme, the returning member of staff has to give a presentation about the work in which they have been involved."

The career-break scheme is only one of the imaginative initiatives which the Worthing and Southlands Hospitals have

developed to enhance the professional and personal development of their staff. It is highlighted as an example of best practice in the Department of Health report *Improving working lives for the pharmacy team*¹ published last year to help create a well-motivated and qualified profession, keen to implement the changes set out in the government's NHS Plan.

■ FOREIGN EXCHANGE

Details of another scheme introduced to boost professional development of pharmacists at Worthing and Southlands Hospitals is also promoted by the Department of Health as a good example which other departments could follow.

Since 1989, hospital pharmacists have had the chance to take part in an international exchange scheme which was established with the pharmacy department at the world-renowned Massachusetts General Hospital in Boston, US.

Pharmacists have been able to spend up to four weeks in Boston learning at first hand how hospital pharmacy is delivered on the other side of the Atlantic.

The initiative was set up by Mr West's predecessor, Dr Chris Clarke, following a sabbatical he spent at the hospital looking at the development of practice research. "He went to the States about the same time as academic practice units were being set up here, where we were trying to bring together various branches of pharmacy with academia to provide a focus for joint working, training and research. He wanted to find out what was happening with this issue in the States and visited a number of hospitals including the Massachusetts General Hospital. The idea for an exchange scheme developed from that visit. A senior member of their pharmacy department came to visit us to find out what we had to offer and the scheme was set up after that."

Initially, the exchange was only open to pharmacists but the department decided to extend it to technicians. However, it did not

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Panel 1: Arranging an international career break

Make links with overseas hospitals and pharmacy departments
Find out about established voluntary and charity organisations such as VSO
Offer a maximum break of two years
Guarantee old job back on return
Fill vacancy with short-term contract or locum if appropriate
Recognise the value to individual development that a break offers
Recognise the risk that the break may trigger life changes and that you may lose valued staff

apply to non-clinical staff or to staff in other departments.

The department also decided that the exchange should not involve a straight swap of individual staff. "We agreed that it should take place in two stages. We would send a pharmacist to the States and then, at a later date, the pharmacist from Boston would come over to us. The reason for this was that when we sent the first pharmacist out she pointed out on her return that she had not known anybody in the department before she went. By staggering the exchange it meant the visiting pharmacist would always know somebody when they went out — it built better links."

Three of the four weeks in Boston had to be taken as study leave and the fourth week as annual leave. "This arrangement provided a happy compromise — we recognised that our department was going to get something out of the exchange, but at the same time, so was the individual. What usually happened was that the person going out would also tag on additional annual leave so they could stay out longer," explained Mr West.

The host hospital was responsible for providing the UK pharmacist with accommodation, which was on-site in hospital residences, and Worthing and Southlands Hospitals agreed to pay flight costs in the region of £500. Food and other day-to-day expenses were met by the individual. When the Boston pharmacist visited the UK the costs were reversed.

"We funded the scheme with money from a trust fund. In each case, costs worked out in the region of about £800, although that did not include the cost of us having to provide locum cover while our pharmacist was away. It was a small outlay for what we saw to be of benefit to the individual and the department," said Mr West.

Existing regulations on both sides of the Atlantic mean that the pharmacists involved in the exchange were unable to work in the host hospital pharmacy because they were not registered to practise. To make the exchange professionally worth while, it was decided that the first two weeks should be spent learning about the key differences between the two hospital pharmacy systems. The remainder of the exchange was devoted to a project involving the delivery of a spe-

cific aspect of pharmacy — either clinical or practical.

UK pharmacists who were interested in taking part in the exchange had to prepare a paper on their chosen project as part of the application and selection process.

"The idea was that our pharmacists would look at problem areas we had in pharmacy over here, to see how they were tackling the same issue in the States," explained Mr West.

Projects looked at in Boston by the visiting UK pharmacists included drug provision on intensive care units, aseptic service provision and the extent to which pharmacists are involved in the treatment of HIV patients.

The visiting Americans often chose the same area of investigation when they came to Worthing. "They were all interested in finding out about the manufacture and production of drugs within the hospital setting. At Worthing we have our own production unit where we make, among other things, non-sterile liquids, creams and preparations. This is an aspect of pharmacy which is not provided by hospital pharmacies in the States."

On their return to the UK, the exchange pharmacist was expected to deliver a presentation to the department explaining what they had learned from their experience and exploring whether they should adopt the American way of pharmacy.

Mr West said: "The information picked up about the current thinking concerning HIV was very useful, and we also adopted some of their training ideas for our technicians. On occasion, it also provided our staff with the chance to see how things should not be done — some came back realising just how high our standards are"

Apart from helping professional development, the initiative also boosted staff morale. "On their return, staff told me that the exchange was excellent and they were really pleased to have gone. It was good for PR within the department because it showed we valued our staff. The initiative was also good for our recruitment — often candidates would admit they were attracted to coming

here because the job advertisement gave details of the international exchange," Mr West admitted.

The initiative was run by the department for nine years before it reluctantly had to wind it up two years ago after loss of interest from the hospital in Boston. "I think, to be fair, it was a bit of an unequal alliance. We are a district general hospital on a split site. We are not at the cutting edge of medicine whereas the Massachusetts General Hospital is internationally acclaimed and they felt there was not a great deal which they could learn from us."

The end of the American exchange does not, however, mark the end of the scheme. Mr West is now considering developing exchange links with hospital pharmacies in New Zealand. The key difference, if this exchange gets off the ground, is that pharmacists from both countries would be legally allowed to practise in their host country. "Another factor, I think, is that the exchange would be for longer because of the distances involved. I would also be keen, this time, to find a hospital which provided us with a more equal match," he added.

Mr West is also thinking of setting up an exchange scheme closer to home — involving departments in hospitals across the UK. "An exchange scheme could work easily here — I'm sure some of our pharmacists would like to go and work for four weeks in somewhere like the Lake District. Practice is very different across the UK and pharmacists are not very good at sharing the good work they are doing with colleagues elsewhere because they are so busy. This would be one way of spreading best practice across the profession."

REFERENCES

1. Department of Health. Improving working lives for the pharmacy team. London: DoH; 2001. www.doh.gov.uk/iwl/iwlp/harmacy.pdf

Panel 2: Setting up an international exchange

Ensure that the hospital you choose is similar to your own. (An unequal match means one partner may have little to learn)
Be aware of registration issues. (UK pharmacists are not entitled to practise in America but are, for example, registered to practise in New Zealand)
Time off for the exchange should be offered as part study leave and part annual leave
Use foreign exchange as an opportunity to enhance professional development
Encourage exchange pharmacists to study foreign practice to help find solutions to pharmacy problems faced at home
Use the initiative to spread best practice in the department by asking exchange pharmacists for a presentation on their return
Share costs with the host pharmacy department. (Agree to pay flights and provide accommodation but let exchange pharmacists meet their own living expenses)