

RETURN TO THE FUTURE

— giving pharmacists a taste of hospital life

By DEBBIE ANDALO

A scheme in the north-western region of England allows pharmacists who are contemplating a return to work or switch to hospital pharmacy from another branch of the profession to try life in hospital before committing themselves

Community pharmacist Asif Zakaria felt he was on a treadmill. After nearly four years working in the high street for Boots The Chemists he found patients were becoming more demanding — insisting their prescriptions were filled immediately — and there was little or no time to counsel them about their medication. He wanted new challenges and thought about switching careers to work in a hospital environment. But the fear of rejection deterred him from applying for any hospital pharmacy posts. Then Asif saw an advertisement in *The Pharmaceutical Journal* for a recruitment scheme which targeted community pharmacists wishing to work in hospital pharmacy. It was the opportunity he had been waiting for. Now, only months later, Mr Zakaria finds himself working as a clinical pharmacist at the Royal Preston Hospital in Lancashire.

He said: “The scheme gave me a way in to hospital pharmacy and a feel for what would be expected of me.

“I think there is a common myth that as a pharmacist you are never going to be able to convert from the community to hospital because the hospital setting is far more clinical and you won’t have the skills. In reality, it isn’t like that at all. You may face a steep learning curve but you are still using the same inter-personal skills you used in the community. You are still having to make clinical choices.”

Mr Zakaria is one of five pharmacists and four pharmacy technicians who have been recruited to hospitals in the north-west through the “Time to Change” scheme which was launched across the region two years ago. A series of open evenings were held at 19 hospitals to encourage hospital pharmacists and technicians, who had had a career break, to return to work. Pharmacists running the open evenings also hoped to attract those pharmacists, like Mr Zakaria,

who were working in the community but who were looking for a career switch and fresh challenges.

Pharmacists and technicians were then invited to take part in three evening workshops to find out more about a career in hospital pharmacy.

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Project manager Diane Ward said: “There was a feeling that in the past, hospital pharmacists had built themselves up to such a degree that barriers were in place which made pharmacists working in different sectors of the NHS or in the community feel that they didn’t have the skills or the experience to come and work in a hospital pharmacy.”

She added: “What we had to do was break down those barriers and say to those pharmacists who wanted to come over to secondary care that their experience was of value and their skills were transferable.”

One of the biggest obstacles to attracting community pharmacists to hospital pharmacy was salary. Mr Zakaria admitted he saw his income drop by £7,000 a year — a decrease of around 20 per cent, when he switched jobs. But he admitted: “It was quite a drop but, on the other hand, I had just got

married and the hospital hours meant I could spend more time with my family. I could come home at 5pm and not work weekends — I could get my life back.”

A hospital job also offered him the opportunity of continuing professional development which he felt was lacking in his community post. “At the start of my career, the training package offered by Boots was second to none. I had always worked with them during my school holidays so when I was looking for a job it seemed the natural place for me. I really enjoyed working there. But after three-and-a-half years the work wasn’t challenging enough for me.”

Mrs Ward revealed that to compensate for the drop in salary a key purpose of the workshops was to sell the advantages of working within the NHS. She said: “We had to concentrate on the plus points that hospital pharmacy offered. We had to get across the message that in a hospital environment the pharmacists are able to make more use of their clinical knowledge and are able to influence drug therapies at the point of delivery.”

The first workshop was devoted to the organisation of the NHS and its day-to-day running. The second session looked at the different roles of hospital pharmacists and pharmacy technicians, transferable skills, the professional development opportunities available in the NHS, and the availability of career paths. “It was important that they understood that life-long learning is high on the agenda of the NHS which is a big plus for people transferring from the community sector” said Mrs Ward.

For Mr Zakaria, the career switch has meant he is able to study for a clinical diploma — an opportunity he says would not have been available in the community sector. “What I may have lost in salary I think I am gaining in the continuing professional development and support I am being given,” he said.

The workshops were followed by two day-long work placements in a hospital

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pharmacy where the project participants were given the chance to shadow a pharmacist or, where appropriate, a technician.

"The placements gave the pharmacists a taster of the job without jeopardising their present employment. They were under no obligation to take up a vacant post — they could still pull out if they wanted to and say this is not for me," explained Mrs Ward. "I remember there was one community pharmacist who was just overwhelmed by the pace of work and realised that the job wasn't for him. What we wanted to do was put them in the best position to make an informed career choice, the hope was that at the end of the day they would say: 'yes, this is for me'."

The work placement, which was unpaid, gave the pharmacists the opportunity to speak informally to their hospital colleagues about a career switch or a return to work after a career break.

A follow-up workshop, again held in the evening so it did not conflict with their daytime work, was held to assess the value of the placement and to bring the participants up-to-date about the government reforms of the NHS including the proposals in the NHS Plan and the development of the National Institute for Clinical Excellence and the Commission for Health Improvement. The pharmacists were then given information about the vacancies available across the region.

"During their work placements, some of the pharmacists had already built links with their local trust with a view to looking at future vacancies. We really left it up to the individual to decide whether they wanted to pursue a post or not," said Mrs Ward. By the end of the course, six people confirmed they would be looking for a post in hospital pharmacy immediately; another four indicated they would be looking for a post within the next six to 12 months; and only three individuals decided that hospital pharmacy was not the job for them.

Mrs Ward said: "I think the project has been successful because it has opened doors for individuals and has raised awareness of hospital pharmacy as a career."

Pam Lewis, principal pharmacist at the Preston Acute Hospitals Trust, who was involved in the project said that return-to-work projects and those aimed at attracting pharmacists from other sectors to come into the hospital environment, were essential.

"We have a predominately female workforce and people do take career breaks. They may decide to stay at home for five years and then are too frightened to come back because things in the NHS are moving so fast," she said.

Another key role for the trusts in attracting returners or "converters" is to help dispel the myth that hospital pharmacists were professionally superior. "There was this image built up maybe 20 years ago that if you were a hospital pharmacist you did a better job

Key points of the Time to Change scheme

- 1 £30,000 annual funding was obtained from the local workforce development confederation
- 1 Community pharmacists considering a switch to hospital pharmacy were targeted, as were hospital pharmacists returning after a career break
- 1 Pharmacy technicians were also included
- 1 A series of open days were held to advertise the scheme at hospitals throughout the region
- 1 Three workshops were held which explored changes in the NHS, the demands of the job and how skills were transferrable
- 1 All workshops were held in the evening to reduce conflict with daytime jobs
- 1 Two one-day work placements were organised; expenses paid
- 1 Five pharmacists and four technicians have been recruited through the scheme
- 1 The region had nine hospital pharmacy vacancies and 3.5 empty posts for pharmacy technicians at the end of March 2001

than a community pharmacist — your job in the hospital wasn't just about putting tablets in bottles.

"There was a belief that if you worked in the hospital environment you had a really good job and if you worked in the community you couldn't possibly convert.

"Now, 20 years on we are trying to back-pedal and say, with support, you can make the switch. There are a lot of similarities between the two sectors and a lot of support available to help you move over."

The Preston project is promoted as an example of best practice in the Department of Health report "Improving working lives for the pharmacy team" which was published last year and is aimed at boosting the recruitment of pharmacists to help meet the demands of the NHS Plan.

Although other returner schemes exist across the NHS, the key difference of the Preston scheme, according to Mrs Lewis, is that it offers the pharmacist a taster of what to expect. Other courses are more intense and are linked to training the individual for employment, she said.

Mrs Lewis added: "When we were setting up this scheme we looked at others which were similar but decided what we didn't want to do was train up people to become hospital pharmacists.

"What we wanted, instead, was to give people an insight into the profession and give them the chance to see if this is what they wanted to do." The project steering group also felt it was unreasonable to ask community pharmacists to devote a large chunk of their annual holiday entitlement trying their hand at another job. With that in mind, only three workshops were arranged; all of them lasted only around two hours and all were held in the evening so that they did not conflict with existing job commitments.

"I think we were looking for a different end point compared with other returner schemes which were aimed at getting the pharmacists to the point where they were able to go into a hospital pharmacy at a basic level," Mrs. Lewis explained.

She was, however, keen to stress that any community pharmacist or returner who takes up a vacant post are given support once they come on to the pay roll.

Project manager Mrs Ward explained: "People's needs are so individual either if they are returners or coming over from other branches of the profession, that there is a limit to what we can do for them on a regional basis.

"Their own professional needs have to be worked out by their own individual hospital trust which should devise an individual professional development plan for them."

The project in the north-west was originally established with a £35,000 annual grant from the Lancashire and South Cumbria Workforce Development Confederation. Funding is due to run out at the end of this financial year.

Mrs Ward said: "I think what the project achieved was to offer short-term solutions to vacancy levels.

"I think there needs to be a long-term strategy about how to encourage people to think about a career in hospital pharmacy in the first place. I would have liked to have done more work with schools to raise the awareness of hospital pharmacy as a careers option because it's a career within the health service which rarely gets much attention."

But maybe the best promoters of a career in hospital pharmacy are not school teachers, but rather those like Mr Zakaria who have made a conscience decision to switch careers. His advice to pharmacists considering a career move or a return to hospital pharmacy is unequivocal: "Go for it — contact your local hospital trust. It's definitely worth doing because you will gain so much in return."

REFERENCES

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