

Retaining experienced staff and encouraging a return to work after retirement

By DEBBIE ANDALO

This is the final article in our “Improving working lives” series. It looks at an initiative that encourages retired pharmacy staff to return to work and persuades others to postpone their retirement



Experienced hospital pharmacists who are thinking of retiring are being offered the chance to move over to part-time work through the new “flexing retirement” initiative

Every two weeks, two senior pharmacists come out of retirement and complete a full day’s work at the hospital pharmacy that used to employ them. These pharmacists have gone back to work to provide cover while junior pharmacists attend lectures for their diplomas in pharmacy practice.

This *ad hoc* arrangement at the Oxford Radcliffe NHS Trust creates winners on all sides. Trust managers are pleased because the trust does not have to scout around for locums. Members of the pharmacy team are happy because they are gaining experienced staff who are familiar with the department’s work patterns. The pharmacists returning to work are benefiting from extra income and have the opportunity to step in and apply their experience and skills without the pressures of a full-time senior post.

The scheme at the hospital in Oxford is flexible, according to chief pharmacist Jenny Dorey, who is also secretary of the Association of Teaching Hospital Pharmacists. She said: “These former staff know the department. It is up to them whether they agree to come in. It is also not as expensive as employing locums, whom you cannot get anyway.”

The Department of Health (DoH) is keen for trusts to bring retired staff back to work to help out at peak times of the year, such as

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winter or summer holiday periods, and also to provide a stop-gap at times when filling full-time posts is difficult.

FLEXING RETIREMENT

As part of the DoH initiative, “Improving working lives for the pharmacy team,” which is aimed at creating a well motivated and quality workforce, the Government has produced additional guidance for “flexing retirement.” The guidance documents — one for staff and one for managers — encourage all who work within the National Health Service to think carefully about their retirement years. The documents suggest a range of available options which do not affect pension rights or income.

One idea proposed by the new guidance, which takes the Radcliffe scheme a step further, is for trusts to establish winter registers for retired staff who would be willing to work when the NHS is under peak pressure. The document, “Working lives flexing retirement guidance for managers,” suggests implementation of “keep in touch” schemes to help maintain contact with staff who have left.

The attraction for retired staff, according to the “Working lives flexing retirement guidance for staff,” is the opportunity it gives to boost income at a time when, because of the weather, their leisure pursuits may be restricted.

The DoH also suggests a way that existing staff can be tempted to postpone retirement until after the winter pressures have subsided. The DoH puts forward the idea that, as an incentive to stay at work in the short term, managers can decide to make additional pension contributions on an individual’s behalf. Upon retirement, these contributions can either be taken as a lump sum or used to boost an individual’s pension income.

Another way of holding on to experienced staff who may be thinking of retiring is to offer them the chance to move over to part-time work as they approach retirement age. This option does not affect pension levels because pension benefits for part-time staff are calculated on whole-time equivalent pay. Staff who delay retirement and, instead, work part-time, still continue to build their pension entitlement. Somebody who works 50 per cent of the time for four years will, for example, receive two extra years of pension contribution.

Experienced senior staff, tempted by retirement because they no longer want the pressure or responsibilities of their post, can also be persuaded to stay at work without damaging their pension entitlement. The DoH documents suggest that these staff be offered the chance to take a less demanding job on a lower salary, and an agreement can be reached with the trust to protect the pension rights already earned on a higher

salary. The original pension would be frozen and the employee would then begin a second pension based on the new post. On retirement, both pensions would be paid together.

Pharmacists who have already retired may feel uncomfortable about returning to their former place of work at a lower grade, according to Mrs Dorey. However, she added: "I think there is a lot to be said to go from working full-time to not being so busy. By the time senior pharmacists approach their late 50s, they have built up a lot of experience and could be employed working on specific projects instead of being involved in the day-to-day running of things. Somebody with that amount of experience would be useful, for example, looking at electronic patient records. This would benefit both the department and the trust."

Mrs Dorey said that the initiative would provide a good opportunity for somebody who wanted to ease themselves out of a managerial role.

STEPPING DOWN

This summer, David Butler, 56, stepped down from his post as chief pharmacist after 25 years working at the Queen Elizabeth Hospital in King's Lynn, Norfolk. He took up a less demanding position as a senior pharmacist and reduced his working days from five and a half to four and a half.

Mr Butler decided to begin winding down after discovering that new pension rules meant that, if he reduced his hours by one day per week, his pensionable income would only be reduced by £150 annually.

Mr Butler said: "I think having been a chief pharmacist makes me a better senior pharmacist because I know the political context in which things are set. Some things, which when I was 30 may have seemed like huge obstacles, are now seen as a challenge."

Mr Butler said: "I think, before I stepped down, I was pretty close to burn out and it is like most things — you do not realise how bad it is until you stop doing it. It was a bit strange for the first couple of weeks, although the people I work with were supportive. I find that I am still contacted by a variety of people for my experience, and there are still a number of roles I have kept on within the trust, such as being a member of the nutrition steering group."

He added: "Some situations have been strange, such as having to fill out annual leave forms. However, I would recommend stepping down to others. I have been fully supported by my managers, many of whom were quite envious because it was not a route they could take as they had not kept their clinical skills up to date. I have always kept my clinical skills up to date, which may have been a bit of a burden when I was chief pharmacist, but has proved to be an advantage now."

The benefits to the NHS and patients of

Panel 1: Benefits and options of flexing retirement

Benefits to the NHS

- Creates a richer staff resource
- Staff can be available to work full-time, part-time or during peak times
- Boosts transfer of skills and knowledge from senior experienced staff to those in more junior positions
- Improves staff morale by offering alternatives to traditional retirement

Benefits for staff

- Increased income after retirement
- Opportunity to step down into full retirement
- Opportunity for flexible working hours after retirement

Options for flexible retirement

- Wind down to full retirement by working part-time as retirement age approaches
- Defer retirement and take a lower paid role instead
- Return to work after retirement without damaging existing pension

the "flexing retirement" initiative are shown in Panel 1, along with the options for the scheme.

CONSULTANCY WORK

Another popular route for chief pharmacists who have taken early retirement, either voluntarily or because of trust mergers, is to take on consultancy work in a self-employed capacity which can benefit their former employer, Mrs Dorey said.

This route is also attractive to the pharmacy department because of the political and historical knowledge the long-term employee has built up over the years, according to Helen Remington, immediate past president of the Guild of Healthcare Pharmacists.

Mrs Remington, who is chief pharmacist at Addenbrooke's Hospital in Cambridge, and also a member of the Royal Pharmaceutical Society's Council, said: "These individuals are a huge loss to the department because they have worked for the NHS through a lot of movement. They have invaluable experience, which is a key issue when you are considering the political landscape and are planning strategically. It means you have somebody who knows the history — what has happened in the past and how things worked."

Mrs Remington explained: "Some of these former chief pharmacists become consultants so that they can manage their time more appropriately and other chief pharmacists look to them for advice. You

could have the situation where there are maybe 20 chief pharmacists tapping into their experience. Former chief pharmacists are a useful group of people to call on from time to time. I do not think we can afford to lose these experienced pharmacists because of the strategic skills they have."

RETURNING TO WORK

The DoH is also keen to tap into the potential army of former NHS staff who may regret having retired and are keen to get back to work. Both the retirement documents for staff and managers point out that there are no significant obstacles to returning to work. Staff who have retired can return full-time, part-time, or for short periods. However, because they have retired, these individuals will no longer be part of the pension scheme and will not build up any further pension entitlement. As a general rule, their earnings will not affect their pension.

There are two restrictions for those returning to work. The first applies to staff aged under 60 years of age. For these individuals, their joint income of pension and new salary should not be more than the total salary they earned at retirement. If the income is higher, then the pension income is reduced to reach the balance. The second restriction is that pensioners are not allowed to work more than 16 hours per week within the first calendar month of retirement. If they do, their pension is suspended.

A CULTURE CHANGE

The "Working lives flexing retirement" initiative is an attempt by the DoH to create a culture change for NHS staff approaching 60 years of age. Age should no longer automatically mean retirement and, even if an individual does retire, it does not mean that he or she has shut the door completely on future employment.

The options spelt out in the two documents offer opportunities for highly experienced staff who would otherwise be lost to the NHS. Encouraging staff to return to work is important at a time when people are living longer and can work for a number of years if they choose to.

As demand on services and recruitment problems continue to increase, encouraging staff to return to work after retirement, or to postpone retirement, provides a potential army of high quality professionals to help overcome these issues. Mrs Remington said: "We cannot afford to lose these pharmacists."

REFERENCES

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