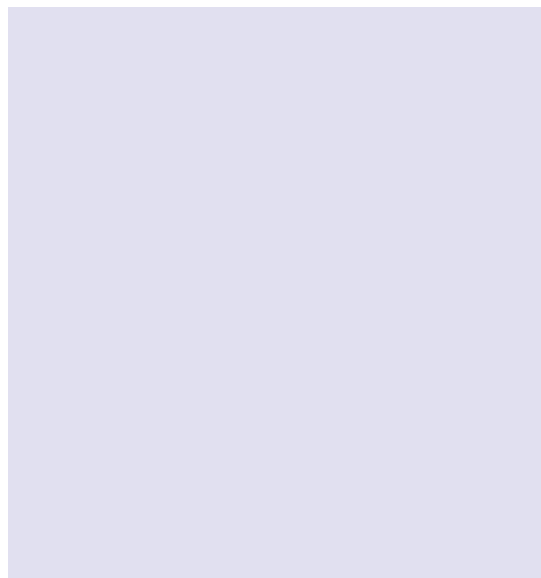


# A CAREER AS ... A PHARMACIST IN A PRIVATE HOSPITAL

By DEBBIE ANDALO

*Most UK hospital pharmacists choose to practise within NHS hospitals. This article reviews the opportunities, professional challenges and career progression that are available to pharmacists in the private sector*



SIMON FRASER/SPL

Close work with consultants — a feature of work in this sector

From next year the private sector is likely to find itself playing a major role in the training of the next generation of pharmacists. In 2005 it will be compulsory for preregistration trainees to spend at least two weeks in both hospital and community pharmacy. But a major obstacle to achieving the target, recommended by the Royal Pharmaceutical Society, is that there are not enough places available in NHS hospital pharmacy to offer all trainees this cross-sector experience. Placements in the private sector, such as BUPA Hospitals, which took in 17 preregistrations trainees for the first time this spring, are likely to become more common in an attempt to help fill the gap. Giving trainees an insight into private hospital pharmacy may also encourage more of them to follow a career path in the private sector when they qualify.

Pharmacists who have already made the switch from the NHS to the private sector are quick to point out the career advantages of working in small independent hospitals. They list a pleasant environment and being part of small multidisciplinary team as major benefits. A diverse management career, outside pharmacy, is also an option in the private sector that they claim would have been unlikely if they had stayed in the

public sector. Some former NHS hospital pharmacists have gone on to become hospital general managers in the private sector. Another was recruited to become a pharmacist superintendent and head of purchasing for the health care group where she is now responsible for buying everything “from magnetic resonance imaging scanners to toilet rolls.” Private hospital pharmacists accept that there may be fewer options to become clinical specialists, compared to the choices they could make in the NHS, but they believe working in the pharmacy of a private sector hospital has its own unique clinical challenges as they have to be up to date on a variety of different areas of practice.

## PRIVATE HOSPITAL WORKING

Kate Elvin has spent the last 20 years working for BUPA Hospitals. She began her hospital pharmacy career in the NHS but left to have children. When she decided to return to work as a locum she was seduced by the private sector because of the flexible working it offered which suited her commitments to her young family. She said: “BUPA was very keen to develop me professionally and it also offered flexi-time — 20 years ago that was not something I could get in the NHS.”

As hospital pharmacy manager for the 88-bed BUPA Hospital in Leeds, she runs

the pharmacy department but also has some continuing clinical responsibility specialising in oncology. She said: “We operate like any NHS hospital but the difference here, on the pharmacy side, is that you have to do a little bit of everything. In the NHS, for example, as a pharmacist you may decide to work in renal and concentrate on that but if you work here you have got to know a bit about a large number of different clinical areas. That can sometimes be difficult but we have a good relationship with our local NHS specialist pharmacists and can phone them for advice. It does mean that you have to keep up to date in a variety of areas but that is one of the challenges that I enjoy.”

She is responsible for a team of four pharmacists, not all full-time, and four pharmacy technicians and believes the department is adequately staffed. But the demands can be high. She said: “One of the differences here, compared to the NHS, is the quick turn over of patients. In the NHS specialties have their own wards and days of the week when they operate. Here our wards are mixed — you might have cardiology patients in the first few beds next to people who are waiting for hip replacements. The operation lists are going all day long. We may be an 88-bed hospital but some of the beds may be used by two patients in a day. The turn over is high and it is fast. You have to be reactive.”

There may be more career diversity in management for pharmacists working in

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the private sector compared to the NHS but pharmacists in the independent sector accept that there is little opportunity where they are to become a clinical specialist. Kate Elvin admitted: "There is not a great deal of opportunity to specialise but you can tap in to the knowledge of the specialists in the NHS. On the other hand there may be quite a few pharmacists working in district general hospitals who do not want to specialise especially early on in their career." Elizabeth Read, superintendent pharmacist, pointed out that some of the larger BUPA hospitals which have around 80 beds would have specialist pharmacists, usually in oncology, which accounts for a significant proportion of its hospital workload. She said: "Five of our hospitals have chemotherapy isolators." But the smaller hospitals would be less likely to employ any specialist pharmacists. She explained: "If you have a 40-bed hospital you do not need to employ so many pharmacy staff so it is not always possible for people to specialise. We would expect our pharmacists in those hospitals to have a broad knowledge of lots of different areas of practice." For this reason, and because the professional support is not available within the hospital, BUPA does not take on newly qualified pharmacists in its smaller units.

Multidisciplinary teamwork underpins the private sector where hospitals are traditionally smaller than the NHS. Gerald Driver, pharmacy manager at Leeds Nuffield Hospital, said: "Much more multidisciplinary work goes on in this sector — as a pharmacist you are much more involved in what is going on in the theatres and other departments as well as other areas like clinical governance and audit. It has to be this way because the units are smaller than they are in the NHS. Another advantage working in such a small unit is that if you are involved in a project you are much more likely to see it through to completion — that did not happen much when I worked in the NHS because there were so many other distractions."

### WORKING WITH CONSULTANTS

Another significant difference in inter-professional working is that the NHS depends on a mix of junior and consultant doctors to deliver services while the private sector traditionally relies only on doctors with consultant status. Elizabeth Read said: "We work a lot closer with doctors than we would do in the NHS. But also we work only with consultants all of the time. Professionally that is appealing because you are working alongside the specialist, the person who is the most knowledgeable and you can learn a lot from them." However specialist oncology senior pharmacist at London's Cromwell Hospital, Tim Jephson admitted that working with consultants

who spend time in both the private and NHS sectors also had its drawbacks. Mr Jephson, who has been at the Cromwell for two and a half years said: "It can create frustrations as you do not get the full access to consultants because they have NHS bases so they are not on site." But he also identified professional advantages of working in the private sector. He had more time to spend with patients than he did in the NHS, where he worked for three years, and he was not restricted by a formulary. He said: "If the insurance company will pay for it then you can have whatever the doctor wants. There are not the same financial constraints here as there are in the NHS. This does make my life easier because I am not spending all my time doing a budget. When I was in the NHS a lot of the work with the consultants was about budget limits — making sure you stayed under budget and also staying within NICE guidelines." Mr Jephson however did not relish the challenges that would confront a clinical lead pharmacist in the private sector. He said: "Trying to get all those different consultants from different trusts to adopt new protocols which they must all comply to would be impossible."

### CAREERS PROGRESSION

If Mrs Elvin decides to seek promotion and wants to stay in BUPA pharmacy her options are slim, although if she decided to step into management she would have more choice. She said: "I am the most senior pharmacist here and I work for one of the larger BUPA hospitals. After pharmacy manager the next step would be pharmacy superintendent but that is a national post. If I wanted a regional position within pharmacy I would have to return to the NHS."

Elizabeth Read has been in her post as superintendent pharmacist for four years. She moved over from the NHS 14 years ago, beginning as a pharmacist and taking a variety of other roles including project management and IT development. She said: "We do have a career path in the independent sector but it is not as clear as it is in the NHS or as broad." The career path if you stayed in pharmacy would be from hospital pharmacist or specialist pharmacist to pharmacy manager before competing for the single post of pharmacist superintendent. But like other pharmacists working in the private sector she is keen to point out the alternative options available along the way which take you outside pharmacy.

She suggested: "You could choose to move within BUPA but outside the hospital and pharmacy division. One possibility is to go to BUPA membership insurance which employs clinicians to review patient's eligibility for treatment under insurance." Training as a hospital general manager is also an option. Pharmacists are attractive

candidates for management posts because they have budget experience as well as staff responsibilities.

Gerald Driver, who works at Nuffield's new flagship hospital which opened just over 18 months ago, agreed that alternative management careers were an attractive option in the private sector for pharmacists. Mr Driver, who moved into the private sector after 20 years in the NHS, said: "I think if you come into the private sector you have got to look at things in a different way. There are opportunities to progress within the company — to diversify and get involved in much more outside of pharmacy in the commercial environment, which is not an option in the NHS." He pointed to work his chief pharmacist was currently involved in working on projects around NHS contracts.

### PROFESSIONAL ISOLATION

Although there are professional advantages of working in a small multidisciplinary team there is the danger of professional isolation. This is an issue taken up by BUPA which encourages and supports continuing professional development and pays for pharmacists to be members of the UK Clinical Pharmacists Association. Kate Elvin said: "We also have a BUPA pharmacy managers conference once a year where we can network and discuss clinical issues. Also if you have a particular pharmacy problem there is a BUPA group email for pharmacy so you can always get advice from colleagues elsewhere."

Professional isolation in pharmacy is being tackled by Nuffield. Gerald Driver is behind a new model of working in the North East. As part of the development a pharmacy team made up of pharmacists, technicians and assistants, provides pharmacy services for four Nuffield hospitals. "It means a pharmacist may work a four-hour session at one hospital one day and then go on to do another session at another hospital. The technicians focus on medicines management while the assistants deal with stock management," he explained. The team also offers extra pharmacy support to other Nuffield hospitals in the region. Mr Driver added: "I think if you are in a small team you can feel isolated but we believe the new model of working which we are developing will help overcome that."

Mr Driver who used to be a NHS principal pharmacist responsible for patient services but like others who have gone before him he has no regrets about crossing over into the private sector. "I think you can only work in the NHS for so long." And Kate Elvin added: "I am satisfied with my career and am not looking to go back to the NHS, at present it cannot offer me anything."