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1 Executive Summary
The Hospital Pharmacy ReConnect Pilot Program was the first pilot of a re-entry program for allied health professionals developed by NSW Health. The ReConnect Program aimed to recruit registered pharmacists into the hospital pharmacy workforce.

The program was evaluated to determine its effectiveness in addressing the critical workforce shortage in the area of hospital pharmacy. The evaluation methods included focus groups and interviews with the ReConnect Pharmacists, the preceptors and the Directors of Pharmacy in the participating hospitals. In addition interviews were conducted with the Directors of Workforce in participating Area Health Services. Three site visits were also conducted in a metropolitan, regional and rural hospital. The focus groups and interviews were recorded, transcribed and analysed for common themes.

The majority of ReConnect Pharmacists were employed in some capacity following completion of the program. The impact of the program in terms of recruitment was:
- Fourteen out of the eighteen (78%) ReConnect Pharmacists were employed in hospital pharmacies in some capacity, with the majority employed part-time and on temporary contracts.
- The total number of FTEs working in hospital pharmacies was equivalent to 6.15 positions;
- Only one of the ReConnect Pharmacists, who was full-time, was in a permanent position;
- The average number of hours that temporary pharmacists worked was 21 with contracts ranging from 8 to 32 hours.
- Of the 14 who were employed in a hospital pharmacy, eight had had some previous hospital experience.

Given that the majority of ReConnect Pharmacists employed on completion of the program were in temporary positions, not in long-term vacancies, the impact on vacancy rates is difficult to determine.

Costs and benefits of the program identified positive outcomes. It is estimated that the associated costs of employee separation and recruitment are between 50 and 100 per cent of the annual salary for each employee. At its most conservative level (50%), with a Grade 1 Year 5 Pharmacy Salary of $66,727.21 per annum plus on-costs the cost of a vacancy for a hospital pharmacist is at a minimum $33,363.61 plus on costs, or $40,037 with on-costs included. This compares favorably with the cost of $25,471 for a ReConnect Pharmacist completing the program.
In addition to recruitment outcomes, the Pharmacy Reconnect Program demonstrated some other program benefits and identified learnings which have the potential to be applied to other ReConnect Programs.

Overall the content and structure of the program were well supported by stakeholders. In particular aspects of the program considered essential were:

- The experiential component of the program which allowed ReConnect Pharmacists to work in a hospital pharmacy;
- The role of preceptors in guiding the learning experiences of the ReConnect Pharmacists; and
- The release time provided to enable the preceptors to support and guide the ReConnect Pharmacists.

Training and support for preceptors was considered an essential component with general skills and knowledge applicable across disciplines. Similarly payment for release of time for preceptors supported program outcomes and the learning of ReConnect Pharmacists. Review of program resources, in particular assessment tools in order to provide one integrated tool was perceived as important.

For ReConnect Pharmacists the hospital pharmacy provided the opportunity for greater job satisfaction, and professional challenges, which were perceived to be less available in community pharmacy. Further, working in the hospital pharmacy provided the ReConnect Pharmacists with exposure to career opportunities within departments which were perceived to be broader than those available in community pharmacy. These benefits of working in hospital pharmacy are a positive point of difference, compared to community pharmacy, which have the potential for attracting candidates to future programs. They also have the potential to counter the remuneration difference which acts as a barrier to recruitment.

There were a number of concerns raised that have the potential to inform all ReConnect type programs. The need for improved targeting to attract candidates who may be willing to work in rural areas or where there are significant long term vacancies was recognised. Improved assessment of suitable program candidates to ensure they have the required clinical competencies to participate in the program was identified as being an important element in future programs. Where candidates do not have the required clinical competencies, access could be made to pre-program learning prior to acceptance into the program. Bureaucratic barriers resulting in delays in recruitment and employment, attributed to Area Human Resource Departments were identified as a problem in the program contributing to significant frustrations for ReConnect Pharmacists and preceptors.

ReConnect programs are one option for addressing workforce shortages, particularly when new graduates are not available or when there are long term vacancies which require targeted recruitment strategies. The Pharmacist Intern Training Program, which increases the total number of pre-registration pharmacist training positions in Health Services is a complementary approach for addressing
pharmacy workforce shortages. If Hospital Pharmacy ReConnect programs continue but with refinements to ensure greater return on investment, the following recommendations are made:

**Key Recommendations for Hospital Pharmacy ReConnect Program Refinement**

1. The program content and format should be maintained with minor modifications relating to duplication of paper work.
2. Remuneration for ReConnect Pharmacists for the clinical experience component of the program should continue as in the pilot program based on the Pharmacists’ previous experience, up to a maximum of Grade 1, Year 5.
3. Conditions of clinical experience should be negotiated between ReConnect Pharmacists and Pharmacy Departments, with specification of minimum requirements to ensure sufficient clinical exposure and continuity of care.
4. Initial assessment of candidates to determine those with the necessary clinical competencies for program participation could be done in either online formats or by interview. If the candidates are not considered to have the necessary competencies to commence in the re-entry program, they could be directed to a module of pre-program learning, and re-assessed after completion.
5. Program assessment should be in line with the approach taken by the pilot program and should not duplicate the process of the Pharmacy Board.
6. There should be access to pre-program learning, which can also be delivered on-line. This should address pharmacological, clinical and IT competencies. It could also be developed with the professional association. Participation in the pre-program learning could be done on the candidate’s own time.
7. Hospital pharmacy departments should be targeted for participation in the program where there are current or likely to be future vacancies.
8. There is potential for the program to be provided at any time of the year if suggested modifications are made. Departments could determine the timing of their intakes in line with other departmental initiatives such as pre-registration graduates and peak clinical periods.

ReConnect programs have potential for addressing current and future workforce shortages in a range of disciplines in health. There are a number of lessons from this evaluation which have implications for ReConnect programs in general.

**Key Recommendations for General ReConnect Program Refinement in any Discipline**

1. The NSW Health policy framework for ReConnect type programs and preceptor support should be developed to support the application of these programs as part of core business in Health Services.
2. The content of ReConnect programs should be accessible on-line. There is potential for development of this to be a joint initiative between NSW Health and relevant professional associations.
a. Candidates for the program could commence and finish the program at any time.
b. As a strategy to attract candidates to positions where there have been long-term vacancies, potential applicants, who may have been out of the hospital workforce for many years, could be encouraged to complete the on-line program components prior to applying for the vacant position, and to participate in the clinical and mentoring component of the program, outside of a structured ReConnect Program.
c. Support could be provided for accessing hospitals for the clinical experience component.

3. There should be professional development opportunities provided for preceptors. This could be a generic program developed at state level and applied at Area level. Professionals willing to undertake mentoring should have access to the program, regardless of the discipline.

4. Support for employment should continue with access to Area learning and development programs on writing applications and resumes.

5. Relevant health service departments should be targeted for participation in the program where there are current or likely to be future vacancies.
2 Introduction

2.1 Reconnect Programs for Health Staff

The development of re-entry programs for the health workforce in Australia and internationally have been influenced by a number of factors:

Workforce Trends

Health expenditure in Australia is significant with the annual real growth rate averaging about 4.8 per cent between 1993-94 and 2003-04. This has been paralleled by increased expenditure on workforce, estimated to be approximately two-thirds of overall health spending.1 Between 1996 and 2001, the overall health workforce increased by over 11 per cent with the numbers of allied and complementary health workers increasing by more than 25 per cent. 1 Allied health workers in the health system represent about 9 per cent of the total health workforce.1

Despite this increase in workforce numbers, there are several factors affecting workforce participation and availability: the ageing of the health workforce; feminisation across a wider range of health professions; lower average working hours for health professions; increasing specialisation in a number of professions; issues of job satisfaction and other factors which result in a considerable number of health workers not practising in their profession; and technological advances and changing models of care and service delivery.1

A number of allied health professions have been identified as having shortages: hospital and retail pharmacists; occupational therapists; physiotherapists; speech pathologists; podiatrists; diagnostic radiographers; radiation therapists; nuclear medicine technologists; and sonographers. These shortages are even more pronounced in rural and remote areas.1

In 2003 NSW had a vacancy rate for hospital pharmacists of 14% (45.37 full-time equivalent vacancies) compared to 10% at a national level. Thirty eight percent of pharmacists in NSW work part time compared to 34% nationally.2. While there have been slight improvements in vacancy rates in comparison with 2001 data at the national level, this improvement has mainly resulted from significant reductions in vacancy rates in South Australia, using mostly new graduates 2.

To address these health workforce shortages the Australian government has increased university places for doctors, nurses and some allied health disciplines. However questions have been raised about the sustainability of these increases with recognition of the need for strategies which optimise the skills of the existing workforce considered crucial.1 Factors impacting on recruitment and retention such as education and training, funding and payment, and job satisfaction need to be addressed if the existing workforce is to be effectively utilised.1

In addition the capacity of health services to train and supervise students faces a number of barriers. While clinical education is fundamental to all
health professions, clinical training is specifically funded only for doctors and nurses not allied health despite being a mandatory requirement for undergraduate clinical education. Some allied health professions require under-graduate clinical education with others requiring it at post-graduate level. For example pharmacy students must complete a post-graduate, unregistered training year as a requirement of Pharmacy Boards and are paid for their training. The cost of paying these post-graduate unregistered pharmacy “interns” is an impediment to placement in public hospitals without budget support. The Australian Government provides funding through the Pharmacy Guild for intern placements in retail pharmacy but this does not extend to public hospital pharmacy placements. There are some State initiated examples of funded intern placements in public hospital pharmacy such as Victoria and NSW however this is not common across states and territories. Bureaucratic and logistical impediments to training also limit placements: ambivalence about training and academic teaching; criminal record checks; prohibited employment declaration; professional indemnity insurance; and accommodation especially in rural areas. Further workplace shortages must limit the opportunities for accepting clinical training placements if there are insufficient accredited staff to act as clinical supervisors.

Factors Influencing Re-entry into Health Workforce
Re-entry programs must be able to be marketed towards existing health professionals who are not currently practising. Effective marketing is dependent on understanding the target group and the factors which may influence participation in the program. A number of studies have identified factors which may influence health professionals’ participation in re-entry programs to support their employment. Social and demographic factors dominate reasons influencing return to work including those related to changes in family circumstances such as changes in marital status, and children becoming independent and financial pressures necessitating the need for a second income in families.

Access to and the nature of re-entry programs will also influence professionals’ willingness to participate and subsequently seek employment. Professionals have reported commitment to their profession in a climate of workforce shortage, but are either reluctant to seek employment or have had negative experiences of seeking work after many years away from the profession. In these circumstances availability of re-entry programs can provide necessary competency and confidence support. Flexibility in both the re-entry program and subsequent employment have been cited as essential in attracting participants. Participants in programs have also emphasised the importance of support in the program, commonly provided through preceptor or mentoring models.

The Nature of Re-entry Programs
While literature on re-entry programs for health professionals is limited, with most reporting on nursing re-entry programs, it suggests that programs should include combinations of supervised practice to support experiential learning, formal study and self-directed learning. A number of studies report
participants valuing the inclusion of formal study in supporting them to gain clinical competence and confidence. Inclusion of self-directed learning is an appropriate learning style aligned to adult learning principles, relevant to current practice and demonstrates commitment to and engagement with the process. In addition it is suggested that content must also assist the participant in general re-entry into the workplace such as strategies focusing on coping with change, interpersonal communication skills, organisation, delegation, prioritisation, and time management. Despite this evidence there is inconsistency in the nature of re-entry programs and lack of empirical data and guidance about program aims, outcomes and assessment and specification of competencies.

Effectiveness of Re-entry Programs
In the face of health workforce shortages, policy approaches internationally support return to work programs as key strategies. However the lack of empirical data on the effectiveness of such programs is commonly reported. There is a paucity of information on the number of re-entrants in workforce data further limiting assessment of the contribution they make to addressing workforce shortages.

Existing literature on re-entry programs reports mainly on program evaluations. These evaluations have focused on indicators of program success such as the percent of participants employed by the sponsoring hospitals following course completion and/or participant satisfaction with the course. In these evaluations a high percentage of employed participants and/or high satisfaction scores are interpreted as a mark of the course success.

An evaluation of a program conducted in the United Kingdom indicated that 86 percent of participants completing a return to practice course in the previous three years had returned to and remained in practice. However, the poor response rate (23.5%) in this evaluation means that this claimed success rate is likely to be an overestimate of the proportion of participants who actually returned to employment.

Critical Success Factors for Re-entry Programs
The program evaluations which have been reported cite a number of factors which are critical for successful re-entry programs:

- **Effective Mentoring**
  Effective mentoring and support is commonly cited as the most critical success factor. Mentors or preceptors provide essential support for re-entrants for improving clinical competence, confidence and in socialising them to the workforce. The importance of mentoring in re-entry suggests that mentors need to be selected carefully, on the basis of their mentoring competencies and matching to re-entrants on learning styles and personalities. Consequently, both selection, and training and support for mentors/preceptors are critical for effective programs.
• **Program and Work Flexibility**
  Flexibility in the nature of and completion time for the program is another critical success factor. Many participants in re-entry programs have been out of the health workforce because of other family and career choices, and thus require programs to allow them to meet these other life demands. In addition evaluations reported significant diversity in years out of the workforce, and confidence in program participants. Such diversity suggests the need for re-entry programs to be flexible to cater for these differences in participants. Programs tailored to participants’ needs, and in particular relevant to the number of years away from professional practice have been suggested. Similarly flexibility for post-program employment is needed by re-entrants when seeking employment.

• **Support**
  Support required in the program is recommended to go beyond that relating to mentor support. Evidence suggests that effective programs are characterised by the provision of financial support for participants, and access to academic materials. Administrative support provided by positions such as re-entry program coordinators was also valued highly by participants. Support for participants in seeking and gaining employment was also reported in the literature. This was provided in a variety of forms including, training in resume writing and job interviews, and through support for access to employment in sponsoring hospitals. Service managers and preceptors who had re-entrants in their units also reported the importance of commitment and support to re-entry programs from senior management in their health service.

• **Satisfaction**
  Another critical success factor for program effectiveness has been reported as re-entrant satisfaction with the program and with work experience. It is reported that satisfaction is derived from the program itself, the clinical experience, interaction with patients and the clinical team, and the overall workplace environment.

• **Confidence and Competence**
  Many program participants reported lack of confidence as a significant reason for participating in a re-entry program. In particular the first three weeks of the program were often reported as the time when participants felt their lack of confidence most impacted on their participation. Elwin indicates that the lack of confidence experienced by participants can be caused by the rapid changes in the way health care is delivered. In the time participants have been away from the workforce models of care, clinical evidence, clinical competencies and health technology may have changed and be daunting for re-entrants. As a result re-entry programs need to include content and experiences to support confidence as well as competence: the inclusion of clinical competency models should be made available; ensuring the work environment is supportive of building confidence; and self-assessment options and subsequent tailoring of program modules to meet needs.
2.2 Program Background

Policy Framework
The National Health Workforce Strategic Framework developed under the auspice of the Australian Health Ministers focused on delivering a vision for the Australian health workforce. The framework defined a vision, guiding principles and broad strategies for health workforce strategic action designed to encompass the wide range of actions that may be undertaken by stakeholders nationally, within jurisdictions, particular locations and sectors of the health system.

The first principle of the framework addressed “ensuring and sustaining supply”. Specific actions were articulated which specified recruitment and retention including strategies for re-entry into the workforce of health practitioners. The framework was complemented by the National Health Workforce Action Plan which set out a range of national health workforce initiatives to improve the sustainability of Australia’s health workforce. The Action Plan was designed to be supplemented by a range of Australian, State and Territory Government Action Plans and health workforce initiatives.

The NSW Health Workforce Action Plan identified the need for a strategic approach to health workforce development, including a focus on recruitment and retention of the health workforce. NSW Health implemented the Allied Health ReConnect Project in April 2006 in line with the National Framework and NSW Health Workforce Action Plan. The project aimed to investigate the feasibility of developing a re-entry model for Allied Health professions with the purpose of refreshing the knowledge of participants rather than acting as a ‘re-training’ program.

Following a literature review on workforce re-entry and a consultation process to determine the most critical elements to include in an allied health re-entry program, an agreed Allied Health ReConnect Program Framework was developed. This framework was used to structure the pilot re-entry program, which was trialed with the hospital pharmacy profession.

Hospital Pharmacy ReConnect Pilot Program
The Hospital Pharmacy ReConnect Pilot Program was the first pilot of a re-entry program for allied health professionals developed by NSW Health. The primary objective of Pharmacy ReConnect was to recruit registered pharmacists into the hospital pharmacy workforce. To be eligible for the program, participants were required to have not worked in the area of hospital practice for a significant period, and lacked the confidence, knowledge, skills and recency of practice to independently enter the hospital pharmacy workforce. Specifically participants should:

- have maintained their registration (registered professionals) or be eligible for practicing membership of their professional association;
- not have practiced in the public health system for a minimum of three years; and
- not have been out of their professional workforce for greater than 15 years.
These criteria were applied flexibly if the potential participant was outside the three to fifteen years, dependent on individual circumstances.

Participating pharmacists were paired with a preceptor in the hospital pharmacy. The preceptor’s role was to act as a mentor and coach to provide support to the ReConnect pharmacist. Participants were engaged as “exempt employees” in supernumerary positions in Area Health Services. An Exempt employee is a person who is engaged for a continuous period and whose employment involves situations such as relief for periods greater than 13 weeks, specific projects which are time limited or functions which involve funding for a specific period of time that is not recurrent.20

The decision to engage ReConnect participants as “exempt employees” rather than temporary employees was made because their period of employment could be up to 20 weeks in length. This was inconsistent with the definition of temporary employment, which must be a period of no longer than 13 weeks. As well, the provisions of the Health Industry Status of Employment (State) Award state that temporary employees who have been engaged for longer than 13 weeks in the same position are deemed to be permanent. It was not the intent of the ReConnect program for completion of the program to automatically result in permanent employment. Instead, a re-entrant had to apply for positions through the standard recruitment process.20

The ReConnect Pharmacist’s program was 300 hours (8 weeks full time) in length. It was able to be completed part-time up to 20 weeks. Up to 30 of the 300 hours involved self-directed learning tasks. An essential component of the program was the Individualised Learning Agreement which was a tool to record each of the participant’s learning goals and the primary activities to be undertaken during the program.

NSW Health funded the salary of ReConnect pharmacists during their time on the program dependent on their previous pharmacy experience, up to a maximum level of Grade 1 Year 5 Pharmacist. As well, NSW Health provided each participating Pharmacy Department with $5,000 to release a staff member to provide 120 hours of preceptor support to the ReConnect Pharmacist.

The ReConnect program was expected to achieve the following outcomes:
1. Registered pharmacists were supported to enter the hospital pharmacy workforce within the NSW public health system.
2. The Pharmacy ReConnect Program met the expectations of all key stakeholders involved in the program:
   a. Reconnect Pharmacists;
   b. Preceptors;
   c. Directors of Pharmacy; and
   d. Directors of Workforce.
3. The Pharmacy ReConnect Program adequately prepared ReConnect Pharmacists for employment in the hospital pharmacy;
4. The assessment process adequately measured a ReConnect Pharmacist’s level of skills and confidence to practise in the hospital pharmacy environment.

5. ReConnect Pharmacists have been engaged in Pharmacist positions in the NSW public health system following their satisfactory completion of the program.

6. Vacancy rates for Grade 1 Pharmacy positions in participating Area Health Services have been reduced.

Satisfactory completion of the program was determined by:

1. Completion of the 300 program hours i.e. at least 270 hours of clinical placement and up to 30 hours of self directed learning.

2. Completion of a self-reported pre and post-assessment – a self-rated questionnaire measuring the degree of change in the ReConnect Pharmacist’s level of skill and confidence in relation to core hospital pharmacy tasks. This was completed before starting and after finishing the program.

3. Completion of a Preceptor Assessment – a questionnaire based on a rating scale that is completed by the Preceptor at the end of the program, which measures the ReConnect Pharmacist’s level of skills and confidence in relation to core hospital pharmacy tasks from the Preceptors’ perspective.

2.3 Evaluation Aim and objectives

The evaluation aimed to determine the effectiveness of the program in addressing the critical workforce shortage in the area of hospital pharmacy. Specifically the evaluation will assess;

1. Satisfaction with and effectiveness of the program from the perspective of:
   a. Reconnect Pharmacists;
   b. Preceptors;
   c. Directors of Pharmacy; and
   d. Pharmacy Department Team
   e. The Area Health Service Management.

This element of the evaluation was to consider all aspects of the program including:

- Recruitment
- Orientation day
- Program learning tools
- Suggested content of the program
- Requirements for satisfactory completion of the program
- Support provided
- Post program employment opportunity

2. The skill development of the ReConnect Pharmacist;

3. The impact of the Pharmacy ReConnect program on the Pharmacy Department:
   a. Preceptors;
   b. Directors of Pharmacy; and
c. Pharmacy Department Team
d. The Area Health Service

4. The degree to which the outcomes were achieved;
5. A cost benefit analysis

2.4 The evaluation approach

The evaluation used a number of approaches. Focus groups were held with the ReConnect Pharmacists, the preceptors and the Directors of Pharmacy in the participating hospitals. The questions for the focus groups were developed after reviewing the literature relating to re-entry programs for health professionals, and reviewing the Pharmacy ReConnect Program documentation.

The focus groups were complemented by in-depth interviews with ReConnect Pharmacists, the preceptors, the Directors of Pharmacy and Directors of Workforce in participating Area Health Services. The instrument for the in-depth interview was developed following the literature and program documentation review, and after completion and analysis of the focus groups. Three site visits were conducted at which interviews were held face-to-face with evaluation participants. These site visits were conducted in a metropolitan, regional and rural hospital in order to provide additional insight into the experience of the program at that site. The remaining in-depth interviews were conducted by phone. Three attempts were made to contact each of the participants to establish a mutually acceptable interview time. The focus groups and interviews were recorded, transcribed and analysed for common themes.

There was also a number of surveys throughout the program to assess progress and satisfaction. The results of these surveys have also contributed to the overall evaluation. These surveys included:

- Evaluation of the recruitment process
  - For applicants
  - For recruitment panel members
- Orientation Day Evaluation
- Progress reports
  - completed by ReConnect Pharmacists;
  - completed by Preceptors
  - completed by Pharmacy Directors
- End of program evaluation
  - completed by ReConnect Pharmacists;
  - completed by Preceptors
  - completed by Pharmacy Directors

The results of these evaluation surveys were collated by the Program office and provided to the consultant.

2.5 Evaluation Participants

Table 2-1 reports on the number of participants from each of the stakeholders in the focus groups and in-depth interviews.
Table 2-1: Overview of participants in the evaluation

<table>
<thead>
<tr>
<th></th>
<th>ReConnect Pharmacists</th>
<th>Preceptors</th>
<th>Pharmacy Directors</th>
<th>Workforce Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups</td>
<td>12</td>
<td>7</td>
<td>4</td>
<td>N.A</td>
</tr>
<tr>
<td>In-depth Interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed</td>
<td>15</td>
<td>12</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Refused</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unable to contact/make time</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total number of interview participants</td>
<td>18</td>
<td>15</td>
<td>16</td>
<td>7</td>
</tr>
</tbody>
</table>

2.6 This report

The results of the evaluations of key sections of the program, and key themes from the focus groups and interviews have contributed to the development of this report. The following chapters contain results relating to the ReConnect Program, and its format and content, and the impact of the program. Each of these results chapters includes specific recommendations for program improvement. The final chapter suggests the key recommendations for improving programs for addressing pharmacist workforce shortages.
3 Program Structure and Content

3.1 Recruitment to the program

Effective and targeted marketing of re-entry programs has been highlighted by a number of authors as crucial in attracting people currently away from the workforce.\(^6\ 14\ 21\)

Prior to advertising and recruitment to the program NSW Health undertook research to inform issues relating to re-entry programs and to test the viability of the proposed “Allied Health ReConnect Framework”.\(^{19}\) This research involved surveys with potential re-entry participants and professional associations, focus groups and subjective data requests to Area Health Services (AHS).\(^{19}\) The surveys were distributed by professional associations, registration boards and AHS email. The survey also contained an invitation to participate in the focus groups. Hospital pharmacists were one of the allied health groups chosen to participate in this research. Hospital pharmacy was identified prior to this data collection as the first targeted profession to pilot a reconnect program due to the ongoing high vacancy rate in Area Health Services. There was also the opportunity to attract pharmacists practising in other areas of the profession such as community or industrial pharmacy into hospital pharmacy. This transition can ordinarily be difficult due to the specific set of knowledge and skills required to work in hospital pharmacy.

**Attraction to Program**

The reasons for attraction to participate in the program varied, understandably between ReConnect Pharmacists, preceptors and Directors of Pharmacy. For the ReConnect Pharmacists many expressed views of having a long-held desire to work in hospital pharmacy but lacked the experience and opportunity to gain employment. In addition many reported lacking confidence to apply for hospital positions and work in hospital pharmacy.

There was a common perception that there was a significant difference between community and hospital pharmacy. It was perceived that hospital pharmacy was more clinically challenging, and presented greater opportunity for interaction with patients and peers than provided by community pharmacy. As a result, ReConnect Pharmacists indicated the program presented an opportunity for them to gain the required skills, confidence and experience in a supported way. In addition the role of the preceptors, the ability for the program to be completed flexibly and the financial support all contributed to the attraction of the program for the ReConnect Pharmacists.

Common to the Directors of Workforce Development, Pharmacy Directors and preceptors attraction to the program was their commitment to addressing hospital pharmacy recruitment. There was a view that this program was an excellent opportunity to assess the viability of the program as one strategy for addressing
workforce shortages. There was however common recognition that this was only one of a number of strategies which should be implemented.

For Pharmacy Directors payment for preceptor release from other duties was a strong incentive for program participation. It was stressed that this enabled replacement of the preceptor, freeing up the necessary hours to commit to the ReConnect Pharmacist and ensure service delivery levels. All Directors indicated that without this funding, their participation was unlikely. However it should be noted that not all departments received funding from their Areas/hospitals. While only a minority of departments did not receive supplementary funding, in these instances the likelihood of participating in further programs was diminished. Reasons for not receiving the funding were stated as either “hospital budgetary pressure” or that it was “common practice not to receive project funding”.

The majority, but not all of the preceptors volunteered to participate in the program. In addition to reasons for wanting to participate relating to commitment to addressing workforce shortages, preceptors who had volunteered commonly reported that they were committed to the mentoring role as part of their professional duties and that they saw it as a valuable professional learning experience. In these instances the preceptors mostly valued the role they had played.

- **Marketing and Recruitment Strategy**
  The pre-program process of developing the Allied Health ReConnect Model informed the marketing strategy used by the Pharmacy ReConnect Program to recruit applicants. This research recommended a “multi-pronged” advertising and recruitment campaign. The primary strategies used were an advertisement placed in the Pharmacy Board of NSW newsletter as well as on NSW Health Jobs. Word of mouth advertising utilising informal professional networks was supported, particularly in rural areas.

Applicants who responded to the advertisements were sent an information booklet “Hospital Pharmacy ReConnect Program – Guidelines for applicants 2007”. This document outlined the ReConnect Program, selection criteria, details about the sites, post-program employment, conditions, and details of how to apply for a position as a Reconnect pharmacist. Applicants were then sent an application form to be completed and returned to the program coordinators. Twenty five positions were available in the program spread across twenty hospital sites in both metropolitan and rural areas. Applicants were asked to rank their hospital preferences and those who met the criteria for participation in the program were selected for interviews at their preferred sites. Interviews were held in each AHS. Where there were multiple participating hospitals in an AHS, only one set of interviews was held.
• **Satisfaction with Marketing**

The majority of ReConnect Pharmacists, and Directors of Pharmacy reported in focus groups and interviews that the marketing strategies were relevant and effective in attracting applicants. In contrast, a number of preceptors reported being unaware of the program until asked to act as a preceptor.

Some Directors of Pharmacy commented that the marketing strategies targeting pharmacists who may be willing to work in rural areas were ineffective. Given regional and rural areas have significant workforce shortages, this was considered concerning. It was suggested that the informal pharmacists’ networks in rural areas could be targeted to identify potential program participants who are already living in rural areas.

• **Satisfaction with Recruitment Process**

The majority of ReConnect Pharmacists, and Directors of Pharmacy reported that the recruitment process was in line with current practice. For ReConnect Pharmacists, data from surveys indicated high levels of satisfaction with the recruitment process. Results to specific questions relating to the recruitment process are reported in Table 3-1.

**Table 3-1: ReConnect Pharmacist Satisfaction with Recruitment Process**

<table>
<thead>
<tr>
<th>Satisfactory aspect</th>
<th>Participants agreeing (n=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient information to submit application</td>
<td>14 100</td>
</tr>
<tr>
<td>Sufficient information to prepare for interview</td>
<td>12 86</td>
</tr>
<tr>
<td>Interview a Fair Assessment</td>
<td>12 86</td>
</tr>
<tr>
<td>Interview questions appropriate</td>
<td>10 71</td>
</tr>
</tbody>
</table>

A number of comments were made by applicants regarding the interview process. While the majority (71%) reported that the questions in the interview process were appropriate a number made specific suggestions for improvements. In particular it appeared that the interview process varied across Areas. This was evident when some applicants had multiple interviews for positions in different Areas.

“My experience (of the interview process) varied greatly. At (name of Area) the questions asked in my opinion, were aimed at pharmacists currently working full time in pharmacy and my comment is that most practicing pharmacists would have not have been able to answer the clinical question posed without reference to a MIMS or another resource. This was very off-putting for someone trying to re-enter pharmacy after a break. In direct contrast, the questions at (other Area) were at a level I thought I could tackle and were supportively posed by the panel. (This) was a valuable and pleasant experience”

ReConnect Pharmacist
Panel members were also surveyed regarding their experience with the recruitment process. The majority of panel members were positive about the interview process.

While the selection process for candidates was considered fair, there was a perception shared by a number of preceptors and Directors of Pharmacy that it did not adequately identify applicants whose past experiences were not adequate for participating in the program. This was most commonly reported for candidates who had been out of the workforce – both community and hospital pharmacy - for more than 10 years. It was perceived that more accurate identification at interview could have enabled these candidates to be directed to refresher courses, where they could enhance clinical competencies, prior to commencement in a re-entry program.

In some instances, recruitment to participating hospitals was reported to have occurred where there were no current or anticipated pharmacist vacancies. For example in one of the rural hospitals, recruitment occurred with no anticipated vacancies. On completion of the program the ReConnect Pharmacist returned to retail pharmacy, despite wanting to work in hospital pharmacy, because there were no positions available.

The particular problems of candidates recruited to rural hospital pharmacies were highlighted by a number of interview participants. It was recognised that participating hospital pharmacies have to be of sufficient size to enable adequate clinical experience, and to allow release of preceptors. This may necessitate mainly base hospitals supporting the program. If there are no vacancies at that hospital they may act as a hub for the ReConnect Pharmacist with access to experiences at smaller hospitals, some of which may have vacancies which may be able to be filled by local pharmacists.

A number of Directors of Pharmacy reported difficulties with Human Resources processes in relation to the recruitment of ReConnect Pharmacists. These problems were reported to occur both in the program recruitment and subsequent employment. The problems commonly were reported as barriers placed by Human Resources staff to the employment of ReConnect Pharmacists in supernumerary positions. These occurred despite clear articulation of the nature and conditions of the program. Some Directors of Workforce Development commented that they were aware of some of the problems.

Unfortunately, since the merger and recruitment restrictions some HR staff have acted in the capacity of ‘policing the rules’. They apply red tape that is unnecessary, causing delays and frustration. While there is some expectation that this was needed, it sometimes results in inflexibility and is applied in the absence of full information of programs. HR staff need to be educated about such programs to fully support them. ……
Director of Workforce Development
3.2 Program Structure

The program was to be undertaken over 300 hours, which was equivalent to 8 weeks full time work. A minimum of 270 hours was required to be spent directly on clinical placement. The remaining 30 hours was to be spent concurrently on self-directed learning. This was supported by funding for 120 hours of support provided by the preceptor.

Program Timing

The program commenced in April/May 2007. The timing of the program was considered important to enable the ReConnect Pharmacists to fit it with other activities in the department. It was supposed to allow time for the pre-registration graduates, and their mentors to become familiar with the requirements of their program and those of the department. In addition it was supposed to provide enough time for the ReConnect Pharmacists to become familiar with the department and role prior to the pressures associated with the peak winter period in hospitals. The timing was supported by the majority of ReConnect Pharmacists. In particular preceptors strongly supported the timing and the commencement of the ReConnect Pharmacists some months after the pre-registration graduates.

Individualised Nature of the Program

At the commencement of the program, the participant and the preceptor completed an ‘Individualised Learning Agreement’. This agreement was based on the entry level competencies for pharmacy and was designed to enable the content to be tailored to the participants’ needs. It contributed to an individualised work plan which identified learning goals, learning and development opportunities and timeframes for achievement. There was strong support for the individualised nature of the program which reflected the learning agreement. The majority of ReConnect Pharmacists interviewed supported this approach which enabled their learning and experiences to be tailored to their needs. This was reinforced by the majority of the preceptors. Most of the preceptors indicated that the Individualised Learning Agreement allowed them to provide experiences which met the ReConnect Pharmacists needs and in particular to address any identified gaps in knowledge and skills.

Program Structure and Length

The majority of ReConnect Pharmacists, preceptors and Directors of Pharmacy reported that the program structure and length was appropriate in interviews and focus groups. Where there was divergence in views about the program length, these mainly occurred when ReConnect Pharmacists had been out of the pharmacy workforce for more than 10 years. In these instances, the ReConnect Pharmacists, preceptors and Directors of Pharmacy thought that the program needed to be longer. In addition for these same ReConnect Pharmacists it was suggested that there may need to be an additional component focusing on pre-program learning to enhance knowledge and skills in pharmacology, clinical areas and use of IT in hospital pharmacy. These were considered core areas for
practising hospital pharmacists with options for modules to be made available, potentially on-line, which could be accessed by ReConnect Pharmacists prior to commencing the program.

Data from the end of program evaluation indicated that the majority of ReConnect Pharmacists (75%) agreed the program length was sufficient to prepare for a Grade 1 position in hospital pharmacy (Table 3-2). Just over half (53%) reported that the program length was sufficient to cover all required content areas. There was little support for more time for clinical placement (47%) and for self directed learning (12%).

<table>
<thead>
<tr>
<th>Table 3-2: ReConnect Pharmacists Perceptions of Program Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agreed/ agreed</td>
</tr>
<tr>
<td>The program length was sufficient to prepare me for a Grade 1 position in hospital pharmacy</td>
</tr>
<tr>
<td>The program length was sufficient to cover all required content areas.</td>
</tr>
<tr>
<td>More time needs to be available for the clinical placement</td>
</tr>
<tr>
<td>More time needs to be available for self-directed learning</td>
</tr>
</tbody>
</table>

While most supported the access to 30 hours self-directed learning there were a number of preceptors and Directors of Pharmacy who considered this component to be ‘overly generous’ and not reflective of the real work situation. They commented that in reality, most practising hospital pharmacists had to continually undertake additional learning in their own time. Indeed a number of the ReConnect Pharmacists also considered that the access to self-directed learning as part of the program was generous. Most however reported doing in excess of the allocated thirty hours.

Preceptor Support

The majority of ReConnect Pharmacists, Directors of Pharmacy and preceptors reported that the 120 hours of preceptor support was and should be appropriate for this re-fresher course. There was insufficient accurate data to determine the average number of hours of preceptor support provided. When support was provided above 120 hours it was most likely to occur when the ReConnect Pharmacists has been out of pharmacy work for a long period of time and were perceived to need additional support. This became problematic for the preceptors and for the department because of work pressures.

In a small number of instances less than 120 hours was provided. The situations in which this occurred differed. In two situations there was a perception that less than 120 hours of direct preceptor support was provided because the ReConnect Pharmacists were considered very capable and required less support. In a small number of departments funding for release was either not made available to the department, or the preceptor was not released from normal duties. In these
cases there was a perception by the ReConnect Pharmacists that less than the recommended time was provided.

**Other Learning Opportunities**
About half of the ReConnect Pharmacists participated in the tutorials provided for new graduates. Where this has occurred ReConnect Pharmacists considered attendance to be valuable in supporting knowledge, skills and confidence. It was also perceived to support understanding of the department and the team. A number of ReConnect Pharmacists who did not participate in the tutorials indicated that participation would have further assisted their development. In addition some of the ReConnect Pharmacists participated in other continuing learning opportunities provided in the department.

**Program Orientation**
Program participants and preceptors attended an orientation program prior to the program's commencement. This full-day session aimed to provide information on the program and the program resources. It also enabled contacts between participants with the potential of forming networks.

Results from the orientation day evaluation indicated that both ReConnect Pharmacists and preceptors were positive about most aspects of the session. The majority reported positively on all aspects of the overview of the program, the program content, the explanation of the learning tools, how program completion occurred and on learning styles.

### 3.3 Program Content
The program content included both core topic areas, as well as the content and experiences to address the participant’s specific learning needs. The core topic areas included:
- **Dispensing**
  - General Dispensing
  - Schedule 8 drug issues
  - SAS (Special Access Scheme) Drugs
  - Section 100 Drugs
  - Simple Clinical Trials
- **Revision of Medication Terminology**
- **Clinical Services**
  - Medication Reviews
  - Taking medication histories
  - Counselling patients
  - Making and recording clinical pharmacy interventions
  - Participation in ward rounds and/or meetings
- **Answering simple drug information enquiries**
- **Laboratory investigations and their meaning**
- **Drug and Therapeutics Committee and Formulary Issues**
- **Legislative Issues**
- Information Technology
  - I-Pharmacy Dispensing software
  - CIAP (Clinical Information Access Program) drug information retrieval database
  - Hospital Laboratory Results
  - IIMS (Incident Information Management System)
  - Clozapine database (if applicable)
  - Public Health System Intranet

The majority of ReConnect Pharmacists, preceptors and Directors of Pharmacy reported that the content of the program was thorough and addressed their views about what was required in the program. In a number of instances preceptors and Directors of Pharmacy reported using the program to modify existing orientation and graduate training programs.

The program was considered particularly useful by those preceptors who had limited experience in the mentoring role. For those preceptors who were more experienced, they viewed the content as a guide only.

"The program and the materials were excellent. We have used it in our department as part of our general orientation program and have adapted our programs for new graduates based on the program….."
Preceptor

ReConnect Pharmacists commented on the program content in the end of program evaluation. Seventeen ReConnect Pharmacists completed the evaluation. Table 3-3 reports on the number and proportion of ReConnect Pharmacists who strongly agreed and agreed with the program content.

<table>
<thead>
<tr>
<th>Table 3-3: ReConnect Pharmacists perception of program content</th>
<th>Strongly agreed/ agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical placement component was critical for increasing my</td>
<td>16 94</td>
</tr>
<tr>
<td>skills and confidence in hospital pharmacy</td>
<td></td>
</tr>
<tr>
<td>The self-directed learning component was critical for</td>
<td>14 82</td>
</tr>
<tr>
<td>increasing my skills and confidence in hospital pharmacy</td>
<td></td>
</tr>
<tr>
<td>The identified content areas adequately covered the</td>
<td>17 100</td>
</tr>
<tr>
<td>entry-level knowledge required for hospital pharmacy</td>
<td></td>
</tr>
<tr>
<td>The content areas were appropriate given my previous</td>
<td>15 88</td>
</tr>
<tr>
<td>pharmacy knowledge and experience</td>
<td></td>
</tr>
<tr>
<td>The program content was broad enough to meet my learning</td>
<td>16 94</td>
</tr>
<tr>
<td>needs</td>
<td></td>
</tr>
<tr>
<td>The hospital pharmacy department provided learning</td>
<td>11 65</td>
</tr>
<tr>
<td>experiences that matched the content areas</td>
<td></td>
</tr>
</tbody>
</table>

The majority of ReConnect Pharmacists were positive about all aspects of the content of the program in the end of program evaluation.
3.4 Skills Development

The evaluation aimed to assess the skill development of the ReConnect Pharmacist. The extent of skill development was assessed subjectively through the ReConnect Pharmacist and preceptor review of the learning goals, and through the mid-program and post-program progress reports, and pre and post program assessment. Details of indicators of skill development identified part-way through the program are reported in Table 3.4.

Table 3-4: Preceptor Assessment of Skill Development - June Progress Report

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agreed/Agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of feedback provided is adequate</td>
<td>n=11 61%</td>
</tr>
<tr>
<td>Type of feedback assists me to change my practice</td>
<td>n=12 67%</td>
</tr>
<tr>
<td>Program has increased my confidence in hospital practice</td>
<td>n=15 83%</td>
</tr>
<tr>
<td>Program has increased my knowledge and skills in hospital practice</td>
<td>n=16 89%</td>
</tr>
</tbody>
</table>

At the time of the June progress report, the majority of ReConnect Pharmacists reported an increase in confidence in hospital practice (83% strongly agreed or agreed) and increase in knowledge and skills in practice (89% strongly agreed, or agreed). There was slightly less agreement that the type and amount of feedback received as part of the program supported their skill development. Only eleven of the eighteen ReConnect Pharmacists indicated that the amount of feedback was adequate with two-thirds indicating that the feedback assisted them to change their practice.

In the end of program evaluation ReConnect Pharmacists were asked to comment on changes relating to their knowledge and confidence. Table 3-5 reports on the ReConnect Pharmacists perceptions of changes in knowledge and confidence as a result of participating in the program.

Table 3-5: ReConnect Pharmacists perceptions of changes in knowledge and confidence

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agreed/Agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program has increased my confidence in hospital practice</td>
<td>n=15 88%</td>
</tr>
<tr>
<td>I now feel confident to practice independently in a Grade 1 Hospital pharmacy position</td>
<td>n=14 82%</td>
</tr>
<tr>
<td>The program has increased my knowledge and skills in hospital practice</td>
<td>n=17 100%</td>
</tr>
<tr>
<td>I now feel I have the knowledge and skills to practice independently in a Grade 1 hospital Pharmacy position</td>
<td>n=13 76%</td>
</tr>
</tbody>
</table>

The majority of ReConnect Pharmacists reported that the program had increased confidence (88%), and increased knowledge and skills (100%). In addition 82%
reported that they felt confident to practice independently and 76% reported that they had the knowledge and skills to practice independently as Grade 1 Hospital Pharmacists.

Skill development was also measured using self-rating assessment tools. ReConnect Pharmacists were asked to complete a self-reported pre and post-assessment. Preceptors were required to complete the assessment of the ReConnect Pharmacist on completion of the program. Ratings on a range of skill areas were from 1 to 5 as follows:
1. highly skilled / confident in this area;
2. good level of skill / confidence in this area;
3. skilled / confident in this area;
4. some skills / confidence in this area; and
5. limited skill / confidence in this area

Scores for all tasks were identified for each participant and then these were averaged to get an overall program average score. Table 3-6 reports on the comparison in skill assessment between ReConnect Pharmacists (pre and post program assessment) and preceptors (post program only)

<p>| Table 3-6: Comparison in Skill Assessment –ReConnect Pharmacists and Preceptors |
|-------------------------------------------------|-------------------------------------------------|---------------------------------|---------------------------------|</p>
<table>
<thead>
<tr>
<th>ReConnect Pharmacist</th>
<th>Preceptor</th>
<th>Average Rating Pre Program</th>
<th>Average Rating Post Program</th>
<th>Average Rating 47 - all tasks post program</th>
<th>Average Rating 25 – Core tasks only post program</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>2.0</td>
<td>1.9</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comparisons between pre-program and post program self assessment for ReConnect Pharmacists indicate improvement in their perception of skills. The average ratings across all ReConnect pharmacists improved from 4.1 (some skills and confidence) to 2.0 (good level of skill / confidence). These self-assessment ratings were comparable to the post –program ratings given by the preceptors. The average rating for all 47 of the tasks expected of the ReConnect Pharmacist, which included non-Pharmacy specific abilities such as communication skills, life long professional learning and professional manner was 1.9, and for the 25 core tasks was 2.1.

This level of skill development was also reflected in some of the comments provided by preceptors:

(ReConnect Pharmacist) acknowledged the privilege of being a part of this program from the start and has been keen and energetic to gain as much as possible in the time available to fulfill the requirements of the program. She has shown a high understanding of the role a pharmacist plays in society and has brought that to this program which has helped herself and the department immensely. (ReConnect Pharmacist) maintained a steady and professional progression through the program and has gained a lot of knowledge as a result.
which will benefit her and any hospital pharmacy department in the future.

Preceptor

The majority of ReConnect Pharmacists and the preceptors commonly acknowledged that skills and in particular confidence increased about half way through their participation in the program. It was suggested that for the majority of pharmacists, familiarity with the department, the hospital and the procedures after 3 weeks helped with their skills and confidence.

3.5 Program Resources

The resources which represented compulsory components of the program are outlined in Table 3-7 and those which were recommended are outlined in Table 3-8.

| Table 3-7: Compulsory Components of the Program |
|---|---|---|---|
| Resource | Status | Person Responsible | Action |
| Re-entrant Pre Assessment | Compulsory | Re-entrant | • Complete before commencing program and forward to policy officer |
| Individualised Learning Agreement – Work Plan | Compulsory | Re-entrant & Preceptor | • Complete on day 1 (or early in) the program |
| Log of Hours Form – mid program | Compulsory | Re-entrant & Preceptor | • Complete mid way through program and forward to policy officer |
| Log of Hours Form – end of program | Compulsory | Re-entrant & Preceptor | • Complete on completion of program and forward to policy officer |
| Re-entrant Post Assessment | Compulsory | Re-entrant | • Complete on completion of program and forward to policy officer |
| Preceptor Assessment | Compulsory | Preceptor | • Complete on completion of program and forward to policy officer |

<p>| Table 3-8: Recommended Components of the Program |
|---|---|---|---|
| Resource | Status | Person Responsible | Action |
| Adapted Competency Measurement Tool – pre program administration | Recommended | Re-entrant | • Complete before commencing program |
| Individualised Learning Agreement – Planning | Recommended | Re-entrant &amp; Preceptor | • Complete on day 1 (or early in) the program |</p>
<table>
<thead>
<tr>
<th>Resource</th>
<th>Status</th>
<th>Person Responsible</th>
<th>Action</th>
</tr>
</thead>
</table>
| Orientation Checklist                                        | Recommended   | Re-entrant & Preceptor  | • Preceptor to conduct orientation during days 1 – 10  
|                                                              |               |                         | • Re-entrant to complete form                                          |
| Individualised Learning Agreement – Coaching                  | Recommended   | Re-entrant & Preceptor  | • Meet for a coaching meeting approximately every 5 days e.g. on day 5,  
|                                                              |               |                         | 10, 15, 25, 30, 35                                                     |
| Individualised Learning Agreement – Mid Work Plan Review      | Recommended   | Re-entrant & Preceptor  | • Meet mid way through the program                                     |
| Adapted Competency Measurement Tool – mid program administration | Recommended   | Re-entrant and/or preceptor | • Complete mid way through program                                      |
| Individualised Learning Agreement – End Work Plan Review      | Recommended   | Re-entrant & Preceptor  | • Meet during the final days of program                                |
| Adapted Competency Measurement Tool – post program administration | Recommended   | Re-entrant and/or preceptor | • Complete on completion of program                                     |

The most useful resource, reported by many preceptors and ReConnect Pharmacists was the “core tasks, skills and knowledge for Hospital Pharmacy checklist”. This single document, which was a checklist of content areas to be covered during the program and did not require completion (and therefore is not included in the tables above), was considered particularly useful in assisting the ReConnect Pharmacists understand the full range of knowledge and skills required of their role. Resources such as the Re-entrant Pre and Post Assessment and the Preceptor Assessment were developed based on this checklist. The checklist has also since been used to guide other educational programs in pharmacy departments.

Most preceptors and ReConnect Pharmacists thought there was excessive paperwork, much of which was duplicated. In particular it was perceived that there was duplication between the individualised learning agreements, Adapted Competency Measurement Tool and the pre-and post assessment forms. It was suggested that reviewing these documents and providing as one resource would reduce duplication and the time for paperwork. The majority of ReConnect Pharmacists and preceptors indicated that the completion of the pre-assessment form should link to the learning agreement and post-program assessment form as one supportive and iterative document. This could provide an efficient and
usable form of on-going assessment which was not afforded by multiple documents.

3.6 Support and Mentoring

Mentoring
There were a number of recommendations regarding the mentoring component of the program derived from the pre-program research.\textsuperscript{19} The recommendations were in line with the evidence stressing the critical importance of mentors/preceptors in re-entry programs.\textsuperscript{6,7,10,15} Participation in the program by supervising hospitals was dependent on their ability to dedicate time to the participants. Preceptors were expected to be experienced, enthusiastic, with significant clinical experience and matched to the personality of the ReConnect Pharmacist. Recommendations also stressed the importance of training and support for preceptors.\textsuperscript{19}

All ReConnect pharmacists in interviews and focus groups reported that the preceptors were the most important part of the program. The majority of ReConnect Pharmacists reported positive experiences with preceptors. In the end of program evaluation 76% of ReConnect Pharmacists reported that their preceptors had met their needs. There was however variation in the way mentoring and support was provided by preceptors for ReConnect Pharmacists. The majority of ReConnect pharmacists reported that their preceptors guided and supported them to gain experience in a hospital setting. The learning goals work plan was used as the basis for this process, allowing the program to be tailored to the ReConnect Pharmacist’s needs. This approach was in line with the role of preceptors in the literature.\textsuperscript{6,8}

My preceptor was outstanding. She had lots of clinical experience, was enthusiastic and guided me in what was needed. I had two full days on clinical and then one day in the dispensary. This was a fantastic experience for me. She probably did more than that is required of a preceptor……. The selection of preceptor is critical for the program. If I did not have a good preceptor I would have left program, especially given my lack of confidence in the first six weeks. ReConnect Pharmacist

In contrast a small number of ReConnect Pharmacists described the mentoring as more didactic in nature with less experiential learning. Those who had experienced this form of mentoring were more negative about their experiences than ReConnect Pharmacists who reported being guided.

Most preceptors similarly reported positive experiences of participation in the program. Most of the preceptors indicated that they had participated in the project willingly. They expressed commitment to the role as preceptors as part of their professional role and development. The factors which contributed to negative experience of preceptors included:

- the preceptor had been directed to take on the role;
• the role had to be combined with normal duties, with little or no relief;
• the team environment of the department was not supportive of the role of the preceptor, with some resentment evident from other pharmacists; and
• where the ReConnect Pharmacist had been away from hospital pharmacy for more than ten years, and had required support above what was expected of the preceptor.

In these instances a small number of preceptors indicated that there was little support for them in their roles, with little training offered apart from the program orientation session.

A number of preceptors had more than one ReConnect Pharmacist. Circumstances within pharmacy departments and hospitals necessitated reallocation of preceptors to additional ReConnect Pharmacists. These preceptors supported in principle the opportunity to mentor more than one ReConnect Pharmacist. They volunteered to provide this support early in the program. They indicated that they saw no reason that this could not work but stressed it was conditional on a number of factors.

First, release from their normal duties was necessary as for other preceptors. While it was suggested that additional release was required it was unnecessary to provide hours commensurate with the equivalent amount for a single ReConnect Pharmacist. Given that many of the learning opportunities could be shared between ReConnect Pharmacists, additional hours release equivalent to between one-third and a half of the time for one ReConnect Pharmacist would be sufficient.

Second, ReConnect Pharmacists, needed to be of similar competency to allow for some sharing of learning opportunities. Where there were significant differences in ReConnect Pharmacists capability, mostly related to years away from hospital pharmacy, preceptors with more than one ReConnect pharmacist reported difficulties in providing the necessary support.

Candidates (with long absences from practice) would most benefit from the attendance or completion of some pre-requisite learning units prior to entry into the program. This could be in the form of some pre-program compulsory learning modules / tutorials/ assignments to expedite or enhance the quality of the time spent in the practical component of the course. ……...the intensity of this one-on-one learning (required by the ReConnect Pharmacists) could not be sustained realistically in our current workforce and would more practically and effectively be administered off-site "in bulk" for maximum efficiency………..

Preceptor

Third, ReConnect Pharmacists needed to be matched for personality and learning styles. Difficulties between ReConnect Pharmacists created additional problems for preceptors, placing extra and unwanted burden on their time. Last,
the pharmacy team had to be supportive and large enough to provide a variety of experiences for multiple ReConnect Pharmacists.

The majority of Pharmacy Directors recognised the importance of the role of preceptors in the success of the program. Most indicated that if possible and in line with the evidence, they attempted to match ReConnect Pharmacists with preceptors who were committed, experienced and of similar personalities. However, some indicated that this is not always possible. Staff shortages in their departments and the hours/days that ReConnect Pharmacists could work placed some restrictions on matching. They also recognised that the participation provided an excellent development opportunity for preceptors. Where Pharmacy Directors were aware of difficulties, they perceived that they mainly related to the needs of ReConnect Pharmacists being above what was expected for participation in the program.

A number of Workforce Directors indicated that the role of preceptors should be part of core business of health professionals. They indicated that there are generic competencies and attributes which could be applicable to the role of preceptors regardless of the discipline. These Directors indicated that this was not common in current practice but remained a challenge for disciplines and human resources.

Program Support
The literature emphasises the need for support for participants beyond that provided by the allocated preceptor. Support includes that provided by peers, program coordinators, and by management.6 14 15.

- Pharmacy Department
Most, but not all ReConnect Pharmacists described the support of the Pharmacy Department as being positive. They indicated that the other pharmacists and technical staff supported and aided them throughout their time in the program. The culture of the department was reported to be characterised by teamwork, support and commitment to ongoing learning using adult learning principles. ReConnect Pharmacists in these departments were often provided experiences working with a number of other pharmacists in the department, as a proactive part of their overall program. This support was viewed as essential in enhancing their learning and also assisting with socialising within the department. These data were reinforced by the result in the end of program evaluation that indicated that 76% of ReConnect Pharmacists reported that the pharmacy team met their support needs.

A small number of ReConnect Pharmacists expressed concerns about the level of support they experienced in the Pharmacy Department. In these instances it was perceived that the departmental culture was not supportive, and that their experiences were common amongst a number of staff working in these departments, and not specific to them as a ReConnect Pharmacist. These
ReConnect Pharmacists reported less satisfaction with the program than their colleagues who reported being in a supportive workplace environment.

- **Area Health Service**
  Workforce Directors expressed support of the program as one of the recruitment strategies needed to address workforce shortages. They also expressed great confidence in the capacity of the Pharmacy Directors and their departments to implement the program. Pharmacy Directors reported that the Area Health Service had supported the program, demonstrated mostly through their agreement for participation, and signing off on the necessary paperwork. However they indicated that there was little support or interest beyond this administrative function, and that none was expected.

- **NSW Health Program Support**
  NSW Health provided support for this pilot program through the appointment of a program coordinator. Evidence confirmed the provision of such support, which enables ReConnect Pharmacists to navigate relatively unfamiliar systems and processes. There was unanimous agreement by ReConnect Pharmacists, preceptors and Directors of Pharmacy, in focus groups, interviews and end of program evaluations that the level of program support provided by NSW Health was outstanding. It was viewed as being related to the person in the position who demonstrated commitment to the program and the participants, and a willingness to assist with problem solving. The ReConnect pharmacists and the preceptors reported that this level of support was essential in this pilot program. Directors of Pharmacy mostly agreed with the necessity of this level of support but questioned the sustainability of the intensity of support beyond the pilot stage of the program.

- **Financial Support**
  The provision of financial support for participants undertaking re-entry programs is strongly supported in the literature. The ReConnect Pharmacists in this program were engaged as employees under the relevant state awards, as exempt employees for the program period in supernumerary to establishment positions. They were paid at up to Pharmacist Grade 1, 5th Year, dependent on years of pharmacy experience.

  The majority of the ReConnect Pharmacists indicated that the provision of financial support was essential for their participation. Many reported that they had been working in other roles, often in community pharmacy. Even though many received remuneration in community pharmacy above that provided by the ReConnect role, funded participation in the program reduced the opportunity costs of participation. A number of ReConnect Pharmacists who had not been working in community pharmacy had young children requiring child care. Payment while completing the program allowed them to purchase child care.
3.7 Program Flexibility

In line with evidence in the literature, and with responses to the pre-program data collection, program flexibility is essential. For the Pharmacy ReConnect program, the total program length was stipulated as 300 hours. The program had to be completed within a 20 week period which was equivalent to a minimum of two days per week. However it was stressed that the program could be completed on a full or part-time basis, after negotiations between the participant and the supervising hospital pharmacy departmental manager, before the commencement of the program.

The program flexibility was reported by ReConnect Pharmacists as essential for their participation. It allowed them to meet other demands in their life including other work, family and study commitments. The majority reported that participation without the flexibility would have been difficult.

While preceptors and Directors of Pharmacy agreed that flexibility in program completion was necessary, the majority considered that the flexibility was balanced unequally towards the needs of the ReConnect Pharmacist, at the expense of the Pharmacy department and preceptors. Although guidelines for the program articulated the need for negotiation, there was a common perception that ReConnect Pharmacists could determine the days and hours of work. This perception caused some resentment within the department as such flexibility was not afforded other staff, and was unavailable in normal work situations. The majority of Directors of Pharmacy and preceptors agreed that this incorrect perception had to be addressed in subsequent programs. This was also supported by ReConnect Pharmacists. Directors of Pharmacy and preceptors stressed the importance of ensuring that hours and days of work allowed for exposure to clinical experiences and some continuity of patient care. For some ReConnect Pharmacists, particularly those who did not work on consecutive days this was considered a deficit in their program.

3.8 Program Assessment

There were a number of aspects to the assessment process for participants in the program. The self-reported assessment was completed by ReConnect Pharmacists at the beginning of the program to assess confidence in relation to specific tasks, skills and knowledge necessary for hospital practice. This assessment contributed to the development of an Individualised Learning Agreement work plan including learning goals for the program.

A checklist, the Adapted Competency Measurement Tool, was developed for participants based on the profession’s entry level competencies and the core program content. This was an optional tool for measuring improvement over the program.
It was also recommended that regular meetings between the participant and the preceptor be held to review progress towards the achievements as articulated by the learning goals. \textsuperscript{22}

The emphasis of the program was on the development of an individual’s clinical skills, knowledge and confidence. As a result “satisfactory completion of the program” reflected the participant’s progress in these areas, as measured by the individualised learning agreement. The program did not contain a pass/fail competency based assessment, and therefore satisfactory completion did not imply competence to practise in a hospital. \textsuperscript{22} Employment following the program was contingent on applying for and satisfying the criteria for positions as per the normal recruitment processes, and not on the ReConnect Pharmacists program completion or assessment.

The assessment process adopted by the program attracted two strong, distinct views amongst ReConnect Pharmacists, preceptors and Directors of Pharmacy. Support for the current assessment approach with an emphasis on progress towards learning goals and satisfactory completion was supported by the majority of ReConnect Pharmacists, Directors of Pharmacy and preceptors. There was strong support for the program not taking on assessment of competency with the implication of pass/fail. This was considered to be inappropriate given that the Registration Board undertakes this role.

In contrast a smaller number of ReConnect Pharmacists, preceptors and Directors of Pharmacy supported assessment of competencies through either peer-review or a formal assessment process. This view was more likely to be held where there had been concerns about the ReConnect pharmacist’s ability to practise in the hospital pharmacy at completion of the program.

3.9 Communication Strategies

The program utilised a number of communication strategies which aimed to support participants throughout the program. The resource folder provided the necessary background information on the program including the course content and structure, the resources and tools aimed at supporting the ReConnect Pharmacists and preceptors, and an outline of specific procedures. For example the procedures for communication between ReConnect Pharmacists, preceptors and NSW Health were outlined in the resource folder. This resource folder was considered necessary and useful as a guide for the program, but because of duplication not all sections were used. Instead both ReConnect Pharmacists and preceptors used the sections when requiring clarification on specific issues.

In order to ensure effective communication between the ReConnect Pharmacists and preceptors it was recommended that meetings were held throughout the course. The aim of these meetings was to provide support to the re-entrant and assist in building their confidence, as well as in monitoring and reviewing
progress. These were supposed to be supported with specific tools such as the “Coaching Meetings Template”.

The majority of ReConnect Pharmacists and preceptors indicated that they held regular meetings as recommended in the program. However few used the tools to support the meetings instead utilising the work plans or individualised learning agreements to guide meetings. In the small number of departments where meetings were irregular the ReConnect Pharmacists were more likely to express dissatisfaction with the program.

Information bulletins were provided by the NSW Health program coordinator throughout the course which aimed to link and support ReConnect Pharmacists, Directors of Pharmacy and preceptors. These bulletins were perceived as valuable by all stakeholders and made ReConnect Pharmacists and preceptors feel that they were part of a bigger program.

Communication in the Pharmacy Department about the program was in most instances perceived to be effective. Most ReConnect Pharmacists reported that the pharmacy team was aware of the program and their role and expectations in the program.

In a small number of instances communication about the program was perceived to be ineffective by the ReConnect Pharmacists and preceptors. In these circumstances, the preceptors were unaware of the program until immediately prior to its commencement and felt pressured into participation without full knowledge of the program. Similarly in these departments the ReConnect Pharmacists felt that the rest of the team had limited knowledge of the program resulting in less than optimal support. It was perceived that this was more likely to occur in departments where effective communication on a range of issues was not highly valued.

One of the most significant communication problems was perceived to be in relation to the employment conditions of the ReConnect Pharmacists. While Directors of Workforce were aware of the program, it was suggested that human resources staff had limited awareness. As they were required to support the employment of the ReConnect Pharmacists it was suggested that their knowledge of the program and the conditions related to “exempt employees” was essential.

3.10 Summary
The content and structure of the program was mainly well supported. There were some variations in support of particular aspects of the program between ReConnect Pharmacists, preceptors and Directors of Pharmacy. These differences are summarised in Table 3-9.
Table 3-9: Summary of Perceptions regarding program content

<table>
<thead>
<tr>
<th>Perception</th>
<th>ReConnect Pharmacists</th>
<th>Preceptors</th>
<th>Pharmacy Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program marketing was effective</td>
<td>✓✓✓</td>
<td>✓</td>
<td>✓✓✓</td>
</tr>
<tr>
<td>Pre-Program Screening allowed selection of appropriate candidates</td>
<td>N.A</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Program was flexible</td>
<td>✓✓✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Resources supported program goals and content</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓✓</td>
</tr>
<tr>
<td>Program Assessment was relevant and appropriate</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓✓</td>
</tr>
<tr>
<td>Preceptor role was critical to the program</td>
<td>✓✓✓</td>
<td>✓✓✓</td>
<td>✓✓✓</td>
</tr>
<tr>
<td>Preceptor role was well supported</td>
<td>✓✓✓</td>
<td>✓</td>
<td>✓✓✓</td>
</tr>
</tbody>
</table>

✓✓✓ Opinion shared by majority
✓✓ Opinion shared by approximately half
✓ Opinion shared by few

Preceptors and Directors of Pharmacy were more likely to be critical of the marketing and pre-program screening than ReConnect Pharmacists with greater emphasis needed on targeting rural areas and in better assessment of suitable program candidates. The course was aimed at refreshing ReConnect Pharmacists knowledge, skills and confidence not on retraining. As such preceptors and Directors of Pharmacy recognised the need for identifying candidates without the necessary clinical and pharmacological competencies so they could be directed to pre-program learning.

There was a high level of agreement between ReConnect Pharmacists, preceptors and Directors of Pharmacy regarding the critical role of preceptors, with preceptors and Directors of Pharmacy identifying the need for further support of preceptors. In particular it was suggested by a number of ReConnect Pharmacists and preceptors that training programs which aim to provide skills in mentoring and the role of preceptors should be part of learning and development provided by Area Health Services. These courses could be generic for a range of clinical professions.
3.11 Recommendations for Program Content and Structure

1. Improve the program marketing targeting rural and remote areas using a range of strategies including the informal networks of rural pharmacists.

2. Improve the pre-program assessment of potential candidates in order to identify those with the clinical competencies to participate in the program. Candidates not considered ready for participation in the program should be directed to pre-program learnings.

3. Preceptor support for ReConnect Pharmacists should continue to be 120 hours for a 300 hour program.

4. Provide opportunities for mentoring of more than one ReConnect Pharmacist if departments are of sufficient size to accommodate them. In these circumstances an additional 40 hours preceptor release time should be made available per ReConnect Pharmacist.

5. Consider the development of departments which could act as hubs for hospital pharmacist training. These would have to be of sufficient size, as reflected in the number of pharmacists and clinical activity to support one or more ReConnect Pharmacists. These hubs could provide core training opportunities with options for rotation of ReConnect Pharmacists to surrounding hospitals for breadth of clinical experiences.

6. Develop core clinical competency modules which could form part of pre-program learnings.

7. Refine program resources with support of ReConnect Pharmacists and preceptors. Specifically;
   a. Review the individualised learning agreements, Adapted Competency Measurement Tool and the pre-and post assessment forms in order to provide one integrated tool to support iterative learning and review.

8. Develop generic preceptor learning modules which could be accessed by preceptors regardless of discipline.

9. Encourage ReConnect Pharmacist participation in graduate tutorials and other continuing learning opportunities as part of the self-directed learning component of the course.

10. Specify minimum number of consecutive days for ReConnect Pharmacist participation in the program to ensure exposure to clinical experiences with continuity of care.

11. Continue to recommend the importance of regular meetings between preceptors and ReConnect Pharmacists as essential factors in successful program outcomes.

12. Encourage effective communication prior to the programs commencement and throughout the program to the Pharmacy team.

13. Encourage communication about the program and the conditions of employment to the Human Resource Department jointly by the Directors of Workforce and the Area Directors of Pharmacy.

14. Continue assessment of the participants as detailed in this pilot program.

15. Ensure the financial support for ReConnect Pharmacists and for preceptor release is continued.
16. Maintain flexibility of the program, while ensuring a balance between the needs of the ReConnect Pharmacists and those of the pharmacy department.
4 Program Impact
The impact of the Pharmacy ReConnect program was assessed in a number of ways. The employment of the ReConnect Pharmacists was assessed by self-report four months after completion of the program. Perceptions of the program as an employment strategy were also assessed in interviews and focus groups. Lastly the impact of the program in terms of costs and benefits were assessed.

4.1 Employment Outcomes
Four months after completion of the program 14 out of the 18 (78%) ReConnect Pharmacists who completed the program were employed in hospital pharmacies in some capacity. The majority were employed part-time and on temporary contracts. The total number of FTEs working in hospital pharmacies is equivalent to 6.15 positions. Of the four pharmacists who were not employed four months post program, one was on maternity leave and had not sought employment following program completion, one had been employed but had left the department she had been working in citing reasons of departmental culture and the other two pharmacists were not contactable for this aspect of the program evaluation.

Of the 14 who were employed, 12 were employed part-time and 2 were employed full-time. One of the full-time pharmacists was the only person employed in a permanent position with all others being temporary. The average number of hours that temporary pharmacists worked was 21 with contracts ranging from 8 to 32 hours. Of the 14 who were employed in a hospital pharmacy, eight had had some previous hospital experience. Only one of the pharmacists employed had worked in a hospital pharmacy in the previous 3 years, with four last working in a pharmacy more than ten years prior to the ReConnect Program. Of those who were employed in some capacity, thirteen were employed in the department where they had completed the program.

As reported in 3.1, a number of ReConnect Pharmacists, preceptors and Pharmacy Directors indicated that some of the ReConnect Pharmacists had been placed in departments during the program period, where there were no current and unlikely to be future vacancies. This was perceived as problematic for all groups. For ReConnect Pharmacists, especially in the rural area where there was only one department in the immediate area, they indicated that the experiences from participating in the program were unable to be realised because of lack of vacancies. ReConnect Pharmacists in metropolitan areas who were placed in hospitals without current or potential vacancies expressed similar levels of frustration. They indicated that participation in the program supported them in building confidence in working in hospital pharmacy. Continuing employment in the same department would have further enhanced their confidence because of familiarity with the environment.
The preceptors in departments where there were no vacancies expressed similar levels of frustration. While their motivation for participation included commitment to the profession for addressing workforce shortages, they also indicated they felt the return on their investment was not optimally realised when the ReConnect Pharmacist was unable to continue in the role. Similarly Directors of Pharmacy indicated frustration at the amount of effort expended on the program with minimal impact for their department regarding employment.

4.2 Pharmacy Department Impact
Data on the impact of the program on the pharmacy department was derived from two sources: site visits to three sites were undertaken and attempts made to talk to other staff; and Directors of Pharmacy and preceptors were asked to provide their perceptions about the impact of the program on the department. In most instances the impact on the department was perceived to be minimal. In a few instances comments indicated that the ReConnect Pharmacist made positive contributions to the department. These were most likely to occur in departments where the pharmacy team had a number of pharmacists and where preceptor time was provided to support the ReConnect Pharmacist.

"The team was really positive about the program….. but it is usually like that here. They are happy to be involved in new things and are willing to help out. I was able to link the (ReConnect Pharmacist) in with some of the other team so she could get exposure to a range of clinical experiences and mentoring styles”. Preceptor

In contrast, where there was a perception that the impact on the department was negative, it was most likely to occur in departments where other problems had occurred: where the culture had been perceived as generally negative; where there were staff shortages; where it was perceived that the ReConnect Pharmacist required support above that provided as part of the program; and where the preceptor had not provided the hours specified for support.

"We were pretty short-staffed and while we supported the program, it was hard as it was like we were having to cover the short-staffing and the (preceptor) was having to spend a lot of time with (ReConnect Pharmacist) especially initially. There were lots of little things that had to be explained like the computer stuff which should have been done before they got here.”

Team Member

4.3 As an Employment Strategy
The concept of the ReConnect Program as a strategy to address workplace shortages was supported in principle by ReConnect Pharmacists, preceptors and Directors of Pharmacy. They viewed the program as beneficial for the participants, and had contributed to filling some hospital pharmacy vacancies, and had added to the pool of potential pharmacists. However most of the
ReConnect Pharmacists were employed in temporary positions and did not fill long-term vacancies. Directors also perceived it had indirect benefits for the profession in terms of learning and professional development for preceptors.

ReConnect Pharmacists perceived that if the program continued it would address current and future shortages. Directors of Pharmacy and some preceptors were more sceptical about the impact of the program on overall workplace shortages. They believed it had had minimal impact on vacancy rates. There is currently insufficient, accurate data to assess this impact. This divergence in views regarding the program as an employment strategy is reflected in Table 4-1.

<table>
<thead>
<tr>
<th>Table 4-1: Perceptions of Program Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>ReConnect Pharmacists</td>
</tr>
<tr>
<td>Program had a positive impact on vacancies</td>
</tr>
<tr>
<td>Program was an effective employment strategy</td>
</tr>
</tbody>
</table>

√√√ Opinion shared by majority
√√ Opinion shared by approximately half
√ Opinion shared by few

The perception of minimal impact on vacancy rates held by the Directors may in part reflect the preference of the majority of ReConnect Pharmacists to have part-time employment. Further, options for temporary contracts did not appear to be a barrier to employment by the majority of ReConnect Pharmacists. Indeed most indicated that they welcomed any opportunity for working in a hospital pharmacy because it would increase their experience and the likelihood of employment in the future. It was reported that these positions were mostly recruited as temporary positions because of staff freezes and absence of budgeted positions. As such, recruitment to these by temporary pharmacists may not have impacted on vacancy rates.

In comparison to the return on investment for the graduate program a number of Directors of Pharmacy questioned the viability of the ReConnect program. It was suggested that the numbers and quality of new graduates participating in the graduate program would have a much greater impact on workplace shortages and on the profession than that which could be provided from ReConnect Pharmacist programs.

Directors of Pharmacy also identified lack of accurate workforce data as a problem in determining the most appropriate employment strategy. For example it was suggested that data was needed on workforce age and retirement intentions to more accurately determine workforce needs. They recognised that there is currently work being undertaken to examine the workforce profile of
pharmacy, including hospital pharmacy. Without this data they considered decisions about continuation of this sort of re-entry program were problematic.

Directors of Pharmacy also indicated that the intensity of the program with the amount of support required from both preceptors and at program level was not sustainable. The nature of the current program necessitated this intensity and required planning for enrolment of a number of ReConnect Pharmacists at the same time. Alternative options were presented whereby interested candidates could enrol in a program at any time, with access to materials and content on-line. Pharmacy departments could provide the mentoring component after negotiation between the candidate and the department. They recognised that this approach would necessitate some work with conversion of materials to on-line formats, and with mentoring support programs. However a number of Directors of Pharmacy perceived that this may be more sustainable than the current model.

4.4 Factors Supporting Program Outcomes

The people who participated in the evaluation reported a number of factors which supported the program outcomes:

- **Commitment and Expertise of Preceptors**
  The majority of the ReConnect Pharmacists indicated that the commitment and expertise of the preceptors further enhanced their desire to work in hospital pharmacy. ReConnect Pharmacists indicated that the preceptors guided them in a range of clinical experiences which demonstrated the benefits and challenges of working in a hospital pharmacy, and enhanced competence and confidence.

- **Job Satisfaction**
  Many of the ReConnect Pharmacists indicated that factors in their decision to participate in the program, and to want to work in hospital pharmacy related to the opportunity for greater job satisfaction, and professional challenges, which were less available in community pharmacy. In particular, the exposure to the clinical environment and patient interaction were the aspects of the program, and subsequent employment they found most satisfying and challenging. Many indicated that the financial remuneration was lower compared to community pharmacy, but the job satisfaction in many instances reinforced their desire to work in hospital pharmacy, even if it was for lower wages.

"Feeling very comfortable being back in pharmacy and it does not seem like (x) years since I last worked in hospital. This has been a fantastic opportunity which has really helped me to re-enter the hospital pharmacy workforce - I probably would have done so anyway but it might have taken me longer and it would have been more difficult securing a position - I doubt also that I would have been given the breadth of training that I have received. Would highly recommend the program."

Re-Connect Pharmacist

NSW Health Hospital Pharmacy ReConnect Pilot Program 39
• **Program Structure and Content**
  The program structure and content were reported to facilitate the achievement of program outcomes. In particular the experiential side of the program, with mentoring, supported not only the building of competencies, but importantly the developing confidence, which was reported as a major barrier to working in hospital pharmacy.

• **Career Opportunities**
  Exposure to hospital pharmacy departments, the team and the clinical environment was reported as an important factor in achieving program outcomes. Many of the ReConnect Pharmacists indicated that there were more career opportunities within hospital pharmacy departments, than available in community pharmacy. Many of the ReConnect Pharmacists perceived that career opportunities in community pharmacy were narrow. Owning a pharmacy was the most obvious career opportunity but many indicated that they were not interested in this option. Career opportunities included those related to management within the department, research and quality, and specialisation in particular clinical environments.

• **Employment Support**
  Following satisfactory completion of the ReConnect program, ReConnect Pharmacists were able to apply for a relevant position advertised internally within the Area Health Service where they had completed the program. This option for application was made available to them even though they were classified as exempt employees on a fixed term contract. Given the purpose of ReConnect programs was to fill long term vacancies, NSW Health policy does not prevent exempt (or temporary) employees from applying for internal positions. As registered pharmacists, they also had the opportunity to apply for externally advertised positions in any Area Health Service regardless of whether they had completed the program. It was also stressed that a range of positions were potentially available with options for flexible work practices after negotiation with the department managers. Once employed as a hospital pharmacist their pay was at the level commensurate with their years of experience, determined by the Area Health Service.

The majority of ReConnect Pharmacists indicated that the conditions allowing them to apply for internal positions further supported them in gaining employment in hospital pharmacy. A number in the metropolitan areas indicated that allowing applications to one Area Health Service only was limiting. They indicated that in metropolitan Sydney travel to hospitals in Areas other than that in which they had participated in the program was not a barrier. They would have welcomed the opportunity to apply for positions in other Areas. However by allowing applications to Areas other than those in which the ReConnect Pharmacists have participated in the program may result in negative unintended consequences. By increasing the pool of potential applicants it may diminish the implicit incentives provided by the employment conditions within their Area.
Opinions of preceptors and Pharmacy Directors varied regarding allowing ReConnect Pharmacists to apply for internal positions. A number felt this was an acceptable option in supporting the ReConnect Pharmacists gain employment. This group supporting the option of allowing ReConnect Pharmacists to apply for internal positions were mainly from Area Health Services where the supply of available pharmacists was low. A number indicated that staffing restrictions limited their ability to advertise externally so allowing ReConnect Pharmacists to apply for internal positions aided them in filling vacancies. In contrast some felt that it gave the ReConnect Pharmacists unfair advantages. Those who felt it was unfair indicated that given the ReConnect Pharmacist had satisfactorily completed the program and was a registered pharmacist that they should be able to compete for positions on the “open market.” This group were mainly from the metropolitan areas, and most indicated that there were always applicants for positions.

In addition to these conditions the program coordinator organised a session on how to apply for positions and interview skills, which included resume writing, the steps in applying for a position and interview preparation and conduct. Of the participants who attended this session the majority reported that the experience was worthwhile and assisted them with gaining employment. It was considered particularly useful for those ReConnect Pharmacists who had not applied for a job previously or for some years. A number of ReConnect Pharmacists however reported that the timing of the session was less than optimal as it was held near the end of the program. A number of ReConnect Pharmacists had applied for positions within their departments prior to the session being conducted.

The evaluations of the employment session indicated strongly positive scores for both applications and for interview skills with the majority of the nine ReConnect Pharmacists who completed the session strongly agreeing or agreeing about the positive impact of the session.

4.5 Barriers to Achieving Program Outcomes
The factors which acted as barriers to achieving program outcomes are outlined below:

- Inequity in Remuneration
Most evaluation participants indicated that the inequity in remuneration between community pharmacy and hospital pharmacy acts as a continuing barrier to employment of pharmacists in hospitals. This has become particularly apparent in this time of workforce shortage. There was a perception that the competitive market in which community pharmacy operates results in remuneration above that allowed under the hospital pharmacy conditions. It was suggested that this does and will continue to operate as a barrier to achieving employment outcomes. However, the views of the evaluation participants demonstrated that the clinical and professional opportunities afforded by hospital pharmacy may act as a point of difference between the two pharmacy sectors which could be
positively exploited by hospital pharmacy to counter the negative impact of pay differences.

- **Human Resources**
Participants in the evaluation, in particular ReConnect Pharmacists and Directors of Pharmacy commonly reported barriers to achieving program outcomes placed by Human Resources departments. As reported in Section 3.1 these barriers related to the employment of ReConnect Pharmacists in the program as supernumerary exempt employees and in subsequent employment. Some ReConnect Pharmacists expressed frustration in the delays to their employment status as part of the program, and the resultant delays to confirmation of appointment and access to pay. One ReConnect Pharmacist reported that it took approximately three months between her applying for a position in the department and appointment to a position. While there was no direct evidence of ReConnect Pharmacists deciding not to work in hospital pharmacy, a number indicated that if delays had gone on much longer they would have had to “go back to the old jobs” as they could not afford to wait any longer.

Similarly some Directors of Pharmacy expressed frustration at the delays, which they attributed to Human Resources departments. These delays related to both the appointment of ReConnect Pharmacists to the program, and subsequent employment. According to the Directors of Pharmacy the classification of the ReConnect Pharmacists as “exempt employees” created some confusion for human resources staff who were unfamiliar with the category and the regulations governing related employment. This uncertainty was perceived to contribute to some but not all delays. Those who expressed concerns about the barriers placed by Human Resources also indicated it was common that such delays occurred. Importantly they indicated that such delays and frustrations must result in loss of potential employees.

- **Departmental Culture**
The departmental culture of the pharmacy department was identified by ReConnect Pharmacists as being an important factor in achieving program outcomes. In most instances, but not all, ReConnect Pharmacists reported that the culture of the department was a positive influence in their decision to apply for positions within departments. This culture was characterised by supportive team members, commitment to professional development and professional peer support. A number mentioned this environment was not attainable in community pharmacy.

4.6 Costs and Benefits
- **Program Costs**
The total program budget was $360,384 which included costs for payment of ReConnect Pharmacists at up to Grade 1 Year 5 Pharmacist, including 20% on costs and approximately $5,000 to each participating pharmacy department to provide 120 hours of preceptor support to the ReConnect Pharmacists. The
budget for the ReConnect Pharmacists represented 75% of the total budget allocation, with the preceptor budget the remaining 25% of the total allocation. The budget was allocated for 22 ReConnect Pharmacists however only eighteen completed the program. The cost per participant if twenty-two ReConnect Pharmacists had completed the program would have been $16,381. Assuming this is the average cost for completion per participant then the cost of the program for eighteen completions would have been $294,858. These costs do not include additional pilot program costs which assumedly would not be covered if the program was to be implemented beyond the pilot stage. Additional program costs were $118,073 covering training materials, travel, project officer costs and evaluation.

- **Program Benefits**
  The benefits of the program include the employment of fourteen additional pharmacists, the majority of which were part time, as well as unintended benefits such as modification to departmental orientation and education programs, and professional education opportunities for preceptors. Given the program aimed to reduce vacancy rates, costs per additional person employed may be a better indicator of cost of the program per benefit. The cost of the program per ReConnect Pharmacist employed is $25,741 including on-costs. In comparison the cost of a pre-registration Pharmacist is $47,794 per annum plus on-costs. They are then supernumerary for 12 months or longer which equates to an additional $50,000 per annum per one full-time-equivalent position.

It is estimated that the associated costs of employee separation and recruitment are between 50 and 100 per cent of the annual salary for each employee \(^1\). Using this estimate at its most conservative level (50%), with a Grade 1 Year 5 Pharmacy Salary of $66,727.21 per annum plus on-costs the cost of a vacancy for a hospital pharmacist is at a minimum $33,363.61 plus on costs or $40,037 with on-costs included. This compares favorably with the cost of $25,471 for a ReConnect Pharmacist completing the program.

Pharmacy Directors have provided estimates of costs for recruiting hospital pharmacists. The cost of the loss of productivity when employing a Grade 1 Year 5 Hospital Pharmacist who has been out of the hospital pharmacy workforce, who re-enters without a dedicated re-entry program, is estimated to be $33,270 plus on-costs. This figure is based on the assumption that for the first six months of their employment they can be considered non-productive when they have not participated in a refresher program. There would also be costs associated with time to release someone to act as preceptor. If this support was provided for one day per week by a Grade 3 Year 1 Pharmacists time for 6 months, it would cost $8,436 for that period. Using these estimates and assumptions the total cost in lost productivity would be up to $41,706 plus on-costs.

The cost of the loss of productivity when employing a Grade 1 Year 5 Community Pharmacist into a hospital position, who re-enters without a dedicated re-entry
program, is estimated to be $66,540 plus on-costs. This estimate assumes that without previous hospital pharmacy experience there is a period of up to 12 months non-productive employment. Preceptor release time of equivalent to one day per week of a Grade 3 Year 1 Pharmacists time at a cost of $16,873 would be needed. Based on these costs and assumptions, total cost is estimated to be up to $83,413 plus on-costs.

4.7 Other Recruitment Strategy Approaches
ReConnect Programs are one option for addressing workforce shortages. In 2005, NSW Health introduced the Pharmacist Intern Training Program to increase the total number of pre-registration pharmacist training positions. In 2008 in NSW there were a total of sixty-four pre-registration graduate pharmacist positions. Of these, 40 were funded by Areas and 24 were funded by NSW Health. As a result of the program it is expected that a significant proportion will continue working in hospital pharmacy following completion of the program. Directors of Pharmacy indicated that the quality of candidates in this program is considered to be excellent. This program has the potential to complement other approaches such as those provided by ReConnect.

The ReConnect Program may be particularly relevant when there are long-term vacancies which need targeted strategies to achieve recruitment. As well, programs may be useful for recruiting to part time positions or for attracting mature workers back into the workforce. As more accurate data on workforce becomes available, better targeting of strategies to meet specific workforce vacancies may be possible.
### 4.8 Recommendations for Program Impact

1. Provide access to employment modules including sections on applying for positions and on interview skills in future programs as part of any ReConnect programs.
2. Access to employment modules should occur from the commencement of the program.
3. For future ReConnect programs that may take more than 13 weeks to complete, participants should be classified as ‘Exempt Employees’.
4. Appropriate permanent or temporary positions should be advertised internally to NSW Health employees, including ReConnect participants with an exempt status, while the participants are still engaged in employment on the program.
5. ReConnect participants should be able to apply for positions in any of the Area Health Services.
6. Feedback should be provided to Workforce Directors and to Human Resource Departments on the program participants’ perceptions of barriers to recruitment of ReConnect Pharmacists to the program, and to subsequent employment.
7. The process for advertising permanent or temporary positions internally to employees, including Exempt Employees should be clearly communicated to Directors of Workforce Development, Directors of Pharmacy and HR Departments to prevent delays to the post program recruitment process. An information sheet describing this process should be provided to relevant Area Health Service staff with the ReConnect program information package.
5 Discussion

The Pharmacy ReConnect program aimed to recruit registered pharmacists into the hospital pharmacy workforce. Specifically, it was expected to support registered pharmacists entering the hospital pharmacy workforce within the NSW public health system with the required skills and confidence and with the support of key stakeholders. In addition, it was expected that there would be a reduction in vacancy rates for Grade 1 Pharmacy positions in participating Area Health Services. It was a pilot program and as such was designed to test if the content and structure resulted in competent and confident pharmacists and if it could be implemented under relatively ideal conditions.

Satisfaction levels with the content and structure of the pilot program were high with most ReConnect Pharmacists, preceptors, and Directors of Pharmacy reporting that the program provided an opportunity for registered pharmacists to develop competencies and confidence to practice in hospital pharmacy. The program content and structure was in line with evidence for re-entry programs. Similarly, the experiences of the ReConnect Pharmacists and preceptors aligned with results from evaluations of other re-entry programs. The results of the evaluation indicated that there had been significant improvement in skills, knowledge, and confidence of hospital pharmacists.

The evaluation results indicate that the program met the needs of registered pharmacists who wanted to work in hospital pharmacy. It was recognised that there are pharmacists currently working in community pharmacy who want to work in hospitals but lack confidence and skills in the particular areas of hospital pharmacy that make it unique from other areas of Pharmacy practice. Access to refresher type programs supports them in gaining the necessary confidence and skills.

The results of this evaluation indicate a high proportion of ReConnect Pharmacists participating in the program have been employed in some capacity in hospital pharmacy. As well, it appears that it is a relatively cost-effective strategy for recruitment.

While fourteen of the eighteen candidates have been employed in some capacity, there is insufficient evidence to determine the impact on vacancy rates. The ReConnect Program is potentially most valuable as a targeted strategy to reduce on-going vacancies where Areas have found recruitment difficult. With modifications including ensuring currency of the program content, and Area programs to support preceptor roles, there may be opportunities for Areas to target community pharmacists or hospital pharmacists who have been out of the workforce for a period of time, wishing to work in hospital pharmacy. This approach would complement the pre-registration program which also assists in recruitment of hospital pharmacists.
The results suggest that there a number of critical decisions that need to be made about the strategy for addressing workforce shortages for hospital pharmacy.

5.1 Program Refinement

As a targeted recruitment strategy, particularly during periods when new graduates are not available, the program has the potential to increase the pool of potential applicants for ongoing vacancies. In order to improve the utility of the program as a recruitment tool by Area Health Services, some of these refinements are pertinent to any future Pharmacist ReConnect Program. Specific recommendations to changes in the program are made in Section 3.11.

In addition the results of this evaluation suggest changes to ReConnect programs in general, regardless of the discipline. If these programs were to be developed with on-line content complemented by preceptor support it is assumed that the cost of supporting the programs from a state level would be unnecessary. There would be costs associated with initial conversion to an on-line format (for Pharmacy), for production of online resources for other disciplines and costs associated with program content review.

Assuming ReConnect programs will continue, but with refinements to ensure greater return on investment, the following recommendations are made:

**Key Recommendations for Hospital Pharmacy ReConnect Program Refinement**

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<tr>
<th>Recommendation</th>
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<tr>
<td>1. The program content and format should be maintained with minor modifications relating to duplication of paper work.</td>
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<td>2. Remuneration for ReConnect Pharmacists for the clinical experience component of the program should continue as in the pilot program based on the Pharmacists’ previous experience, up to a maximum of Grade 1, Year 5.</td>
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<td>3. Conditions of clinical experience should be negotiated between ReConnect Pharmacists and Pharmacy Departments, with specification of minimum requirements to ensure sufficient clinical exposure and continuity of care.</td>
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<td>4. Initial assessment of candidates to determine those with the necessary clinical competencies for program participation could be done in either online formats or by interview. If the candidates are not considered to have the necessary competencies to commence in the re-entry program, they could be directed to a module of pre-program learning, and re-assessed after completion.</td>
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<td>5. Program assessment should be in line with the approach taken by the pilot program and should not duplicate the process of the Pharmacy Board.</td>
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6. There should be access to pre-program learning, which can also be delivered on-line. This should address pharmacological, clinical and IT competencies. It could also be developed with the professional association. Participation in the pre-program learning could be done on the candidate’s own time.

7. Hospital pharmacy departments should be targeted for participation in the program where there are current or likely to be future vacancies.

8. There is potential for the program to be provided at any time of the year if suggested modifications are made. Departments could determine the timing of their intakes in line with other departmental initiatives such as pre-registration graduates and peak clinical periods.

ReConnect programs have potential for addressing current and future workforce shortages in a range of disciplines in health. Indeed a number of disciplines are currently implementing reconnect type programs to address workforce shortages. There are a number of lessons from this evaluation which have implications for ReConnect programs in general.

**Key Recommendations for General ReConnect Program Refinement in any Discipline**

1. The NSW Health policy framework for ReConnect type programs and preceptor support should be developed to support the application of these programs as part of core business in Areas.

2. The content of ReConnect programs should be accessible on-line. There is potential for development of this to be a joint initiative between NSW Health and relevant professional associations.
   a. Candidates for the program could commence and finish the program at any time.
   b. As a strategy to attract candidates to positions where there have been long-term vacancies, potential applicants, who may have been out of the hospital workforce for many years, could be encouraged to complete the on-line program components prior to applying for the vacant position, and to participate in the clinical and mentoring component of the program, outside of a structured ReConnect Program.
   c. Support could be provided for accessing hospitals for the clinical experience component.

3. There should be professional development opportunities provided for preceptors. This could be a generic program developed at state level and applied at Area level. Professionals willing to undertake mentoring should have access to the program, regardless of the discipline.

4. Support for employment should continue with access to Area learning and development programs on writing applications and resumes.

5. Relevant health service departments should be targeted for participation in the program where there are current or likely to be future vacancies.
6 References


