

# Santiago Statement on Sabbaticals for Sustainable General Practice

## INTRODUCTION

The importance of prioritising the retention over the recruitment of rural clinicians recognises that attending to their working conditions is a helpful and ethical strategy for maintaining and building rural health workforce.

For people committed over long periods to challenging professional demands, the opportunity to have a periodic extended break for reflection, rest and diversification of their interests has a high potential for warding off ‘professional burn-out’ and reviving enthusiasm and capacity to continue in their work.

Such sabbaticals are of particular importance for practitioners who are working away from their home countries, as is the case with a large proportion of the rural clinical workforce. The spiritual needs of these ex-patriate workers to reconnect with their roots of family and the land needs to be taken into consideration when addressing their working conditions. [The Maori refer to Whanau (the extended family) and Whenua (the land of their birth and rearing). The Irish recognise the need “To return to the Motherland for ‘recalibration’”.]

Sabbaticals have the potential for practitioners to learn and return with new knowledge, skills and attitudes to enhance their practice. However, the value of simply spending time in a different environment leading to revitalisation is sufficient justification for the break. The contribution to communities from the pursuit of sabbaticals for their practitioners is the retention of a vibrant workforce in a climate where ‘Portfolio Careers’ involving frequent changes of location and direction are replacing ‘Life-long Jobs’

## FEATURES OF SABBATICAL BREAKS

1. Sabbaticals should be available interprofessionally to the rural on-call clinical workforce (especially recognising the increasing roles being taken on by rural nurses).
2. Sabbaticals need not necessarily be spent on clinical pursuits. Personal development, cultural activities and spiritual recharging are as important as health service related pursuits.
3. Careful planning of the social aspects of sabbaticals (e.g. partner occupation, childrens’ schooling) needs special attention.
4. Sabbaticals are more successful when there are no language barriers (except where language acquisition is the principal aim).
5. Tailoring sabbaticals to real personal and family needs and circumstances contributes to their success. They do not necessarily need to be overseas experiences

6. Modelling of the taking of sabbaticals by senior practitioners will contribute to establishing the importance of these breaks to routine as an essential part of professional life.
7. Mentoring by those with experience should be aimed at assisting others with both the academic and the practical aspects of sabbaticals.
8. Typically, a sabbatical would be for 6 months every 5 years of full-time employment.

## **CHALLENGES TO ACHIEVING SABBATICALS FOR ALL**

### **WORKFORCE IMPLICATIONS**

There is already a shortage of rural workforce. If 6 months sabbatical in 5 years is the aim, this represents 10% of the workforce at any time.

However, an estimated 20% of the workforce is inactive at any time due to ill health, job transition, vacation or study leave. (References required) All these may be reduced if sabbaticals were part of their employment contracts.

The practice-swap as a model for sabbaticals would contribute to avoiding temporary loss of workforce. National agencies for placement of rural health workforce in each country would help to diversify the opportunities for appropriate sabbatical locations beyond the one-to-one swaps.

The establishment of rural workforce agencies along common language axes (e.g. English, Spanish, French) would greatly facilitate the flow of placements and back-filling of vacancies.

### **ACCREDITATION**

Medical (and nursing) councils in all countries have an obligation to protect their populations by ensuring appropriate skills of health practitioners. However the process of accreditation is still very cumbersome in many situations and can act as a demoralising barrier to practitioners who would value and are qualified for the overseas positions they seek.

With greater recognition of the increase in mobility of the clinical workforce, there is an opportunity for medical councils and colleges to develop closer reciprocal relationships to ease the two-way transition of practitioners, especially along the axes where language is not a barrier. This will help to avoid the one-way drift of medical workforce and encourage 'back-filling' of vacancies.

## **GOVERNMENT ATTITUDES**

While sabbaticals may seem like a privilege, there is a need for governments and health authorities responsible for drafting employment contracts to recognise that the inclusion of sabbatical entitlements for professional staff is essential, particularly in a competitive market for primary care practitioners. This also offers equity in this respect with most secondary care contracts.

NOTE: Sabbatical entitlement features in the current GP contract in the United Kingdom.

The essence is that in retaining and developing the rural workforce, *not* to support sabbaticals carries a greater risk than to support them.

## **DERESTRICTION OF CONDITIONS**

There is a need for employing authorities to formally recognise that conditions applied to sabbaticals do not restrict them to clinical pursuits but recognise the value of other forms of personal and professional development as part of workforce retention and enhancement.

## **ACTION POINTS FOR WONCA**

### **1. To campaign and lobby Governments, Ministries of Health, Medical Councils and Colleges of General Practice for:**

- Recognition and acceptance that the inclusion of sabbaticals in employment contracts is an investment in retention of rural workforce.
- Recognition and acceptance of sabbaticals as a right (not a privilege) of full-time professional employment
- Streamlining of international accreditation processes for primary care workforce along linguistic axes.
- Development of government funded rural workforce agencies in each country along linguistic axes to network and facilitate the two-way flow of workforce on sabbaticals.

### **2. To support applications for research into sabbaticals in the rural health workforce and their past and potential impact on workforce retention.**

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