Organisational changes in health care delivery have impacted on pharmacy in several ways. Pharmacists’ manufacturing role has all but disappeared following a wholesale shift to industrially manufactured and prepackaged medicines, and there is ever increasing reliance on computers for many routine tasks, from keeping patient medication records and detecting drug interactions, to generating labels and stock ordering. Commentators have argued that such developments create both the opportunity and necessity for pharmacists to undertake additional activities to extend their role, as exemplified by the move towards pharmacist prescribing. Although some pharmacists may welcome this as an opportunity to put their existing skills to further use, others may regard it as a dilution of their key function.

The functions and evolution of a profession, together with its relationships with the state and public, are key elements in any stratification process. Some may also perceive it as an example of the state and pharmacy’s representatives seeking to impose additional, insufficiently remunerated responsibilities on pharmacists.

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The aim of this article is to reflect on social developments that currently challenge pharmacy’s status as a profession. By adopting a sociologically informed perspective, it is possible to evaluate the impact of these developments and to consider ways in which pharmacy might reinforce its claim to a legitimate profession.

**Professionalism**

There is a marked difference between the term “professional” in its colloquial sense (as in a professional footballer), and when used non-colloquially, for instance to refer to a health care professional. Yet establishing precisely what defines a profession is not straightforward. To explore the social processes behind the development of professions, sociologists initially sought to identify defining characteristics (the trait or attribute approach). Panel 1 shows characteristics most frequently cited as being possessed by “ideal” professions.

Dr Harding and Dr Taylor are academics with a special interest in the social aspects of pharmacy.
Achieving professional status

Professional status may be less likely to be attained through improvements in skills and knowledge, than through a profession’s leaders successfully convincing the state that autonomy and self-regulation are warranted. Concomitantly, an appropriate relationship with service users is essential. It has been suggested that key to such a relationship is establishing and maintaining a sense of mystique about the elements that make up professional services. Promoting services as esoteric, while creating a dependence on them, increases the social distance between the professional and the public (ie, the differential social status derived from membership of a privileged occupational group), and reduces the areas of knowledge and experience professionals have in common with service users. This wards off potential challenges to status by the public. It is not simply a list of attributes, then, that defines a profession, but the circumstances in which the public is willing to accept or challenge the professionals’ area of expertise.

Even if an occupation has many of the attributes outlined in Panel 1 or it has successfully persuaded the state and the public of its importance for the good of society, these factors do not, in themselves, account for an occupation becoming a profession. Achieving professional status also relies on the results of political struggles and power conflicts among different occupations, during which each occupation attempts to establish itself as warranting autonomy to practise and to self-regulate.

Against this theoretical backcloth we can now consider the various factors that impinge on the status of pharmacy.

Rationality versus mystique

In studying modern industrial society, the sociologist Max Weber considered its most distinctive characteristic was its organisation along rational lines. The pharmacist functions as the drug expert along with non-manual workers rather than professionals. From a social theoretical perspective how would you refute this categorisation?

Action: practice points

1. Go through the attributes of professions listed in Panel 1. Do they all apply to pharmacy and if not, why not? How could this be rectified?
2. Look at the professional project strategies in Panel 2. Write down how (a) you and (b) your professional body, could contribute to engaging with these projects.
3. Recent MORI research (www.mori.com/digest/2002/c020816.shtml) uses a social grade system that classifies pharmacists as non-manual workers rather than professionals. From a social theoretical perspective how would you refute this categorisation?

Evaluate: How could your learning have been more effective? What will you do now and how will this be achieved?

The mystical qualities of pharmacy have diminished

The mystical qualities of pharmacy have diminished in recent years. Today, individuals are seen at odds with the ethos of impartial service orientation. The dominance of patient-pack dispensing means that much of the mystique surrounding the supply of medicines has disappeared. Pharmacists’ social distance from the public is diminished because they may be perceived as mere suppliers of prepackaged commodities. Indeed, recent Market and Opinion Research International (MORI) Social Values research uses a classificatory system which categorises pharmacists not as professionals, but as non-manual workers alongside publicans and salesmen (see practice point 3).

In seeking to promote their unique skills and knowledge, pharmacists are pitted against a public whose perception of medicines has markedly changed in recent years. Today, individuals are
increasingly required to take responsibility for their own health and are empowered to challenge expert knowledge. This together with the redefining of both prescription-only and over-the-counter medicines as commodities means the public no longerDifferentiates pharmaceuticals as special items. In the past, pharmaceuticals were promoted as esoteric scientific entities, but now the proliferation of potent, effective OTC medicines, many available from non-health care outlets, undermines the long established domination of the medical and pharmacy professions. Thus, POM-to-P and P-to-GSL switches alter both the public’s and the professional’s control over medicines, demystifying and potentially devaluing what might literally be considered pharmacists’ “stock in trade”.

PHARMACISTS’ DEPENDENCE ON PRESCRIBERS

Pharmacists take their lead largely from physicians who assess clinical cases from a diagnostic and therapeutic viewpoint. Both in the hospital and community context, the pharmacist is governed, in part, by the decisions and judgements of the medical profession, that is, although pharmacists might consider themselves to be, and promote themselves to the public as, drug experts, they have historically failed to secure control of the social object of their work, namely, medicines.

The predominance of patient pack-dispensing, the dependence of pharmacists on doctors’ judgements and the fact that pharmacy work has become more routine arguably limit the scope for pharmacists to bring their own unique knowledge and skills to their day-to-day tasks. Consequently, Turner argues pharmacists’ knowledge base is highly technical and precise, and largely lacking mystique, compared to the clinical mentality of doctors who constantly make decisions in the face of uncertainty.

However, medical decision-making is becoming increasingly regulated by guidelines (eg, clinical guidelines from the National Institute for Clinical Excellence), which ensure that clinical decisions are rationalised. At the same time, community pharmacists increasingly provide advice to the public on a range of health-related issues, highlighted by the concepts of pharmaceutical care and medicines management. As such, pharmacists can be considered as “agents of surveillance” with respect to medicines use. This applies equally to hospital pharmacists, who monitor both patients’ and clinicians’ use of medicines.

Thus, although pharmacists may not operate in quite the same way as doctors, they do nonetheless exercise influential judgements over the use of medicines, and by this token possess power and status as a privileged occupation.

### PANEL 2: POTENTIAL PROFESSIONAL PROJECTS FOR PHARMACY

<table>
<thead>
<tr>
<th>Professionalisation strategy</th>
<th>Advantages</th>
<th>Disadvantages</th>
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</thead>
<tbody>
<tr>
<td>Improve consumers’ access to pharmacists</td>
<td>Showcase for expert knowledge</td>
<td>Devalues experts’ time, diminishes mystique</td>
</tr>
<tr>
<td>Devolve dispensing duties to technicians</td>
<td>Reduced involvement in technical activities</td>
<td>Distances pharmacists from their traditional function</td>
</tr>
<tr>
<td>Increase advisory function</td>
<td>Increased opportunities to exercise professional judgement</td>
<td>May eclipse core dispensing functions</td>
</tr>
<tr>
<td>Deliver pharmaceutical care</td>
<td>Defines boundaries of pharmacists’ responsibility</td>
<td>Possible boundary encroachment with allied professionals</td>
</tr>
<tr>
<td>Optimise or standardise service delivery</td>
<td>Delivers best practice</td>
<td>Constrains professional autonomy</td>
</tr>
<tr>
<td>Pharmacist prescribing</td>
<td>Extends boundaries of pharmacists’ responsibility — increased emphasis on professional judgement</td>
<td>Possible boundary encroachment with physicians</td>
</tr>
<tr>
<td>Promote the special value of medicines recommended by pharmacists</td>
<td>Exclusive to pharmacists</td>
<td>Intangible and runs counter to the trend towards commodification of medicines</td>
</tr>
</tbody>
</table>

### PROFESSIONALISATION: A DYNAMIC PROCESS

Professionalism is not an acquired state, but a dynamic social process in a continual state of flux. Following recent high profile cases, the ability of all health professionals to self-regulate effectively has been questioned by the Government, and more transparent and accountable regulatory frameworks and complaints procedures have been, or are being introduced. Currently there are important questions to be asked about the nature of pharmacists’ activities and their contribution to the provision of health care.

A strategic response to some of the challenges to pharmacists’ privileged status is to pursue what has been termed a “professional project” to persuade the state and public of the value of their work. It can be argued that in recent years, the nursing profession has very successfully adopted such a strategy. A number of strategies such as those outlined in Panel 2 above, could contribute to a professional project for pharmacy, in that they afford opportunities for pharmacists to consolidate and enhance their position by creating dependence on the services they offer.

By pursuing such activities a social distance can be created, as the knowledge base and expertise of pharmacists, demanded by the public and legitimised by the state, is preserved, extended and protected, thus enhancing pharmacy’s claims to full professional status, with its associated rewards.

### REFERENCES