Perhaps “retail pharmacy” is a better descriptor than community pharmacy

By James Andrews, a pharmacist from Farnborough, Hampshire

I agree with the points of the Broad spectrum by Blenkinsopp and Bond entitled “Another reason for telling colleagues about pharmacy services that work” (PJ, 22 May 2010, p500), but there is one aspect of the BMJ article they refer to that remains unaddressed.

Richardson and Pollock concluded that recent change has “allowed the dominance of large corporate providers, which has implications for service provision that are not well understood in the UK, and which could undermine attempts at expanding pharmacists’ professional role”. I believe this is a key aspect of practice that deserves examination.

Perhaps community pharmacy may no longer be seen by others as a profession, and hence not be malleable. W holography is not questioned though is the professionalism of the individuals working in this sector, of which I am one. I see constant examples of pharmacists providing quality patient care in demanding and stressful working conditions, and the non-pharmacists I work with in pharmacy are far more sympathetic to their profession. However, there remains the intimation that changes to practice are doing our professional image no good.

The many definitions of “profession” tend to describe a group of qualified autonomous individuals, trusted to apply their responsibilities and expertise to the benefit of others. However, in a dispensary operating for a large multiple, today’s focus appears to be on corporate financial benefit rather than the benefit of others. Previously, I have described the pressure I was subjected to by an area manager into performing medicines use reviews which could undermine our professional image. Perhaps community pharmacy may no longer be seen by others as a profession and, when pharmacists feel they have no option but to forgo their autonomy and professionalism to chase targets contrary to their code of ethics, we must all ask why this is the case.

The responsible pharmacist legislation should empower us all to do something about the demise of our autonomy but, in practice, this does not appear to be happening. We have taken on responsibility previously held only by well remunerated superintendents but, have received no recognition from our employers, apart from the expectation we use the two-hour allowable absence for rest breaks, during which we must remain contactable to allow continued trading in defiance of safe practice and European legislation. Challenges to this disregard are heavily resisted by employers so we are left in a position of ultimate responsibility with no employer acknowledgement within our terms and conditions.

The case of Elizabeth Lee (PJ, 11 April 2009, p401) highlights how corporate employers might use the responsible pharmacist Regulations to avoid culpability for an error regardless of the underlying situation of staffing level, pressure to achieve targets and rest breaks, over which the individual pharmacist involved has little or no control.

In practice, it now seems difficult for a community pharmacist working for a large multiple to practise in a way that allows the autonomy expected within a profession, and this situation is likely to become more difficult in companies that delegate accountability for pharmacy clinical governance to non-pharmacists. Perhaps community pharmacy may no longer be seen by others as a profession, and hence not be malleable. Perhaps “retail pharmacy” is the better descriptor.