Take me to your leader!... whoever that may be

Are there too many disparate groups representing pharmacy?
What pharmacy really needs is avant-garde vision and united leadership and advocacy for the profession

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A perpetual and unshakable sentiment of discontentment has existed among many pharmacists for some time. Indeed, it has been said that apathy is the one thing which pharmacists have in common. If such sentiments are endemic within the profession, and anecdotally they seem to be, it is surprising that little has been done to challenge the status quo. One only has to talk to a pharmacist or read the letters pages of The Pharmaceutical Journal and one will rapidly learn of the concerns and frustrations of pharmacists: these are largely centred around lack of roles, job satisfaction, status, autonomy and inadequate remuneration compared with that for other healthcare professionals. The answer to why this frustration exists may lie with those at the helm of the profession.

The Royal Pharmaceutical Society is currently the professional and regulatory body for pharmacists and is soon due to separate its professional and regulatory functions into two respective bodies. There is the feeling among pharmacists that the Society exists to punish not protect, sanction not support, inquire not inspire. As pharmacists we would like a body that supports, advances and promotes our interests. This mantle has often fallen uneasily on the Society’s shoulders, and is one it has often proved unable to support.

Although the separation of the Society into two bodies is common sense, because there is a conflict of interest if the body that supports is the same body that punishes us, I remain pessimistic that the new incarnation will do anything different to advance pharmacy and pharmacists. “Ye of little faith” may come to mind but my scepticism is not faith related. The problem stems from what the Society does or, in this case, does not do. The Society does not (and the new professional body will not) act as a trade union, hence it does not conduct negotiations on remuneration, terms or conditions or represent individual pharmacists’ interests. The Society is too conscious that it is not a trade union and it appears oblivious to its professional leading and representative functions.

Pharmacy’s predicament may stem from the structure of the Society. Splitting its functions should, arguably, have been performed long ago and is another symptom of pharmacy’s historical inertia. If pharmacy is to keep pace with the other health professions a revolution not an evolution of thinking is needed. One only has to look to our progressive professional counterparts — doctors and dentists — for inspiration. Both are well represented and well supported with separate regulatory and professional bodies. Their professional bodies, the British Medical Association and the British Dental Association, respectively, also offer a trade union role for its members. Pharmacy may be missing a trick here. This may be pharmacy’s Achilles heel when advocating for the profession.

An overarching voice
Pharmacists need a new voice, an overarching voice of the profession which is in continual contact with ministers, government departments, parliaments, national assemblies and any other influential body. A body is needed that will fight tooth and nail on all fronts for pharmacists’ interests, including issues of remuneration, expanding roles for pharmacists, and developing positive public relations. This body should be regarded by other health care professions and be open to locum and employee pharmacists.

Pharmacy has many bodies, trade unions and non-trade unions alike, playing roles in pharmacy in the UK. The National Pharmaceutical Association and the Guild of Healthcare Pharmacists are two such trade unions, although not the political heavyweights pharmacy requires. There are other bodies too with largely partisan interests. The Pharmaceutical Services Negotiating Committee negotiates works for contractors in England but again has little muscle and seems to come away from negotiations with skimmed milk rather than the cream.

So where does the future lie?
I fear those at the upper echelons of the profession who make decisions for us and seek to represent pharmacy may be too removed from the action. Pharmacy needs to focus on its grassroots, its almost 50,000 pharmacists who have for too long been sidelined. The PSNC for example negotiates on behalf of pharmacy contractors but who negotiates for pharmacists? There are, however, novel pharmacist-centred ideas from within the profession. The Pharmacist Defence Association, for example, proposes an individual pharmacist contract with the NHS for the provision of services, recognising the professional and intellectual investment and the risk involved to providing the service by the community pharmacist. Such an arrangement with the NHS will boost pharmacists’ professionalism and independence while promoting and encouraging their self and clinical development. This is an example of what pharmacy needs: avant-garde vision. Vision, however, is not enough: we need united leadership and advocacy for the profession.

If an alien were to land on Earth and say to me (in my professional capacity) “Take me to your leader!”, I would have no idea where to take him. Leadership is action not position, and there is not enough action in pharmacy.