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WHERE ARE ALL THE COMMUNITY PHARMACISTS?

Mandarins looking after workforce planning in the Department of Health must be worried. According to research carried out by the University of Manchester on their behalf, there is currently a shortfall of 1,715 (whole-time) pharmacists in the community sector (p731). The workforce census carried out last year for the Royal Pharmaceutical Society also revealed that pharmacists choosing to work as locums in community often worked reduced hours (*Pfj*, 10 May p658). Couple that with the fact that as women, who dominate the lower ages of the profession, reach their late 20s and 30s and have children, and older pharmacists decide to take down their certificates, the shortfall may increase in years to come.

Community pharmacy, as it stands at the moment, may not seem the most appealing career option for pharmacists with an interest in clinical care — primary care pharmacy seems to offer a far greater challenge. All this may change when the new contract comes in with an emphasis on service provision and greater clinical involvement with patients. Community pharmacy may regain its sparkle: young pharmacists may see an inspiring future in the community sector. If they do not, there are huge problems ahead for the pharmacy network — reflected, incidentally, in general medical practice — despite the Government's attempts to attract doctors there.

Let us hope those mandarins know what is going on.

FALSE CHOICE AND REDUCED COMPETITION

Demands made this week for greater clarity on how the Government's proposals to amend the control of entry rules will work in practice (see p731) show how badly the "balanced package of measures" has been drafted. The push to introduce "choice and competition" is being done for ideological reasons, not the convenience of patients. Greater choice and competition have not delivered a better rail network or efficient directory enquiries. Most patients already have but a short walk to their nearest pharmacy. They expect, and receive, a good service when they get there. Having a row of pharmacies offers only a false illusion of choice. Rapid expansion, and then contraction, of the market will play into the hands of those with most money, eventually reducing competition: not an aim the Department of Health's negotiators really want to achieve. The law of unintended consequences looks set to play havoc with the pharmacy network, if these proposals stand, just as it prepares to offer patients services they really want.