

Plan now, don't panic later

In 12 months' time, a handful of pharmacists will be looking back on 2004 and be feeling rather smug. Their continuing professional development portfolios will be up to date and they will have finished the writing and implementation of all the necessary standard operating procedures for their dispensary before the summer holidays. In addition, they will have completed all the necessary assessments and form-filling on behalf of their long-serving pharmacy assistants and dispensing staff at the end of October to give them exemption from the compulsory training that will come into force on 1 January 2005. A lot of pharmacists, however, may be looking back at 2004 rather glumly; the year will only be really loved by people who like administration.

Nevertheless, pharmacists should be urged to plan now how they are going to ensure that their staff will be properly accredited under the "grandparent clause" and their skills and competencies registered (under a "declaration of competence") so they do not fall foul of the Royal Pharmaceutical Society's minimum training requirements for dispensing/pharmacy assistants.

If all this is news to pharmacists, then they should give themselves a gentle introduction by reading the **News feature** on p50. And, before they discard this week's issue, it is in their interest to remove the centre, pull-out section. This gives a detailed account of what pharmacists have to do, and why, to protect the interests of their dispensing/pharmacy assistants. The next stage should be to put together a rough timetable to identify staff who are covered by the regulations and then decide those who will require the completion of a declaration of competence. Since each member of staff will require the completion of a tailor-made declaration, the key to making sure there is not a panic at the end of the year is to space the paperwork out and make sure that at least one member of staff is "done" by Easter.

To be or not to be part of the NHS?

Last week, *The Journal* featured two pharmacies in England that were promoting themselves as part of the NHS (*PJ*, 3/10 January, p7 and p19). Such promotion seems a valuable step forward because many patients are not aware of the part that pharmacists play in the primary care team and may not, therefore, value their input as highly as they could. So it seems a pity that pharmacists are now being advised to slow down on this initiative as the costs and precise branding details are negotiated by the Pharmaceutical Services Negotiating Committee and the Department of Health (p43). Since the scheme will only ever be voluntary, *The Journal* would like to encourage pharmacists not to wait if they think that there are immediate benefits to be gained from displaying the NHS logo.

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