

# Today's skills for tomorrow

Care of patients out of hours is in flux. Developments in out-of-hours services have been prompted by changes to the general medical services contract which have resulted in many GPs opting out of 24-hour cover. The imminent introduction of the new pharmacy contracts plus Government plans to ensure NHS Direct channels all out-of-hours calls and that the most appropriate use is made of accident and emergency services are also playing a part. Taken together they illustrate how different health professionals can co-operate to ensure patients receive good care, whatever the time of day or night. And to steer things in the right direction guidance was published last week on how to ensure patients have easy access to medicines out of hours.

The responsibility for providing out-of-hours care in a particular area lies with the local primary care organisation, so it is up to each PCO to determine what core services will be available and how they can be supplemented, if necessary. For some pharmacists, this could be an opportunity to become a central part of the out-of-hours service; others may find themselves reluctantly taking part (although they should be adequately remunerated for working unsocial hours).

As the **News feature** on p140 illustrates, there are different models in different parts of the country, developing in response to local needs. The part pharmacists will play in these services will depend, to a large extent, on the degree to which they wish to become involved and how they make their case to their PCO. The skills they pick up at this stage, in putting forward a case for their involvement and negotiating terms, will stand them in good stead when they are in the business of wanting to offer anything more than minimum services.

## Bring overseas members into the fold

Overseas members of the Royal Pharmaceutical Society who have registered as practising pharmacists still feel aggrieved. With the abolition of the special retention fee for overseas pharmacists at the beginning of this year, they have had to absorb a rise of 156 per cent from £100 to £256 so that they now pay the same as practising pharmacists resident in Britain. Pharmacists in Britain have access to the Society's branch network and can borrow items from the Society's library. They can call on the expertise of the Society's local continuing professional development facilitators and they can make their CPD records online. However, as our **Broad spectrum** contributor points out this week (p144), these facilities are not always available to members overseas and there is still confusion about what they are expected to do in terms of the Society's CPD recording and monitoring requirements.

Surely overseas pharmacists paying the same fee as pharmacists in Britain (a fee that can appear relatively high owing to unfavourable local currency exchange rates) are entitled to the same services. The situation as it stands is unsatisfactory and, understandably, is perceived as unfair. It is time to bring overseas members into the fold.

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