

How to be heard

About now, voting forms and booklets outlining the candidates' credentials for the Society's three national pharmacy board elections will drop through eligible pharmacists' and pharmacy technicians' letterboxes. Members of these boards will have a real opportunity to focus on professional matters and to lead and guide members in that arena.

There are 59 candidates in total for five separate elections. It is worth reading their biographical details (starting on p708) to appreciate what they might have to offer, which in many cases is a great deal. Some of the names are new as far as the national pharmacy stage is concerned — and some are names that are widely respected within and without the profession but have not previously been heard on the floor of pharmacy politics.

A great opportunity is opened by the national pharmacy boards

In Scotland and Wales the election will be straightforward, but in England there are reserved places for one pharmacist in each of five sectors — community, primary care/public health, hospital, industry and academia — as well as six unreserved places. The number of candidates for these sectoral places is instructive for all members of the profession — in particular for those who practise in hospital medicine, in the industrial sector and in academia. Academic pharmacy, by far the smallest sector, produced no candidates for its reserved place (and the board will have to decide whether or not to co-opt someone in due course). The reserved hospital and industrial places attracted only one candidate each and, as a result, both candidates have been elected unopposed. *The Journal* has few doubts that both men will serve their sectors well.

However, compare these outcomes with what is going on in primary care/public health. Altogether seven candidates are standing for the one reserved place and four of them are also standing for unreserved places. There will be more than one pharmacist with a background in primary care or public health on the English National Board if they win one or more of the unreserved places. Yet there are thousands fewer pharmacists in this sector than there are hospital pharmacists and roughly a similar number to those in industry.

The Journal can only speculate why these groups have responded so differently to the call to arms. Arguably, hospital and industrial pharmacists believe that their voices are already well heard (through two special interest groups — a route lacking for primary care pharmacists). Alternatively, the primary care and public health pharmacists have realised what a great opportunity is opened by the national pharmacy boards and have risen to the challenge.

Whatever the reason, may the best men and women win. *The Journal* looks forward to hearing the views of some new names in its pages.

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