

# Spread the burden of costs

In the week that sees the first independent prescriber gain her qualification, once again *The Journal* is putting pharmacist prescribing under the spotlight (p37). It cannot be over-emphasised that this is a stride forward for the profession. Supplementary pharmacist prescribing was a small step in comparison and many practitioners who are working in that capacity find the need to work to clinical management plans bureaucratic and restrictive. Independent prescribing should be much more liberating and this week's **News feature** introduces readers to four pharmacists who we will follow throughout the year as they train, qualify and start working as independent prescribers (p43).

## It would be fairer if all pharmacists supported the activities of these leading-edge practitioners

Whether the professional satisfaction expected to be achieved through independent prescribing will encourage more pharmacists to take the plunge remains to be seen. Currently, there are just over 1,100 supplementary prescribers on the Society's Register — a far lower number than originally envisaged by the Government when it gave the go-ahead in November 2002 to widen prescribing rights to non-medical health professionals. It was hoped there would be that number of supplementary pharmacist prescribers in practice by the end of 2004.

One niggle that is raised in the **Letters** pages this week (pp49–50) is the fact that the Council of the Society initially proposed that there would be a one-off payment for prescribing pharmacists to be designated SP on the Register. However, an Official Notice — published in *The Journal* last summer (29 July 2006, p144) — revealed that in addition to the initial payment of £35 for SP and IP designation, prescribers would have to pay £35 each year thereafter to retain their status.

These are ground-breaking practitioners, yet they have to pay more than 12 per cent extra on top of the practising retention fee of £283. Although *The Journal* does not believe that this will deter pharmacists from pursuing their clinical goals — and, arguably, pharmacists with these qualifications will be able to command higher pay than the rank and file — it does not seem equitable.

According to a correspondent, the Society has argued that the additional fee is designed to cover the cost of a number of activities associated with prescribing (p50). However, the fee income from this source for 2007 is unlikely to make much impact on those costs, so surely it would be fairer if the whole profession supported the activities of these leading-edge practitioners who are likely to do much to raise the profile of pharmacy?

We hope that the Council will revisit this decision and, say, return to the idea of the one-off payment and spread the burden of the costs for accrediting courses and preparing governance materials, etc, across the whole membership. For example, an additional £2 on top of the practising retention fee would raise more, less painfully.

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