

Clouds and silver linings

Two different — but related — articles in this week's issue explore various aspects of the pharmacy workforce. The first, the **Special feature** (p687), looks at what the current job opportunities are and what employment trends are likely to emerge in 2008. The second, an **Article** (p691), analyses the make up of the Royal Pharmaceutical Society's Registers as at August 2007 — the third successive annual snapshot of the pharmacy workforce.

The total number of pharmacists registered by the Society has continued to rise. Correspondents to *The Journal* would have us believe that thousands will leave the Register on 1 January 2008 in response to the rise in the retention fee and that this will make it ever harder to find locums. As of this week about 300 pharmacists had indicated their desire to retire from the Register at the end of 2007 — slightly fewer than at this time last year.

Whatever the size of the workforce in January, the **Special feature** confirms that being a permanent, full-time locum is a positive career choice, particularly in the community. This may be because there are greater opportunities at the moment as traditional high street pharmacies compete with 100-hour contract pharmacies to attract employees. Or perhaps the newer generation of pharmacists, because they have larger student loans to manage, are attracted to the community sector, which pays more than the hospital sector. Certainly, there are more vacancies in the lower grades in hospitals at the moment and, since every cloud has a silver lining, pharmacists keen to develop a clinical role should have little trouble in finding a post that appeals.

Watchful waiting will not please all

The Office of Fair Trading has made its pronouncements about the new distribution models that some pharmaceutical companies — led by Pfizer's direct to pharmacy scheme — have been adopting throughout the year (p667 and p674). Pharmacists worried that patients were suffering because of the difficulty of always obtaining medicines as quickly as they did under the traditional system will probably be disappointed by the response. Others concerned that they were losing income through reduced discounts will also not be wholly satisfied. Although the OFT recognises the shortcomings of DTP, and does not want other companies to follow Pfizer by developing an exclusive supply arrangement, it has decided that the new systems — and the cost of medicines to the NHS — would be controlled better by manipulation of the Pharmaceutical Price Regulation Scheme, which is currently under discussion, than by demanding they be disbanded. So the OFT does not think the patient needs radical surgery, rather it is advocating watchful waiting with symptomatic relief.

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