

Why the restricted title “pharmacist” is strangling the profession

By John Rees, a former industrial pharmacist who was previously head of the school of pharmacy at the University of Bath

Among the numerous issues currently being addressed by the profession are the distinction between practising and non-practising members of the Royal Pharmaceutical Society, the place of industrial pharmacists and the recognition of retired members. Uncertainty surrounding these issues has led to debate regarding the declaration for non-practising members. It is ironic that the root cause of much of the discontent should be the limitations imposed by the restricted title “pharmacist” — a title that has served the profession and the public well for many decades. Among the limitations is the fact that the Society’s Register lists, but does not distinguish between, pharmacists engaged in a wide range of occupations.

Establishing the General Pharmaceutical Council will not necessarily resolve matters. Its remit clearly focuses on pharmacy as a health profession, particularly in the context of the expanding clinical role. Other aspects of pharmacy will not fall comfortably within that remit. Once the recommendations of the Clarke Inquiry are known, the profession, led by the Council, should be proactive in addressing the pivotal issues. If appropriate, revision of relevant legislation should be sought.

Misinterpretation

A non-practising member agrees not to “hold himself out as a pharmacist” when working or giving advice. However, given the use of the restricted title “pharmacist”, in the relevant declaration, the statement is open to misinterpretation. It has been suggested (*PJ*, 15 March, p308) that the word “pharmacist” should read “practising pharmacist”. But, what constitutes “practice”? And should industrial pharmacists, academics, and others engaged in the pharmaceutical sciences be considered as “practising”?

Graduates from a wide range of disciplines are now involved in the pharmaceutical sciences. So, many roles in industry and elsewhere that once were largely the province of the pharmacist are now shared with other disciplines. Some scientists holding an accredited degree in pharmacy elect not to be retained on the Register. Preventing those graduates from claiming to be pharmacists may be to the detriment of the wider recognition of the profession. A non-practising member of the Society currently faces a similar restriction if asked to give advice. Both are disadvantaged in comparison with a scientist of another discipline, who is free to declare his area of expertise when expressing pharmaceutical opinion. And it is unacceptable that a non-practising member of the Society might feel obliged to leave the Register in order to be free to give advice. A reasonable

solution would be to narrow the compass of the word “pharmacist” in the declaration.

Clearly the declaration is not intended to prevent the non-practising signatory from undertaking *any* work or giving *any* advice. The kind of occupation which requires a pharmacist to be on the practising Register therefore needs to be precisely defined. A possible definition is “the dispensing or sale of medicines and the provision of health care at, or near, the interface comprising patients, clinical practice and public safety”. The boundaries of the relevant field of practice should fully encompass all activities that are specifically within the remit of the pharmacist working at the patient interface. However, the definition should not be so broad as to restrict the freedom of pharmacy graduates, working as pharmaceutical scientists, to be known as “pharmacists” among other scientists.

For members deciding whether they are practising or non-practising, the guidance on the Society’s website directs them to consider if being a pharmacist is contributing “added value” to their work. Though a positive answer to this question seems, at first, to be appropriate from nearly all members, the question actually needs to be addressed in the context of being a pharmacist registered to practise at the patient healthcare interface. For most of those working in industry, and many in academia, their added value is attributable to their having a degree in pharmacy and, where relevant, a higher degree and experience in their field(s) of expertise. The fact that a pharmacy graduate in this situation, had satisfactorily completed preregistration training, and registered, may not necessarily have had a significant impact on their professional contribution.

Reconsider

So, is there a need to reconsider the restricted title “pharmacist”? The preferred situation is probably for the title to be retained. A specific subtitle and suitable postnominal are needed, however, to distinguish pharmacists working at the patient interface from other pharmacists. With the Society being the professional body and the regulator, the designation “registered pharmacist”, as used in a number of other countries, offers no solution. The designation “pharmacist practitioner” might therefore be preferable. Perhaps this title would, in due course, be acceptable to the GPhC for pharmacists registered under its aegis. Regrettably, over many years, one has often heard pharmacists referred to as “qualified pharmacists” — leaving many to assume, no doubt, that some “pharmacists” must be unqualified. However, there would now appear to be good reason to distinguish the pharmacist practitioner — registered

to practise in healthcare — from his professional colleagues, without obstructing the reasonable claim of the others to be known as pharmacists. The non-practising declaration could state “I will not act in the capacity of a pharmacist practitioner”.

The future?

But what does the future hold for members and fellows of the professional body or of its successor? If it is decided to dispense with an organisation whose history dates back to the 1840s, and to expend valuable resources in creating a suitable successor, the Royal Pharmaceutical Society will not exist.

Maybe a new professional accreditation is needed for pharmacists of all specialties. A possible approach, mirroring that for engineers and chemists, would be to establish the professional title “Chartered Pharmacist”. All graduates with an accredited degree in pharmacy would be eligible for this status, subject to completing a period of professional training and final assessment. In contrast to the present scheme, a full 12 months’ experience at an accredited industrial establishment would be one of the acceptable placements. Eligibility for chartered status might also require satisfactory completion of a further period of professional practice. The degree course would offer more options and greater flexibility than at present, given that not all graduates would necessarily wish to be eligible for registration with the GPhC. Some might take final year honours in a particular pharmaceutical science, or in a specialisation such as industrial pharmacy. Non-pharmacists might be entitled to apply for chartered status, subject to providing evidence of equivalent academic qualifications, relevant professional training and appropriate experience in a pharmaceutical discipline or subject area.

An appropriate gesture, in recognition of past service, would be to award emeritus chartered status to eligible non-practising and retired members of the Society. Sadly, many members and fellows resigned from the profession on being asked to sign a declaration which they found unacceptable. Ironically, having done so, they are free to give advice and yet unable to attribute the expertise on which that advice is based. This grotesque incongruity needs to be corrected as a priority. The loss to the profession of elder statesmen with valuable knowledge and experience must be stemmed. At this juncture, the Society can ill afford such erosion. Those who have retired should be invited to rejoin, without delay and without penalty. Whatever corrective action is needed, interim or permanent, it should be implemented urgently.