

(2) POWER, STATUS AND PHARMACY

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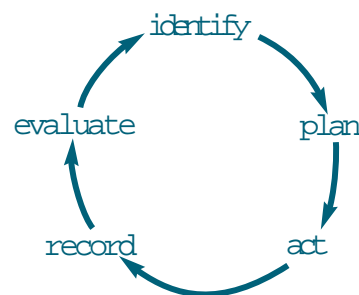
This article explores the social processes that support or threaten pharmacy's claim to professional status



identify gaps in your knowledge

1. What does it mean to be a professional?
2. What social factors support pharmacy?
3. What social factors could threaten pharmacy?

This article relates to the principles and methodologies of the social sciences relevant to pharmacy. This topic has been included in the Royal Pharmaceutical Society's latest indicative syllabus for pharmacy (available at: www.rpsgb.org.uk/pdfs/eddiegnewreq.pdf). You should consider how it will be of value to your practice.



Organisational changes in health care delivery have impacted on pharmacy in several ways. Pharmacists' manufacturing role has all but disappeared following a wholesale shift to industrially manufactured and prepackaged medicines, and there is ever increasing reliance on computers for many routine tasks, from keeping patient medication records and detecting drug interactions, to generating labels and stock ordering. Commentators have argued that such developments create both the opportunity and necessity for pharmacists to undertake additional activities to extend their role, as exemplified by the move towards pharmacist prescribing. Although some pharmacists may welcome this as an opportunity to put their existing skills to further use, others may regard it as a dilution of their key function. Some may also perceive it as an example of the state and pharmacy's representatives seeking to impose additional, insufficiently remunerated responsibilities on pharmacists.

The functions and evolution of a profession, together with its relationships with the state and public, are key elements in any strategy to secure a privileged (and well remunerated) social position for its members. The aim of this article is to reflect on social developments that currently challenge pharmacy's status as a profession. By adopting a sociologically informed perspective, it is possible to eval-

uate the impact of these developments and to consider ways in which pharmacy might reinforce its claim to be a legitimate profession.

PROFESSIONALISM

There is a marked difference between the term "professional" in its colloquial sense (as in a professional footballer), and when used non-colloquially, for instance to refer to a health care professional. Yet establishing precisely what defines a profession is not straightforward. To explore the social processes behind the development of professions, sociologists initially sought to identify defining characteristics (the trait or attribute approach). Panel 1 shows characteristics most frequently cited as being possessed by "ideal" professions.¹

The trait theory represented a neutral perspective of professions: it neither criticised nor endorsed their privileged status compared with the workforce at large. However, during the 1970s a more radical perspective of the social order emerged, that focused on the inequities of the economic system and the way in which it operated to disadvantage the economically less well off. Consequently, sociologists focused on how professions, in particular medicine, instead of holding society together with their invaluable activities, were exerting their powers to preserve their privileged place in society. From a social perspective, the issue is no longer simply to define a profession's characteristics, but to explain why one occupation achieves privileged status while another does not.

Despite this shift in analytical perspective, it remains the case that professions such as pharmacy do retain certain core features. Pharmacists possess specialised knowledge acquired throughout their training, deliver a largely monopolistic service and, as an occupational body, pharmacy is self-regulating. The combination of these characteristics serves to equip pharmacists with the ability and legitimacy to exercise authoritative professional judgements that are recognised as such by both the public and the state. What distinguishes professional judgements is that they derive not only from the required lengthy period of structured education, but also from the experiences and skills acquired by working as a professional. This is what maintains the special character of professional knowledge.²

PANEL 1: ATTRIBUTES OF PROFESSIONS¹

- 1 A profession determines its own standards of education and training
- 1 Student professionals undergo an extensive training and socialisation process
- 1 Professional practice is legally recognised
- 1 Licensing and admission are regulated by members of the profession
- 1 Most legislation affecting a profession is shaped by that profession
- 1 A profession gives members high income, power and status and can demand high calibre entrants
- 1 The professional is relatively free from lay evaluation
- 1 The norms of practice enforced by the profession are often more stringent than legal controls
- 1 Members strongly identify and affiliate with their occupational group
- 1 A profession is likely to be a lifetime occupation

Dr Harding and Dr Taylor are academics with a special interest in the social aspects of pharmacy

PANEL 2: POTENTIAL PROFESSIONAL PROJECTS FOR PHARMACY¹

Professionalisation strategy	Advantages	Disadvantages
Improve consumers' access to pharmacists	Showcase for expert knowledge	Devalues experts' time, diminishes mystique
Devolve dispensing duties to technicians	Reduced involvement in technical activities	Distances pharmacists from their traditional function
Increase advisory function	Increased opportunities to exercise professional judgement	May eclipse core dispensing functions
Deliver pharmaceutical care	Defines boundaries of pharmacists' responsibility	Possible boundary encroachment with allied professionals
Optimise or standardise service delivery	Delivers best practice	Constrains professional autonomy
Pharmacist prescribing	Extends boundaries of pharmacists' responsibility — increased emphasis on professional judgement	Possible boundary encroachment with physicians
Promote the special value of medicines recommended by pharmacists	Exclusive to pharmacists	Intangible and runs counter to the trend towards commodification of medicines

increasingly required to take responsibility for their own health and are empowered to challenge expert knowledge. This together with the redefining of both prescription-only and over-the-counter medicines as commodities means the public no longer differentiates pharmaceuticals as special items. In the past, pharmaceuticals were promoted as esoteric scientific entities, but now the proliferation of potent, effective OTC medicines, many available from non-health care outlets, undermines the long established domination of the medical and pharmacy professions. Thus, POM-to-P and P-to-GSL switches alter both the public's and the professional's control over medicines, demystifying and potentially devaluing what might literally be considered pharmacists' "stock in trade".

PHARMACISTS' DEPENDENCE ON PRESCRIBERS

Pharmacists take their lead largely from physicians who assess clinical cases from a diagnostic and therapeutic viewpoint. Both in the hospital and community context, the pharmacist is governed, in part, by the decisions and judgements of the medical profession, that is, although pharmacists might consider themselves to be, and promote themselves to the public as, drug experts, they have historically failed to secure control of the social object of their work, namely, medicines.⁵

The predominance of patient pack-dispensing, the dependence of pharmacists on doctors' judgements and the fact that pharmacy work has become more routine arguably limit the scope for pharmacists to bring their own unique knowledge and skills to their day-to-day tasks. Consequently, Turner⁶ argues pharmacists' knowledge base is highly technical and precise, and largely lacking mystique, compared to the clinical mentality of doctors who constantly make decisions in the face of uncertainty.

However, medical decision-making is becoming increasingly regulated by guidelines (eg, clinical guidelines from the National Institute for Clinical Excellence), which ensure that clinical decisions are rationalised. At the same time, community pharmacists increasingly provide advice to the public on a range of health-related issues, highlighted by the concepts of pharmaceutical care and medicines management. As such, pharmacists can be considered as "agents of surveillance" with respect to medicines use. This applies equally to hospital pharmacists, who monitor both patients' and clinicians' use of medicines.

Thus, although pharmacists may not operate in quite the same way as doctors, they do nonetheless exercise influential judgements over the use of medicines, and by this token possess power and status as a privileged occupation.

PROFESSIONALISATION: A DYNAMIC PROCESS

Professionalism is not an acquired state, but a dynamic social process in a continual state of flux. Following recent high profile cases, the ability of all health professionals to self-regulate effectively has been questioned by the Government, and more transparent and accountable regulatory frameworks and complaints procedures have been, or are being introduced. Currently there are important questions to be asked about the nature of pharmacists' activities and their contribution to the provision of health care.

A strategic response to some of the challenges to pharmacists' privileged status is to pursue what has been termed a "professional project"⁷ to persuade the state and public of the value of their work. It can be argued that in recent years, the nursing profession has very successfully adopted such a strategy. A number of strategies such as those outlined in Panel 2¹ above, could contribute to a professional project for pharmacy, in that they afford opportunities for pharmacists to consolidate and enhance their position by creating dependence on the services they offer.

By pursuing such activities a social distance can be created, as the knowledge base and expertise of pharmacists, demanded by the public and legitimised by the state, is preserved, extended and protected, thus enhancing pharmacy's claims to full professional status, with its associated rewards.

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