

THE GUILD'S FUTURE STRATEGY

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A review of the future strategy of the Guild of Healthcare Pharmacists has been developed and was published at the guild's national weekend school in April.

Work on developing the strategy began in July, 2000, as the Government began shaping the new National Health Service. However, since the guild's remit entails more than just the professional and academic aspects of pharmacy, its future strategy also includes terms and conditions expected for employees.

Key Government documents, such as the NHS Plan and "A Health Service for all talents," initiatives such as clinical governance and electronic prescribing, as well as professional developments including that for the role of pharmacy technicians have all served as drivers for change in hospital pharmacy.

CURRENT POSITION

The guild currently has 2,600 members out of a possible 6,700 hospital pharmacists (Royal Pharmaceutical Society estimates), and 1,000 primary care pharmacists. There is a commitment to increase the membership significantly over the next five years. Membership of the union for manufacturing, science and finance workers, the MSF, provides guild members with all the benefits of a trade union. MSF membership, coupled with NHS employment, satisfies the requirement for indemnity insurance required by the Royal Pharmaceutical Society.

A recent membership survey conducted by the guild showed a high level of support (75 per cent) for collaborative working with the UK Clinical Pharmacy

Association (UKCPA). A similar level of support (78 per cent) was found for such collaborative working with the Royal Pharmaceutical Society. The results of the survey also highlighted the need for more recruitment support materials. In addition, primary care pharmacists also wanted more involvement in guild matters.

COMMUNICATION

In terms of communication, the guild's philosophy remains one of openness and transparency, unless the interests of an individual member are at risk. Sharing of best practice, or lessons learned, serve as guiding principles for all the guild's work. The guild also has a responsibility to represent members nationally in collective bargaining, in partnership with the MSF.

A new post, that of communications officer, is to be developed. The key responsibilities of this officer will include the guild's newsletter, *ghp*. The postholder will serve as press officer for guild meetings and also liaise with the guild's website controller and recruitment co-ordinator in their roles.

There is an international dimension to communication too. The guild is a member of the European Association of Hospital Pharmacists where there is collaboration on joint projects and sharing of experience and practice. The guild is represented at the International Pharmacy Federation in an effort to extend its influence beyond British boundaries.

PHARMACY PRACTICE

The need for standards for specified services in the managed care sector (especially hospitals), will continue to be addressed by the guild. This will involve work on both service description and an appropriate standard for that service. Linked

to this will be work on capacity available to deliver the service to the described standard. Accreditation of competence for activities is required to support this. Work already in existence will be published, while other work will be developed.

The guild will continue to lobby the Government in an effort to achieve its objectives. One area for attention will be the prescribing role of pharmacists. The concept of the consultant pharmacist will be further investigated. Career grades for teacher-practitioners and clinical pharmacists, in particular, will be pursued.

Furthermore, the guild will seek agreement with the four chief pharmaceutical officers in the UK on the core competencies for future professional leaders so as to address questions of succession planning, leadership and associated mentoring.

Opportunities for a strategic approach to electronic prescribing and medicines administration will also be explored. The Government's drive towards electronic prescribing opens up the possibility of professional contact with colleagues in primary care to improve pharmaceutical care of patients.

EDUCATION

The education and training strategy of the guild will assist with training members for present and future needs. A review of continuing education provision by the guild will be completed and changes introduced as appropriate.

Opportunities for more joint working will be explored, especially with the guild's special interest groups. Improved links with the Royal Pharmaceutical Society will be explored for training, with special emphasis on preregistration pharmacy training, and research. Working with the UKCPA will also be

explored, in response to indications in the 2000 survey that this would be welcome.

A review of organisational arrangements for the guild awards was completed during 2000 and documents are now available via the guild's web site (www.ghp.org.uk). The guild will continue to support research via this approach and seek to improve the number of award applications.

The guild will also continue to give its backing to research work which supports the aims and objectives of the guild. The report of some research commissioned in 2000 on the effectiveness of hospital pharmacy, is expected before the end of the year.

CONCLUSION

The guild will publish the detail of its strategy on its web site after the conference at the national weekend school. In the coming months, the guild will be identifying the plans to deliver the strategy. Work has already begun on some elements. Discussions with primary care organisations, the Association of Pharmacy Technicians and the UKCPA have been opened at different levels. A meeting held with members of the British Medical Association will be followed by a proposal to them on medication error research work.

There is much to do, so the drive to recruit more members will be essential. Current members will be involved in this process. The Department of Health takes a keen interest in number of guild members. It is important that the guild remains an organisation that the Department regards as representative of hospital pharmacy. However, the change in name from Guild of Hospital Pharmacists to Guild of Healthcare Pharmacists in 1998 means that the Guild is beginning to be seen as representative of primary care pharmacists.

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