

Would my work be more valued if I were a carpenter instead of a pharmacist?

By S HAYNES, MRPHARMS

While standing in the lift in my hospital the other day I saw

a poster advertising careers in the NHS. "We don't just need doctors and nurses," it trumpeted, "we need all sorts of people — carpenters, electricians, radiographers, physiotherapists . . ." and so the list continued. Among the professionals that did not get a mention were pharmacists.

This is depressing. It is not as if there is a surplus of hospital pharmacists and no need to encourage the recruitment of additional staff. It suggests instead that the profile of hospital pharmacists is just not high enough. Other health professionals and the outside world as a whole simply do not know enough about what we do.

As hospital pharmacists, we all obviously have a role in promoting our profession as and when we can. Organisations (such as the Guild of Healthcare Pharmacists) also have a part to play. However, much of the burden of promoting the work done by hospital pharmacists and making sure their voices are heard and views adequately represented must rest on the shoulders of those formally charged with (among other things) promoting the profession as a whole — namely the Royal Pharmaceutical Society.

So where has the Society been going wrong in promoting the work done by hospital pharmacists? I have plenty of thoughts of my own, but thought it was worth while canvassing opinion from colleagues as to what they felt

the Society had done for them. The following are typical of the responses I received:

- "I am not sure I know what the Society has done for hospital pharmacists. What I would like them to do is to raise the profile of what we do in relation to safe and effective drug therapy. All the public know about is doctors and nurses. Someone needs to highlight all the good and best practices in hospital pharmacy."
- "I don't have really strong views but I do think the Society is very biased towards community [pharmacy]. When I have looked at the election stuff, I've been disappointed to find few candidates with much, if any, hospital experience . . ."
- "There should be [formal] representation from hospital pharmacists on the Council. This has always been minimal and now there is just one!"

The loss of hospital representation after the recent Council elections is a key theme coming from the responses I received. However, there also seems to be the feeling that even if there were more hospital pharmacists on Council, nothing much would be achieved anyway. This is not the fault of current and past Council members such as Helen [Howe] and Alison [Ewing] who have tried their best (and, in the case of Alison, will no doubt continue to do so). It seems more to be the result of a system that works against them.

For example, when the Society was formed, there was no such thing as a hospital pharmacist. Later on, when it first assumed its regulatory role,

there were still no hospital pharmacists. When hospital pharmacists appeared with the advent of the NHS in the 1940s no significant systems seemed to be put in place to assist this new breed of pharmacist. (Apart, of course, from the system to take our fees).

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Not only does the Society appear to do little to promote hospital pharmacists, it does not even seem to have much to do with regulating us and our working environments. Depending on the type of work carried out, hospital pharmacy departments do not necessarily need to be registered with the Society as premises. And hospital pharmacists themselves do not seem to cause the inspectors much work — during the three years up to the end of 2003, only eight of the 203 cases (four per cent) the statutory committee dealt with concerned hospital pharmacists. With a high degree of cynicism, it looks like the Society is onto a really good thing with us. Money for nothing (well almost nothing)!

So what should the Society do for hospital pharmacists? From the latest proposed amendments to the Charter and the decision to ballot members before they and any other changes are brought in, it looks as though the positive effects of the "Save our Society" victory is a welcome change in direction towards all round

better representation. This will no doubt help all pharmacists in the future (although it would have been nice for it to have been achieved without the loss of hospital representation).

However this by itself is not enough. The Society needs to recognise, and show that it recognises that it is not just community pharmacists who have an impact on patient care.

More specifically, I have yet to see the Society produce any authoritative material about patient group directions that, in my experience, has any real bearing on hospital pharmacy practice. For example, tips for hospital pharmacists are absent from the resource pack it has produced on the subject (while those for community pharmacists are included).

Even where information on topics of interest to hospital pharmacists is available, such as conference reports about how supplementary prescribing is to work in a secondary care setting and continuing professional development material, it can be difficult to find. This is often because the rather poor search facilities on the Society's web site tend to make it disproportionately harder to locate the more specialist resources.

The Society also needs more effectively to promote the idea that direct communication between hospital pharmacists and community colleagues could help *both* sides deliver better medicines management.

Oh, and by the way, it would be nice if, by the time that the next NHS recruitment campaign rolls around, the Society could see to it that hospital pharmacists are up there with the carpenters, electricians, physiotherapists and radiographers. Otherwise, I might have to consider re-fitting doors or adapting furniture for a living!

Ms Haynes is lead pharmacist at Birmingham Women's Hospital NHS Trust. The views expressed here are her own personal opinions and are not those of the trust