

What is a pharmacist?

By Robin J. Harman

In June last year, I posed a series of questions about the planned introduction of mandatory continuing professional development (*PJ*, 15 June 2002, p.844). The publication last week of a consultation document by the Royal Pharmaceutical Society's CPD implementation committee has provided some answers but has also posed some fundamental questions, critically "what is a pharmacist?" and "who can call themselves a pharmacist?". I would like to discuss several of these highly contentious issues.

USING THE TITLE "PHARMACIST"

Should only a member who undertakes mandatory CPD approved by the Society be able to use the title "pharmacist"? No one in group 1 (those undertaking a job that must be undertaken by a pharmacist) should dispute the need to keep up to date. To record this process for peer and employer review is, for many, simply an extension of their current practice. Mandatory CPD is designed to reassure the public that pharmacists are suitably qualified to do their job whether they qualified two or 20 years ago. The public has a right to this reassurance.

In contrast, most pharmacists in group 2 (those undertaking a health care job for which they do not need to be a pharmacist) and group 3 (those who have retired, or who are taking a career break or who are not active in pharmacy) do not have daily patient contact. Their ability to do their job and maintain current knowledge is judged by their employer without direct public involvement. I believe, therefore, that mandatory CPD is unnecessary for these groups and needs no Society review.

If the premise is taken that CPD should not be mandatory for those in groups 2 and 3, should those in these groups be able to call themselves "pharmacists"? My view is that a geologist is a person who has completed a geology degree; likewise a biologist, a biology degree. Yes, legislatively, the term "pharmacist" is a restricted title, but only to prevent those who have not undergone appropriate pharmacy training from misusing the title. Even a new pharmacy graduate is commonly called a "preregistration pharmacist". For many pharmacists in group 2, their chosen role involves as much use of the knowledge gained as pharmacy undergraduates as those in group 1, ie, they are practising their chosen profession. Just because they do not have direct patient contact does not make them any less of a "pharmacist".

THE TERMS "ACTIVE" AND "INACTIVE"

I can almost hear the outbursts of indignation that this proposed terminology will provoke. An analogous distinction between "practising" and "non-practising" is equally contentious to those in group 2. My previous suggestion (*PJ*, 15 June 2002, p.844) might

be more informative. I suggested five categories: MRPharmS(C), MRPharmS(H), MRPharmS(I), MRPharmS(A) and MRPharmS(O) representing community, hospital, industry, academic and other, respectively. Those in (C) and (H) would be in one portion of the register; everyone else would be in a second portion. There are always likely to be disputes as to which classification someone might fall into: should the work of a clinical trial supplies pharmacist be classed as working in industry or in hospital (arguably the work more closely reflects the latter). Once a clear statement is made as to which classification a particular job should belong, this should eliminate any discrepancies. However, the consultation document states "there is no plan to annotate the register with [the] branch of practice", without explaining why. What is the purpose of the consultation process?

Take one small group of people whom restricting the use of the term "pharmacist" to those in group 1 would affect. What are "pharmacists" working at the Society to be called? I suspect that most would not consider they are "non-practising" and certainly not "inactive". I suggest that those in group 1 should be called "pharmacy practitioners" (ie, practising pharmacy) and all others remain "pharmacists".

The distinction suggested in the consultation document as to what the majority of the public understands by the term "pharmacist" is somewhat fallacious. Most national press stories about pharmacy refer to the "local chemist", and if the term "chemist" were a restricted title, the Royal Society of Chemistry would be extremely unhappy.

HOW MANY MEMBERS WILL THIS AFFECT?

The results of the workforce census carried out last summer have not been made public (although the Council was made aware of them at its February meeting). Until this census, the Society did not know the numbers working in the different sectors of pharmacy practice, with 14,000 of the 43,000 members "unaccounted for", according to the Society's own website data. I am not convinced that the census will provide adequate data to rectify this unacceptable situation.

Based on the available information, my own estimate is that there are about 2,200 members in industry, and a further similar number engaged in other activities that would lead them to be classed under group 2. Additionally, according to latest published figures for 2001 (*PJ*, 11 August 2001, p.209), there are about 4,000 retired mem-

bers on the register. The CPD implementation committee's proposals will therefore potentially affect around 20 per cent of the membership.

PAYING FOR CPD

I asked in my earlier article how the administrative costs of receiving, assessing, keeping records and all other issues concerned with CPD portfolios would be met. If a five-yearly submission cycle is planned, one fifth of the membership (about 8,000) would submit their records each year. Would members who are deemed not to be "pharmacists" and are not participating in mandatory CPD pay a reduced membership fee since they are not contributing to this cost? Or would they be expected to subsidise the likely substantial cost of running mandatory CPD? Alternatively, would a charge be levied on each occasion that a CPD log is submitted to pay for its verification, in addition to the membership retention fee? This, in addition to moves to change the Society to charitable status, has potentially significant implications for the funding of CPD and all other Society activities.

FURTHER FINANCIAL IMPLICATIONS FOR THE SOCIETY

Let us postulate that those who do not work in direct patient care can no longer call themselves "pharmacists". This would include those who are retired or on a career break, or who trained initially as a pharmacist but now work in a different occupation. How many are likely to renew their membership? If just 5,000 full-time members of the 43,000 registered declined to renew their membership — a not unreasonable estimate given the numbers working in industry, academia, and other non-patient-contact occupations — the Society's 2001 retention fee income of £5.1m would drop by about £1m. Add to this those retired pharmacists who will not renew because they can no longer call themselves pharmacists; even at only £21 per member, this has major implications for income.

WHY THE SUDDEN RUSH?

A consultation document on proposals to require CPD to be undertaken by pharmacists who are applying for readmission to practise or as a condition of the periodic renewal of practising rights was issued in autumn 2000. Since then, although there has been considerable activity on the issue within the Society, the process of sending out the questionnaire, getting it returned, analysing the probably varied and vociferous responses, and putting forward legislative proposals for a Section 60 Order before the Department of Health, is all to be undertaken in less than eight weeks. Why the rush?

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