

# Clarity of nomenclature is needed for pharmacists who work in primary care

By Rachell Mullen

What is a primary care pharmacist? That was the question that opened the primary care session at the British Pharmaceutical Conference earlier this year. A wide variety of job titles were offered, including pharmaceutical adviser and prescribing support pharmacist. Similarly, several different, and in some cases opposing, definitions were volunteered. One member of the panel defined primary care pharmacists as “pharmacists employed within the National Health Service delivering primary care services”; another provided a much broader definition, which extended to include community pharmacists.

Consequently, time was spent debating the meaning of “primary care pharmacist” and a shared sense of frustration arose from the fact that the term means different things to different people and that no one definition or job title truly encapsulates the role. It is therefore unsurprising that pharmacists working outside the primary care sector struggle to understand this new type of pharmacist, described recently by the National Prescribing Centre as those who work in general practice, primary care groups, primary care trusts and health authorities on a part-time, full-time or sessional basis.

Indeed, during the course of the BPC session, some spoke of the existing tensions between community and primary care pharmacy arising from a lack of understanding of each other's roles, which, in turn, were perceived by most participants as being mutually exclusive.

The newer role of the primary care pharmacist appears confusing because of the way that it evolved, from health authority- and general practice-based pharmacists doing prescribing analysis in the early 1990s to one which now involves working for different primary care organisations and undertaking diverse and wide-ranging tasks. Current variations in the structure and organisation of PCTs led to diversity in job titles and descriptions. This is further complicated by the cross-sectoral mobility displayed by almost two-thirds of primary care pharmacists who are portfolio workers, namely, those who have more than one job, as revealed by the 2002 pharmacy workforce census commissioned by the Royal Pharmaceutical Society.

Clearly, there are many dimensions to the role of pharmacists working in primary care, which makes them a heterogeneous group within pharmacy. However, the

nature of this heterogeneity is not reflected by the all-encompassing and popular generic title of “primary care pharmacist”. Taking community pharmacy as an example to illustrate the point, pharmacists in this sector can hold a variety of positions: proprietor/owner, locum or second pharmacist. Similarly, for a hospital pharmacist, the grade of their post broadly identifies their level of responsibility and hence the type of job they perform. These community and hospital pharmacy “labels” convey meanings that are relatively easy to understand by others working outside that sector, or indeed, outside pharmacy. However, equivalent “labels” for pharmacists working in primary care are much less clear. This is largely because of the relative newness of primary care as an area of practice for pharmacists, which has also developed within the context of a changing policy environment.

Even before the inception of PCGs in 1999 and PCTs the following year, Jesson and Wilson recognised that the emerging primary care pharmacist role was “muddled and ill-defined” and required “conceptual clarity”.<sup>1</sup> Based on pharmacists working in general practices, the authors developed a five-point functional model for the role of the primary care pharmacist:

- Level 1 — educational outreach
- Level 2 — sessional target
- Level 3 — consultancy
- Level 4 — primary care pharmacist
- Level 5 — health centre pharmacy and pharmacist

Starting from Level 1 and working up to the next level in the model, pharmacists increase their time spent in the practice and gain greater autonomy over the development of their role and the work they undertake, which broadens beyond delivering key prescribing messages to meeting proactively the wider needs of the practice. Several key factors were identified by the authors as underlying the model and included place, time, target audience, agenda and focus of task. The model was intended to be dynamic, given the imminent arrival of new primary care organisations and the numerous and different employment opportunities that they would create for pharmacists.

The NPC model for the role of the primary care pharmacist reflects the policy environment and NHS structure in 2000. Meanwhile, the model by Jesson and Wilson specifically considers “general practice-based” pharmacists. Findings from doctoral research that I undertook on the primary care pharmacy workforce in England (2001/02) suggest that the role of the primary care pharmacist is appropriately characterised by more descriptive titles or

typologies.<sup>2</sup> Five typologies were developed, based on a primary care pharmacist's location of work, level within primary care and the type of activities undertaken. The typologies were also informed by the primary care pharmacist's sociodemographic characteristics, workforce mobility and reasons for taking up the primary care role. Unlike in previous models, the typologies were developed from primary source data drawn from approximately two-fifths of the primary care pharmacy and are as follows:

- General practice-based
- GP- and primary care trust-based
- PCT-based
- Health authority-based
- Mixed (primary care pharmacists who work for a variety of health care organisations)

These new typologies are a snapshot of the developing role of the primary care pharmacist. Since this work was undertaken two years ago, NHS organisation has changed in keeping with “Shifting the balance of power” and the document “A vision for pharmacy” has been published. Significantly, PCTs are now responsible for commissioning pharmaceutical services locally in all sectors, not simply GP-based activities, and senior pharmacists working in both strategic health authorities and PCTs are more akin to pharmaceutical officers 10 years ago.

The answer to the question “what is a primary care pharmacist?” is complicated because the role is evolutionary and multifaceted. It is therefore not surprising that the role seems ambiguous and confusing and, unlike community or hospital pharmacy, primary care does not currently offer a traditional, linear career pathway in pharmacy. However, it now seems unhelpful to continue to consider pharmacists who work in NHS authorities, and pharmacists who work wholly or part of their time in GP practices within the same workforce sector, ie, primary care pharmacy. Perhaps simple generic titles of “pharmaceutical advisers” in the former and “practice pharmacists” in the latter would bring much needed clarity to these relatively new areas of pharmacy practice.

## REFERENCES

1. Jesson J, Wilson K. Primary care pharmacists: a conceptual model. *Pharm J* 1999;263:62-4.
2. Mullen R. Primary care pharmacy workforce [PhD thesis]. University of Manchester; 2003.

Rachell Mullen is a research associate at the University of Manchester school of pharmacy