

Will some pharmacists be more equal?

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At the beginning of George Orwell's novel 'Animal farm', the inhabitants of the farm are told that "all animals are equal". By the end of the book this has changed, almost without them noticing, to reveal that "all animals are equal, but some animals are more equal than others". Will we see a similar change of emphasis around the subject of the responsible pharmacist?

Changes outlined in the Health Act 2006, and due to be introduced by secondary legislation in the next 18 months, will mean that any pharmacist taking control of a community pharmacy or registered hospital pharmacy will be (or have to be) a responsible pharmacist. He or she will take on specified duties and responsibilities and, most importantly, there will be a log maintained stating who was the responsible pharmacist for any particular pharmacy at any given time.

The duty of the responsible pharmacist "to secure the safe and effective running of the pharmacy" while he is present in the pharmacy is broadly comparable to the current duty of a pharmacist in personal control of a community pharmacy. The provision for the pharmacist to be absent from the pharmacy, however, leaves the pharmacy in the control of trained support staff who will be expected to work to defined procedures. It is this element of the proposal which is generating the most heat and smoke.

The day 1 phenomenon

Under present arrangements, newly qualified pharmacists can and do take personal control of a community pharmacy immediately after joining the Register. This is clearly a nerve-racking moment and potentially a period of higher risk to the public.

These new pharmacists are clearly competent; they have successfully completed a pre-registration year and passed the Royal Pharmaceutical Society's registration examination. What they lack is two things that can only be gained, not taught: experience and, hence, confidence. The more one has of the former the more one gains the latter.

However, the "day 1" phenomenon is not unique to pharmacy. Just as pilots are not real pilots until they have flown solo, all professionals, at one point or another, find themselves in charge of a new situation for the first time. New qualifications can be introduced, or the period of supervised experience extended, but this only postpones "day 1".

In general, the public seem to accept this. As long as the newly qualified person is clearly not attempting something that is out of his or her depth, a certain amount of "it's my first day" nervousness is allowed. We should not overplay the element of risk in this period as it will always be present in some

way and there does not seem to be any public or media outcry about it. Most pharmacists successfully make the transition, probably because the eyes of the world are not on them.

So, given the "day 1" phenomenon, how can pharmacists become responsible?

Another way of looking at the problem might be to ask what it is that newly qualified pharmacists should not be doing in the earliest part of their careers, whether that is the first month or the first year.

In terms of what the Health Act envisages, the most obvious thing is "be absent from the pharmacy" while remaining its responsible pharmacist. Other possibilities include taking responsibility for the development of standard operating procedures (SOPs) or the direct management of pharmacy staff.

This, however, raises questions such as: "who will do this, if not the responsible pharmacist?" and "how, and where, do I gain experience, if not by acting as an responsible pharmacist?". This may, or may not, be addressed by changes in skill mix or technology within pharmacy.

As it currently stands, the workforce for community pharmacy is built on an assumption that each summer a large (and growing) contingent of newly qualified pharmacists will join the Register and go immediately into pharmacies to assume personal control, whether as employees or locums. The majority of these will be working without other pharmacists alongside.

The "fallow year" in 2000, caused by the switch to the four-year MPharm in England and Wales, showed how problems arise when the flow of newly qualified pharmacists is interrupted. Any period of post-registration experience which might be needed to become an responsible pharmacist merely introduces an equivalent fallow time.

More than one kind?

Whenever the responsible pharmacist concept is examined in detail, it always seems to resolve into three distinct categories. There are the "non-responsible" (perhaps "less responsible" but hopefully not "irresponsible") pharmacists, sometimes referred to as supervising pharmacists. They undertake the same sort of work that is done by pharmacists today, but do not assume ultimate responsibility. This is normally because they are working alongside another pharmacist (who is the responsible pharmacist), or are in some sort of post-registration training post, perhaps in a hospital, similar in concept to the registrar role in medicine.

Then there is the plain responsible pharmacist, as envisaged in the Health Act. The responsible pharmacist takes on the final

responsibility for day-to-day activities, including during specified periods of absence (although the detail of this has yet to be decided), and is signed in and out of a logbook.

Then there is the "more responsible" pharmacist, occasionally referred to as "responsible pharmacist-prime". This person is more akin to a branch manager, having an ongoing responsibility for the running of one pharmacy or department, even during holidays, without necessarily being responsible for every individual transaction. This person might be more likely to have responsibilities for writing SOPs and staff training than perhaps a string of locums acting as responsible pharmacists. This type of person might be more common within a large pharmacy chain or in a registered hospital pharmacy than in a single independent pharmacy.

A crucial division

Above them all is the superintendent pharmacist, setting the framework within which, for example, SOPs are written.

Given the proportion of the community pharmacy workforce that currently works as locums — 37 per cent in the most recent census — the division between "less responsible", "more responsible" and just plain vanilla "responsible" pharmacists is going to be crucial. If this were to be too prescriptively defined, then it might lead to the "death of the locum" (or the temporary closure of a lot of locumless pharmacies). If the definition were to be based on time since registration then it introduces fallow periods. If it were to be based on experience gained, then this might have to be assessed at great time or expense.

On the other hand, if the definition were to be too loose, then it might be difficult to see what problem it was that the responsible pharmacist concept is supposed to be solving.

There are also an awful lot of existing pharmacists who will need to become responsible pharmacists. Any new regulations will have to cope with their wide range of experience and qualifications. At present, the Register is only divided into "practising" and "non-practising". Adding additional annotations of "RP" would begin to subdivide the practising section, potentially leading to further ramifications for the increasing numbers of pharmacists who work across different sectors or in roles which are only patient-facing part of the time or on occasion.

The Department of Health has launched its consultation on its proposals for introducing responsible pharmacists (*PJ*, 27 October, p457). This will clearly be a tricky path to tread. As the Act is currently framed, "all responsible pharmacists are equal" but will the Department find that "some responsible pharmacists are more equal than others"?