

New leaders to unify pharmacy — or business as usual?

This month saw the results of the elections to the new national pharmacy boards. But if the elected candidates are to be seen as true leaders, far greater support is required from the wider profession, says Philip Brown.

If you were looking for a vote of confidence in the leaders of the pharmacy profession you certainly would not have found it in the voting figures of the elections for the new national pharmacy boards. In fact, you could say that the very low turnout amounted to a vote of ‘no confidence’ in what has been done by our leaders over the past two years.

By any criteria these were significant elections. They embodied the structure and principles on which the profession is to move forward under the new Professional Leadership Body (PLB). However, only 21% of pharmacists in England, 29% in Wales and 20% in Scotland saw fit to vote and, within the various voting categories, the figures were lower still. This was not the result that the Society’s president, chief executive and Council were looking for. They wanted a ringing endorsement from the profession for what they had done. Instead, they got a large dose of apathy.

Granted, the turnout was somewhat better than the last time the profession voted for members of Council, when the figure was just 15%. Still there can be little comfort in the fact that this time only two in every 10 members were prepared to vote either by post or electronically, particularly given the effort that went into trying to persuade them to vote. I received at least four e-mail reminders from Howard Duff, director for the English Board, in the run up to the closing date, and of course there were all those smiley-face advertisements in *The Pharmaceutical Journal* urging my involvement in the exciting future for the profession.

Obviously the Society would now like to move on. In a post-election letter to *The Pharmaceutical Journal* (2010;284:104), Steve Churton, president of the society, describes the new board members as ‘the leaders of our profession’ who have



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Philip Brown: Hospital and community pharmacists have different needs and aspirations

“won the electorate’s mandate”. He talks about “the fantastic amount that has been achieved during the past couple of years, with unprecedented levels of involvement and support from thousands within the profession”. It is a pity that these thousands could not be bothered to cast their votes — or was Mr Churton only referring to the 21% who voted?

It appears that the election was more about stopping remote supervision than about the future of the PLB. All 11 candidates campaigning under this Pharmaceutical Defence Association banner were elected by handsome majorities over the other candidates. In fact you could say that the PDA hijacked the election with an estimated 50% of all votes cast.

The Royal Pharmaceutical Society has always emphasised that it is not a union, so it is ironic that its crucial election, which should have been about the future of the professional body, was taken over

by a union issue. This outcome must raise questions about the separation of union and professional functions in the new national boards. In earlier articles, I have referred to the medical profession when considering the future structure of the pharmacy profession. I believe that the doctors have got it right. Their professional bodies are the Royal Colleges and their union is the British Medical Association. We pharmacists now have a professional body populated by candidates fighting for what is a union issue. This cannot be right.

In any post-mortem one is bound to ask not only what happened, but why. So why is it that the Society’s leadership elections seldom, if ever, capture the imagination of the membership? Why are pharmacists so apathetic when it comes to electing the “leaders of our profession”? More importantly, what would have to be done to change this situation?

First, I suggest that there is little to connect the membership of the profession with the candidates who stand for election. In recent times, those standing for election have, in the main, been enthusiastic individuals who have ideas about how the profession should be run and like the idea of being on the Council. I have no quarrel with these criteria, but these individuals have no natural constituency; no significant body of supporters who share similar views and opinions, on which to rely when the votes are cast.

I therefore do not find it surprising that when a group of members latch onto a cause such as the ‘stop remote supervision’ campaign or the ‘save our Society’ movement, this gives pharmacists something on which to hang their votes and which, in the context of the natural apathy of the profession, is likely to succeed. Quite where these single cause projects lead is anyone’s guess. The ‘save our Society’ movement

went nowhere because once it was decided to split the functions of the Society there was no natural follow on. I suspect that the remote supervision campaign will suffer the same fate.

I think that far more could have been done in preparation for the PLB to give a framework to the profession, which would ensure the transfer of grass roots opinion through organised channels to the permanent and elected leaders. For example, there could have been constituencies based on the 12 strategic health authorities, so that there were candidates standing for particular regions of the country, representing the particular local issues. Instead, other than the 'stop remote supervision' cause, the board elections brought us loosely defined initiatives from enthusiastic individuals, most of whom are strangers to the voters.

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The second reason for the apathy is the problem of matching the policies offered by the candidates to the very diverse electorate. This is a complex issue because of the make-up of the profession. To start with, there is the great divide between the hospital-based pharmacist and the community-based pharmacist. The former are a uniformly structured group with a clear hierarchy, from the Grade 6 entrants through to chief pharmacists. Their needs and aspirations, both political and professional, are quite different to their community colleagues.

By contrast, in the community pharmacy sector we have many subgroups of pharmacists. These include locums, employee pharmacists engaged in a wide variety of roles, and proprietor pharmacists. The political and professional aims and objectives of these different subgroups vary widely.

For board candidates to be able to offer acceptable policies to these diverse groups is a tough call at any time, and if their policies are not relevant, why should anyone vote?

All of which reverts back to Mr Churton's claim that the members of the new national boards are: "the leaders of our profession". In what terms are they leaders when seen in the context of the pharmacists who own and manage the large, medium and small pharmacy chains, the chief pharmacists who have huge responsibilities in large hospitals, and the deans and professors in our pharmacy schools and university departments? Are these people not the leaders of the profession?

I can think of a number of pharmacists who I would elect to a national body that is responsible for the professional development of pharmacy. These 'intellectual leaders' are not the same as those who would be our representatives with Government, the patient organisations and our other stakeholders, who I would term 'popular leaders'. I would not see the appointment of our intellectual leaders coming via popular vote, but rather by appointment from a college of senior pharmacists whose membership was based on the Society's fellowship system. Their task as members of a single national body would be to raise the intellectual standards of the profession in a way that enhances the intellectual performance of pharmacists in their working environments, so that pharmacists play on a level playing field with other senior healthcare professionals, not in the second division with the other healthcare workers, honourable as they may be.

So where would one expect to find the 'popular leaders' of the profession who would have a far more political role? I would expect to find these people in the trades unions, employers' organisations and the political bodies elected by the voters. Indeed, in a perverse way this is exactly what we have got, with the majority of members of the English board having been elected on the PDA's policy platform.

So what happens next and where are we going? Those at the Society's headquarters

in Lambeth would say that the dye has been cast. They argue that we now have all we need to forge ahead with the plans for the PLB that have been laid over the past two years. Now is not the time to reconsider all that has been discussed and agreed but rather it is time for the 'profession as a whole' to pull together and make a firm commitment to the future.

However, the critical question is whether the profession as a whole will sign up to the new regime or whether it will be business as usual for the majority of working pharmacists. If the apathy shown in the board elections is anything to go by, I am not optimistic.

I see the greatest progress towards a more professional body being made in the hospital environment and with those pharmacists who are fully committed to the practice of knowledge-based clinical pharmacy. As I said in my Last Word commentary in January (*BJ Clin Pharm* 2010;2:31), I can see the place for a Royal College for hospital pharmacists and the specialities practised in the hospital pharmacy — a view which, incidentally, was shared by a correspondent in a letter to *The Pharmaceutical Journal* last month (2010;284:105). At present hospital pharmacists have just two representatives out of 11 places on the English board, which can hardly be reassuring.

In a recent letter to *The Pharmaceutical Journal* (2010;284:74), Catherine Duggan, director of professional development and support at the Society, attempted to assure pharmacists that the PLB's partnership programme will include all sectors of the profession. Later this month the advanced and specialist project team of the professional body is to hold a stakeholder engagement meeting. "This", says Dr Duggan, "is an opportunity for all pharmacists to share views on national recognition of all levels of improved practice and to hear about the work undertaken so far".

If Dr Duggan delivers, then all should be well. But for this to happen there has to be far wider support from the profession as a whole. The message from the board elections is that the flame of enthusiasm has yet to be kindled.

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