



*Alisdair Jones*

The PDA has offered candidates of the Royal Pharmaceutical Society (RPS) National Board Elections 2024 in England and Wales the opportunity to tell PDA members their views on key issues. Below is Alisdair Jones' response:

**1. What would you hope to achieve over the course of your office, if elected?**

If re-elected, I will continue as treasurer to safeguard and grow our finances in an ethical and environmentally sustainable way, and re-invest these funds for the benefit of the membership. During my time on the board, we have already divested from fossil fuels and achieved high marks on the Climate Health Scorecard report, but we can do more.

Additionally, I wish to see structural reform of the governance of RPS with the aim of making it more effective, more accountable, and more connected to its members. The Firetail review, due to report later this year, examines this in detail.

I will continue to be the voice for our members and the profession at large, ensuring that pharmacy practice continues to develop for the benefit of the profession and the public.

**2. The RPS ceased to be the regulator over a decade ago and therefore membership became optional. It has refused to publicly declare its membership numbers for several years, even when asked to do so at its own annual meetings. The membership figure of "26,137 paying members" was given in the RPS Annual report 2022 and this is a rare insight for members. What is your view on transparency and in particular the declaration of membership numbers in future?**

Without transparency, people lose trust in the organisations that represent them, the RPS is no different. I have lobbied for greater transparency during my first term and have been pleased to see a gradual reduction in the amount of confidential business discussed at board meetings. The default is now for items to be discussed in open business. There is of course more to be done, and we must also acknowledge that in any organisation there must sometimes be confidential discussions.

Additionally, the organisation needs to continue with its renewed commitment to meaningful engagement with members, ensuring that they know about and can feed back on decisions that they feel passionate about.

On the point of membership numbers, I have previously argued that these should be released and I am pleased that they are now published in the annual report.

### **3. Should the RPS membership base remain exclusively for pharmacists, pharmaceutical scientists, and pharmacy students/trainee pharmacists? Why?**

I think as the role of the RPS develops, particularly in the fields of education, assessment, and credentialing, it may make sense in future to consider additional membership categories in line with other similar organisations. The Royal College of Emergency Medicine allows anyone to join as an affiliate member, for example. This would of course be subject to a vote by the membership, and as such my support would be based on the views of the membership.

However, I do feel that for now, the focus should be on getting the membership proposition right for the current member groups before we start considering any additional ones.

### **4. Pharmacy technicians undoubtedly have an important role to play in supporting pharmacists through skill mix. However, the government seems keen instead to introduce pharmacist role substitution for example by giving pharmacy technicians' the rights to operate Patient Group Directions (PGDs). What views do you hold on this subject and in particular, do you believe the pharmacy technicians have the appropriate levels of training to independently deliver PGDs?**

Pharmacy technicians have an important role to play in every sector of pharmacy practice, and many have done additional studies beyond that now required by the registration standards. However, the initial training for pharmacy technicians does not, in my opinion, provide enough grounding to warrant the use of PGDs without further training and development.

I am also concerned about the potential for pharmacy technicians in community pharmacy in particular who may be asked to use PGDs that necessitate a higher level of clinical assessment skills, which should be performed by a pharmacist. Some PGDs, such as large-scale vaccination, could be used by appropriately trained and supported pharmacy technicians.

I will categorically state that I do not agree with role substitution and the general public should always be able to expect to speak to a pharmacist in any pharmacy setting, regardless of what tasks or services may have been delegated.

### **5. Do you support the PDA's Safer Pharmacies Charter?**

Absolutely. I brought the Safer Pharmacies Charter to the English Pharmacy Board for discussion during my first term and was successful in getting support from the board, although it has not yet been formally endorsed by the wider organisation.

Safer pharmacies not only benefit patients, they benefit those who work in them as well.

### **6. What are your views on the UK Pharmacy Professional Leadership Advisory board installed by the 4 country Chief Pharmaceutical Officers?**

One of the historical problems with pharmacy is the siloed nature of the various organisations that work for the profession. This needs to end and I support any endeavour that attempts to bring different bodies together with a common purpose.

However, we must be mindful of any future attempt by politicians to take control of the profession. We must remain in control of our professional destiny, but this requires a proactive and strong show of leadership from those at the head of the profession.