Ankish Patel

RPS election candidate and Chief Pharmacist & Head of PCN Workforce





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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 Ankish Patel's response:

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

I want to drive greater collaboration between our sectors. With the transition of pharmacists in and out of PCN we can do more to capture the thoughts of individuals that have a broader perspective of interfaces between pharmacy sectors. We need to harness that understanding to improve outcomes and develop services that are built on pharmacist relationships.

I hope to create more avenues for meaningful participation and promote a greater culture of inclusivity which makes sure more voices are heard and valued. There should be a maximum number of terms served, to ensure diverse representation of the workforce, bringing in fresh views and ideas, whilst reducing complacency and conflicts of interest which develop with time.

I think the RPS can play a key role in helping develop specialised pathways/certifications for advanced pharmacists in areas such as long-term condition management, mental health, and other areas of advanced clinical practice.

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. What is your view on transparency and in particular the declaration of membership numbers in future?

Transparency from my point of view is essential for fostering trust and accountability within any organisation, this includes bodies like the RPS. Publicly declaring membership numbers is crucial for assessing the RPS reach, effectiveness, representation, and influences within the profession. I believe transparency nurtures confidence and can support RSP evaluation with regards to impact and inclusivity within the profession. So, on the face of it, I would advocate for more transparency, but would like to understand more about the reasoning for not declaring membership numbers.

3. Should the RPS membership base remain exclusively for pharmacists, pharmaceutical scientists and pharmacy students/pre-registration trainees. Why?

I believe the exclusivity of RPS membership to pharmacists, pharmaceutical scientists, and pharmacy students/pre-registration trainees serves to maintain the professional identity and integrity of the RPS. It ensures that the RPS remains focused on the specific needs, challenges, and aspirations of individuals directly involved in pharmacy practice and pharmaceutical science.

While pharmacy technicians play a vital role, maintaining a distinct membership base will help to uphold their unique perspective. The need for this perspective will become increasingly more important as the role of pharmacy technicians continue to evolve with regards to both complexity and changing supervision models.

This does not mean we can't have a combined view, and sometimes we will need to challenge each other, and that is normal and healthy for both roles. The RPS needs prioritise clear channels of communication and a commitment to collaborate, as many of the issues that will be faced will not be mutually exclusive.

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 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 PGD's?

Whilst I acknowledge the valuable skills and knowledge pharmacy technicians possess, we need to make sure their safety, patient safety and the quality of care remains the priority. We cannot ignore the differing levels of competency within this workforce, partly due to inadequate training investment in certain sectors and a disparity in confidence stemming from the perceived value of pharmacy technicians compared to 'pharmacy assistants' in some settings.

Expansion of pharmacy technician roles must be accompanied by appropriately recognised training and strong regulatory oversight to guarantee that techs are sufficiently prepared and competent to take on new responsibilities, including independently delivering PGDs.

From my experience of working with many pharmacy technicians both in community and general practice, I've learned that regular supervision, training, standard operating procedures, mentoring, and patience are some essential ingredients to ensure technicians can work with confidence and competence, ultimately improving patient outcomes.

5. Do you support the PDA Safer Pharmacies Charter?

I am supportive of initiatives aimed at promoting safer working environments within pharmacies, such as the charter, RPS Professional Standards & GPC Standards for Pharmacy Professionals.

Creating safe and supportive workplace's not only benefits pharmacy professionals but also enhances patient safety and the quality of care delivered. The PDA raises some very valid points, I agree more can be done to raise awareness among pharmacy staff about their rights, responsibilities, and available support mechanisms concerning safety and well-being in the workplace. This is becoming more pertinent with the introduction of more independent prescribers and more services which are increasing in complexity and risk.

I also believe there are elements of CQC which would benefit community pharmacy and would like to see more collaboration between CQC and GPHC, to help improve the standard of premises and patient safety especially as the level of clinical service and risk continue to increase.

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

I believe the establishment of the UKPLAB reflects a genuine commitment to strengthening leadership within the pharmacy profession and ensuring equitable representation of pharmacists' interests across the UK's four nations.

I am pleasantly surprised by the diversity and inclusivity of the board, which I see as a positive progression but think more should be done to make the selection process, rationale, declarations of interest more transparent to help build trust and engagement. The UKPLAB must prioritise integrating the viewpoints of frontline workers and maintaining transparency and accountability in the decision-making processes of board members.

Whilst I do have some reservations about the proliferation of yet another leadership group, I am optimistic that this advisory board will serve as a valuable platform for promoting collaboration, sharing knowledge, and strategically addressing significant challenges in the profession.