



Matthew Prior

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 Matthew Prior's response:

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

Elected office is not about individual achievements but the achievements you are able as a body to implement for the profession.

The ambition I would take with me if elected is to drive forward the profile and standing of pharmacy both within the profession and healthcare.

This is difficult to quantify, but the expectations that I have on my potential time in office is that the electorate feel more valued, optimally utilised and more appreciated. This is not only by the professional body, but the wider healthcare system, patients and our colleagues across the systems from other professions.

In doing so, my hope is that colleagues across pharmacy will feel tangible improvements whilst undertaking their daily activities.

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?

Transparency is important but it is vital to understand the rationale behind a decision where information isn't disclosed. I don't think it is possible to do this without being within the structure.

With membership numbers as the specific ask, it is important to identify what the PDA or other individuals would do with such data. All investigations and disclosure of information need to be done with the interests of the profession at its core and whilst there perhaps could be greater transparency and an explanation to the why information is withheld, I am struggling to identify the value that disclosing the information could provide for the greater good of the profession.

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

This is a complicated question with the subtext being, should pharmacy technicians be able to become members of the RPS. My personal beliefs are that the RPS should be a professional body for pharmacy as a profession, not simply pharmacists, however I do not want to downplay and undervalue the excellent work APTUK do.

Fragmentation across pharmacy is not good for the profession and this is true for different sectors and professions.

I am a devout supporter of pharmacy technicians and feel that access and membership to the RPS is only something that can benefit both pharmacy and our patients.

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 are an essential, underutilised workforce, key to driving forward pharmacy. The PDA has made their views on pharmacy technicians very clear within their response to the recent pharmacy supervision consultation. As a member of the PDA, this doesn't reflect my own views and I felt disappointed by the lack of a forward-facing view.

For pharmacists to reach their true potential we need to upskill pharmacy technicians and push the boundaries of legislation to release the capacity to truly transform and grow.

Pharmacy technicians generally have more experience within an operational setting compared to newly qualified pharmacists and it's on workplaces and employers to put sufficient training in place for all staff to be able to practice independently within PGD scope. There are so many fantastic pharmacy technicians with a wealth of knowledge and experience and to say they couldn't be trained to deliver PGD's is simply incorrect.

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

The key part for me is not the support which I feel should be a given across the profession but then how this is effectively implemented profession wide.

Herein lies the roles of the RPS to drive forward defined standards across pharmacy, across sectors. This requires deep consultation and a review of the fundamental practices and responsibilities of pharmacy. If ongoing surveys are describing unsafe environments for pharmacists to work in, we need to start thinking differently as staffing levels are going to be challenging until ~2030.

This feeds into novel ways of working, upskilling of pharmacy technicians and reviews such as the recent consultation review. We need to support and enter such discussions with an open mind, but finding a way to do this and define safe staffing levels in a way other professions such as nursing have is key to the long-term sustainability of our workforce.

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

I see it as a wholly positive thing to help bring the profession together. Pharmacy is fractured between the different sectors, and this is only getting worse with the creation of new roles over the last decade.

These roles are a positive addition and show growth in the valuation of pharmacy from external stakeholders but as a consequence the profession is pulling in an increasing number of directions.

What we need from this advisory board is the instillation of a shared purpose and vision for the entire profession as if we can group together and work together we can achieve so much more than the silo working we see in the disparate sectors presently. We have seen the strength of other healthcare professions over the last 12 months when they work together for a shared purpose and we need to capitalise on the opportunities this could provide for pharmacy.