



February 2018

Pharmacists' Defence Association Response to the Royal Pharmaceutical Society's Consultation on the Statement of the Role of the Pharmacist

| representing **your** interests |

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About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. It currently has more than 27,000 members. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Provide insurance cover to safeguard and defend the reputation of the individual pharmacist

Summary of RPS proposals

The RPS is consulting from 5 January 2018 until 19 February 2018 on a statement of the role of the pharmacist it has produced.

The PDA's recommendations are:

The term "patient-centred" should be used instead of "person-centred" and the document must be made consistent in the terminology it uses – using "patient" rather than "person" in reference to someone who has, is or will be receiving care from a pharmacist.

Separate role definitions should be developed for the major sectors of practice: community pharmacy, hospital pharmacy, primary care pharmacy and the pharmaceutical industry. Once these have been developed, they should be consulted upon again.

We would define the overall role of pharmacists far more simply, thus:

"Pharmacists are experts in medicines and the custodians of safe medicines supply and the optimisation of patient benefit from medicines use."

The core attributes, abilities and behaviours of pharmacists could then be defined on that basis.

The PDA would be pleased to work with the Royal Pharmaceutical Society on initiatives such as this, at an early stage before they are put out to public consultation. We were disappointed with the document for the reasons set out in response to the questions asked and believe that a closer working relationship between the two organisations would be of benefit to the profession.

These recommendations are also repeated in the relevant section of this document.

Consultation Response

1: Is the statement of the core attributes and abilities clear to understand?

NO

If not, what didn't you find clear?

We prefer the term “patient-centred” to “person-centred” since it better conveys the importance of the individual as a recipient of healthcare and embraces the ethos and attitude pharmacists have (and should continue to have) towards recipients of pharmacy services. “Person-centred” risks deprofessionalizing pharmacists, through the potential for diminution of this ethos and attitude. We fear that ‘person-centred’ is a term whose use may be being driven by consumerism and the loss of regard for healthcare recipients as patients – as opposed to “customers” in pharmacy. The word “person” is not associated conceptually with a recipient of healthcare and does not provide any form of distinct identity to those for whom pharmacists care. Some members of the public may object to the term “person” for these reasons and prefer to be called “patients”.

Just as a person who is ill is a patient, so too is a person seeking advice about healthy lifestyles in the future, for example. Whilst the concept of what constitutes appropriate patient care may change over time, the word “patient” need not. “Patient” is a term which signifies the fact that whilst a patient’s representative may present in the pharmacy, the pharmacist’s duty of care – and focus – will remain with the patient. We are concerned that it is the diminution of professionalism in pharmacy which has led the RPS to a point where it would even consider the change in terminology from “patient” to “person”.

Recommendation

The term “patient-centred” should be used instead of “person-centred” and the document must be made consistent in the terminology it uses – using “patient” rather than “person” in reference to someone who has, is or will be receiving care from a pharmacist.

2: Does the statement cover the all the attributes and abilities of the core role of the pharmacist across all sectors?

NO

The document states “If a particular sector wants to adapt and expand on the statement in future then it can serve as a basis for that.” Without leadership in that respect from the professional leadership body, the Royal Pharmaceutical Society, that is unlikely to happen.

Recommendation

Separate role definitions should be developed for the major sectors of practice: community pharmacy, hospital pharmacy, primary care pharmacy and the pharmaceutical industry. Once these have been developed, they should be consulted upon again.

3. Does the statement effectively explain the role to other professionals?

NO

If not, what would improve the statement?

The statement is unnecessarily long and rambling, and we feel is unlikely to be read often for those reasons.

4: Does the statement effectively explain the role to the public?

NO

If not, what would improve the statement?

Please refer to our response to question 3.

5. Do you broadly agree with the statement on the role of the pharmacist?

NO

If not, please explain your reasons.

The consultation document states *“Defining the breadth of knowledge, experience and contribution the pharmacist has, rather than specific roles pharmacists may play in a rapidly developing healthcare and science environment, recognises their varied scope in serving the interests of the patients and public.”* Confusingly, this makes it clear that the document’s purpose was not to define the role of the pharmacist, and was instead to take the more nebulous approach of defining the knowledge, experience and contribution that pharmacists can make. It is therefore unclear to us why the document is called a “statement on the role of the pharmacist”.

The statement doesn’t provide a clear, succinct definition of the overarching role; it is too nebulous to be of value or relevance for many pharmacist roles (for example, in medicines information) and needs sectoral role definitions, since practice is unlikely to become uniform between the sectors at any point in the near future.

In some areas, the statement is too cautious and lacks vision and ambition as a result. For example, it states *“The pharmacist is capable of leading and taking ultimate accountability in the development, selection and optimisation of medicines.”* In this case, we would have started the sentence with *“The pharmacist leads and takes...”*. The document is also silent on pharmacists’ role in defining the ethics and practice of pharmacy.

Recommendation

We would define the overall role of pharmacists far more simply, thus:

“Pharmacists are experts in medicines and the custodians of safe medicines supply and the optimisation of patient benefit from medicines use.”

The core attributes, abilities and behaviours of pharmacists could then be defined on that basis.

6. Other comments

Recommendation

The PDA would be pleased to work with the Royal Pharmaceutical Society on initiatives such as this, at an early stage before they are put out to public consultation. We were disappointed with the document for the reasons set out in response to the questions asked and believe that a closer working relationship between the two organisations would be of benefit to the profession.

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