



Stephen Churton

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 Stephen Churton's response:

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

I have several objectives. Firstly, to add the voice of organisational memory, senior corporate experience and strategic thinking to the other essential voices and skills of board members. The greater the diversity of the board the better the discussion, and the more effective the decisions and actions which flow. As President when the RPS was established I have a track record of making positive change happen.

Secondly, I am disappointed at the lack of ambition and influence demonstrated by the RPS. It needs to pivot and undergo radical transformation to regain credibility if it is to successfully embrace the changes needed to build a professional leadership ecosystem which is fit for purpose, and one which places the public interest as its central objective. This is what I will endeavour to achieve through appropriate challenge, support, collaboration and reform. It will not be easy, but that is my goal.

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?

The RPS undoubtedly needs to demonstrate a willingness to be more engaged with its membership, more inclusive in terms of its involvement of members and more transparent in its thinking, decision making and actions. As in any organisation, there will of course be some issues which justifiably need to remain confidential, but these should be kept to a minimum and challenged to ensure they meet the criteria for inclusion. On the specific question of membership numbers, I have never understood the reticence to divulge. It is clear to all that membership has plummeted from the level retained immediately after its establishment and continues to do so. Sure, this is not something to be proud of or indeed sustainable, but that is no reason to hide it. In my view it would be better to be open about it and focus on the reasons for this, rather than fuelling unhelpful speculation.

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

A couple of considerations here. I believe that effective professional leadership must embrace all of those who contribute to the innovative discovery and development, and the safe and effective supply and use of medicines to the benefit of the health and wellbeing of the public.

That is why, as President of the RPSGB I was an enthusiastic advocate for the inclusion of pharmaceutical scientists to the membership. In other words, professional leadership should be inclusive. Going forward I see a very different landscape of leadership to that which exists presently, and my election campaign makes this clear. In my view, it is essential that there is a place for all members of the wider “pharmacy family” to feel welcomed and appreciated. But it needs to be with the consent of those groups, and not enforced on them. If they see value in being included, they will come.

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?

I am interested that the phrase ‘pharmacist role substitution’ is used in the question. I prefer to think of this proposal as ‘pharmacist role liberation’. As well qualified clinicians, pharmacists should be engaged in activities which allow them to make full use of their knowledge and skills. It is widely accepted that to become more clinically engaged, as future opportunities will undoubtedly permit, pharmacists will need to relinquish some of their activities to others who are able and qualified to do so safely within their sphere of competence. Pharmacy technicians are valued members of the team and are eager to extend their traditional role to engage in more fulfilling activities. Of course, there will be limitations in terms of their ability to perform some activities and it is right that careful steps should be taken to ensure and examine their competence. It is not in anyone’s interest to do otherwise.

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

It would be difficult to disagree with the laudable purpose and objectives of the PDA’s Safer Pharmacies Charter. It is a useful reminder of what anyone would consider best practice in the interests of both pharmacy professionals and patients. The commitments are of course ‘ideals’ in that they describe what perfection would look and feel like. In reality, we all recognise that there are real-world pressures, restrictions, and actually some freedoms, which impact upon the ability to always fulfil these commitments. For example, the need for supervision (as currently defined), the opportunity for a pharmacy to remain open during the short absence of a responsible pharmacist, or the workforce shortages and pressures that we continue to experience. There are a number of multi-faceted issues which need addressing through a combination of debate, and changes to procedures, policies, regulations and guidance if we are able to deliver on the PDA’s charter commitments.

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

Unsurprisingly, given my support for the establishment of more collaborative, inclusive and effective professional leadership I welcomed the setting up of the commission by the CPhOs to review our future leadership requirements. I likewise welcome the establishment of the PPLAB to take this important work forward. I think the composition has been carefully considered and has reasonably good sectorial, geographical, and experiential representation. Encouragingly it also has interesting lay and royal college representation. It has been established as an ‘independent advisory body’, but it is unclear to me precisely what its specific remit and terms of reference are, how it will engage with the wider profession and with representative bodies not on the board, or importantly who or what it is advising. I trust all shall be clarified in due course as work gets underway, but I am absolutely convinced that the RPS must engage fully and selflessly.