



ROYAL  
PHARMACEUTICAL  
SOCIETY

# Report on the role of the pharmacist consultation

July 2018



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# Executive Summary

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## Background

The pharmacy profession is varied and pharmacists undertake diverse roles, some patient facing some non-patient facing which may also encompass research, teaching, leadership, business development and management. Therefore it is important from the outset to be clear about what **core attributes and abilities** are unique to our profession.

The statement on the role of the pharmacist covered all sectors. It did not cover the scope of practice or other members of the pharmacy workforce. The core attributes and abilities were listed under the following areas:

- (1) Person-centred;
- (2) Accessible to all patients as a source of advice and direction on health improvement and wellbeing;
- (3) Delivering the optimal use of medicines and pharmaceutical care. Pharmacists are the educator of health professionals, the public and patients on the safe and effective use or development of medicines;
- (4) Educating and undertaking evidence-based practice, innovation and research/The leader in pharmaceutical innovation, research and development of medicines, and of the delivery of pharmaceutical services;
- (5) Promoting safety/The patient's safeguard in the research, design, manufacture and supply of quality assured medicines

## About the consultation

The consultation was open for eight weeks, beginning on 08 January and ending on 05 March 2018. An online survey was available for members and stakeholders to complete during the consultation period. We also accepted postal and email responses.

## Approach to analysis and reporting

All responses were collated and analysed. A quantitative and qualitative analysis was undertaken.

## Analysis of the consultation responses

### (I) Quantitative analysis

The number of responses are shown in table 1.

**Table 1 – Number of respondents**

Respondent	Number of responses	Percentage
Individual	63	73
Organisation	23	27
Total	86	100

In summary:

- 68% of respondents thought the statement was easy to understand;
- 51% of respondents thought that the statement covered all attributes and abilities;
- 49% of respondents said that the statement explained the role of the pharmacist to other professionals;
- 34% of respondents said that the statement explained the role of the pharmacist to the public;
- 70% of respondents broadly agreed with the statement.

## **(2) Qualitative analysis**

The main themes arising from the qualitative analysis of the responses were:

- Tone, language and terminology;
- Purpose and applicability;
- Improving the statement.

### **Themes – Discussion**

A wide range of views were presented about the tone, language and terminology of the statement suggesting that the core role needs to be communicated in different ways to the different audiences: the pharmacy profession, other professions and the public.

Although it was questioned whether the role of the pharmacist needed to be defined, there was a consensus that the role is evolving. The International Labour Organisation, in its international standard classification of occupations states ‘Pharmacists apply pharmaceutical concepts and theories by preparing and dispensing or selling medicaments or drugs’ – this ‘definition’ does not closely reflect the comments and views received in the consultation that reflected a wider scope of practice, a wide variety of roles across all sectors and extended or advanced roles.

A number of respondents highlighted roles that they felt were missing from the statement. The statement was not originally intended as a full description of every possible role that a pharmacist can undertake during their career, but an attempt to clarify the core role – a statement of core attributes and abilities needed to practice as a pharmacist from the outset with extended and/or advanced roles following.

### **Conclusions**

The statement attempted to discuss the role of the pharmacist in general terms rather than exploring particular specialisms, branches of the profession, extended or advanced roles. We should also acknowledge that there is increasingly complexity of roles that pharmacists have to undertake and that the core role should ready them for this. It is also important to recognise the contribution pharmacists making in non-patient facing roles and the benefits that their training bring to this.

## **Recommendations**

**Recommendation 1: Create statements tailored to pharmacy professionals, other professionals and the public that describes the core role in 5 years' time.**

**Recommendation 2: Use plain English principles, more assertive language and explain any terminology used.**

**Recommendation 3: Reduce the length of sentences, remove duplication and improve the flow.**

**Recommendation 4. Clearly state what the purpose of the statement is and how it differs from the standards produced by the GPhC.**

**Recommendation 5. Define the core role, extended and advanced roles and give examples in practice.**

# I Background

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## I.1 Introduction

I.1.1 The consultation was about the draft statement on the role of the pharmacist that was originally developed in 2016/17 as a thought leadership paper by our former Education Expert Advisory Group (which was composed of pharmacists from all sectors).

I.1.2 Health demands and expectations are increasing. In being clear about the role of the pharmacist, we hope to support the selection, education, training and professional development of pharmacists as well as plan the future pharmacy workforce.

I.1.3 The pharmacy profession is varied and pharmacists undertake diverse roles, some patient facing some non-patient facing which may also encompass research, teaching, leadership, business development and management. Therefore it is important from the outset to be clear about what **core attributes and abilities** are unique to our profession.

I.1.4 The draft statement on the role of the pharmacist covered all sectors of practice in Great Britain. It did not cover the scope of practice or other members of the pharmacy workforce.

## **I.2 Draft statement on the role of the pharmacist**

### **The pharmacist**

The pharmacist, as with other healthcare professionals such as medical doctors, may practice or operate in various roles. This may be directly in patient facing roles or other important medicine development, healthcare or scientific positions. The role of the pharmacist, no matter where they work or their specialist area, is person-centred – their role will impact on the public and patients.

This statement describes how the pharmacist's role is contributing to healthcare and society now and how it will develop and be applied further in the next five years. Defining the breadth of knowledge, experience and contribution the pharmacist has, rather than specific roles they may play in a rapidly developing healthcare and science environment, recognises their varied scope in serving the interests of the patients and public.

### **The role**

The pharmacist is capable of leading and taking ultimate accountability in the development, selection and optimisation of medicines. The pharmacist's specialised knowledge, background in complex pharmaceutical science, medicine development and professional judgement makes them uniquely placed in the healthcare team to manage and often lead in the increasing complexity and personalised nature of medicine and medical conditions.

The initial education and training of pharmacists will provide a strong foundation in pharmaceutical science, practice and research as well as providing a platform to develop advanced and specialist practice. Pharmacists use reflective practice and actively seek professional development opportunities – they will also be up-to-date with the latest evidence in pharmacy, medical and scientific research into medicines.

Pharmacists, with the support of the Royal Pharmaceutical Society, always strive for excellence in every part of their working life. While pharmacists have a key role in enhancing and developing clinical services through their positions of responsibility, some will progress from clinical leadership and management to leadership roles in organisations at various levels, and this may be nationally or internationally. A registered pharmacist carries with them their knowledge of the patient, the community they work in, and pharmaceutical care need.

As a healthcare professional, in whatever arena they may work and contribute to, the pharmacist possesses a set of characteristics and skills worthy of the trust and recognition of the public, as a strong partnership with them is needed for optimal medicines use. These include good communication skills, resilience, the ability to work as part of a team, non-judgemental behaviour, empathy, integrity and the unique scientific and clinical skills.

## The core attributes and abilities:

### **(1) Person-centred**

People's needs will be anticipated and recognised by the pharmacist who will directly care for them by understanding their preferences, attitudes, health and cultural beliefs. The pharmacist will also take opportunities to consult with the public directly and proactively.

### **(2) Accessible to all patients as a source of advice and direction on health improvement and wellbeing**

The pharmacist is the frontline clinical provider of all aspects of pharmaceutical care easily accessible to everyone. This allows the pharmacist to lead a growing number of person-centred and medicines-focused services through a connected network of pharmaceutical services across all settings.

Registered pharmacists will lead the pharmacy team, maximise skill mix in the team and collaborate closely with or lead other members of the multi-disciplinary team as the expert on medicines.

### **(3) Delivering the optimal use of medicines and pharmaceutical care. Pharmacists are the educator of health professionals, the public and patients on the safe and effective use or development of medicines**

Diagnostic tests, new medicines (and formulations), technology and digital medicine will be developed and delivered by pharmacists in both science/research and in the patient-facing setting

Pharmacists are the healthcare professional entrusted by patients to take care of their pharmaceutical needs and the recognised professional of the healthcare team responsible for choosing pharmacotherapy.

Pharmacists will be actively involved in the selection (and in some cases de-selection), prescribing and monitoring of medicines for patients in all care settings thereby helping patients make the most of their medicines. Patients will be directed to appropriate health services by pharmacists in their local community. They will also formally make referrals to and receive referrals from medical or other healthcare professionals to ensure patients receive the right and best care for them.

Pharmacists are the guardians of patient safety and welfare by maximising the benefits and minimising the risk caused by the adverse effects of medicines.

Pharmacists will also deliver public health and health promotion services and campaigns including immunisation programmes, access to screening/health checks and diagnostic tests to inform care plans for patients. They will support and inform people with self-care and provide health advocacy and health education of individuals.

As the recognised leader for the optimal use of medicines across the healthcare system and the professional overseeing the outcomes of patient's treatment, the pharmacist will provide a personalised medicines service and precision medicine therapy (pharmacogenomics) – particularly for those with long term and complex conditions. Pharmacists will drive quality improvement strategies to improve the use of medicines. Pharmacists will also have full read and write access to the patient's record of care.



**(4) Educating and undertaking evidence-based practice, innovation and research/The leader in pharmaceutical innovation, research and development of medicines, and of the delivery of pharmaceutical services**

Pharmacists will educate future and fellow members of the profession as well as other professions, acting as role models and mentors – this will be a core part of a thriving professional culture of learning. The design, conduct and analysis of research into medicines and pharmaceutical care will involve pharmacists at all levels. In addition, pharmacists will contribute to the evidence base in both science and practice, using their underpinning scientific knowledge in the best interests of public and patients, practising in accordance with the latest professional standards and guidance.

Pharmacists are recognised as the expert professional for medicines governance, information and management.

**(5) Promoting safety/The patient’s safeguard in the research, design, manufacture and supply of quality assured medicines**

Pharmacists will be the arbiters of safe practice relating to medicines in all areas: development, manufacture, procurement, prescribing, dispensing, administration and pharmacovigilance. Pharmacists will lead a culture of candour and openness.

## 2 About the consultation

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2.1 The consultation was composed of two elements:

- (1) Survey design and creation of the consultation document;
- (2) Dissemination;

2.1.1 Survey design and creation of the consultation document

A survey was designed and tested. The online survey and consultation document (for email and postal responses) contained questions asking about the draft statement on the role of the pharmacist. See appendix I. The survey contained a number of yes/no questions that could be elaborated on using free text boxes.

2.1.2 Dissemination

The consultation was open for eight weeks, beginning on 08 January and ending on 05 March 2018. To ensure engagement from as many members and stakeholders as possible:

- An online survey was available for members and stakeholders to complete during the consultation period. We also accepted postal and email responses.
- We utilised social media, the pharmaceutical journal and direct emailing (containing links to the survey and consultation document) of members, stakeholder

organisations and the professional leadership bodies of other professions to promote the consultation.

## 3 Method of analysis and reporting

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3.1 All responses were collated and analysed. Individual and organisational responses have been considered together rather than undertaking a separate analysis for each. Each individual and organisation response counted as one response.

3.2 A **quantitative analysis** includes tables and figures contained within this report to display the number of respondents selecting different answers in response to questions in the online survey. The ordering of relevant questions in the survey has been followed in the analysis. Where questions have been skipped, this has been logged.

3.3 This analysis report also includes a **qualitative analysis** of all responses to the consultation, including online survey responses from members and stakeholders, email and postal responses.

3.4 Every response received during the consultation period has been considered in the development of our analysis. Our thematic analysis allows us to display the range of responses received in an open and transparent way whether they have been presented by individuals or organisations and irrespective of what the mode of response (online, survey, email or post) was. As this consultation was a self-selection survey, we recognise that members and groups who view themselves as being particularly affected by the draft statement, or who have strong views on the subject matter, are more likely to have responded.

3.5 A coding framework was developed to identify different themes in responses, to ascertain patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built through an iterative process of identifying what emerged from the data, rather than a pre-prepared framework set prior to the analysis of the data. The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents. The term 'respondents' is used throughout the analysis and refers to those who completed the consultation survey - it includes both individuals and organisations.

# 4 Analysis of consultation responses

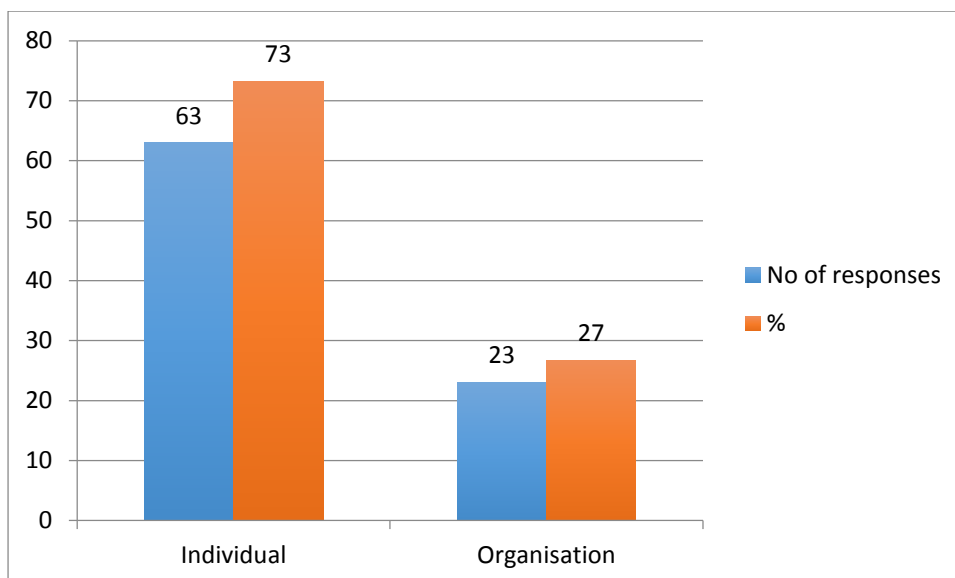
## 4.1 Quantitative analysis -results

4.1.1 The numbers of respondents to the consultation are displayed in table 1 and figure 1. Organisations who responded are listed in appendix 2.

**Table 1 – Number of respondents**

Respondent	Number of responses	Percentage
Individual	63	73
Organisation	23	27
<b>Total</b>	<b>86</b>	<b>100</b>

**Figure 1 Number of respondents**



4.1.2 The countries of residence of individuals responding are displayed in table 2 and figure 2.

**Table 2 Country of residence of individual respondents**

Country	Number of responses	Percentage
England	40	63
Scotland	11	17
Wales	6	10
Northern Ireland	1	2
Other	3	5
Skipped question	2	3
<b>Total</b>	<b>63</b>	<b>100</b>

**Figure 2 Country of residence of individual respondents**

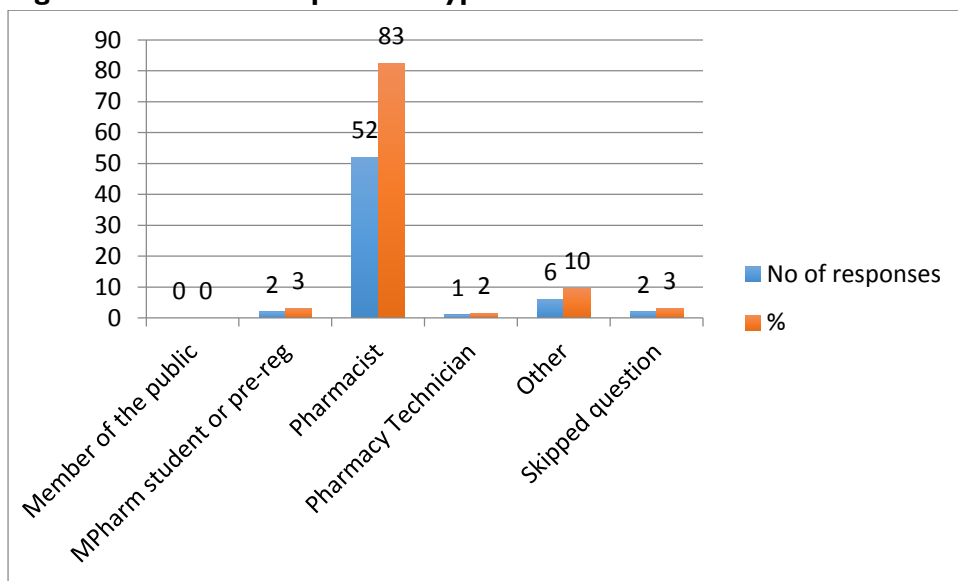


4.1.3 The types of individual respondents to the consultation are described in table 3 and figure 3.

**Table 3 Individual respondent type**

Respondent	Number of responses	Percentage
Member of public	0	0
MPharm student or pre-reg	2	3
Pharmacist	52	83
Pharmacy Technician	1	2
Other	6	10
Skipped question	2	3
<b>Total</b>	<b>63</b>	<b>100</b>

**Figure 3 Individual respondent type**

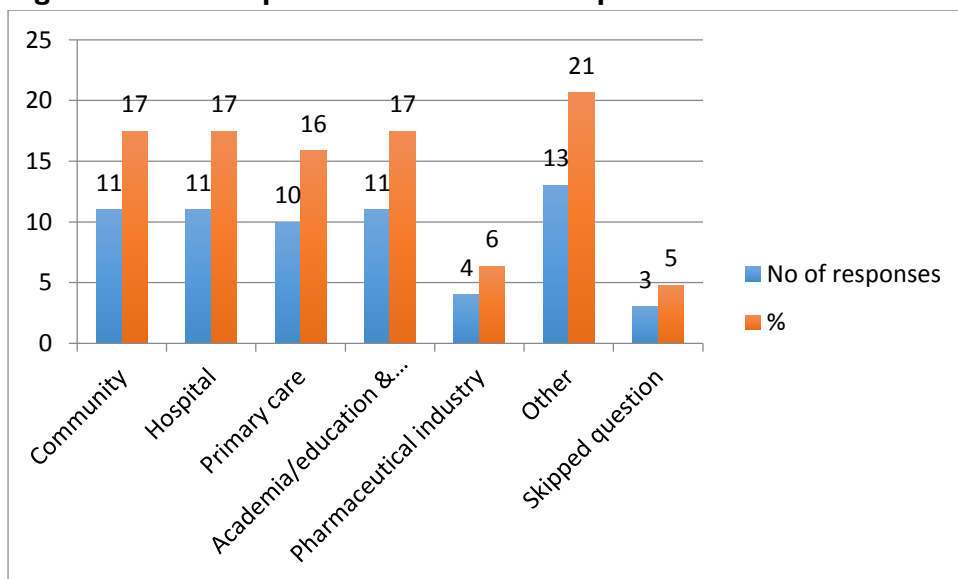


4.1.4 The sectors of practice of individual respondents are displayed in table 4 and figure 4.

**Table 4 Sector of practice of individual respondents**

Sector of practice	Number of responses	Percentage
Community	11	17
Hospital	11	17
Primary Care	10	16
Academia/Education & Training	11	17
Pharmaceutical Industry	4	6
Other	13	21
Skipped question	3	5
<b>Total</b>	<b>63</b>	<b>100</b>

**Figure 4 Sector of practice of individual respondents**



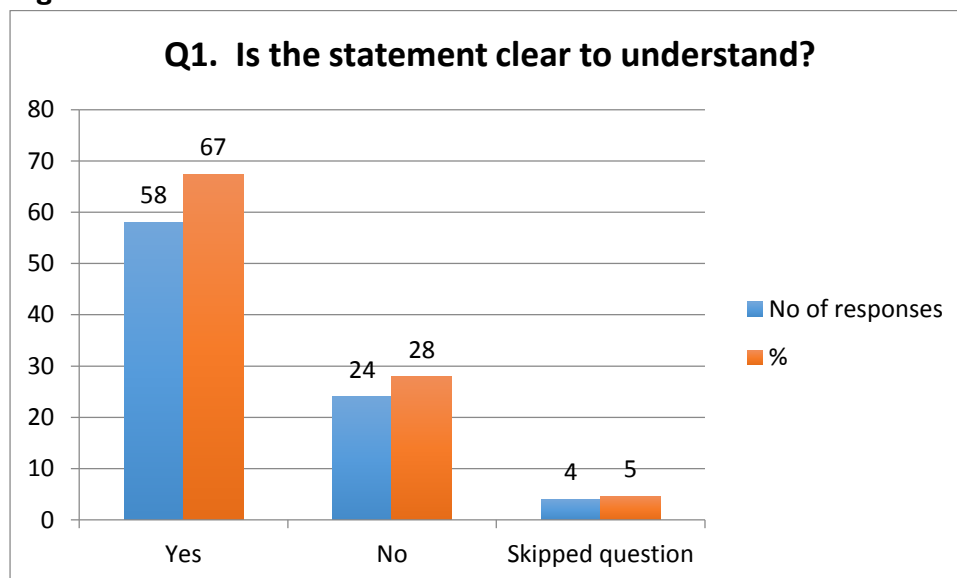
4.1.5 The results from the consultation survey include responses from individuals and organisations. In some instances individuals and organisations did not respond to questions because the question was skipped or because they chose to submit a more general response to the consultation.

4.1.6 Tables 5-9 and figures 5-9 describe the responses to questions 1-5 from the consultation survey (see appendix 1). Table 5 and figure 5 show that the majority of respondents felt that the statement was clear to understand.

**Table 5**

<b>Q1 Is the statement clear to understand?</b>	<b>Number of responses</b>	<b>Percentage</b>
Yes	58	68
No	24	28
Skipped question	4	5
<b>Total</b>	<b>86</b>	<b>100</b>

**Figure 5**

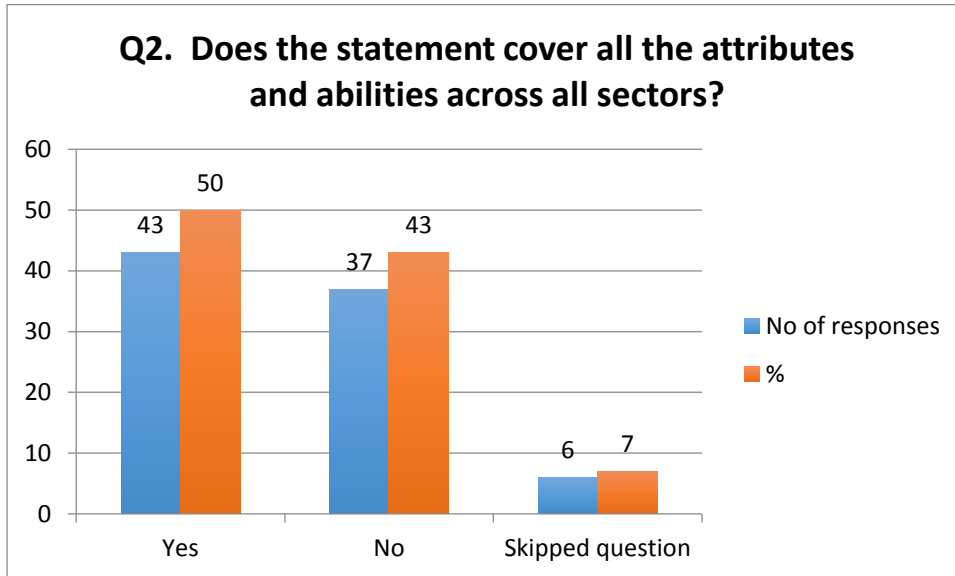


4.1.7 Table 6 and figure 6 demonstrate that more respondents thought that the statement covered all attributes and sectors though this was much narrower majority than the one in the previous question.

**Table 6**

<b>Q2 Does the statement cover all attributes and abilities across all sectors?</b>	<b>Number of responses</b>	<b>Percentage</b>
Yes	43	51
No	37	43
Skipped question	6	5
<b>Total</b>	<b>86</b>	<b>100</b>

**Figure 6**

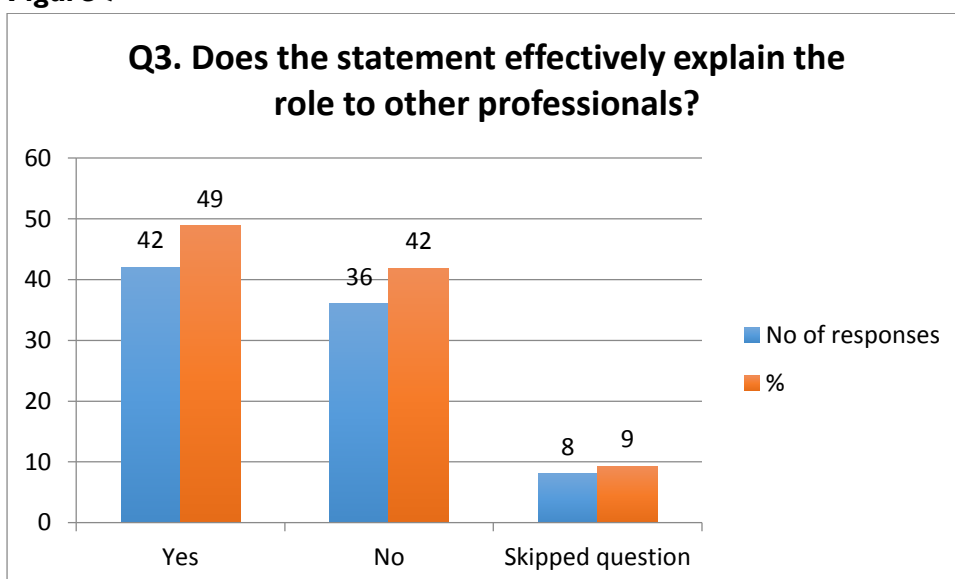


4.1.8 Table 7 and figure 7 show that a small majority of respondents said that the statement effectively explained the role of the pharmacist to other professionals.

**Table 7**

Q3 Does the statement effectively explain the role to other professionals?	Number of responses	Percentage
Yes	42	49
No	36	41
Skipped question	8	9
<b>Total</b>	<b>86</b>	<b>100</b>

**Figure 7**

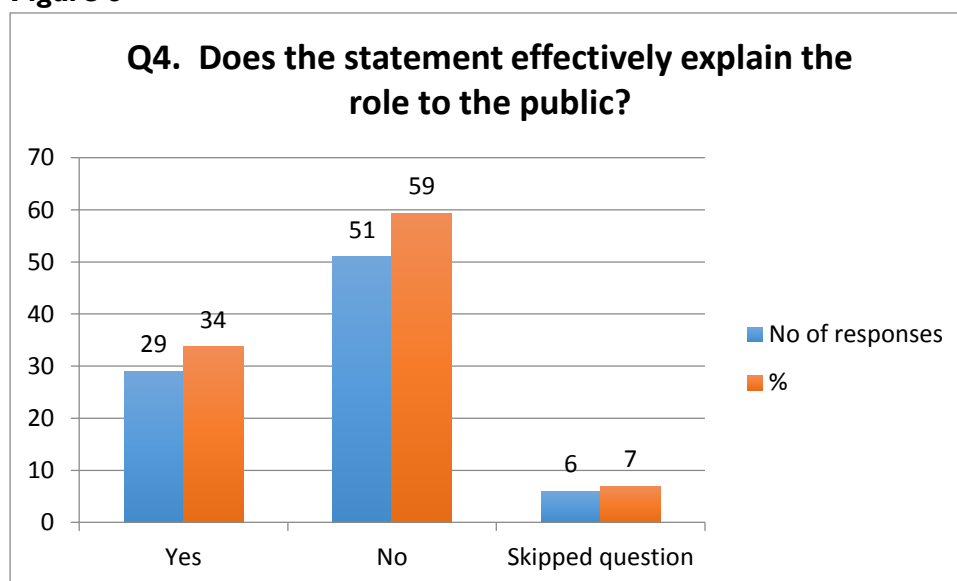


4.1.9 Table 8 and figure 8 illustrate that the majority of respondents did not think that the statement explained the role of the pharmacist effectively to the public.

**Table 8**

Q4 Does the statement effectively explain the role to the public?	Number of responses	Percentage
Yes	29	34
No	51	59
Skipped question	6	7
Total	86	100

**Figure 8**



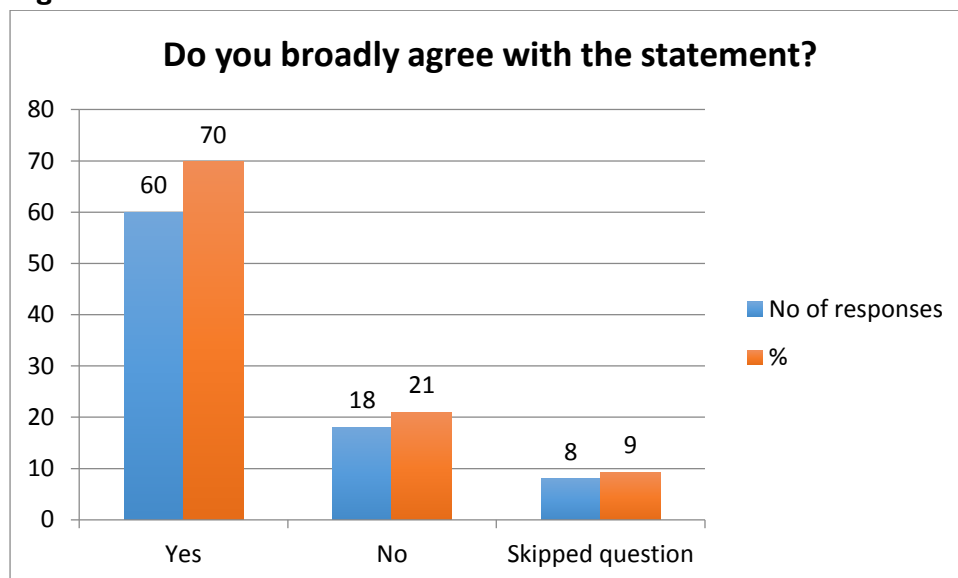
4.1.10 Table 9 and figure 9 show that the majority of respondents broadly agreed with the statement on the role of the pharmacist.

**Table 9**

Q5 Do you broadly agree with the statement?	Number of responses	Percentage
Yes	60	70
No	18	21
Skipped question	8	9
Total	86	100



**Figure 9**



## 4.1 Quantitative analysis - discussion

4.1.1 All the constituent nations of Great Britain were represented in the responses from individuals. Unsurprisingly, given the subject matter of the consultation, the largest number of individual respondents were pharmacists. All the main sectors of pharmacy were represented.

4.1.2 A variety of organisations responded to the consultation. Importantly these were pharmacy and non-pharmacy organisations including royal colleges, trade associations, unions, healthcare providers, professional membership bodies, bodies representing NHS pharmacy contactors and specialist groups. Unfortunately no patient groups responded even though they were targeted in the dissemination phase of the consultation. Their input is essential and this will need to be followed-up.

## 4.2 Qualitative analysis

### 4.2.1 Introduction

4.2.1.1 The main themes arising from the qualitative analysis of the responses were:

- Tone, language and terminology;
- Purpose and applicability;
- Improving the statement.

### 4.2.2 Theme 1: Tone, language and terminology

4.2.2.1 There were opposing views on the tone and language used in the statement. Some respondents felt that it was well written and succinct, whilst others thought that the language was too complex, vague and unfocused in places as well as being too long (with

'multiple sentences'). In addition, it was suggested that the statement should take a broader viewpoint in contrast to others who said it was too broad and lacked clarity and definition with more specifics required. In some cases the statement was described as clear to other professionals, in others, unclear and requiring more technical detail. It was also suggested that the statement should be checked with other professionals before finalising.

4.2.2.2 Several respondents requested the use of plain English with the language described as not engaging and inaccessible – particularly for the public and that this could create confusion. One respondent described the text as 'science heavy' and others said it was academic in tone, 'written by committee' and wanted to understand the rationale behind the statement. Further suggestions were to remove duplication and improve the flow including more direct information and facts. Consistency was asked for with the use of the term pharmacist or pharmacists and pharmacists or registered pharmacists

4.2.2.3 Recommendations included creating a single, simplified short statement (perhaps with a strap line), clear in detail, about what a pharmacist is and to change the style to focus on expertise. One comment said that the document was difficult to understand without repeated readings or referring to the complementary role of the pharmacist article<sup>1</sup> that was published in the Pharmaceutical Journal to promote the consultation. Although the key messages about the role were thought to be valid and that this was a 'good effort' given that the profession had so many roles.

4.2.2.4 Some respondents also asked for a greater vision, a more ambitious and aspirational statement of the role using stronger 'unapologetic' wording. For instance, stating what the role is, rather than what it is capable of (respondents stated that pharmacists were currently already active in many areas of the statement rather than just potentially active). However, others thought some language was too bold and 'overstepped the mark' i.e. was not based on reality and expectations should be managed. The statement was also thought to be paternalistic or patronising in places and that it was 'by pharmacists about pharmacists'.

4.2.2.5 Too much jargon was frequently mentioned as an issue and further explanation of terms used within the core attributes and abilities was recommended e.g. pharmaceutical care – particularly for describing the role to the public. Other words were suggested as being useful in the statement such as 'honesty', 'trustworthy', 'quality' and 'efficiency' though some argued that there were attributes and abilities that were not unique to pharmacy and common to other healthcare professionals.

4.2.2.6 The term 'person-centred' was welcomed but also caused some to argue that it 'de-professionalised' pharmacists and that 'patient-centred' should be used instead (as the latter term was felt to more accurately described those who access pharmacy services). The statement was also described as a customer services pitch rather than conveying that the pharmacist utilises their expertise to help patients.

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<sup>1</sup> John C, The changing role of the pharmacist in the 21<sup>st</sup> century. Pharmaceutical Journal 2018;300(7909):online Available at: <https://www.pharmaceutical-journal.com/your-rps/the-changing-role-of-the-pharmacist-in-the-21st-century/20204131.article>

4.2.2.7 It was questioned why core attributes and abilities were used (rather than knowledge and skills) and one respondent thought the statement described them as actions. Greater impact was thought achievable if the focus shifted to skills, knowledge and uniqueness of the pharmacist and that the statement should not be read as a justification of the role, rather a way to communicate the contribution the role of the pharmacist will make in future. Taking an approach comparable to a job description was another suggested idea i.e. education, experience, skills, knowledge and personal attributes.

### **4.2.3 Theme 1: Tone, language and terminology – Discussion**

4.2.3.1 The fact that there were a wide range of views about the tone, language and terminology of the statement suggests that the core role needs to be communicated in different ways to the different audiences: the pharmacy profession, other professions and the public.

4.2.3.2 It would also seem important to not make the assumption that the terminology used in the statement will be understood by all and that in cases it needs explaining and elaborating on. This includes terms such as ‘pharmaceutical care’.

4.2.3.3 The different interpretations of the term ‘person-centred’ perhaps warrant further explanation. Person-centred care is defined as: people having as much control and influence as possible over decisions that affect their own health and care<sup>2</sup> — as patients, carers and members of communities. Therefore this approach ‘puts people, families and communities at the heart of health, care and wellbeing’. It is about people feeling able to speak about what matters to them (rather than being asked ‘what is the matter?’) and professions listening and developing an understanding of their needs. The Royal College of Nursing describes the term person-centred as covering patients accessing the health system, clients accessing mental health services, residents of care homes or women accessing maternity services. The Royal College of General Practitioners also working towards delivering person-centred care stating that it empowers individuals to ‘take an active role in their own health and wellbeing working alongside the GP’s medical expertise and that of other professionals’.

4.2.3.4 The question of whether to focus on attributes and abilities or knowledge and skills may have arisen because the purpose of the document was not clear to respondents. It could be argued that knowledge and skills are covered by other documents depending on the stage of a pharmacist’s career. For instance the knowledge and skills required to practice as a pharmacist on day 1 of being registered are defined in the General Pharmaceutical Council’s (GPhC’s) initial education and training standards for pharmacists<sup>3</sup>. Competencies for early years’ pharmacists are listed in the RPS’s Foundation Pharmacy Framework and for 2 years registered and beyond the Advanced Pharmacy Framework is available. The purpose of the statement is further discussed under theme 2 (section 4.2.5)

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<sup>2</sup> National Voices. Person-centred care in 2017. Evidence from service users. 2017. London: National Voices. Available at: [https://www.nationalvoices.org.uk/sites/default/files/public/publications/person-centred\\_care\\_in\\_2017\\_-\\_national\\_voices.pdf](https://www.nationalvoices.org.uk/sites/default/files/public/publications/person-centred_care_in_2017_-_national_voices.pdf)

<sup>3</sup> General Pharmaceutical Council. Standards for the initial education and training of pharmacists. 2011. London: General Pharmaceutical Council. Available at: [https://www.pharmacyregulation.org/sites/default/files/document/gphc\\_future\\_pharmacists\\_may\\_2011.pdf](https://www.pharmacyregulation.org/sites/default/files/document/gphc_future_pharmacists_may_2011.pdf)

**Recommendation 1: Create statements tailored to pharmacy professionals, other professionals and the public that describes the core role in 5 years' time.**

**Recommendation 2: Use plain English principles and explain any terminology used.**

**Recommendation 3: Reduce the length of sentences, remove duplication and improve the flow.**

#### **4.2.4 Theme 2: Purpose and applicability**

4.2.4.1 There were conflicting views about whether the role of the pharmacist needed to be defined. Some respondents welcomed RPS's leadership and the importance of the aim of the statement to define the role of the pharmacist. Similarly, defining the role of the pharmacy technician was believed to be worth consideration. Ensuring standards and scope of practice in the profession (and there is aspirational and geographical variation) were also viewed as important. It was acknowledged that defining the role of the pharmacist was a difficult task – especially when addressing multiple audiences. Others felt that this was too difficult an exercise, questioning what this statement was trying to achieve. One respondent described the purpose the statement was to describe a 'revived profession integral to healthcare'; another felt that it was 'sad' that pharmacists had to explain their role.' There was also wide acknowledgement that the concept of the pharmacist is evolving and that the statement should explain the benefits of the role and its growth to other professionals and public. One cited benefit was the broad nature of pharmacy so it was thought to be important to describe where pharmacists are found – the different contexts in which they work.

4.2.4.2 Although some believed that the statement was a 'great initiative' others felt that it was bureaucratic and academic rather than a working paper. A number of pharmacy organisations reflected that they would have liked to have been involved with the process of developing the statement at an early stage but added that they looked forward to involvement in further development/refinement of the statement. It was also questioned whether the statement was necessary as the role was defined via the GPhC's initial education and training standards for pharmacists and the standards for pharmacy professionals<sup>4</sup>. Opposing views were that the statement fitted government strategy and supported selection and education of the right workforce for the future whilst raising self-awareness amongst the existing workforce to adapt to emerging roles by developing their skills and knowledge. Caution was expressed that the statement should not encourage restrictions on future pharmacy roles.

4.2.4.3 Some respondents suggested that the purpose of the statement was unclear - that it could not be applied across all sectors and that the intended audience was not transparent. Creating separate tailored statements for professionals (not limited to the healthcare team) and public (explained in a simpler way) were strong recommendations from respondents.

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<sup>4</sup> General Pharmaceutical Council. Standards for pharmacy professionals, 2017. London: General Pharmaceutical Council. Available at: [https://www.pharmacyregulation.org/sites/default/files/standards\\_for\\_pharmacy\\_professionals\\_may\\_2017\\_0.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf)

The statement was not viewed as currently fit for purpose for the public. Greater lucidity was requested for whether the purpose of the statement was to describe the role now or in the future (and therefore become more aspirational in tone). It was also suggested that the focus should be on the future (by describing how the role will change and the associated education and training requirements) and to revise the statement every five years.

4.2.4.4 Comments received also referred to a focus on patient-facing roles (particularly in community pharmacy practice) and little reference to non-patient facing roles. Conversely, some argued that the statement concentrated on 'peripheral roles'. Concern was expressed that the statement did not apply to some pharmacists i.e. it read as sector-specific tasks and responsibilities and that it was difficult to encompass all sectors and roles. Indeed, a number of respondents requested separate role definitions for each of the main sectors of pharmacy. Though it was questioned if this was likely to happen without the oversight of professional leadership. Other respondents posited that the statement covered most core roles.

4.2.4.5 There were requests to include emerging/changing roles and to explain the contribution of the role to wider society with a greater focus on patient outcomes. The statement was believed to apply more widely than healthcare and should include social care. It was also proposed that examples and case studies could be added and closer links made to the General Pharmaceutical Council's standards for pharmacy professionals.

4.2.4.6 One respondent asked for greater promotion of the role (if this was a purpose of the statement) and another said that it should apply to all pharmacists and not just members of the Royal Pharmaceutical Society. The statement was also described more as an aspiration and a set of skills, knowledge, experience and contribution of pharmacists. Another recommendation included highlighting the interfaces with other healthcare professionals more widely than just the medical profession.

## **4.2.5 Theme 2: Purpose and applicability – Discussion**

4.2.5.1 Although it was questioned whether the role of the pharmacist needed to be defined, there was a consensus that the role is evolving. The International Labour Organisation, in its international standard classification of occupations states 'Pharmacists apply pharmaceutical concepts and theories by preparing and dispensing or selling medicaments or drugs' – this 'definition' does not closely reflect the comments and views received in the consultation that reflected a wider scope of practice, a wide variety of roles across all sectors and extended roles. Legislation and key policies define the current core roles and responsibilities of the pharmacy workforce (though there are some differences between the community and hospital sectors). The Medicines Act dictate the functions of the pharmacist's role particularly around the sale and supply of medicines though changes are expected as part of the current rebalancing programme of work.

4.2.5.2 Respondents often quoted the GPhC's standards as a reason for not requiring a definition of the role of the pharmacist. However, the GPhC do not currently define the role of the pharmacist in 'Future Pharmacists: Standards for the Initial Education and Training for Pharmacists'<sup>2</sup>. The purpose of these standards is to set out the requirements,

standards, criteria and learning outcomes for the delivery of accredited Mpharm programmes by schools of pharmacy. Within the learning outcomes, competencies are described that a pharmacist should possess on day 1 of practice. The initial education and training standards for pharmacists have been in place since 2011 and although they are being revised, it could be argued that the core role of the pharmacist has changed and that these set a minimum rather than an aspirational standard. The presence of the GPhC's Standards for Pharmacy Professionals<sup>4</sup> was also cited as a reason for not needing a definition of the role of the pharmacist. However, these particular standards relate to professionalism (including professional ethics) and they cover pharmacists and pharmacy technicians – setting a minimum standard as the basis by which a registrant's fitness to practice may be assessed. The standards could therefore be viewed as the fundamentals of pharmacy professionalism (defined as a set of values, behaviours and relationships that underpin the trust that the public has in pharmacists). As such, they define how the role should be undertaken but not what the role is. Professionalism underpins the role.

4.2.5.3 In 2008, leaders in the medical profession agreed a consensus statement on the role of the doctor. This was updated in 2014 as part of the Selecting for Excellence Project<sup>5</sup> – an initiative to improve the selection of students with the necessary core values, skills and attributes needed to study medicine. The purpose of the statement was therefore primarily to help applicants prepare for their application to medical school by giving them an outline of what skills, values, and attributes might be tested. It was also intended to encourage consistency in selection by medical schools. In a similar way, it could be argued that in its role as the professional leadership body for pharmacy, the RPS should articulate a vision for the future role of the pharmacist so the profession can know how best we should select, educate and train pharmacists and plan for the future pharmacy workforce. Such a statement should perhaps be set to 5 years in the future as MPharm students starting this year will usually register within that time period.

4.2.5.3 Defining the core role of the pharmacist was seen as a difficult task – particularly its communication to multiple audiences. There was strong quantitative and qualitative evidence that the current statement was not fit for purpose for the public and would need rewriting. Evidence from the medical profession indicates that patients want to know about the roles and responsibilities of doctors and how they fit into the multidisciplinary team. In its work in developing the revalidation framework for pharmacy professionals, the GPhC reported that the general public did not know what pharmacy professionals do or what role they have in the provision of safe and effective care. Adding that awareness needed to be raised of the pharmacy profession as a whole.

**Recommendation 4. Clearly state what the purpose of the statement is and how it differs from the standards produced by the GPhC.**

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<sup>5</sup> Medical Schools Council. Selecting for excellence. Final report. Medical Schools Council. 2014. London: Medical Schools Council. Available at: <https://www.medschools.ac.uk/media/1203/selecting-for-excellence-final-report.pdf>

### **4.2.6 Theme 3: Improving the statement**

4.2.6.1 There were requests from respondents for greater emphasis of certain attributes and abilities within the statement – see table 10. In addition there were requests to insert specific knowledge and skills, missing attributes and abilities and missing roles. Some attributes and abilities were thought to be too ambitious or not realistic for current practice. Furthermore specific attributes and abilities were also not felt to be unique to the pharmacist and were thought to be shared by other health professionals.

4.2.6.2 Recognising the leadership role of pharmacists in medicines and their use was called for earlier in the statement. The leadership role within the pharmacy team was also qualified with respondents indicating that another pharmacist or in some instances a pharmacy technician may lead the pharmacy team. The role was also referred to as wider than just medicines usage. There was a sense that the science and practice of pharmacy continues to evolve. One comment was that the role is evolving centred around healthcare needs of patients and was now more complex as the traditional dispensing role was being built on. The contribution of the pharmacist to the wider economy was a suggested insertion to the overview of the role.

**Table 10 – Suggestions for improving the statement on the role of the pharmacist**

<b>More emphasis</b>	<b>Missing knowledge and skills</b>	<b>Missing attributes/abilities</b>	<b>Missing roles</b>	<b>Too ambitious</b>
The leadership role in all aspects of medicines	Adsorption/Distribution/ Metabolism/Elimination of medicines	Provision or supply and optimisation of medicines;	Regulatory affairs	Pharmacogenomics;
Experts in medicines and their use;	Pharmacology	Communication and consultation at a patient level;	Regulation;	Diagnostic tests;
Accessibility	Pharmacokinetics	Interaction and education of other professionals such as social care;	Academia;	Frontline clinical provider of all aspects of pharmaceutical care;
Additional clinical skills	Pharmaceutical Science	Interaction with patients, delivery of services, Over-the-Counter Sales;	Research;	Recognised professional for choosing pharmacotherapy.
The role in education	Physiology	Interaction and liaising with the multi-disciplinary team;	Industry;	
A focus on patient outcomes	Therapeutics	Disaster risk reduction;	Digital health;	
Professionalism including continuing education and continuing professional development	Social Science	Enabling and enhancing formulary compliance;	Veterinary pharmacy (advice, prescribing, dispensing);	
Medicines governance	Shared decision making	Recognising demographic changes and adapting to them;	Role in emergency and disaster situations;	
Duty of candour	Toxicology	Realistic medicine;	Role with regard to children.	
Public health (health promotion/protection/screening/education)	New science and applied scientific judgment.	Making best use of resources;		
Helping patients get the most from their medicines;		Monitoring and audit;		
Acting within one's own competence;		Supplementary and independent prescribing;		



The role in medicines-related research.		Leading on and learning and responding to known incidents;		
		Developing systems to improve safety;		
		Medicines reconciliation;		
		Medicines review and polypharmacy;		
		Provision of advice for all health issues;		
		Ability to make opportunistic interventions;		
		Experts in borderline substances;		
		Development of medical devices and cosmetics;		
		Signposting to social care needs;		
		Concern for the wellbeing of others including members of the pharmacy team;		
		Supervision of pharmacy technicians;		
		Management of long term conditions;		
		Support with adherence;		
		Medicines information;		
		Complex acute and chronic illness;		
		Complex personalised medicines;		
		Advanced therapeutics;		
		Future of supply chain.		

### 4.2.7 Theme 3: Improving the statement - Discussion

4.2.7.1 A number of respondents highlighted roles that they felt were missing from the statement. The statement was not originally intended as a full description of every possible role that a pharmacist can undertake during their career, but an attempt to clarify the core role – a statement of core attributes and abilities needed to practice as a pharmacist from the outset with extended and/or advanced roles following. As previously stated the role of the pharmacist is evolving and education and training needs to change in parallel.

4.2.7.2 It is recognised that there were specific attributes and abilities identified as not being unique to the pharmacist and shared by other health professionals. However it could be argued that it is the combination of attributes and abilities underpinned by science which is unique to the pharmacist.

4.2.7.3 The word role has been defined in dictionaries as ‘the function assumed or part played by a person or thing in a particular situation’. Further expansion on this definition includes ‘socially expected behavioural pattern usually determined by an individual’s status in society’. A role statement can be used to describe what is required in terms of attributes and abilities. Such statements can ‘distil’ how a profession perceives its own situation - to understand the knowledge, skills and behaviours that are expected of the person performing the role. Furthermore a role statement also identifies the unique contributions of a profession to society and can be used to establish an agreed set of expectations, to progress policy formulation and assess performance.

4.2.7.4 The core role should enable the pharmacist to work to their full scope of practice. A scope of practice is a way of describing what a pharmacist is trained and competent to do. This is not a list of tasks. The General Pharmaceutical Council do not currently define the scope of practice of a pharmacist. However, the legislation around medicines and the governance arrangements of employers define the boundaries of practice. A scope of practice is likely to change over the course of a career both because of changes to pharmacy, technology and a pharmacist’s further professional development. Additional skills may be developed after registration which increase a pharmacist’s scope of practice – thus pharmacists take on other roles. It is possible that respondents were considering extended and/or advanced roles when commenting on the statement. Extended roles are roles where registered pharmacists take on tasks not traditionally within their scope of practice and which require developing additional skills but not necessarily training to Master’s degree level or above. Advanced roles in other non-medical healthcare professions are often viewed as requiring additional training to Master’s level or above<sup>6</sup>. However, since 1997, registration as a pharmacist requires completion of a 4-year MPharm programme (an undergraduate Masters level qualification) and a separate pre-registration training year. Therefore advanced practice in pharmacy is more easily defined by the Roadmap to Advanced Practice<sup>7</sup>.

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<sup>6</sup> Nuffield Trust in association with NHS Employers. Reshaping the workforce to deliver the care patients need. 2016. London: Nuffield Trust. Available at: <https://www.nuffieldtrust.org.uk/files/2017-01/reshaping-the-workforce-web-final.pdf>

<sup>7</sup> Royal Pharmaceutical Society. Roadmap to Advanced Practice. London: RPS; 2016. Available at: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Development/Roadmap%20to%20Advanced%20Practice/the-rps-roadmap-to-advanced-practice.pdf>

4.2.7.5 The key question here is what is considered a core role (for new registrants that which would be covered by initial education and training) and what is an extended or advanced role that would normally fall under post-registration education and training. For instance should independent prescribing be considered a core or an extended role? If it is the former then changes would need to be made to the initial education and training of pharmacists (i.e. the MPharm and pre-registration year) as well as training existing registrants to become pharmacist independent prescribers. If the role as a prescriber is considered an extended role then this fits more easily into post-registration education and training. The other key question, which is perhaps beyond the scope of this consultation, is should we produce pharmacists who can work safely in a clinical role suitable to their competence level and with experience and the ability to address patient needs relating to medicines. The other option is to educate and train pharmacists more broadly with a strong scientific base that could be applied in a wider range of careers. Perhaps these two approaches are not mutually exclusive, Achieving a consensus of a vision of the future role of the pharmacist and agreeing the core function of the pharmacist and their role in the teams in which they work would seem important. This could apply in patient or non-patient facing roles as the pharmacist are trained to always have the patient in mind.

**Recommendation 5. Define the core role, extended and advanced roles and give examples in practice.**

## 5 Conclusions and recommendations

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5.1 The draft statement attempted to discuss the core role of the pharmacist in general terms rather than exploring particular specialisms, branches of the profession, extended or advanced roles. We should keep in mind not only future cohorts of pharmacists joining the profession but also the existing workforce who are already practising and seeking to undertake professional development thereby keeping their role up-to-date. We should also acknowledge that there is increasingly complexity of roles that pharmacists have to undertake and that the core role should ready them for this. It is also important to recognise the contribution pharmacists making in non-patient facing roles and the benefits that their training bring to this.

5.2 There are also higher levels of autonomy and interactions with other professionals inside and outside of healthcare. Pharmacists may take a different professional perspective from other members of the pharmacy team e.g. pharmacy technicians or within the multidisciplinary team, with any differences in opinion usually being resolved by discussion and negotiation between the professionals concerned. There is strong evidence that indicates professional differences are reduced by clarity about roles and responsibilities. Furthermore, developing an understanding of and respect for the values, roles and responsibilities of different professions can also underpin successful integration within a

team<sup>8</sup>. Pharmacist membership of the multidisciplinary team is not in question and there are core attributes and abilities that come part and parcel of that.

5.3 While some overlap in respective knowledge and skills bases may enable and encourage individuals from different registrant groups to trust one another and their professional judgment, challenges will remain with role boundaries. Fears expressed around job losses, blurring of roles and possible loss of professional identity and status may prevent members of the profession from radically redefining the core role. The same can be applied to the design of extended or advanced roles. This should not be about developing a culture of protecting professional identities but being clear about what pharmacists can offer. The need to define the role will be based on scientific advances, technological innovations, changing disease patterns and changing perceptions of health and disease.

5.4 Defining the pharmacist's role is important when designing models of care. Getting this right will help ensure the appropriate use of an important human resource for health.

5.5 Finally, if we are to fully demonstrate the benefit of those pharmacists who are patient facing we should, like other professions, be able to utilise patient experience as a measure – this will only be possible if the pharmacist's role in delivering high quality care is fully understood.

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<sup>8</sup> Kings Fund. Supporting integration through new roles and working across boundaries. 2016. London: Kings Fund. Available at: <https://www.kingsfund.org.uk/publications/supporting-integration-new-roles-boundaries>

## Appendix I – Consultation Response Form and Survey

# Consultation response form

### Section A. Responding as an individual

Name:	
Email address:	

#### Country of residence:

England	<input type="checkbox"/>
Scotland	<input type="checkbox"/>
Wales	<input type="checkbox"/>
Northern Ireland	<input type="checkbox"/>
Other	<input type="checkbox"/>

#### Respondent:

A member of the public	<input type="checkbox"/>
An MPharm student or pre-registration trainee pharmacist	<input type="checkbox"/>
A pharmacist	<input type="checkbox"/>
A pharmacy technician	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

**If you are a pharmacist or pharmacy technician, please choose the option below which describes the sector you mainly work in:**

Community pharmacy	<input type="checkbox"/>
Hospital pharmacy	<input type="checkbox"/>
Primary care organisation	<input type="checkbox"/>
Academia or pharmacy education & training	<input type="checkbox"/>
Pharmaceutical industry	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

### Section B. Responding as an organisation

Name:	
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Job title:	
Organisation:	
Email:	
Contact name:	

## Consultation survey

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The statement sets out the core attributes and abilities of the role of the pharmacist.

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If not, what didn't you find clear?

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If not, what is missing?

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If not what would improve the statement?

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If not what would improve the statement?

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If not, please explain your reasons.

6. Other comments.

## **Appendix 2 – List of responding organisations**

Academy of Pharmaceutical Sciences  
All Wales Chief Pharmacists Group  
Aneurin Bevan Community Health Council  
Association of Teaching Hospital Pharmacists  
Community Pharmacy Scotland  
Company Chemists Association  
General Pharmaceutical Council  
Guild of Healthcare Pharmacists  
National Association of Women Pharmacists  
National Pharmacy Association  
Neonatal and Paediatric Pharmacists Group  
NHS Education for Scotland  
Northumbria Healthcare NHS Foundation Trust  
Pharmaceutical Services Negotiating Committee  
Pharmacists' Defence Association  
Public Health England  
Rowlands Pharmacy  
Royal College of Nursing  
Royal College of Paediatrics and Child Health  
Royal College of Physicians of Edinburgh  
UK Medicines Information  
Welsh Pharmaceutical Committee  
Workforce, Education and Development Services, NHS Wales