

# Developing the public health function of locum pharmacists under the auspices of the new pharmacy contract



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## Introduction

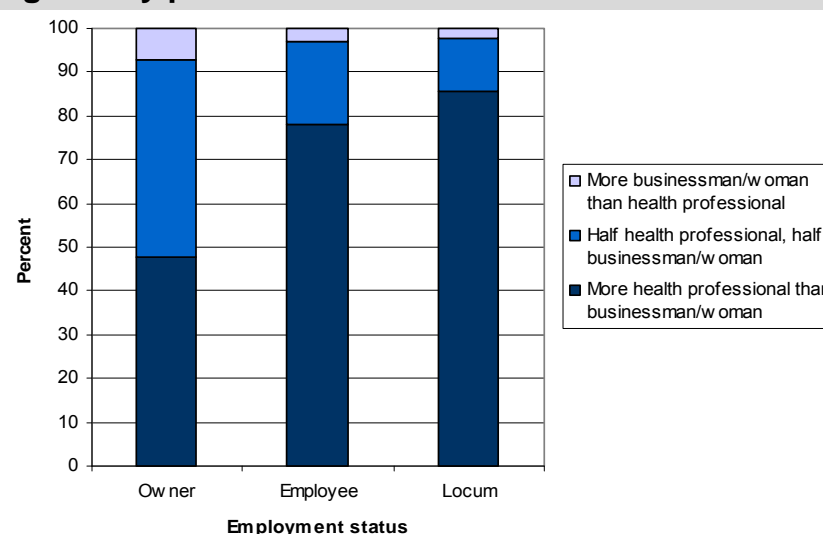
## Results

Locum pharmacists represent 37% of actively employed community pharmacists<sup>1</sup>.

Over three-quarters (76%) of respondents considered themselves “more health professional than businessman/woman”. An association ( $\chi^2$  test;  $\rho=0.000$ ) was observed between employment status and health professional/business role orientations with locums considerably more likely to consider themselves “more health professional than businessman/woman” than pharmacy owners (Figure 1).

Previous research has highlighted that many locum pharmacists do not wish to be subject to the extra responsibility that comes with pharmacy management (such as administrative duties, staff management, the pressure of meeting company targets etc.), either as a proprietor or an employee. Furthermore, the fundamental aspects of working as healthcare professionals are of most importance to many locums<sup>2</sup>.

**Figure 1: Health professional and business role orientations among survey pharmacists**



Upon the introduction of the new pharmacy contract (April 2005), concerns were expressed that it was becoming increasingly difficult for locum pharmacists to access training and education that would meet their needs and enable them to play a full role under the new framework<sup>3 4</sup>.

Pharmacy may not be able to provide the services required of it (including those services currently considered to be ‘public health services’) by the primary care policy agenda if pharmacists are unable to be involved in such services through a lack of training opportunities<sup>2</sup>.

When considering barriers to the development of the public health function of community pharmacists, there were significant ( $\chi^2$ ;  $\rho<0.05$ ) differences of opinion between respondents based on their employment status (Table 1). Over 40% of locum pharmacists considered a “lack of training opportunities” to be a major barrier to the development of the public health function compared to 30% of employee pharmacists and 28% of pharmacy owners.

## Objectives

The objectives of this element of the research were:

- ▶ to explore health professional and business conflicts among community pharmacists; and,
- ▶ to identify barriers to the development of the public health function of community pharmacists.

**Table 1: Percentage of respondents reporting factor to be a “major” barrier to the development of the public health function**

| Factor                              | Employment status |          |       |
|-------------------------------------|-------------------|----------|-------|
|                                     | Owner             | Employee | Locum |
| Inexperience of commissioning       | 63.7              | 59.1     | 52.3  |
| Lack of incentive for employees     | 32.1              | 56.3     | 55.7  |
| Unsuitable premises                 | 30.3              | 40.1     | 38.1  |
| Conflicts with commercial interests | 27.5              | 34.9     | 34.3  |
| Lack of training opportunities      | 27.6              | 29.6     | 40.2  |

## Methods

## Conclusions

▶ A pre-piloted self-completion postal questionnaire was sent to a random sample of practising community pharmacists, stratified for country and sex, within Great Britain (n=1998).

▶ A follow-up was sent to non-responders 4 weeks later.

▶ Data were analysed using SPSS (v12.0)

▶ A final response rate of 51% (n=1023/1998) was achieved.

This research has highlighted that locum pharmacists appear to focus primarily on their health professional functions. Furthermore, this study appears to confirm that a lack of training opportunities disproportionately affects locum pharmacists. It could therefore be argued that locums are more likely to embrace “professionalising”, patient care-based roles yet are also the group least likely to be able to access the necessary training to fulfil such roles. The training needs of this large and growing subset of the pharmacist population need to be assessed and met if the whole community pharmacy workforce is going to maximise its contribution to public health under the auspices of the new contractual framework.