

Pharmacy management — a professional body

Howard McNulty asks: 'Is there scope for the new professional body to help establish better pharmacy management and leadership?' This article explores some of the issues involved and the thinking of the Institute of Pharmacy Management in helping to achieve improvement.

The *Journal of Pharmacy Management* was set up in 1961 by Werner Tomski and the Institute of Pharmacy Management (IPM) followed in 1964 when Heads of several Schools of Pharmacy in the UK, USA and Australia established a company, limited by guarantee, to help pharmacists deal with pharmacy business matters, because until then pharmacy was a science-driven rather than a practice-based course. The founders had high academic ideals for advancing practice, with the notion of establishing a management college, qualifications and various membership levels.



The articles set very high standards, which served as a deterrent to some. The development of the College of Pharmacy Practice took over some of the original IPM areas of practice activity, but not its management. IPM spawned a parallel organisation in Australia and the College of Pharmacy Practice and Management has been established there.

Forty-five years later the topic is not in the RPSGB approved indicative undergraduate syllabus,¹ although self-management, risk-management, medicines-management, symptoms management, disease management and wound management do feature. As a result few university undergraduate courses cover management topics. Students recognise the subject as a gap in their course and in 2006 the British Pharmaceutical Students Association (BPSA) proposed a branch motion asking for undergraduate training in pharmacy management. This was agreed by Council, but has yet to be implemented.²

There are very few pharmacy management competency- or knowledge-based qualifications. For community pharmacists, the Chemist & Druggist Practice Certificate in Pharmacy Management³ is run through the University of Medway, but for many hospital pharmacists Ted Butler's *Pharmacy Management Journal* is their only contact with management issues. It is rare for pharmaceutical companies to support pharmacist management training, since they have difficulty relating the topic to their 'bottom line' in discrete business units.

Time for change

Could the time be right for management to finally get the leadership it deserves within the new professional body? Nigel Clarke certainly liked IPM ideas for the future — describing on page 54 of his report of the independent inquiry into a professional body for pharmacy he says: 'We received powerful evidence from the IPMI [Institute of Pharmacy Management International Ltd] to the effect that high quality management within pharmacy would enable pharmacists to deliver the service they provide to higher and more consistent standards. In other words, management should be an issue for the professional body. Whether or not IPMI should be an integral part of the new professional body is a matter for future discussion. But the general point that management advice is a legitimate area for consideration by the professional body is a compelling one.'⁴

We are mentioned in recommendation XXVI which says: 'The professional body should work closely with the Institute of Pharmacy Managementto ensure that members have access to high quality management advice'.

Perhaps, surprisingly, no-one else saw management as a potential opportunity for the new body so we are pleased to have had such positive feedback, but we need more feedback to share in developing the vision. However, advice does not fully cover the role we envisaged because we are not an advisory body. We highlighted in our evidence the relatively new RPSGB

management competencies for all pharmacists and additional ones for hospital and community areas of practice, and the fact that at present there is little training in these areas. With the potential for 12,000 responsible pharmacists and supervision regulations there will be a need for a better understanding of principles of management, and accountability. Pharmacy managers and superintendents could help develop standards of practice and qualifications.

In hospitals, technicians are also undertaking managerial tasks, but their competencies and knowledge requirements are at N/SVQ level 2 or 3. Technician staff may often access the Institute of Leadership and Management N/SVQ management courses, however.⁵

Medicines management is one area where many managerial principles are applied to patient care, and the Faculty of Prescribing and Medicine Management is making some inroads to competency setting for management topics.

An area where IPM has also seen opportunities are in pharmacy leadership, where there are a number of RPSGB and NHS organised courses. Clarke also recommends (VII) that the body should provide and promote opportunities for its members to develop leadership skills. To be a leader and a manager requires personal skills and qualities, and the knowledge to ensure the lead is soundly based and legal.

Knowledge of business law is often rudimentary, but it would be embarrassing for a professional to give advice to a PCT Trust in ignorance of the law or appropriate NHS guidelines and policies, which receive little attention in University.

RPSGB competency

Management can be a mixed bag of topics. As the many managerial elements as the RPSGB competencies list (Box 1 shows some of these)⁶ shows there are several general competencies for all pharmacists and additional ones depending on the area of practice.

Box 1. General competences for all pharmacists⁶

RPSGB competencies include several competencies with managerial components, notably:

G3 Being personally effective

G4 Being a manager

- G4a Showing reasoning and judgement to manage situations
- G4b Managing physical resources (see G2 and G6 for aspects of managing people)
- G4c Managing finances
- G4d Managing projects and activities
- G4e Managing and facilitating change
- G4f Overcoming obstacles in a changing environment
- G4g Seeing opportunities for change and development
- G4h Planning own work
- G4i Planning work activities for a team
- G4j Delegating appropriately
- G4k Facilitating and encouraging the use of skill mix
- G4l Planning strategically
- G4m Recruiting and selecting staff
- G4n Succession and contingency planning

G5 Upholding quality and continuous improvement

G7 Making decisions and solving problems

G8 Working with information

For community pharmacy additional competencies include:

C1 Working with patients and the public to maximise the efficacy, safety and cost-effectiveness of medicines

C5 Working according to the NHS contract

C6 Supplying medicines, dressings and appliances; and managing stock

C7 Working in a business context — this refers to:

- C7a Analyse basic business problems, assess alternative choices, and propose actions
- C7b Present, summarise, interpret and analyse economic and business data
- C7c Buying and selling
- C7d Marketing services and products to identified customer groups
- C7e Premises design to meet business needs

Hospital Pharmacists need to be competent in other areas, such as:

HP5 Identifying and managing risk to patients

HP8 Evaluating medicines use

HP9 Managing transfer to another healthcare setting

HP10 Promoting quality and improving practice

HP11 Managing formularies, guidelines and protocols

HP12 Working across professional and organisational boundaries

Ideas for the future

IPM feels there is a potential opportunity for the new body to add value to attract and retain members and help employers in many other topics in addition to providing management advice. There is an opportunity to develop pharmacy managerial standards and qualifications, and to provide education, training and CPD support to meet new RPSGB competencies. Perhaps the time has come for standards and additional qualific-

ations for superintendents and pharmacy managers. Managerial research in pharmacies is also limited and could be funded. The Institute has suggested these to Nigel Clarke and to RPSGB Council and hopes that the Transition Committee will help take these ideas forward.

The new body will not work if it does not have the support of employers because many pay the fees for their staff. It also will

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not work if it doesn't help members develop their careers. We feel management is potentially a jewel in the crown of the new body that could help companies, NHS organisations and members to benefit mutually. It could perhaps guarantee a higher take-up of membership paid for by employers when this becomes voluntary. It may even attract international membership.

IPM cannot achieve all these goals alone. Pharmacists often work best in networks and we need to see frameworks develop that would allow employers to help their employees meet agreed standards. Perhaps superintendent pharmacists should collectively look at what they believe are appropriate levels of knowledge and competence for their role.

There may be advantages keeping the IPM intact and enabling non-pharmacists to contribute, or it may be better for IPM to be merged into a 'Faculty of Management'. In the meantime we have a vision and hope you might share it. Whatever the outcome is it will need educators, trade organisations and pharmacy owners' support. We look forward to helping deliver the vision and to hearing any views or suggestions you may have on how to meet your needs.

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Declaration of competing interests

The author declares that he has no competing interests.

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