Pharmacy Education, 2011; 11 (1): 209 - 211

Policy and Professionalism in Pharmacy Education

MRS. RUTH EDWARDS

School of Pharmacy & Life Sciences, Robert Gordon University, Schoolhill, Aberdeen, AB10 1FR. Tel: + 44 (0)1224 262516; Fax: +44 (0)1224 262555. Email: r.edwards@rgu.ac.uk

Abstract

Pharmacy as a profession in the United Kingdom (UK) is on a path of significant change with legislative and policy changes to practice happening or on the horizon. The UK government review of the regulation of health professionals will have a major impact on the profession of pharmacy and thus on the education of pharmacists. For many pharmacy academics there is also an interesting dual professional identify; academics have an occupational identity from being a teacher but their identity as a subject specialist comes from their professional background. This essay will explore the impact of policy and professionalism on these dual identities in the context of pharmacy higher education.

Keywords: *Higher education, pharmacy, policy, professionalism*

Professionalism in Pharmacy Education

> *"Professionals must have an acute understanding of the political, social and ethical implications of the impact of their practice, and of changes to it: and this must be built into both their practice and their training"* (Bottery, 1998 p.171).

Pharmacy as a profession is on a path of significant change with legislative and policy changes happening or on the horizon. The United Kingdom (UK) government White Paper 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century' (Department of Health, 2007a) and the subsequent Darzi Review (Department of Health, 2007b) have had a major impact on the profession of pharmacy and thus on the education of pharmacists. For many pharmacy academics there is also a dual professional identify (Piper 1994, cited in Nixon, Marks, Rowland, & Walker, 2001); academics have an occupational identity from teaching but their subject specialist identity comes from their professional background. This essay will explore the impact of policy and professionalism on these dual identities in the context of pharmacy higher education (HE).

Professionalism in Pharmacy

The classic theory of professions, based on Talcott Parson's approach, views professions as fulfilling useful and necessary social functions centering on the professions role in the structure of modern society (Morgall Traulsen & Bissell, 2004). Pharmacy possesses many of the classic functional traits; a monopoly of practice, specialist knowledge, a lengthy period of training, an obligation of service and professional conduct that is regulated by the profession, however many have argued that pharmacy is not a true profession (Morgall Traulsen & Bissell, 2004). Other authors have challenged this argument. Dingwall and Wilson (1995 cited in Morgall Traulsen & Bissell 2004) and Harding and Taylor (1997) argue that despite the commercial setting, pharmacy can still achieve professional status and that professional altruism and commercial interests are not necessarily in conflict.

Critical perspectives on professions emerged in the 1960s with the focus on the power balance between professionals and their service users. The 'splendid isolation', that critical sociologists argued was a characteristic of professions, has been widely debated in the context of health professions in the wake of highly publicised incidents such as high mortality associated with children's heart surgery at the Bristol Royal Infirmary (Bristol Royal Infirmary Inquiry, 2001) and the activities of general practitioner and serial killer Harold Shipman. The report of the Bristol Royal Infirmary Inquiry (Bristol Royal Infirmary Inquiry, 2001) was critical of regulation of the professionals involved and of the medical professionals' lack of communication with parents and with other professionals. Bottery (1998) describes a type of professional who sees themselves as master of the situation and who adopts a manipulative strategy which allows no real dialogue with the client. In Bristol, as a result of this lack of communication, "*mistrust* [was] *born* [and].. *cries for the curtailment of professional power and autonomy"* (ibid p. 169) came in the form of government intervention. This, along with other incidents and the Shipman Inquiry (The Shipman Inquiry, 2004) contributed to the UK government responding with a wholesale review of professional regulation culminating in the White Paper (Department of Health 2007a) which resulted in specific structural changes for pharmacy. The Royal Pharmaceutical Society of Great Britain (RPSGB) was required to separate its regulatory system from professional and clinical leadership, allowing each function to focus solely on its core role. In September 2010, the General Pharmaceutical Council (GPhC) took over as the new regulator for pharmacy and the Royal Pharmaceutical Society of Great Britain (RPS) transformed into the new professional leadership body (News Team, 2010).

Emerging from the critical perspectives on professionalism, the 'deprofessionalisation' theoretical approach became debated in the 1980s. Morgall Traulsen and Bissell (2004) describe Haug's argument that a narrowing of the 'knowledge gap' between the general public and the professional is influenced by societal trends towards egalitarianism and the higher level of education of the general public. These arguments have been explored further by Hibbert et al. (2002)

ISSN 1447-2701 online

who found consumers had a high perception of their own expertise in over-the-counter medicines and they assert that pharmacists need to be mindful of the antagonism between the knowledgeable consumer and themselves during the ongoing process of re-negotiating their professional role with consumers. Pharmacists may increasingly need to *"move to being the expert in empowering clients to solve problems themselves, when they arise"* (Bottery 1998 p. 164) rather than being seen as the expert-professional in medicines.

Denzin and Metlin (1966 cited in Morgall Traulsen & Bissell 2004) have argued that lack of control over the social object of its practice (the drug) relying on the prescribing authority of the doctor means that pharmacy can not be a true profession. Harding and Taylor (1997) describe how Dingwall and Wilson have criticised Denzin and Metlin for a failure to "*distinguish the difference between the drug as a material object and 'the-drug-as-a-basis-for social action'"* (ibid p. 554). Harding and Taylor take this criticism further by arguing that the social object of pharmacy is the symbolic transformation of a drug into a medicine and a pharmacists' role is to "*inscribe prescribed, or purchased drugs with a particular meaning for the user"* (ibid p. 554).

The changing nature of the generation of knowledge about the use of medicines, may mean that the pharmacist can no longer be seen as the 'gatekeeper' of knowledge about medicines but needs to empower the patient, in the ethos of Bottery's (1998) 'humanistic education', to find their own meaning in their medicine use.

Pharmacists are taking on new extended roles and undoubtedly pharmacy is a profession undergoing considerable change with many external and internal influences on the nature and conceptions of professional practice. As the nature of pharmacists responsibilities change, so the nature of specialist knowledge needs to change and therefore the education of pharmacists needs to adapt. Pharmacy education has traditionally been based in the natural sciences and within a technical paradigm. However an increasing emphasis on clinical skills and pharmaceutical care along with increased need for inter-professional working and consultation skills have required a reorientation of approach to education. Other authors have explored one impact of this; changes in the pharmacy academic workforce and a shortage of academic pharmacists (Bates, Harding & Taylor, 2004; Sosabowski & Gard, 2008). In the UK the GPhC has responded to the reorientation of approach with new educational standards for initial education and training of pharmacists with a more outcome-focused approach than previously (News Team, 2011; General Pharmaceutical Council, 2011) and discussions are ongoing about a potential move to a 5-year integrated curriculum (Mistry, 2011; Smith & Darracott, 2011). This reorientation of approach and subsequent new standards for curriculum design, have dramatically changed the professional landscape for pharmacy educators in the UK.

Professionalism in Higher Education

Societal changes that impact on pharmacy also impact on HE, however there are additional issues which affect this area of practice. Nixon et al. (2001) discuss *"new educational landscapes"* (ibid p. 229) or complex overlapping changes that are affecting HE; the student body has grown in size and become less homogeneous over the last four decades and HE has had to respond with changes in curriculum, teaching and assessment. The authors also highlight changing conditions of academic work and the impact of decline in the real value of academic salaries; a particular issue for many academic pharmacists. The national review of pay structures and role evaluation in UK HE also compounded a feeling of unrest and dissatisfaction with working conditions and the global economic crisis and its impact on HE funding has created a much less certain future for those working in HE.

Nixon et al. (2001) also highlighted changing structures of accountability and accreditation. With the inception of Quality Assurance Agency for Higher Education and the drive for accountability and quality control, the authors argue that these are *"attempts to corral academic professionalism within the parameters of outcome statements and competence thresholds"* (ibid p. 231) and that *"the impact of this culture on individuals and relationships is considered by many academic workers to be deeply alienating"* (ibid p. 231). The impact of these changes on professionalism, the authors argue, has contributed to a crisis of professional identity in university teachers.

There is also an increased demand on academics to become research active many of whom, in newer universities where many UK Schools of Pharmacy are situated, started as non-researcher lecturers. Sikes (2006) argues that not only do these demands lead to increased workloads, but they also have implications for professional and personal identities, and consequently, for how people feel about and how they conduct their work.

Naidoo and Jamieson (2005) explored the impact of student consumerism in HE. Alongside a societal move towards consumerism, New Labour Government influences on HE created 'consumerist mechanisms' which, they argue, could *"change popular understanding of the aims and nature of education"* (ibid p. 268) and have an effect on *"key constituent elements of HE including the professional identities of academics"* (ibid p. 269). Students of the current generation often demand 'value for money' in their studies in a way that previous generations would never have considered. In England and Wales, the introduction of student tuition fees in has only compounded this. Twenge (2009), in discussing teaching 'Generation Me', describes an increasing sense of entitlement in the current generation of students; more expect to get good grades for 'trying' or 'working hard'. She goes on to argue that the first step in educators teaching the current generation of students better is to *'understand it's perspectives and realise that they are reflections of contemporary culture'* (ibid p. 404). This growing culture of entitlement, Naidoo and Jamieson (2005) argue, distorts pedagogic relations and has an impact both on academic perceptions of professionalism and on the student learning process.

Conclusion

In this changing professional and academic environment, there are significant challenges for those involved in educating the future generations of pharmacists. In meeting these challenges, it is important for pharmacy academics to develop an awareness of the '*political, social and ethical implications of the impact of their practice, and of changes to*

it' (Bottery, 1998 p.171). They need an awareness of the policy context of their practice (both professional and educational) and an understanding of the current student population, especially the issues that impact on their learning. The increasing emphasis on clinical skills and work-based learning form a major part of pharmacy education in the UK as do the development of professional values and attitudes. Pharmacist academics have a key role to play in this as role models (Schafheutle, Hassell, Ashcroft, Hall & Harrison, 2010) and therefore require a strong sense of personal professional identity including confidence in the 'educator' aspect of this. Significant changes are ahead for UK pharmacy education and issues of policy and professionalism will continue to impact on the sector for the foreseeable future therefore pharmacy academics need to take account of these to ensure the successful education of future pharmacists.

References

Bates, I.P., Harding, G. & Taylor, K.M.G., (2004) The implications of increasing student numbers for Pharmacy Education. *Pharmacy Education,* **4**(1), pp. 33-39.

Bottery, M. (1998) Redefining the role of the professional. In *Professionals and policy: Management strategy in a competitive world* (Ed. M. Bottery) Cassell, London.

Bristol Royal Infirmary Inquiry (2001) *Learning from Bristol: The report of the public inquiry into Children's heart surgery at Bristol Royal Infirmary 1984-1995.* Bristol Royal Infirmary Inquiry.

Department of Health (2007a) *Trust, assurance and safety – the regulation of health professionals in the 21st century. cm 7013*. London: The Stationary Office.

Department of Health. (2007b) *Our NHS our future: NHS next stage review - interim report (Chaired by Professor Lord Darzi.)* London: COI for Department of Health.

Department of Health (2007c) *Report of the working party on professional regulation and leadership in pharmacy (Chaired by Lord Carter of Coles*.) London: The Stationary Office.

General Pharmaceutical Council (2011) *Future pharmacists. Standards for initial education and training of pharmacists*. London: GPhC. Retrieved 15 Dec, 2011: http://www.pharmacyregulation.org/education/education-standards

Harding, G., & Taylor, K. (1997) Responding to change: The case of community pharmacy in Great Britain. *Sociology of Health & Illness,* **19**(5), pp. 547-560.

Hibbert, D., Bissell, P., & Ward, P. R. (2002) Consumerism and professional work in the community pharmacy. *Sociology of Health & Illness,* **24**(1), pp. 46-65.

Mistry, R. (2011). Major reforms to the pharmacy degree are coming our way. *Pharmaceutical Journal,* online only. Retrieved 15 Dec, 2011: http://www.pjonline.com/blog_entrymajor_reforms_to_the_pharmacy_degree_are_coming_our_way

Morgall Traulsen, J., & Bissell, P. (2004) Theories of professions and the pharmacist. *International Journal of Pharmacy Practice,* **12**, pp. 107-114.

Naidoo, R., & Jamieson, I. (2005) Empowering participants or corroding learning? Towards a research agenda on the impact of student consumerism in higher education. *Journal of Education Policy,* **20**(3), p. 267.

News Team. (2010) Royal letter marks launch of new professional body. *Pharmaceutical Journal,* **285**, p. 361.

News Team. (2011) GPhC agrees new standards for pharmacy education and training. *Pharmaceutical Journal,* **286**, p. 483.

Nixon, J., Marks, A., Rowland, S., & Walker, M. (2001) Towards a new academic professionalism: A manifesto of hope. *British Journal of Sociology of Education,* **22**(2), p. 227.

Schafheutle, E., Hassell, K., Ashcroft, D., Hall, J. & Harrison, S., (2010) *Professionalism in Pharmacy Education. Final Report.* London: Pharmacy Practice Research Trust.

Sikes, P. (2006) Working in a 'new' university: In the shadow of the research assessment exercise? *Studies in Higher Education,* 31(5), 555-568.

Smith, A. & Darracott, R. (2011). *Modernising Pharmacy Careers Programme: Review of pharmacist undergraduate education and pre-registration training and proposals for reform.* London: Medical Education England.

Sosabowski, M.H. & Gard, P.R., (2008). Pharmacy education in the United Kingdom. *American Journal of Pharmacy Education,* 72(6), 130.

The Shipman Inquiry. (2004). *Fifth report - Safeguarding Patients: Lessons from the past - proposals for the future. cm 6394*. London: The Stationary Office.