

Important notes: You **MUST** use this template. Do **NOT** enter author and affiliation on this form, you will be able to enter this information online when you submit the abstract. Do **NOT** write outside the boxes or alter this form by deleting parts of it (including this text). Please cut and paste abstract in the box below including tables. The abstract should consist of: **Focal Points, Introduction, Methods, Results, Discussion and References.** No more than four references may be cited and references must be typed in 9 point.

Title:

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

Abstract: (Please refer to instructions to authors and example abstract)

Focal Points

- There are reduced opportunities for locum pharmacists to access training and education that meets their needs and enables them to play a full role under the new pharmacy contract.
- 86% of locums consider themselves to be more health professional than business person compared to just 48% of pharmacy owners
- 40% of locums believe that a lack of access to training is a major barrier to the development of their public health function.
- While locum pharmacists are arguably more likely to embrace “professionalising”, patient care-based roles, they are also the group least likely to be able to access the necessary training to fulfil such roles.

Introduction – It has been suggested that locum pharmacists do not want the business-based responsibilities (e.g. staff management, meeting targets, etc.) that come with pharmacy management¹. Research also suggests that locums derive great satisfaction from the health professional aspects of the pharmacists’ role (e.g. patient contact, the provision of advice, etc.)¹. However, 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^{2,3}.

Method - After piloting, in August 2006 a self-completion postal questionnaire was sent to a random sample of practising community pharmacists, stratified for country and sex, within Great Britain (n=1998), with a follow-up to non-responders 4 weeks later. Data were analysed using SPSS (v12.0). A final response rate of 51% (n=1023/1998) was achieved. Respondents were asked “indicate how you view yourself as a pharmacist” – in terms of their relative focus on the health professional and business aspects of their role. Respondents were also asked “do you consider a lack of training opportunities to be a barrier to the development of the public health role of community pharmacists?”.

Results – Locums were significantly more likely than owners or employees to consider each factor a major barrier (see Table 1).

Table 1 Proportions of respondents considering themselves to be more health professional than businessperson and considering a lack of training opportunities to be a major barrier to the development of their public health function (variations statistically significant – χ^2 test with $p \leq 0.001$)

Employment status	Percentage “more health professional than businessman/woman” (n)	Percentage considering a “lack of training opportunities” a major barrier (n)
Owner	48 (65/136)	28 (37/134)
Employee	78 (347/444)	30 (129/436)
Locum	86 (282/330)	40 (127/316)

Conclusions – Four-in-ten locums consider a lack of training opportunities to constitute a major barrier to the development of their public health function. Pharmacy may not be able to provide the services required of it by the policy agenda if pharmacists are unable to be involved in extended role activities through a lack of training opportunities. Therefore, the paradox that needs to be addressed is that while locum pharmacists are arguably more likely to embrace “professionalising”, patient care-based roles, they are also the group least likely to be able to access training to fulfil such roles. The training needs of this large 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 new contractual framework.

References

1. Shann, P. and K. Hassell, *An exploration of the diversity and complexity of the pharmacy locum workforce*. 2004, Royal Pharmaceutical Society of Great Britain: London.
2. Almond, M., *Locums - key players in workforce - cast adrift as contract launched*. *Pharmaceutical Journal*, 2005. **274**: p. 420.
3. Bishop, D.H., *A lack of appreciation of what really happens*. *Pharmaceutical Journal*, 2005. **274**: p. 451.