

Scoping the profession project

Final report

1. Introduction

The Royal Pharmaceutical Society of Great Britain has set up an initiative to review comprehensively and give a lead on the supporting structures required across the profession for the immediate future. The Council agreed in April 2005 that the aims of the initiative would be:

- To recognise what sorts of groups emerge, and why
- To identify what, if any, gaps need addressing, and
- To examine whether there is any merit in seeking to influence future development in the interests of the profession as a whole.

The first stage of work has been a survey to identify the current support structures, formal and informal, for the pharmacy profession across Great Britain. The results of the survey are the subject of this report.

The project has been led and supported by a Council-led working group. The Group is now developing a series of options for the next stage of the initiative for the Council to discuss later in 2006.

Previous reports to the working group provided an increasing amount of information based on the emerging findings from the survey that was distributed to a large sample throughout Great Britain. This final report includes all the survey responses and additional information from telephone based interviews.

The final report provides an account of the findings from both the quantitative and qualitative data from the survey. The qualitative information gives the report a strategic context and therefore provides a stronger foundation for the working group to decide on whether to recommend a next stage of the project to the Council. The geographical and structural information from the survey can now be reviewed in relation to how key themes have emerged based on the experiences of accessing support groups in England, Wales and Scotland.

So instead of knowing just about the location and structure of the support groups, this information can now be reviewed in relation to:

- Why people access and set up support groups.
- Issues relating to good practice.
- Strengths and weaknesses of support groups.
- Forward planning.
- Other comments pertaining to leadership and development of the pharmacy profession.

2. Summary

2.1 Total survey sample: 900

This is a best estimate of the number of individual e-mail and postal addresses to which the questionnaire was distributed in October 2005. The databases and other sources for those addresses were as follows:

- RPSGB – PEC database
- RPSGB – Pharmacy Development Group database
- NPC – Primary Care Trust Pharmaceutical Advisers database
- Individuals and organisations nominated by the RPSGB Scottish Department
- Individuals and organisations nominated by the RPSGB Welsh Executive
- Pharmacy bodies as listed on the RPSGB website.

2.2 Total number of responses: 100

Despite a modest (estimated) return rate of 11%, there is still a large enough data set to allow for an informative data analysis. A large number of pharmacy support groups were identified by this survey, indicating that the national pharmacy bodies do not meet all the profession's support needs.

There is wide acknowledgement that the survey was long, complex and time-consuming to complete. On the one hand this probably limited the number of replies. However, the upside is the high quality of qualitative data derived from the responses. It was noticeable that many pharmacists felt frustration at being perceived as one of the weaker healthcare professions, despite the evidence of innovative work at local, regional and national levels.

The responses suggest that pharmacists have a keen interest in support groups. Many survey respondents reported a high level of involvement with groups that support professional goals. In fact, some individuals reported awareness of as many as eight support groups that were relevant to their professional role.

The findings of this project could prove critical to the profession as it develops its future support structures. The forthcoming recommendations from the Foster and Donaldson reviews will potentially increase the importance of any restructuring of support to the profession and add impetus to the relevance and timeliness of this project and any follow up work agreed.

2.3 Total number of groups identified: 188

The respondents have identified a total of 188 unique support groups, which suggests there is an extensive ad hoc support structure for pharmacists across Great Britain. Some of the support groups were mentioned by more than one respondent. For example, the College of Pharmacy Practice and the Guild of Health Care Pharmacists were amongst those groups frequently mentioned. In the English North-West Region, the Greater Manchester Pharmaceutical Advisers' Group was also mentioned frequently.

Only a small minority of responses cited support from the Royal Pharmaceutical Society. That may suggest that some pharmacists considered the level of support provided by the RPSGB to be insufficient. Some references were made to the need for the Royal Pharmaceutical Society to devolve support structures and processes to local level. However, selected RPSGB branches were referred to including those in Dudley (West Midlands), Bolton (North-West), East Cumberland (North West) and Yorkshire/Humberside. Representation from all of the professional sectors seemed to be a characteristic of the specific RPSGB branches mentioned.

2.4 Specialist groups

A number of respondents identified pharmacy organisations or groups, which provided information and support for specialised areas of pharmacy practice or particular groups of pharmacists. Examples include:

- British Association of Parenteral and Enteral Nutrition
- National Association of Women Pharmacists
- Neonatal and Paediatric Pharmacists Group

Another set of large organisations provided support with a wider CPD and competency based foundation. Examples include:

- College of Pharmacy Practice
- College of Mental Health Pharmacists

The NPA's (National Pharmacy Association) service development managers were seen as another proactive approach to support that responded to a changing environment for pharmacists based in health care.

2.5 Responses from Scotland and Wales

Information has also been collated from Wales and Scotland. This has been done using both the RPSGB Welsh executive and the RPSGB Scottish Department as the initial starting points for setting up a distribution list. Prior communication with both the Welsh Executive and the Scottish Department took place before sending out the survey questionnaire. From the original e-mail distribution of the survey, and a subsequent e-mail encouraging responses, the return from Wales and Scotland amounted to:

Wales: 9 responses/23 groups

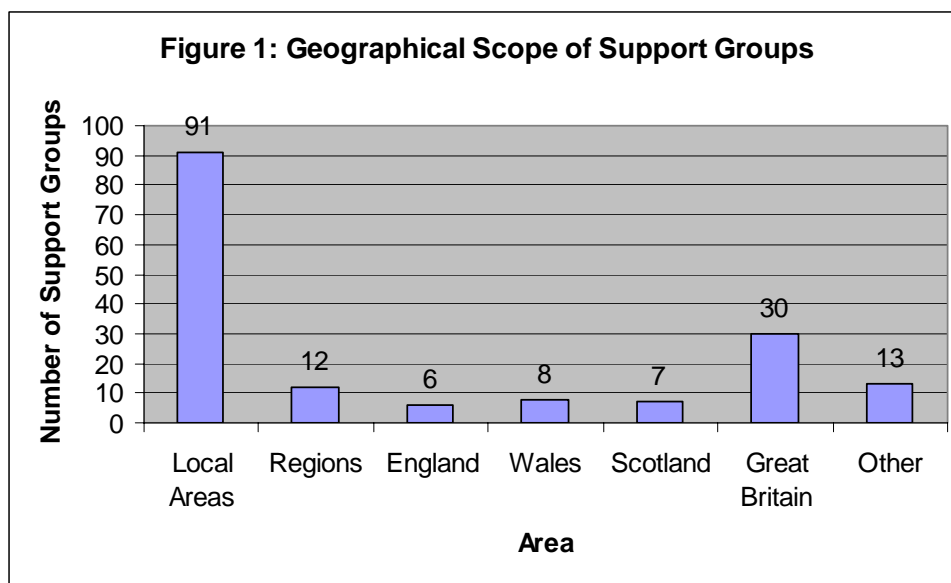
Scotland: 5 responses/15 groups

A number of the survey responses from England included support groups that covered not just England but England and Wales or Great Britain.

3. Profile of support groups

3.1 Diversity

Respondents reported a range of national, regional and local groups. The majority of support groups identified were operating in local areas as shown below.



The following list illustrates the diversity of support groups identified in the survey.

Example of the diversity of support groups		
<i>Local support groups</i>	<i>Regional Support Groups</i>	<i>National Support Groups</i>
Pharmacy Development Groups	Pharmacy Advisers Group	NPA
LPC	London Older People's Pharmacy Network	RPSGB
Smoking Cessation Champions Group	South East Forum of LPCs	Smart Groups
Prescribing Interface Group	Informal PEC Pharmacists' Group	NPC
PCO Pharmacy Strategy Group	Glasgow and West of Scotland RPSGB branch	CPP
Pharmacy Performance Panel	London Clinical Pharmacy Network	CPD support groups (WCPPE)
Area Clinical Forum (Scotland)	Liverpool Clinical Strategy Group.	Pharmacy Law and Ethics Association

Several respondents suggested that the effectiveness of a particular group could often be attributed to the voluntary commitment and drive of a few individuals. This leadership often affected the specific direction that the group had taken.

The response to whether pharmacists would be in favour of additional support groups was varied:

“Not really, I am content with what I have got already”

“Probably, it depends on what form it takes”

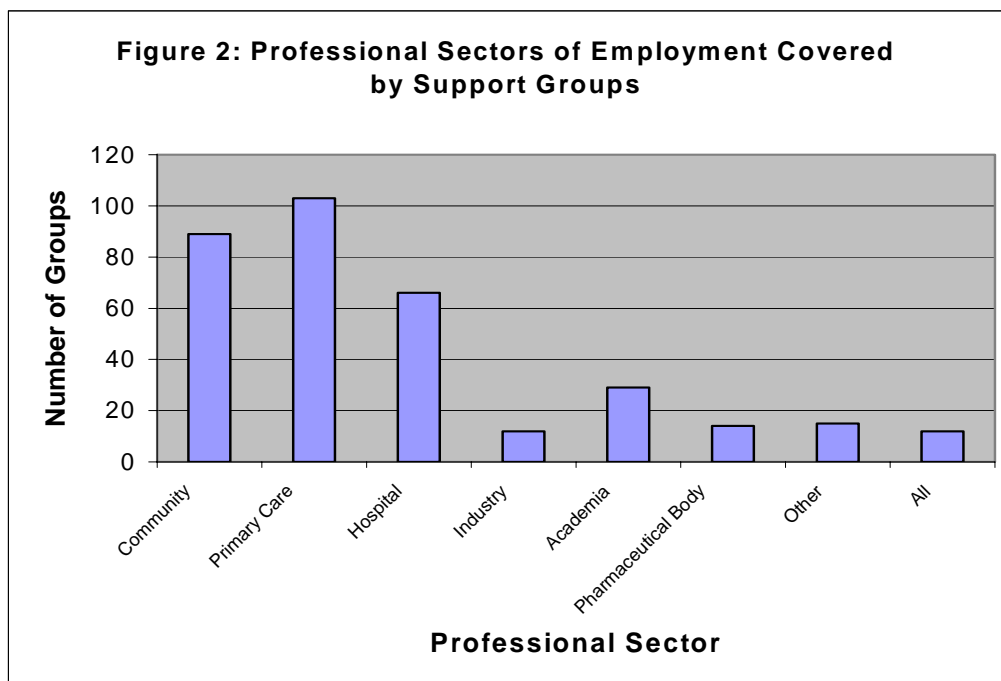
“Not sure as my networks are effective”

“Depends on 1. what the group is for 2. what it costs (time and money) and 3. what my practice might gain from involvement. Will it benefit the patients I work for? If not - I'm not interested, if so - bring it on.”

“Yes, networking with other local groups and a national picture for Pharmacy Development Groups.”

3.2 Professional sectors

The diagram below shows the sectors of practice targeted by support groups. PCOs were targeted with a specific distribution of surveys and this has resulted in a high proportion of the responses coming from this sector. Even so, PCO responses often focused on the need for inclusiveness of all relevant pharmacy sectors in support groups. Even if more responses had been received from pharmacists in hospitals, industry and academia, it is unlikely that the sector profile would be dramatically different.



Primary Care pharmacists are the best-served sector by support groups. It also emerged that community pharmacy and hospital pharmacy were well served by support groups.

Another reason for the predominance of groups focussing on primary care is that PCOs have been providing much of the associated funding and infrastructure that enables groups to be set up and sustained. The availability of administrative resources and meeting venues were often mentioned as a key driver of the local support for the profession outside the LPC.

It emerged from the survey that there were no responses from pharmacists based in the industry sector. Attempts were made to address this gap: four representatives from separate pharmaceutical bodies were asked about support groups for pharmacists in the industry sector. Their response was that to their knowledge there was either very little or no provision at that level – certainly nothing that was made public or shared with other relevant sectors such as ‘community’, ‘research’ and ‘academia’.

The paradox here is that the pharmaceutical industry is providing funding for venues and catering for local support groups for community, primary and hospital-based pharmacists (e.g. LPCs and Pharmacy Development Groups). Private sector industry funding and joint working is also forthcoming for conferences, research and practice/competency based awards.

The following people provided additional possible contacts that could be used in any further scoping work involving pharmacists in industry:

Angela Canning – RPSGB Industrial Pharmacists Group.
John Clements – RPSGB Science Secretary.
Steve Grogan – UKCPA.

The Pharmacy Clinical Trial Network is an example of how this survey managed to locate specialist interest groups primarily accessed by pharmacists working in the three main sectors but not necessarily widely publicised due to the high degree of specialism involved.

The key benefits of support groups were identified by survey respondents as:

- Sharing and learning from peers.
- Cross sector networking.
- Combating feelings of isolation and helping pharmacists to share the workload.

On several occasions, pharmacists expressed the need for support groups to develop a more cross-sector profile than was presently the case. Several respondents expressed a desire to involve more than just representatives from community and primary care sectors.

Key barriers to achieving this were perceived as:

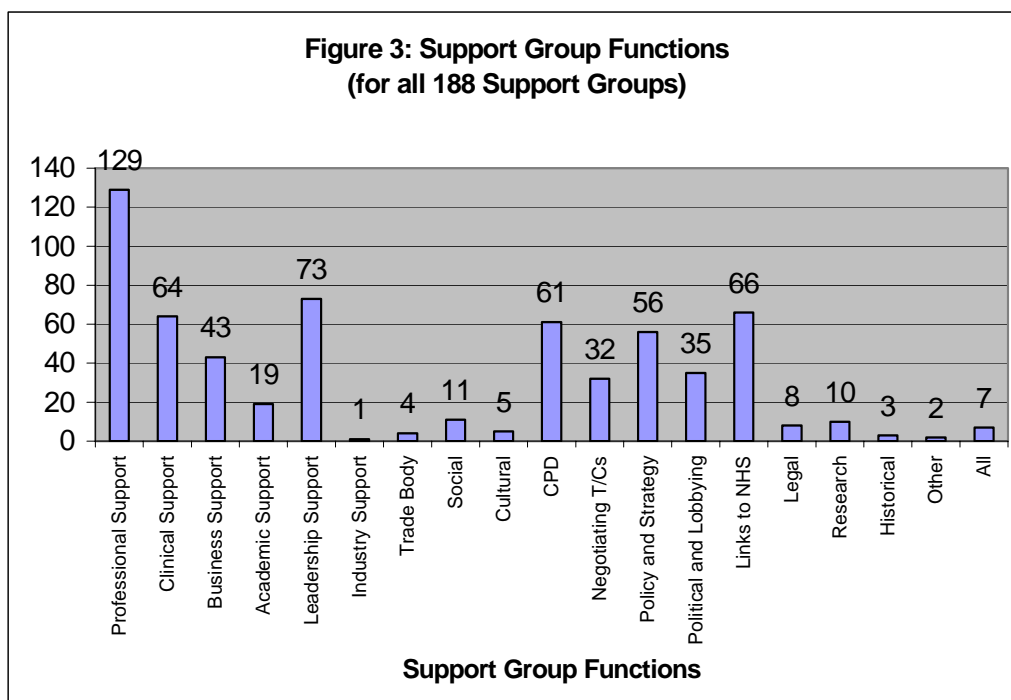
- Over-reliance on voluntary administration, co-ordination and management duties for support groups and organisations at local, national and Great Britain level (e.g. the Education Officer for the Association for Pharmacy Technicians was also employed as pharmacy technician at a major London hospital).
- Lack of sustainable financial support from mainstream NHS budgets.

- Lack of sufficient 'joined up' thinking between the key pharmacy bodies in Great Britain such as the NPA, NPC, RPSGB and CPP.
- Difficulty for hospital-based pharmacists to attend cross-sector support groups due to perceptions of irrelevance, lack of time, increased workload or lack of funding.

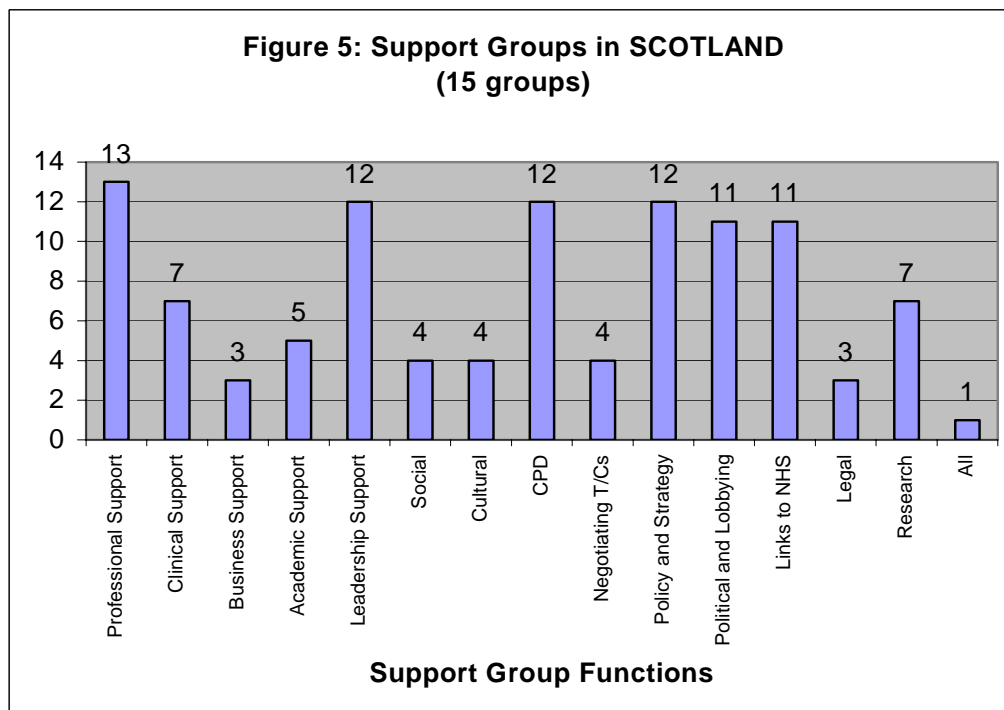
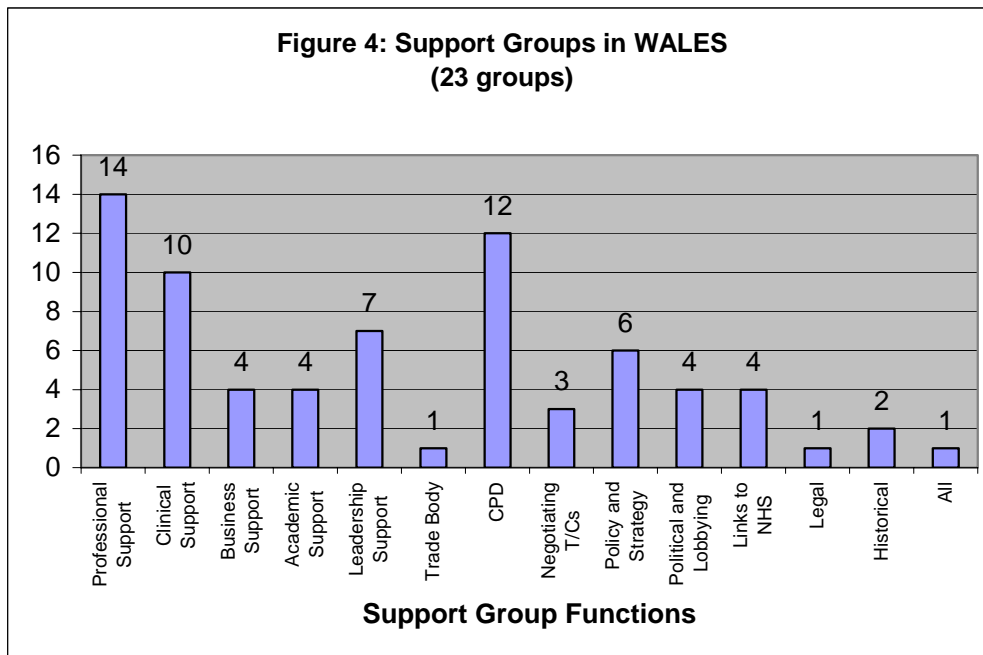
The Department of Health has funded pathfinder areas for multi-disciplinary learning; their impact on professional support for pharmacists could also be explored further. These pathfinder projects involve primary and secondary health care professionals that will follow a competence based learning framework. One such example is the learning programme set up by Coventry University's School of Health and Social Science and Warwick University's Medical School. The initial set-up of the projects and the progress of the multi-disciplinary learning framework could have an impact on the way that the Department of Health is planning to support professional development and leadership for health care professionals. The findings should be fed into the on-going work to map the changes in support structures for the pharmacy profession.

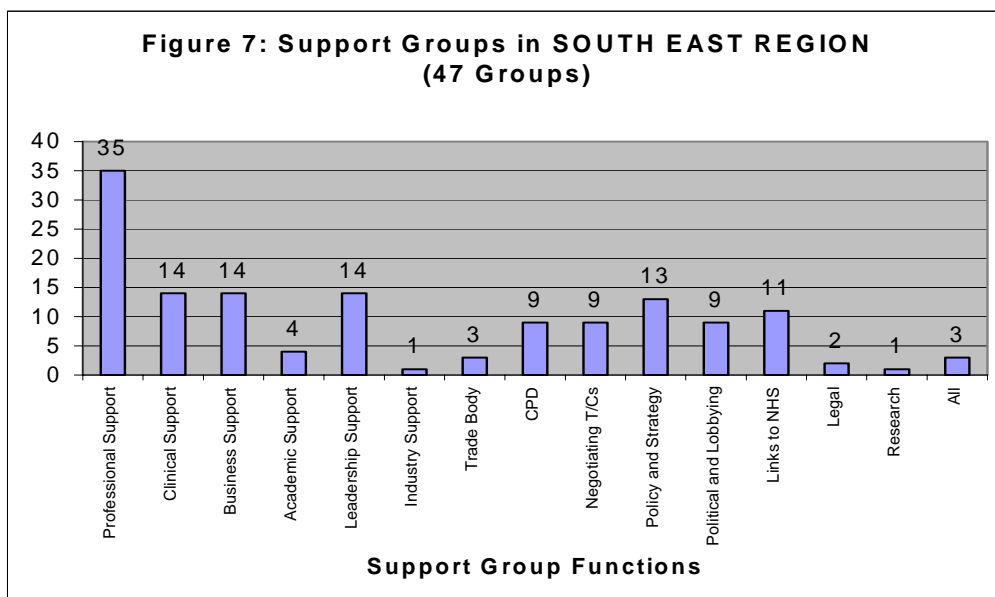
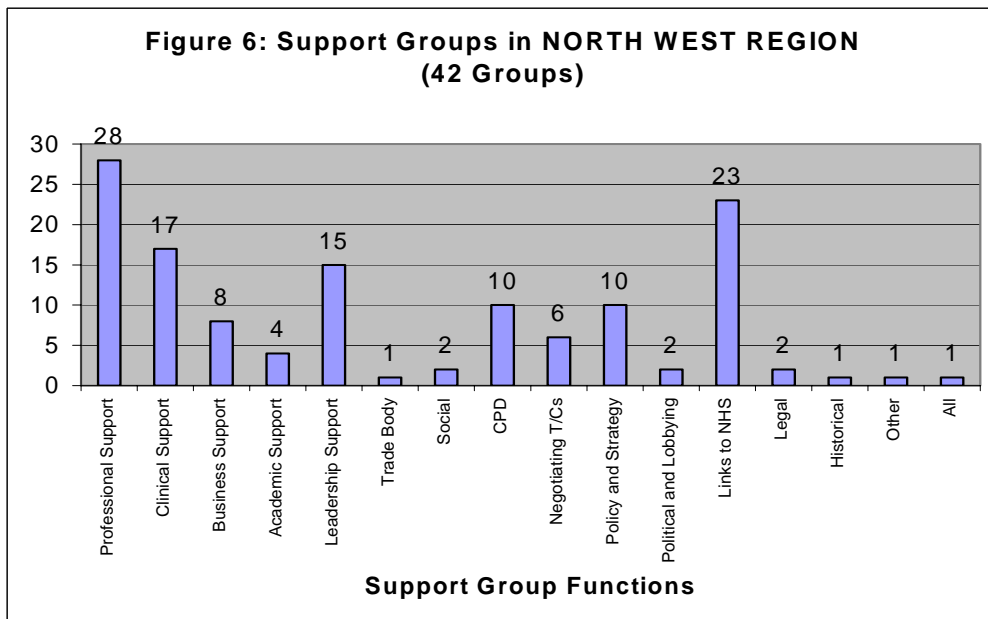
3.3 Functions and outcomes

A range of potential functions provided by support groups was identified by the Working Group for this project. Respondents were asked which of these functions were provided by each of the support groups they identified. The responses indicate that **professional support** is the most commonly reported function of support groups: the great majority of groups covered this. A next five most commonly-reported functions were **leadership support, links to the NHS, clinical support, CPD** and **policy and strategy**.



The charts below provide an analysis of support groups based in Wales, Scotland and two of the English Government Office Regions (GORs). (The North West and South East were the only GORs with sufficient survey responses to provide a meaningful picture of those areas.)





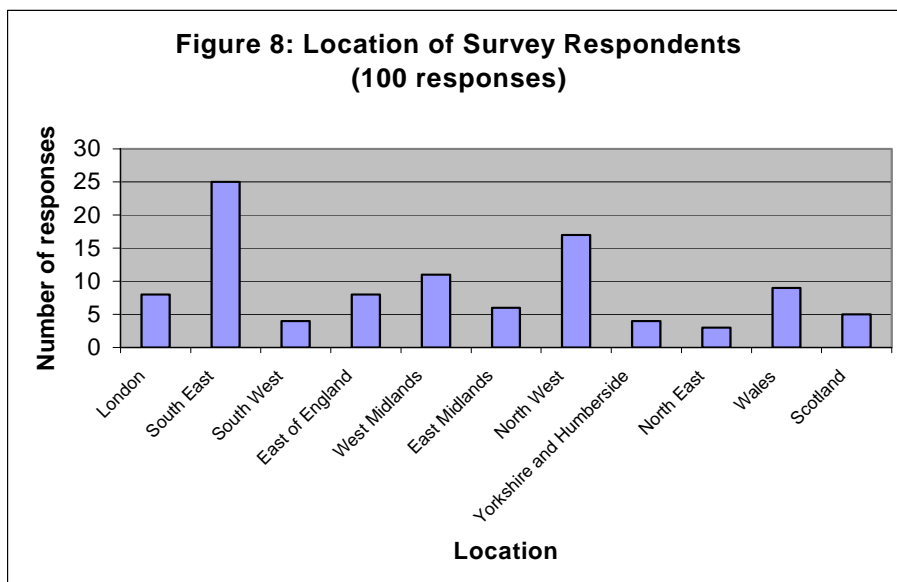
It is important to remember that the survey responses reflect individuals' perceptions of the support groups. Another issue is the survey response rate was lower than what would be ideal. However, the emerging trends and differences between the overall sample, the sub-regions and devolved countries are still useful enough to provide the working group with some key points to discuss.

It should be noted that the findings above are also a product of a number of key factors such as the location of pharmacy bodies (e.g. the National Prescribing Centre in the North West), devolution agendas, cultural differences and other local strategic determinants (i.e. the Kent Health Economy).

4. Geographical mapping

The Working Group has discussed the possibility of creating and maintaining an electronic database of pharmacy support groups. This could be used as an information resource for the Society and RPSGB members, but it would be costly to set up and take up considerable staff time to maintain. Even if this option is not pursued, the list of support groups could be very useful in future RPSGB consultation exercises, to engage more effectively with the profession and seek out the views of many different sectors and groups.

Geographical mapping has been based on the location of the respondent.



From the survey evidence, it is clear that the location of the respondent is not an accurate measure for the distribution of groups in Great Britain. Responses suggest a more complex picture than an immediate local affiliation to support groups. Regional, sub-regional, national, Great Britain wide and virtual/smart groups all have a role in supporting the flexibility and mobility displayed by the pharmacy profession.

Andy Langler, RPSGB Head of Information Management & Technology, provided a presentation and report on geographical information systems (GIS) to the Working Group, which outlined the advantages and disadvantages of various GISs. A number of further observations can guide the discussion with regard to the type of information that would potentially be included in a mapping solution:

1. A number of parameters emerged as key points of interest for the mapping:
 - (1) standardised presentation of who does what, where, how and why using both professional groupings and support functions;
 - (2) Number of members;
 - (3) When group was established;
 - (4) Methods of support (i.e. meetings, smart groups);
 - (5) affiliation to PCO, SHA, Pharmacy body.
2. Survey responses indicated an increasing willingness to establish support groups covering one or a select few local areas in Great Britain. The PCOs have over recent years adopted a strong role in acting as champions for different forms of support groups.

3. Among those pharmacists accessing support groups that span England, Wales, Scotland or Great Britain, the majority view indicated that these organisations had a key role in providing proactive and responsive support with quality standards attached (i.e. the quality of support at local level vary greatly from meeting to meeting).
4. Technological advances and the need for more flexible working has accelerated the advance of Smart Groups, while other e-mail based communication and web-site access has increased significantly. The increased use and satisfaction level with this form of instant access to a large peer group is something that should be taken account of.

Observations about good practice to have emerged in the English regions as well as Wales and Scotland highlight the need to enter into a more participative intelligence gathering. This process would examine the work of the support groups much closer. A snapshot analysis of groups meeting in Kent, for example, indicated a trend where the use of a strategic branding of the 'health economy' facilitated access to particular national and local groups. All three respondents from Kent show a particular awareness and drive for supporting the pharmacy profession in the context of other primary and secondary care professionals.

5. Sustainability of groups

5.1 Geographical Scope

The survey evidence shows that 54 percent of the support groups identified are local (i.e. sub-regional) groups.¹ There is also a relatively large proportion (18 percent) of support groups covering Great Britain.

One consistent theme to emerge from the survey is that attending meetings for support groups covering large geographical areas can be very problematic. This is due to pharmacists' workload, time constraints and the considerable travelling involved. The effectiveness of email links is highlighted by a number of respondents, often those belonging to groups with widespread membership. There was however some evidence to suggest that the lack of personal interaction was a disadvantage of participating in virtual groups.

"Electronic – smart groups allows ongoing co-operation by widely spread people without the need to actually meet."

"Just having other likeminded people to contact via an email group to discuss problems and ideas is great."

Specialist support and CPD are two of the key issues driving the development of groups at local level. Respondents belonging to locally based support groups often acknowledged important advantages of their groups as being responsive, informal, flexible, and friendly.

"Locally accountable, sharing of ideas and information, structured support both professionally and contractually, opportunity for contribution, able to respond quickly to changes or proposals."

5.2 Strengths and Weaknesses

Strengths

The evidence from the survey suggests that pharmacists identify an open forum for sharing problems as an important strength of support groups. Respondents suggested that a lack of formal structure facilitates a freer exchange of views with no fear of retribution. Several respondents cited the benefit gained from sharing work as another key strength of support groups. This is of course dependent on the willingness of individual members to openly share ideas and information.

"Sharing concerns and opportunities. Great forum to share best practices and challenges."

"Problem areas are often sorted with help from others. Work may be shared between a group of PCTs."

Another recurrent theme mentioned by a number of responses, highlights that support groups are focussed on pharmacy specialities whereas this is less the case with the professional support provided by the Royal Pharmaceutical Society.

¹ 91/167 groups for which geographical scope was recorded by respondents.

"The support groups I attend are all of direct relevance to my specific role, with the exception of the local RPSGB branch. I find them all useful."

"The focus of each group in an area where there is no support from the Pharmaceutical Society is invaluable. The clinical areas have been within my specialities i.e. nutrition, paediatrics and management."

Weaknesses

The responses from pharmacists as to the obstacles for development of support groups are relatively similar. Pharmacists consistently referred to inadequate resources and support as a major weakness. Furthermore, some respondents suggested that RPSGB branches were not operating very effectively.

"Funding, Other resources for support, level of RPSGB support"

"Very difficult to attract a large number of members to any one venue – usually has to be London, which is expensive and repetitive. Constant issue of adequate funding and organisational headaches of finding venues, speakers, etc."

"NPA and RPSGB branches defunct"

The issue of funding also arose when pharmacists were considering the future of support groups. The evidence suggests that future prospects for support groups are strongly dependent on securing sufficient financial resources.

(Comment on potential for Support Group)

"A lot if finance is available. Little in current financial situation."

Another recurrent theme causing concern for members of support groups was an over-reliance on the commitment and drive of a few individuals.

"Groups rely on the goodwill and commitment of members – there is no payment for involvement. They are limited in what they can achieve when government, NHS and RPSGB can choose to ignore them and there is little we can do about it. Eventually the enthusiasm might run out."

"Depends on support of a small number of individuals to make it work".

Attributes of Successful Groups

Some interesting views emerged from the responses, but there was less consistency among responses than in other parts of the survey. A few of the survey respondents argued that regular communication and interaction between members constitute a key element of good practice.

"1. Presentations by different members. 2. Opportunities for 'clinical supervision'."

"Good communication between members is crucial."

A second element of good practice was identified as enthusiasm/drive for a common agenda/purpose from across the support group and in particular from the steering committee while being supported by a sound administrative network.

“A group needs a home and general administrative support. Too often they survive only through the energies and enthusiasm of a few individuals. Some ‘recognition’ by our professional body would be nice as several members of staff are actually members.”

“Enthusiasm, Drive from steering committee, Inclusivity”.

“Must have purpose, projects and agenda.”

5.3 Membership

For the most part the support groups do not charge a membership fee. Analysis does, however, seem to indicate that there is a consistent high satisfaction level with support groups that have a small annual fee of £10-15.

Financial outlay to become a member of a support group does not figure in any of the survey responses as a barrier as much as other criteria for remaining a member of a group:

- Education/CPD value.
- Information and idea sharing.
- Communication.
- Strategic influence.
- Multi-disciplinary working.
- Inclusiveness of membership base.
- Feeling part of a collective.

When asked whether it would be a positive step to provide more support groups, the response was mixed. A number of individuals took the view that more collaboration and more sustainable infrastructure of the support groups would be a higher priority.

5.4 External funding

Respondents reported that seventy-six percent of the support groups identified are in receipt of some external funding or support, but in many cases this would only be the provision of meeting venues or refreshments. The most prevalent source of funding is the local PCO or groups of PCOs. In one area a PCO has employed an interesting way to secure funding for support groups - a local levy of 10p per £100 NHS funding that is ring fenced for use on professional and leadership development.

Some local, regional and national groups receive sponsorship from the pharmaceutical industry. Industry funding is mostly apportioned to the use of the venue as well as food and refreshments.

The lack of sustainable external funding is the reason that most responses mention as the barrier for providing support that was sustainable beyond the commitment of just a few committed people offering their time on a voluntary basis. Therefore,

though the survey evidence suggests external funding is common for support groups, it also appears that often the extent of this funding is very limited.

“Shoestring budget”

“Lack of finance”

5.5 Length of time established

This section in the survey was added at the Working Group’s suggestion. Although there are a couple of responses that refer to support groups such as Pharmacy Development Groups disbanding in the past, there is a trend that dates many of the groups to after the Labour Government took office in 1997. More recently, in the period between 2000 and 2002 there seems to have been another phase where support groups were set up – coinciding with a re-organisation of the NHS, and with the publication of the early National Service Frameworks, in England.

6. Perceptions and expectations

6.1 Reason for the support group

Many survey respondents have cited that a lack of sufficient professional support is a very important factor for pharmacists to participate in support groups. Equally, continuing professional development (CPD) also features highly in pharmacists' responses.

"RPSGB – cannot represent the sector or take part in commercial or contractual matters.

NPA (National Pharmacy Association) – is a business organisation, has no political mandate and has abandoned the sector.

PSNC (Pharmaceutical Services Negotiating Committee) – dominated by corporate interests. Independent representation is not coherent."

"I am a lone worker and wanted to ensure that I had adequate peer support."

"Local networking, CPD."

Another recurrent comment from the survey is that support group membership presents an opportunity for pharmacists to develop relationships with peers through exchanging ideas and debating queries. By sharing experience, intelligence and knowledge with colleagues offering different perspectives, pharmacists can improve the quality of the services they provide to the general public and avoid professional isolation. Also, pharmacists gain awareness of other sectors of the profession and gain reassurance that they are on track and developing their services appropriately.

"Links with local contractors. Helps establish working relationships, gain ideas, develop services."

A further area acknowledged by a number of respondents is that support groups provide representation, which enables pharmacists to bring some level of influence to bear on policy. It is also apparent that respondents often refer to the reason for the existence of support groups in a 'local' context.

"To be aware of what's going on locally, to influence decision-makers, to discuss implementation of new practice and policy."

To summarise, the main three reasons for accessing support groups were as follows:

- Accessing and sharing information.
- Meeting other pharmacists.
- Developing good practice.

Other factors that respondents felt were important included activities with longer term objectives:

- Training.
- Competence development.
- Positioning the pharmacy profession.
- Influencing health care policy and commissioning.

6.2 Expectations for the future of support groups

The survey responses for future expectations of support groups were mixed, though raising the profile of the profession came across as a common objective.

“Groups need to be an integral part of an overall primary care development strategy where health needs of the population are known.”

“Embedding new services, raising the profile of pharmacy, strategically positioning the profession at local level to have influence in local NHS decision making and subsequently national decision making.”

“Helping the profession to achieve change.”

“To develop new pharmacy services. Promote the image of the profession. Motivate and support individual pharmacists. Improve training and CPD.”

A second aspiration to appear frequently from the survey evidence was to disseminate learning/information within the profession. Respondents observed that this would help develop professionals and services. There was also some consistency in future expectations being orientated towards ‘local’ needs.

“To support pharmacy contractors, produce publications, hold conferences to disseminate learning.”

“Disseminate information. Updates on new procedures.”

“1. Networking; 2. Meeting local needs and opportunities; 3. Contacts”

“Better local networks and contacts.”

Benefits achieved

One respondent encapsulated many of the other comments in one statement:

“Embedding new services, raising the profile of pharmacy, strategically positioning the profession at local level to have influence in local NHS decision making and subsequently national decision making. (PDGs are now mentioned as a matter of course in many Government documents.) Developing individuals as leaders and team players etc. Spreading good practice.”

Two other examples of the feedback provide an account of the perceived tangible outcomes that meet personal need and expectations:

EXAMPLE 1:

Association of Pharmacy Technicians UK (APTUK) - awareness of strategic and political issues. I have been in a position to contribute to national and strategic discussions.

Welsh Centre for Post-Graduate Pharmaceutical Education (WCPPE) - achieved a 'dream' - with the help and support of all members of the pharmacy team.

EXAMPLE 2:

British Pharmaceutical Nutrition Group (BPNG) provides support and education for people with an interest in and practicing in the field of pharmaceutical nutrition. It allows clinical practitioners and academics to come together to solve problems and share ideas.

British Association of Parenteral and Enteral Nutrition (BAPEN) like the BPNG is focused on clinical nutrition and supplements the BPNG by allowing the multidisciplinary approach to clinical nutrition.

Neonatal and Paediatric Pharmacists Group (NPPG) provides a support network, education and publications for paediatric and neonatal pharmacists.

Chief Pharmacists' group provides peer support for the management of pharmacy teams/department, it allows open discussion of problems being encountered across the NHS and the sharing of best practice.

6.3 Preferences for the type of support accessed

The survey responses indicated that pharmacy development groups are pharmacists' most preferred method of accessing support.

Respondents also identified traditional methods of support such as workshops and seminars as effective support mechanisms for pharmacists. Newsletters and briefings seemed to have less of an impact, though it appeared there was significant support for both e-mail and web based communications.

The advent of smart and virtual groups seems to be an increasingly significant development and for the most part is mentioned in very positive terms. For instance, there was an example of a group started up by an individual in Wales with very little funding but with seemingly good coverage and membership. This could signify that new generations of pharmacists are increasingly inclined to access support mechanisms that extend beyond the traditional methods of meetings and workshops.

7. Conclusions

7.1 Summary of main findings

The survey identified 188 support groups, including 12 RPSGB branches. What emerges from the survey is a picture of great diversity:

- Pharmacy support groups exist at various geographical levels – GB; England and Wales; England, Scotland or Wales; regional, and local. Over half the groups identified were local groups.
- National, regional and local groups fulfil different types of support needs.
- Groups may be also categorised by the practice sectors or specialties they provide support for.

Many groups provide support for more than one sector of practice. Primary care pharmacy emerged as the best-served sector. Industrial pharmacy appears to have no specialist support groups outside the RPSGB: pharmacists in industry may be using multiprofessional support groups for industry professionals. Veterinary pharmacy does not seem to have any specialist support groups other than the RPSGB's special interest group.

The most important functions provided by support groups were professional support, leadership support, links to the NHS, clinical support, CPD, and policy and strategy. The key benefits of groups were identified as learning from peers, cross-sector networking and combating feelings of isolation and work overload.

Direct relevance to pharmacists' roles and the absence of formal structures were identified as particular strengths of support groups. The main weaknesses identified were lack of funding and reliance on the goodwill and commitment of members.

Respondents reported that 76 percent of support groups had some funding; where the source was specified this was most commonly PCOs or the pharmaceutical industry. Funding could be quite minimal, only providing for meeting venues and refreshments. The unpaid involvement and commitment of individuals was crucial to the survival of many groups.

Groups are increasingly using the internet to maintain contact: this overcomes the difficulties of attending meetings.

Local groups have emerged in waves, many starting up soon after Labour's general election win in 1997, with another wave in 2000-2002.

It is clear from the survey findings that there are many local pharmacy groups that fulfil particular types of support needs e.g. to enable pharmacists to influence policies and decision-making in their local health economy, and to facilitate local collaboration between pharmacists and the sharing of information and expertise. These groups have emerged organically in response to particular needs, not as part of centralised national or GB-wide strategies for professional support. The devolution of NHS decision-making in England to PCT level in recent years is likely to have been one driver for the emergence of these groups. The continuing development of specialist pharmacy practice is likely to have been a major driver for the growth in specialist groups.

There were some critical comments of the national pharmacy bodies including the RPSGB, among them perceptions that these organisations do not meet the needs of specialist groups of pharmacists or respond to 'local' needs.

7.2 Limitations of the survey data

The survey was undertaken to identify as many external support groups for the pharmacy profession as possible. It provides a snapshot at one point in time (October 2005) which is now already out of date. It cannot claim to provide a complete map of all support groups across GB, and we have no way of knowing how complete or incomplete it is since there is no other source of this data to compare it to. The uneven geographical distribution of groups identified in the survey may reflect differences in the actual pattern of support groups, the distribution of questionnaires or different response rates in different parts of GB - we have no way of knowing.

The coverage of support groups for primary care pharmacy may be more complete than for other sectors of practice because PCOs were particularly targeted in the distribution of questionnaires. An article in the Pharmaceutical Journal about the survey which was intended to raise awareness of the research across the profession was poorly responded to, yielding only one response.

The survey data are based on respondents' perceptions of the groups they belong to; they do not constitute an 'objective' evaluation of groups and their functions. Some of the data are not complete or robust enough to draw firm conclusions from, e.g. 'hard' data on the size of groups and sources and amounts of funding (not all respondents answered every question, and the completeness of answers varied).

7.3 Implications of the survey findings

The findings of this report were endorsed by the Society's Council on 11 October 2006 and some potential next steps and options were explored further to build on the research.

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