

In the future, there would be no Community Pharmacist.

Did that get your attention? Good - there's more; there will be no Hospital Pharmacist. No Industry pharmacist, no Academic Pharmacist, and no GP Practice Pharmacist. These sectors won't stop existing and there will always be a need for pharmacists working in these sectors. We will be simply called what we are; pharmacists. We need to stop working in silos and these descriptions further propagate ineffective working across boundaries and fragmented leadership.

A multi-sector start to a pharmacists' career will allow them to understand the complexities of each sector and be able to understand their role in the patients' journey. Moreover, experience, skills and knowledge pertaining to each sector would allow pharmacists to work together and collaborate for smoother transitions of care. There would be no need to use the word clinical to describe a pharmacist - all pharmacists are clinical. Placements would be in both primary and secondary care, experience in mental health will be just as important as physical health.

Building from an integrated pre-registration undergraduate pharmacy degree, with placements taking the majority of the last year, to early years, all pharmacists should go through a professional development programme to prepare them for advanced practice. It is argued that current pre-registration training does not prepare pharmacists that patients need for the future [1]. The next generation would be supported by practice mentors, but also be continued to be supported by university staff.

A multi-sector pre-registration training programme in North Wales, covering hospital, GP practice and community pharmacy, produced more rounded pharmacists and the ability to be ready in all these sectors from day one [2]. The Northumberland Vanguard examined new potential workforce models to address the needs of the local population [3]. This model of care saw pharmacists integrated in hospital, GP practice and community pharmacy had impacted positively with over 200 avoided hospital admissions. Community pharmacists in Northern Ireland have access to the hospital foundation program, which has led to a more robust and mobile pharmacy workforce [4].

This is a step in the right direction; however, we need to be bolder. Placements should include academia and industry in the early years of registration.

Benefits of academia would give pharmacists the experience to teach and support the next generation of pharmacists, other healthcare professionals and the public. Industry will give pharmacists benefits of applying good manufacturing practice and learning quality management tools. These could be applied to practice to improve patient pathways in more patient facing roles. Both would champion the value of research.

It is argued that that the current pre-registration year doesn't allow for smoother transition for pharmacists moving from sector to sector [1]. The Royal Pharmaceutical Society enquiry service is receiving more enquiries regarding switching sectors and those looking to portfolio carriers; creating a more adaptable, flexible and mobile workforce [5]. This would leave us to be called simply what we are; pharmacists. This is what the NHS needs and it's what the profession wants.

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