

Corporate Pharmacy: Implications for the Pharmacy Profession, Researchers and Teachers*

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Change within pharmacy is increasingly directed by the commercial decisions of the corporate sector. Commensurately, the ability of researchers, individual pharmacists and their professional body to shape the development of pharmaceutical services is restricted. Here, it is argued that future developments in practice and policy within community pharmacy will not be shaped primarily by research evidence or the initiatives of Pharmacy's professional body, but rather by the strategies and commercial expediencies of large, corporate-owned pharmacies. This is particularly pertinent for researchers who hitherto have generated evidence to inform developments and initiatives in pharmacy services.

Educators of the future pharmacy workforce must come to terms with the reality that an increasing proportion of their graduates will become corporate pharmacy employees, undertaking routine work as employees in retail outlets such as supermarkets and large stores. This shift in the career path of graduates, together with expanding student numbers and recruitment of students to pharmacy degree programmes from non-traditional backgrounds such as pharmacy technicians, must inevitably impact on the content of undergraduate programmes and the teaching methods employed.

Keywords: Corporatisation; Pharmacy education; Pharmacy policy; Pharmacy practice research; Rationalisation

THE CORPORATISATION OF PHARMACY

Until recently, community pharmacy in Great Britain comprised largely independent pharmacies and a few multiple chains, with one, Boots the Chemists, predominating. Between 1991 and 2001, however,

the proportion of pharmacies in chains of five or more has increased from a third to a half (Office of Fair Trading, 2003) whilst the number of independent pharmacies (chains of five or less) in England and Wales decreased by 27.5%, (Pharmaceutical Journal, 2001). Currently, there are several large multiple chains whilst large supermarkets are becoming increasingly prominent and influential as pharmacy owners (Table I).

This rapid change in pharmacy ownership and expansion of the corporate pharmacy sector is exemplified by Lloyds pharmacy, which began as a single shop in 1973 but had 100 outlets by 1986 (Hassell and Symonds, 2001) and by 2002 was the largest owner of pharmacies in the UK (Table I).

The Office of Fair Trading (OFT, 2003) recently recommended deregulation of the procedure for awarding pharmacy contracts, allowing all registered pharmacies with qualified staff to dispense NHS prescriptions. The Government has yet to respond to the OFT Report, though the Secretary of State for Trade and Industry has indicated that the Government "favour(s) change to open up the market..." (Bellingham, 2003) and hence, further expansion of corporate pharmacies, particularly those owned by supermarkets, is inevitable.

WORKING IN A CORPORATE PHARMACY

The nature of work in corporate and particularly, supermarket pharmacies has been widely debated, with concern expressed about the constraints and working conditions of pharmacists within such

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TABLE I Pharmacies in the UK with NHS contacts in 2002 (Office of Fair Trading, 2003)

| Pharmacy | Number of outlets | Share of total outlets (%) |
|--------------------------------|-------------------|----------------------------|
| Lloydspharmacy | 1321 | 10.9 |
| Boots the chemists | 1268 | 10.5 |
| Moss pharmacy | 773 | 6.4 |
| L Rowland & Co | 300 | 2.5 |
| National co-operative chemists | 290 | 2.4 |
| Superdrug | 228 | 1.9 |
| Tesco | 210 | 1.7 |
| Cohens chemist group | 107 | 0.9 |
| Sainsbury's | 107 | 0.9 |
| Safeway | 105 | 0.9 |
| Asda | 80 | 0.6 |
| Others | 7335 | 60.4 |
| Total | 12,124 | 100.0 |

an environment. Supermarket pharmacy is described as providing a sterile environment in which customers are seen rarely more than once (Tapster, 2003). This seriously removes opportunities for developing a health professional–client relationship tailored to individuals' specific needs, though it has been suggested that the quick, impersonal service offered by supermarket pharmacies is preferred by some users (Selfe, 2003).

Indeed, it has been argued that supermarket pharmacists can concentrate their activities on medicines and pharmacy services rather than on non-pharmacy areas such as cosmetics and toiletries, traditionally associated with community pharmacy work (Banks, 2003). Unlike small independent pharmacists' dispensing prescriptions in large volumes, corporate pharmacists have more time available to apply their clinical skills, counsel clients and discuss medication and health-related issues (Wilson, 2003).

Corporate Efficiency and Rationalisation

To operate economically, effectively and competitively, complex organisations adopt distinct working practices. Large corporations maximise profit by rationalising products and services; Ritzer (2000) has coined the term *McDonaldisation* to illustrate how the policies and practices associated with efficient, routinised production are all pervasive. The four dimensions of rationality highlighted by Ritzer (2000) are evident in British corporate pharmacies: Efficiency, Predictability, Calculability and Control (Harding & Taylor, 2000).

Efficiency is achieved through routinisation. For example, pharmacists' core activity, namely dispensing, has become a 'production line' process with technicians each completing a small part of the process. Electronic transfer of prescriptions (currently being piloted) and robotic dispensing systems (already installed in a few community pharmacies)

will further improve dispensing efficiency. *Predictability* is achieved by standardising services, products, pack sizes, etc. so that corporate pharmacy chains offer identical 'experiences' for their customers. Stores are of regular design and uniformed staffed, drilled in the company ethos, follow written protocols and procedures to ensure service uniformity. In these circumstances, even the interactions between pharmacists and clients tend to become routinised (Hibbert *et al.*, 2002). *Calculability* is evident, with medicines sold as commodities on the basis of cost rather than quality or efficacy. Price becomes key, leading to 'three for the price of two,' and 'buy one get one free' offers. *Control* of staff is achieved by minimising skilled activities. Employees perform simple, clearly defined tasks in accordance with written procedures whilst technology (e.g. computers and robots) is used whenever possible. The forces of rationality apparent in corporate pharmacies thus focus on streamlining delivery of pharmaceutical services, essentially if they are to thrive in a market economy.

IMPLICATIONS FOR PHARMACY

Currently, corporate pharmacies are not fully rationalised *McPharmacies* (Harding & Taylor, 2000) as employed pharmacists are able to establish a degree of autonomy and are relatively highly paid. Nonetheless, the processes of rationalisation and standardisation, along with the relentless pursuit of profit through economies-of-scale, will see McDonaldisation extend throughout the community pharmacy sector, threatening pharmacists' skill base, autonomy of action, professional status and remuneration.

Routinisation is now so endemic that although the dispensing of prescribed medicines is pharmacists' major activity (Rutter *et al.*, 1998) and the basis for the majority of independent community pharmacists' income, 'practical' and even supervisory aspects of dispensing are now considered for coding, technical activities and therefore the province of technicians, not pharmacists. Indeed, in the UK, a recent Government discussion paper, *Pharmacy Workforce in the New NHS* (Department of Health, 2002), stated that:

"The modern pharmacist's professional role is not primarily to undertake detailed supervision of the dispensing and sale of medicines. Experience in the hospital sector has shown that these tasks can be delegated to suitably trained staff."

Rationalisation *per se* is not necessarily wrong. For instance, standard operating procedures are essential in the manufacture of medicines to eliminate errors introduced through human variability and error. However, when an individual's daily work is governed by rationalised and routinised procedures,

the capacity for critical thinking, decision making, and the exercise of autonomous professional judgements becomes diminished.

Professionalism is a social state in a continual process of change. Currently, pharmacists are recognised by the public and the State to legitimately exercise professional judgements. The public's acceptance of such judgements requires the appropriate relationship between professional and service users, which is established and maintained through creating a sense of 'mystification' about the elements making up professional services (Johnson, 1989).

However, rationalisation requires that service delivery should not be mysterious but transparent, permitting disassembly into its composite parts. Thus, within corporate pharmacies, pharmacists' activities and the symbolic "aura" of the pharmacy are demystified. The pharmacist becomes the "manager" of a "pharmacy section," usually of open-plan design, and is largely indistinguishable from "managers" of cosmetic, delicatessen, fresh meat and fish sections. Within supermarkets, activities become rationalised such that pharmacists have line managers who are non-pharmacists. As a result, employee pharmacists working for non-pharmacist managers may be required to undertake "general shop duties," such as general sales and shelf-stacking (Sidhu, 2003). Set against current trends, the portents are for a future breed of McPharmacists who, like all those employed in so called "McJobs," are relatively unskilled and poorly paid.

Implications for Pharmacy's Professional Body

Whilst corporatisation may undermine pharmacists' claim to professional status, routinisation of dispensing creates opportunities for pharmacists to develop, extend and promote their professional activities nonetheless. Examples of this are promoting pharmacists' ready availability and their advisory activities, undertaking pharmaceutical care and medicines management and extending the range of pharmacy services and pharmacist prescribing. Pharmacists believe that these additional activities are essential for their professional survival (Edmunds & Calnan, 2001).

As pharmacists' professional body, the Royal Pharmaceutical Society of Great Britain (RPSGB) has proposed and pioneered a number of initiatives, most recently, Pharmacy in a New Age (PIANA). However, these initiatives and policies are proposed for a pharmacy sector characterised by a dualistic approach to service delivery: corporate pharmacies maximise profit through economies of scale and rationalisation, independents pursue profit maximisation primarily by service delivery. Increasingly, the RPSGB is unable to exert influence throughout

the community sector. For instance, although work in some corporate pharmacies is characterised by excessively long hours, high prescription volumes, inadequate breaks and insufficient support staff (Brunt, 2003), the RPSGB has been powerless in ensuring its members have the working conditions, practices and support necessary for effective professional practice.

Ultimately, corporate pharmacies pursue an agenda driven by profit maximisation rather than professional service development or collegiate loyalty. For instance, lobbying for the removal of Resale Price Maintenance, which fixed the price of over-the-counter medicines, was most vociferously undertaken by supermarkets, seeking to increase their market share in the sales of such items. This occurred, despite orchestrated and widely publicised opposition, by both the RPSGB and independent pharmacies. Moreover, some corporate pharmacies publicly welcomed the OFT report on deregulation of pharmacy contracts, which potentially threatened the livelihood of many independent community pharmacists. One major supermarket chain regarded it as "great for pharmacy and customers" and a multiple chain claimed it was a "major breakthrough" in its campaign for a "free market in pharmacy contracts" (Buisson, 2003).

As corporate pharmacies predominate and the RPSGB strives to represent and reconcile the views and interests of its members in both the corporate and independent sectors, it risks being seen as ineffectual and ultimately irrelevant.

Whilst employee pharmacists and their professional body may be unable to impact on the direction of corporate pharmacy strategy, the Medicines Act indicates that the Superintendent Pharmacist should be the final decision maker about professional matters in a registered pharmacy. However, as the President of the RPSGB has highlighted, "Typically, Superintendent Pharmacists in some new larger organisations were not the ultimate decision makers and were not on the main company board." Moreover, he stated that a supermarket had recently withdrawn from a trial of a new community pharmacy service, following shareholders' complaints at the company's annual general meeting (Pharmaceutical Journal, 2003). Under these circumstances, pharmacy policy is clearly driven by commercial rather than professional considerations.

Implications for Health Services and Practice Researchers

As community pharmacy increasingly comprises different models of practice, research findings from one sector, such as independent pharmacies, may not be applicable to the corporate sector. This is occurring at a time when research into pharmacists'

practice is more important than ever. 'Evidence-based' practice has become a focus for professional practice delivery by all health professionals in the 21st century. Evidence derives from research, which in the case of pharmacy has increased considerably in recent years. Research informs practice by identifying, delineating and evaluating new and existing roles and services. Further, it should ideally underpin developments in the nature and delivery of pharmaceutical services. Research undertaken for pursuit of "knowledge" *per se* is increasingly viewed and less valid than research having either a direct commercial or practical application. Thus, health services or pharmacy practice research can be viewed as a quintessentially valid activity, with research findings potentially impacting directly on professional practice. Pharmacists' practice and policies shaping that practice are constantly evolving and this process is governed not simply by research evidence but also by other factors—the forces of political economy. These forces enable large 'pursuit of profit' corporations, such as pharmacy chains, to exert political influence to protect their economic interests. If this trend continues unchecked, the main forum in which community pharmacy research is undertaken will consequently be of a type representing commercial above professional values.

IMPLICATIONS FOR TEACHERS

Student Satisfaction and Course Content

Seventy percent of those currently working in pharmacy, practice in community pharmacy (Hassell *et al.*, 2002). The changing nature of community pharmacy thus impacts on the majority of pharmacists and has a direct impact on how students perceive pharmacy and evaluate their undergraduate education after graduating.

Prior to the introduction of four-year degree programmes in 1997, UK schools of pharmacy reviewed and redesigned teaching programmes and new teaching methods, such as problem-based learning, were introduced. In these new courses, students are increasingly exposed to practice settings, usually with pharmacists committed to education and professional development. Thus, whereas once pharmacy courses could be criticised for being "behind the times," now they are structured to reflect and equip students for best current and future practice. Students are presented with a "vision" or "model" of what pharmacy can be and are equipped with the skills to work within this model. However, contemporary practice frequently bears little resemblance to this idealised vision. As a result, shortly after commencing practice, new pharmacists may express anger and resentment at

the mismatch between their expectations and reality. Recently, several newly qualified pharmacists and pre-registration trainees have publicly expressed their dissatisfaction with community pharmacy. In one letter, which triggered extensive debate, a recent graduate expressed disappointment that having recently graduated he had been "looking forward to an exciting and interesting career. However, this was not the case" (Wood, 2001). These views are those of "consumers" who find that the reality of pharmacy falls far short of the vision they had been "sold" at university (Taylor & Harding, 2001).

Similar disillusionment occurs in students undertaking vocational employment in busy corporate pharmacies, where pharmacists' activities comprise almost exclusively those associated with the rapid dispensing of high prescription volumes. Such students will often become cynical on returning to university. When teaching staff discuss the wide range of activities pharmacists are able to undertake, individuals believe they "know" that in practice this is not the case, which lessens the value of the learning experience for both student and staff (Taylor & Harding, 2001).

The mismatch between contemporary community pharmacy in general, corporate pharmacy in particular and undergraduate expectations should concern all pharmacy academics. Students are increasingly conceptualised as consumers and the four-year pharmacy degree programme requires a substantial investment of time and money. As consumers, undergraduates are empowered to question their teachers regarding course content and perceived value for money. In response, a dismissive "we know best" no longer suffices and course content and academic action must be justified, not least because the Quality Assurance Agency (QAA) will require evidence of institutions' responsiveness to student concerns. The questions arise: If there is a mismatch between pharmacists' practice and their education, who is to blame and what should be done to rectify the situation?

Programme Content and Teaching Methods

As pharmacy is increasingly practised within a corporate setting, academics should equip students intellectually and psychologically for work in this environment. For instance, teachers need to consider how high students' expectations should realistically be set, in terms of the services they can offer as pharmacists and the autonomy of their actions. It may be professionally satisfying for teachers to outline the many roles pharmacists can undertake, ranging from home visits to advising prescribers and pharmacist prescribing. But is this legitimate given students' likely career paths? Can teachers justify

a four-year degree with extensive and demanding science content if students, even more than previously, will come to see themselves and be seen by the public as shopworkers? These questions are undoubtedly problematic because at the same time, as pharmacists' activities are rationalised within corporate pharmacies, in other sectors, such as primary care pharmacy, there are increasing opportunities for professional development with utilisation of a wide range of skills. It may be that in the future, both the RPSGB and schools of pharmacy might consider whether one pharmacy degree programme can, or needs to, fit all career options.

In addition to reconsidering course content, pharmacy academics may also need to readdress their teaching methods. Courses are designed to equip students with key transferable skills, such as critical and integrative thinking, decision making in complex and unpredictable situations, problem solving and the ability to act autonomously. Indeed, these skills appear in the QAA Subject Benchmarks for the MPharm. They are essential for professional practice. However, in fully rationalised systems, such skills become largely irrelevant. Consequently, pharmacy teachers may not only be providing students with knowledge they will never use but may also inculcate them with skills which, because they are under-utilised in pharmacists' daily practice, serve only to supply them with the tools to critically evaluate the unsatisfactory character of their work!

Educating Shopworkers

A decade ago, we argued that academic staff frequently expressed the opinion that hospital and industrial pharmacy, as opposed to community pharmacy, are more demanding professional options to which graduates should aspire (Taylor & Harding, 1993). Nowadays, such attitudes may be counter-balanced by the increased input of primary care practitioner-teachers into degree programmes. Nevertheless, many academics do fear that graduates opting for community practice will under-utilise their recently acquired scientific knowledge. Indeed, some (particularly non-pharmacists) express disappointment and incredulity when "bright" students actively choose to enter community pharmacy. In our experience, many teachers seem to be in denial that their charges will ultimately work in a . . .shop! This prejudice is particularly marked towards those choosing to work for multiple pharmacy chains. With the expansion of corporate pharmacy, students will increasingly opt to work not only in high street shops but also supermarkets, particularly given the relatively higher salaries paid by corporate employers and increasing student indebtedness. Quite how academics, working in research-oriented, largely

pharmaceutical science-based schools of pharmacy, reconcile themselves to prepare a large proportion of their students to undertake the relatively routine, arguably low skilled and certainly "non-scientific" tasks required in such an environment, is open to question.

Quantity and Quality

Over the past 20 years, schools of pharmacy have dramatically increased their intakes, with the annual number of entrants increasing from 781 in 1981 (Pharmaceutical Journal, 1982) to 2068 in 2002 (Pharmaceutical Journal, 2002). Thus, the "supply side" of pharmacists has increased as universities have sought to maximise their income associated with recruitment.

Over this period, academic staff numbers have remained relatively constant, whilst the number of academic pharmacists has declined by approximately one-third (Hassell *et al.*, 2002). Moreover, new schools of pharmacy will admit students from 2003, with further schools scheduled to open over the coming few years. Only time will tell how sustainable all schools of pharmacy (new and established) will be in the future. This is particularly worrying given that, in recent years, the number of applicants to study pharmacy has decreased (Pharmaceutical Journal, 2002).

One consequence of the corporatisation of pharmacy will be an increased "demand" for new pharmacists to staff the burgeoning number of supermarket pharmacies with extended opening hours. If more students are to be attracted to study pharmacy, to fill the extra university places and to work in the pharmacist positions created by corporate pharmacies, a number of options are available, including making pharmacists' careers particularly attractive or lucrative, lowering the A-level grades required of prospective students or recruiting "non-conventional" entrants.

The gradual transformation of pharmacy into a profession whose members are employees of large corporate bodies, performing routinised activities in a shop environment, is likely to have a detrimental effect on recruitment of the most able students to four-year pharmacy degree programmes, particularly as additional places are being offered at medical schools. One attraction of pharmacy as a degree course is that graduates are virtually guaranteed employment. The projected increase in pharmacist numbers would then apparently be advantageous in enhancing recruitment. However, in the future, 100% employment of pharmacy graduates may not be guaranteed, since the number of pre-registration places available is not increasing in line with the rising student intakes into schools of pharmacy.

If pharmacy is ultimately viewed as “working for a supermarket,” recruitment may be more difficult than in the past. In that case, as more schools compete for students, it is likely that students having lesser academic ability than has previously been the case will be admitted onto pharmacy courses. This will impact on course content and teaching methods. Pharmacy lecturers already complain of the poor ability of students, particularly in relation to mathematics, in the use of English and in the understanding of Chemistry.

Another way to address problems of recruitment and the shortage of pharmacists is to consider education and training of “non-conventional” students. Indeed, a stated aim of *Pharmacy Workforce in the New NHS* (Department of Health, 2002) is that the skills mix of NHS staff be exploited and that “the RPSGB and University schools of pharmacy should examine what further steps can be taken to encourage and facilitate the entry of pharmacy technicians and other healthcare support staff with appropriate qualifications to MPharm programmes.”

If less able students or those from non-traditional, less academic backgrounds are recruited, at the very least, it seems likely that remedial classes in many subject areas will be required along with the appropriate student support and counselling activities. At most, it may require a wholesale reassessment of course content and teaching methods.

CONCLUSION

The term “corporate pharmacy” as used here, embraces small and large multiple pharmacy chains and supermarket pharmacies. Clearly, practices will vary widely within the corporate sector, with “good” and “bad” employers. Moreover, nowadays “corporate” must embrace two distinct types of pharmacy. First, traditional multiple chains, which have grown organically from single or small groups of pharmacies and, second, supermarket pharmacies, where pharmacies are a recent addition to the many other goods and services offered from large stores. A generalisation, then, is necessary to talk of a corporate sector. Yet we believe that all corporate pharmacies share many characteristics which make them distinct from independent pharmacies and, moreover, that community pharmacy policy is now largely shaped by the commercial interests of that sector. Consequently, practice and policy within community pharmacy cannot be readily influenced by individual pharmacists or their professional body. At the same time, as evidence-based practice has become established as a principle for professional practice, it seems that pharmacy may be resistant to evidence-based change unless supported by the corporate bodies. This challenges the legitimacy of

pharmacy practice and health services researchers within pharmacy whose studies seek to inform the development and planning of pharmacy services.

Corporatisation poses challenges for the educators of the future pharmacy workforce. A large proportion of pharmacy graduates are destined to work as employees of a corporate pharmacy. This is contrary to the vision many pharmacy academics have of a career path for their students and leads to questions regarding the content and delivery of current programmes. This change in graduates’ career paths, combined with expanding student numbers and recruitment of students from non-traditional backgrounds must, in the future, impact on the academic capability of recruits, course content and teaching methods.

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