

Ground-breaking boards

There are likely to be many developments in pharmacy during 2007 and just off the blocks are the Royal Pharmaceutical Society's national boards for England, Scotland and Wales (p81). The boards for Scotland and Wales are not as innovative as the one for England in the sense that the Scottish and Welsh executives were already doing some of the work that the new boards will do.

The board in England is entirely new, and how it will function alongside the Society's Council will be one of the challenges for the year. The fact that it is an entirely new

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structure and has no track record may go some way to explain why so few pharmacists voted in the election: just over 14 per cent of pharmacists participated in England, compared with 24 per cent in Scotland and just under 30 per cent in Wales. Moreover, nearly double that percentage of pharmacy technicians participated in the English board election and just under 37 per cent of technicians in Wales took part. Another reason may be that pharmacists outside the confines of Lambeth and the branch and regional

network may not have registered how ground-breaking these boards could be. They could, both theoretically and in practice, be the template for the structures that may be put in place to support the Government's desire to separate the professional leadership and regulatory functions of the Society.

As far as professional leadership is concerned some pharmacists seem to be looking to the royal medical colleges for comparison; others to the British Medical Association.

The colleges gain their clout because they are highly specialised and look after the standards and educational needs of groups of medical professionals who are either on the top rung of their career or expecting to reach that point at some stage. Many of their members and fellows have international reputations and are ambassadors not only for their specialty but for the NHS itself.

Arguably, the BMA's influence and power largely stem from its trade union activities. Its committees negotiate terms and conditions of service for all doctors — not just its members. Anecdotally, Westminster politicians have always been concerned to keep the BMA on side because of the perceived influence doctors have on their patients and, therefore, the wider electorate. Since trade unionism is unlikely ever to be a part of the Society's brief (p74), pharmacists need to look closely at what else the BMA achieves and either mirror its successes or aim to take ground away from it — particularly with respect to any pronouncements it makes about medicines.

The Society, through its national boards, needs to focus on what professional leadership pharmacists require and what it can offer — and if there is a gap between the two, how it can best be filled.

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