

Can the Royal Pharmaceutical Society be a regulator as well as a modern, professional, learned body?

Since the publication of the Kennedy report into the Bristol Royal Infirmary inquiry into paediatric heart surgery, the profession of pharmacy has been caught up by the new broom which, supported by legislation, is sweeping through all of the health professions. Professor Peter Noyce examines the challenges for the Royal Pharmaceutical Society

Why is it, when most community pharmacists are concerned about loss of control of entry, difficulties in recruitment or the outcome of the new contract, that the Royal Pharmaceutical Society seems consumed with introspection, and pre-occupied with its function: regulatory or professional? The concerns of Lambeth seem on another planet from the daily challenges for most practising pharmacists. Regrettably, for many of these, their only "contact" with the Society is the payment of their annual retention fee to stay on the Register of Pharmaceutical Chemists so that they can continue to earn their living as a pharmacist for another year. And that — at its simplest — is what all the debate is about.

LANGUAGE AS A BARRIER

The language of the debate — emanating from the Department of Health — is unfamiliar and esoteric. The principles are not easy to grasp. The Department has felt the need to produce a 40-page document, backed up by a programme of Centre for Pharmacy Postgraduate Education (CPPE) workshops this autumn, to translate "clinical governance" into the practice of community pharmacy. Insiders talk knowingly of "Kennedy", who is the former professor of law at University College, London, and who chaired the Bristol Royal Infirmary inquiry into paediatric cardiac surgery. He was so struck during this inquiry by the obvious lack of dependability and accountability in existing arrangements for the control of medical practice, that he formulated a set of principles to cover the regulation of all

health professions. These have been largely accepted by the Government and terms such as "risk assessment", "reflective practice", and "learning portfolios" appear in recent health policy on the regulation of health professions in United Kingdom.

Two other words to watch are "modernisation" and "regulation". The Modernisation Board is the body nominated by the Secretary of State for Health to oversee the most profound reform of the NHS since its inception, including the raft of new regulatory arrangements for all health professions. The Society has adopted the same nomenclature with its Modernisation Steering Group, which is also undertaking a fundamental review of the functions of the Society, and planning its restructuring to be compatible with the new legislation.

However, it is with the word "regulation" that we have seen the greatest change in definition. Following Kennedy, a broad range of activities — many of which were

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until recently identified with leading-edge practice — are now being incorporated into modern regulatory frameworks for all health professionals. At present, once pharmacists are admitted to the professional register, so long as they pay their annual retention fees and observe the relevant legislation and code of ethics, they can continue to practise for as long as they choose. In future, the Government insists that regulatory bodies for health professions develop robust and transparent arrangements for establishing the competence of new professionals and ensuring that existing professionals can produce evidence of their continuing competence to practise.

WHERE THIS LEAVES THE SOCIETY

Professional regulation of pharmacy in Britain is peculiar on two counts.

First, it is unlike other major health professions — medicine, nursing, dentistry and optometry. It does not have a body that parallels the General Medical, Nursing, Dental and Optical Councils, whose sole purpose is the regulation of their respective professions. Instead, in pharmacy, the regulatory functions are performed by the Royal Pharmaceutical Society, which is also a professional body.

Second, it does not mirror the regulatory arrangements for pharmacy in other developed countries, where normally central or local governments act as licensing agencies for pharmacists, eg, the state boards in the United States.

In Britain, the regulation of pharmacists was grafted on to the functions of the Pharmaceutical Society as a result of the Pharmacy and Poisons Act 1933. Since then it

has had a statutory role as custodian of the official Register of Pharmaceutical Chemists with powers to control admittance to the register and removal from it. However this situation now leaves the Society with a stark choice:

- 1 It divests itself of its regulatory responsibility and leaves the Government either to establish a totally new and independent body charged with regulating the profession of pharmacy and the practice of individual pharmacists, or more likely adds pharmacy to the dozen or so professions regulated by the recently relaunched Health Professions Council, or
- 1 It responds to the Government's determination to apply the Kennedy principles of openness, consistency and robustness, and reach an accommodation with the Government, to maintain its regulatory function, by "modernising" its structure and functions.

Neither choice is easy. Both have profound implications for the control of the profession of pharmacy. The Society looks as though it will choose the latter route.

What is particularly galling about the massive upheaval that will now ensue for the Society is that the Government has had no particular quarrel with it over the effectiveness of its control of pharmacists to date through its Statutory Committee. Simply, pharmacy has been caught up by the new broom, supported by legislation, which is sweeping through all health professions.

Undoubtedly it is causing havoc within pharmacy. Although the Kennedy principles are appropriate, reasonable and probably overdue, their implementation is revolutionary. For the Society to adapt sufficiently to be able to continue with its regulatory functions, up to half of the members of Council will have to become lay appointments, rather than pharmacists elected by the membership. Its regulatory functions will now explicitly and coherently have to encompass undergraduate education, pre-registration training and continuing professional development, as well as the disciplining and rehabilitation of pharmacists. This will involve a significant increase in the documentation that is required to be maintained on individual practising pharmacists, and the bureaucratic machinery to support the regulation of pharmacy.

The Government hopes that, through the introduction of laity into the regulation of health professions, openness and accountability will be enhanced and public confidence restored, particularly in the medical profession. For pharmacy, there are also positive aspects. It will bring a user perspective to the heart of professional policy-making. Also the Society prides itself on its record and commitment to consumer protection and public safety, but the public becomes increasingly wary of perceived vested interests. How much more credible and sustainable will its position be with lay involvement from within?

WHERE DOES THE SOCIETY GO FROM HERE?

Undoubtedly there is considerable concern about the future status and function of the Society.

Given its origin and history, its central role has been seen as that of a professional body; it has a regional and branch structure, with a branch representatives' meeting to inform policy, and an annual conference and annual general meeting. An independently edited journal is also a pivotal component of the "intelligence" and "glue" of a profession; this is currently performed well for pharmacy by *The Pharmaceutical Journal*. The Society has roots as a learned body akin to the current royal colleges which foster good science, practice and research. The Pharmaceutical Press continues to be a highly regarded and successful publisher of well-used reference works and contemporary titles on pharmacy and pharmaceuticals.

However, for the time being, the Council, advised by its Modernisation Steering Group, is preoccupied with securing its regulatory function — a process driven by the Parliamentary legislative timetable and completely beyond its control.

I know that some have questioned the sensibility or appropriateness of the Society apparently putting its regulatory function at the top of its agenda. As I have already indicated, if the Society did decide to divest itself of its regulatory function, it would not simply be the work of the Statutory Committee and its disciplinary machinery that it would lose. It would also, as an example, lose its responsibilities for education and training, both pre- and post-registration, that have been core functions of the Society since its creation.

Secondly, it is now that the Government is laying down the legislation for the regulation of pharmacy, together with other professions, and it is within this timescale that the Society has to agree its regulatory arrangements. It can then address its no less important professional functions, outside the tight constraints of the Parliamentary timetable.

WHAT ABOUT THE REPRESENTATION OF INDIVIDUAL INTERESTS?

What the Society cannot do, is fill the obvious gap that exists among pharmacy bodies, ie, the absence of a body, like the British Medical Association (BMA) or Royal College of Nursing (RCN) that can represent the interests of individual pharmacists. The membership of the Pharmaceutical Services Negotiating Committee and the National Pharmaceutical Association are, respectively, contractors and owners, and the Guild of Healthcare Pharmacists has traditionally represented only those pharmacists that are directly employed by the National Health Service. Therefore, currently, there is no national body which acts as a "trade union" for the majority of pharmacists, ie, those employed in community pharmacy or locums.

If the leaders of the profession feel there now is sufficient need for such a body, then they should seriously consider establishing one — outside the Royal Pharmaceutical Society.

Sometimes, pharmacists seem to expect that a primary function of the Society is to represent individual interests and under the constitutional statutes of the Society, this cannot be so even before "modernisation". Professor Joy Wingfield, in her clear and thoughtful "Broad Spectrum" article on modernisation (*PJ*, 23 March p396) reiterated the requirement for complete separation between regulatory functions and individual representational ones. The same body cannot act in judgement and defence of an individual litigant.

In fact, many wondered whether the Society trespassed a step too far into a representational mode, in its support and defence of resale price maintenance of non-prescription medicines. Such a problem would not have existed for the BMA or the RCN, which combine the professional and representational functions in medicine and nursing, respectively, but play no part in the regulation of medicine and nursing, or in the education, discipline or rehabilitation to practice, of individual doctors or nurses. Moreover, although all practising doctors and nurses have to pay retention fees to the General Medical or Nursing Councils to stay on their respective professional registers to practise lawfully, it is optional whether they pay a further fee to belong to the BMA or RCN.

NEXT STEPS FOR THE PROFESSION

Having negotiated the hurdles to remain as a regulatory body and so fulfil the wider regulatory functions envisaged by Kennedy, the Society's immediate challenge will be to determine its professional development agenda in the post-modernisation era. There is still much to play for. The Government has now repositioned pharmacy centrally in the NHS, with its responsibility for medicines use and management. How will the Society directly address and develop pharmacists' prescribing, skill mix issues, management of long-term medication, reduction of medicines-related adverse events, and the management of minor ailments, all of which are issues of direct and timely relevance to all practising pharmacists? Does the Society need to create new institutions, such as an "Institute of Medicines", an "Academy of Pharmacy", under its umbrella? How will it accommodate and target professional development in the devolved health services of Scotland and Wales? How can the professional support functions, such as the library and information services, play far more focused roles in the timely development of the practice and profession of pharmacy?

It all started with "regulation", but perhaps the biggest challenge for the Society is still to come: to integrate the functions of a modern regulator with those of a modern and valued professional, learned body.