

Changing the Register — readers' views

Olivia Timbs analyses the responses to *The Journal's* request for suggestions on restructuring the Royal Pharmaceutical Society's Register and we publish a selection of the points made

Following our invitation to send in suggestions about how the Registers of the Royal Pharmaceutical Society might be more equitably structured, we received just over 20 responses. Most came from those who had retired. There was a handful from those working in industry, a few commenting on the plight of overseas pharmacists and others commenting on the burden of the full practising fee for pharmacists working part-time.

Industrial pharmacists were incensed by the question posed in an editorial in *The Journal* on 18 June: "Does it devalue the practising Register to have pharmacists listed there who do not and, without significant re-training, could not work with patients?" A typical response was:

We have "practised" in the pharmaceutical industry for a considerable number of years. During that time we have worked in research, development, production and quality assurance. Throughout our time in industry we have used the skills learnt as part of our degree courses and taken on significant post-graduate education and training to increase our skill base and competencies. We regard it as a fundamental professional responsibility, in our industrial roles, to ensure that the medicines dispensed to patients worldwide by our community and hospital pharmacist colleagues are safe, of good quality and are efficacious. You may regard pharmacists in industry as second-class citizens but without them (and representatives of many other professions working in industry), pharmacists with the face-to-face patient contact would have few medicines to dispense to the patients that we all aspire to serve.

Our individual and collective contribution to the research, development, manufacture and ultimately marketing of many new drug products in diverse therapeutic classes has had significant health benefits to millions of patients throughout the world. While we may not have face-to-face contact with these patients, we do not consider that our contribution to their health and well-being is in any way diminished by this omission.

Rather than devalue the Register, we would hope that in some way our endeavours contribute to the good standing of the pharmacy profession.

This suggests that these industrial pharmacists would have no problem being part of the practising Register and paying the full fee. However others took a different view:

The different sub-groups of pharmacists in this country should also be of concern as certain members of the profession do not work face-to-face with the public and probably could not do so if they were asked to. Their field of expertise lies elsewhere, and we need to be aware of their great contribution to the practice of pharmacy while recognising that they are not practising per se.

Retired pharmacists commented on the financial burden of the fee and that some of them had decided to retire from the Register:

We believe a lifetime of dedication (and fees) to the profession should require us to pay only for The Pharmaceutical Journal.

Another correspondent argued:

The Council has an obligation to maintain in the profession those eminent one-time members whom we were proud to have in our ranks but who have been obliged to resign because of a too narrow definition of non-practising. At the same time a more charitable attitude should be adopted to those in their declining years who are being forced off the Register and even deprived of their fellowship.

Some retired pharmacists wanted their own Register:

There should be a separate register for those like myself, who are fully retired, not trained to practise and do not wish to, but value their place on the Register and would like to read the PJ each week.

Another added:

I believe two Registers are quite sufficient. However, I think the fee for retired and non-prescribing members should be materially reduced — especially for those like myself who have been on the Register for over 50 years.

This was reflected in another response:

Could it be possible to have a sub-section on the non-practising register in order to accommodate [retired] pharmacists. It seems a shame to have spent the greater part of one's working life being regarded as an MRPharmS only to have to give up this title along with retiring.

Interestingly, one correspondent suggested that it was the way the new fee structure was put forward that caused more problems than the actual splitting of the Register:

I think that had the fees been presented as a way of covering the costs there would have been less feeling of resentment [among retired pharmacists]. To ask them to sign an undertaking not to give help and advice based on a lifetime's experience was just too insulting. Most professions value their retired members and seek to keep them within the profession and if necessary provide them with support. Ours seems to have a different view (and the attitude towards taking away fellowships if retired members decline to sign the "non-practising" declaration reinforces this belief). I believe we need our retired pharmacists and there should be a retired

pharmacist fee (the condition of "retired" being much as it was before 2004, basically not earning an income from pharmacy and not undertaking any work for which full registration is required).

This view was reflected slightly differently:

There is merit in widening the definition of non-practising pharmacists to include those who are not practising in [Britain] or who are engaged in practice which does not involve contact with the public. But careful consideration would have to be given to any declaration that would have to be signed. The current declaration has had the effect of driving eminent members of the profession off the Register when we should have been proud to have them in our ranks.

Support was expressed for the difficulties faced by some overseas pharmacists:

I believe that pharmacists working overseas, often in developing countries or for charities, should be allowed to claim the lower fees by being designated as non-practising, it being understood that if they return to the UK they will need to undergo additional training if they wish to practise.

The more utilitarian view expressed was:

As for overseas pharmacists — if they are practising as a pharmacist in whatever country, this is surely still pharmacy! One would assume that a review of the legal niceties of the NHS would be sufficient to return to practise in the UK.

Yet another point was:

Overseas pharmacists do not need to remain on the Register: that many wish to do so is a credit to the international standing of the Society and its journals. It is clear that many overseas pharmacists are practising and could not sign the "declaration", however they are practising outside the jurisdiction of the Society and are not professionally regulated by it or represented by it. The full fee charge coupled with the requirement to undertake a specific form of CPD makes their position impossible.

I would suggest therefore an overseas fee which would cover the cost of administration and of The Journal only. (It is possible that some may not require The Journal. Many I am aware read its contents from the web site long before they receive The Journal.) There would be some revenue loss, though not perhaps as much as mass resignations would cause providing that, as I say, the full cost of providing a service to overseas pharmacist is covered (including, of course, library costs, etc).

Most correspondents took a robust view of the need to undertake continuing professional development:

■ Any pharmacist having direct professional contact with patients, whether full or part-time, should maintain continuous professional development, and pay the necessary cost of demonstrating professional competence.

Another said:

■ If a person is practising part time or full time the same standards should undoubtedly apply and if that standard is CPD then so be it. However there comes a point when the full fee makes an occasional locum uneconomic and although a job may be professionally satisfying there are few who would be prepared to do it at a loss. My understanding is that in certain areas the service does depend on such persons and the Council will have to decide whether to give a financial concession or risk a reduction in the quality of service currently provided.

One reader suggested changes to the premises fee:

■ Why not increase the premises fee in proportion to the number of prescriptions dispensed — the bigger the business the bigger the fee?

A couple of Society members remained to be convinced about the necessity of having such a large increase in personal retention fees. One wrote:

■ I am yet to be convinced of the rationale for excluding the revenue from publications from the Society's accounts which has precipitated the current crisis with registration fees. This money is earned by the Society which is under an obligation to safeguard the interests of the profession and this appears to be in conflict with current action which transfers income to reserves and penalises the membership with punitive increased fees.

The other said:

■ The first is that I do not have all the evidence to show that the increase in fees was needed nor do I know what the projected cost of CPD is in the future. Without this information I cannot necessarily agree with your statement that "any reduction in fee for one group will have to be paid by the rest".

Another suggested:

■ Things should be kept as simple as possible. Perhaps we should regard a person as either a pharmacist or not one. One Register would suffice for all pharmacists whether or not they work. If one wants to be an equal member of a professional body, all members should be paying the same.

If they wish to retire (eg, for child care or maternity reasons) then there could be a special "retired Register" and they could return to the proper Register when they wish to return to work. The "retired Register" could have a lower fee, enough to pay for The Journal and other communications. The fees for the Royal Pharmaceutical Society are paid for by one or two days' work, and that is a small price to pay for being called a pharmacist and working as one.

Some correspondents produced detailed suggestions with regards to the Register. One suggested that there should be three Registers: practising, non-practising and retired:

■ Practising pharmacists [would be those] with significant patient contact with annotations of supplementary prescribers (SP) and independent prescribers (IP) next to names if appropriate. Non-practising — pharmacists with no patient contact, eg, academics, senior managers, other bodies (eg, DoH, Healthcare Commission, superintendents of large multiples). Retired — pharmacist with no patient contact nor any contact with pharmacy, ie, not working in pharmacy. In order to move from non-practising to practising, additional training and relevant CPD would have to be undertaken.

This correspondent also suggested that fees should be on a scale with the lowest being for preregistration trainees, moving up through retired, part-time (non-prescribing/non-practising), part-time (prescribing/practising), full-time (non-prescribing/non-practising), full-time (prescribing/practising):

■ These distinctions are simple and the Council is making this over-complex. Keep the categories few and simple and the fees apportioned dependent on the category.

Another correspondent produced a not dissimilar plan:

■ Separate Registers for practising and non-practising but split into sub-groups, eg, Practising UK; Practising Overseas. Non-Practising UK — to include those who are no longer working with the public; Non-Practising Overseas — as above; Retired UK and Overseas.

I suggest that all the above should at least pay sufficient to cover the cost of the weekly Journal and its postage (which would obviously be greater for overseas). The fee structure should then be adjusted as fairly as possible through the various sub-groups. Unfortunately for those working part-time, due to the need for CPD and the review of such by the Society it would probably not be feasible for these pharmacists to pay a different rate to all other practising pharmacists.

A third correspondent who produced a full suggestion said:

■ It would appear to be necessary to have an additional Register for retired pharmacists and the fee should cover the cost of paper, printing and distribution of The Journal to those members. The non-practising register should include all pharmacists working overseas — practising or not — and all pharmacists who have no, and have no responsibility for pharmacists who have, face-to-face contact with patients. (Face-to-face contact needs further definition, eg, should a pharmacist who never locums in hospital or community who works at the Society's headquarters be considered practising or non-practising?) Part-time practising pharmacists should do the same CPD as full-time practising pharmacists but should pay a reduced fee.

The practising Register would be devalued if it included pharmacists who do not, or could not without significant training, work with patients. Much more thought needs to be put into answering these questions if we are to accept that the purpose of the Register of practising pharmacists is solely to reassure the public who come face to face with them. At least, if we accept this, it follows that the declaration now required of those pharmacists on the non-practising register should be removed and respected members of our Society should be free to give their opinion on matters pharmaceutical when requested.

Another writer said:

■ When considering the Registers it is perhaps unfortunate that two further issues have complicated the issue. CPD is relevant to registration but only insofar as it affects those who practise in the UK, I would argue, and secondly the requirement to sign a declaration that advice would not be offered, etc, by those on the non-practising Register is too draconian by far.

And one pharmacist put figures to the fees:

■ Practising pharmacists with face-to-face patient contact, working more than 22 hours per week for most of the registration year, to undertake CPD and pay a fee of, say, £250. Practising pharmacists with face-to-face patient contact working less than 22 hours per week, still obliged to undertake CPD and to pay, say, £175.

Retired and/or non-practising pharmacists, to pay a fee that covers The Journal and any administrative costs. Pharmacists practising abroad with an understanding that a return to Britain to practise means additional training, to pay a shortfall in full fee of, say, £100.

Practising pharmacists not face-to-face with patients on regular basis (in industry), to pay, say, £100. The practising register will be devalued, in my opinion, if there are members who do not or could never work with patients.

One pharmacist said that one Register was sufficient:

■ I cannot see the need for more than one Register. The public and employers among others have the right to know whether we are practising or non-practising and thus doing CPD or not. This could be designated by the use of P in the same way F denoted a fellow. There should be three categories of fees — those employed in the UK, those who work outside the UK and those who are retired. What the figure for the first category should be will depend on a range of financial facts that should be used by Council for that purpose. For the other two categories I would accept the cost of publishing and distributing The Journal as a marker. Declaration only needs to be related to the fee payable. I fully endorse all the criticism of the current declaration.

All the responses received by The Journal have been forwarded to the working group established by the Council to examine the issues in advance of the Resources and Management Committee meeting on 21 July.