

If it ain't broke, don't fix it! The Society gears up to respond to Foster review

The Royal Pharmaceutical Society has started to prepare its response to the Foster review on the regulation of non-medical health care professions. Here, **Olivia Timbs** provides a flavour of the informal discussions of the Council and senior members of the Society's staff

On Thursday, 14 September, the Council of the Royal Pharmaceutical Society and senior members of staff met to make a preliminary stab at what points they might wish to make in their response to the "Foster" review of the regulation of non-medical health care professions. I was also invited to take part and, more significantly, to write a report of the deliberations.

I took up this invitation for a number of reasons. First, notwithstanding the difficulties of reporting such meetings, it seemed a real opportunity for readers of *The Journal* to have some insight into how the Council goes about its business, particularly when it is a long way from formulating policy and at the stage of getting to grips with the issues (final decisions on policy are always made in the Council chamber). Secondly, there has been much gnashing of teeth in recent years over how the Council has been perceived to formulate strategy behind closed doors.

Inevitably, since parts of the discussions took place in small groups, this cannot be a verbatim report; it is my personal view of the day's exchanges. It would be invidious, too, to quote individual speakers by name so what is reported are general themes.

So, what was on the agenda? To recap: early in July the Government published two reports into the regulation of the medical and non-medical health care professions: the Donaldson review ("Good doctors, safer patients") and the Foster review ("The regulation of non-medical healthcare professions.") I am not going to go into the background of these reports or summarise their recommendations; there is plenty of material on that to be found in recent issues of *The Journal*.

The aim of Thursday's gathering of staff and Council members was to map out the areas of concern to the profession with a view to formulating the Society's response to the consultations on the reviews, which close on 10 November. (Readers who want to add their views to the Council's deliberations should follow the timetable given on p376.)

Back to 14 September. The three most pressing issues that had been raised by Foster and which the meeting was asked to consider are shown in the Panel. I have witnessed many Council meetings (formal and informal) over the past five years that have become acrimonious but, here, not a cross word was to be heard and there was a large measure of agreement among professional members of Council and lay members. There was acknowledgement that whatever the outcome

of the deliberations and whatever route is followed, either voluntarily by the Council or after a nudge from the Government, there would be members of the Society who will be disappointed and angry, and think that opportunities have been lost or thrown away.

Concern was also expressed — and this is something the Society will ask the Department of Health to clarify — that the Foster review, in particular, seemed driven by an unspoken political agenda. Foster is asking the Society to implement changes that would not necessarily improve the quality of care patients receive, or change the way pharmacists are regulated, but would satisfy some perceived need to tidy up the Society's appearance. More of that later.

The discussions were further clouded — or informed, depending on your point of view — by the opinions expressed at the British Pharmaceutical Conference by the chief medical officers for Scotland, Bill Scott, and for England, Keith Ridge, who seemed to be advocating the splitting of the Society in order for there to be clear sky between regulation and professional leadership (*PJ*, 9 September, p313). In the event only the first two issues outlined in the Panel were discussed in any detail and, more importantly, it seemed at this stage, no decisions were made. Opinions were teased out through questioning the context of Foster and its implications.

Is it really broke?

One of the main questions asked was what is the problem that the Government is trying to fix. The regulation of doctors is widely acknowledged to be in a mess. Has the Society merely been caught up in the medical slipstream or are their fundamental problems that need to be addressed?

So, notwithstanding the chief pharmaceutical officers' views (and questions were asked about under what authority they had been speaking), one of the strongest messages that came from the meeting was that the dual role of the Society (being both regulator and professional leadership body) should be maintained. In fact, the term "dual role" was thought to be misleading and should not be used. The terms "unified" or "integrated" far better describe the Society's activities, most believed.

Similar discussions of appropriate words centred around the description of the Society as the representative body for pharmacists. Not surprisingly, discussions were more divided but I would guess a majority of Council

Three pressing issues

The Council and staff met to consider the following:

1. The need to clarify the the separation of the Society's regulatory and professional lead functions
2. Proposed changes to the composition of the regulators' councils (replacing some or all of the elected professional members with appointees) and possible changes to the future balance of professional and lay council members
3. Proposals for the Society to share functions with Pharmaceutical Society of Northern Ireland, followed by a formal merger into a single UK body

members thought that the use of the words "representative" and "representation" caused confusion — among members, in Government and more than likely in the outside world. "Representation" implies individual membership, with its overtones of trade unionism and negotiation, rather than signifying the whole membership and its collective activity. Describing the Society as the "champion" for pharmacy or the "professional leadership" body is a better reflection of what the Society does under its Royal Charter.

Questions were also raised about the Government's motivation. Although the meeting accepted that the Donaldson review was based on strong evidence, it believed the Foster review was less secure. There were suspicions that the Government wanted some changes to be made to make all regulators look the same rather than because the Society's integrated roles do not work effectively. The question was raised about whether the Government was aiming at the creation of separate bodies, not a simple separation of functions, although this had not been spelt out by Foster. The Society needed to demonstrate that its integrated functions fulfilled the Government's aims for a modern regulator far better than splitting into two organisations.

What evidence is there that a different model would meet the Government's agenda? A split Society would have huge implications for other pharmacy organisations, would involve lengthy primary legislation and would be costly. Would that fit in with the Government's timetable and might it damage the delivery of the wider NHS agenda in-

cluding the wish to grant pharmacists greater autonomy? Would this really benefit patients? And would a small profession such as pharmacy be able to sustain two bodies — unless membership of both was compulsory?

Nevertheless, it was acknowledged that greater clarity of the activities that underpin an integrated role was required, as well as those that were purely regulatory and those more biased towards professional leadership. There was time, it was acknowledged, to develop evidence-based options, and to calculate the relative costs of professional leadership and regulation, for example.

Another point raised was that the Foster review was carried out before the Society's national boards were up and running and it was thought that their existence would clarify the Society's internal structures that underlined the different functions. National boards will provide the structure for professional leadership.

What should be fixed?

Although there was an acceptance that the Council has an obligation to create the best level of expertise in Council, there was less consensus in the discussions on how that might be achieved.

Discussions focused on the interpretation of one paragraph in the Foster review: "Although the roles of professional leadership and promoting the profession, which have

been exercised for the public benefit, do indeed benefit the public, there is a tension between their focus inward on the professions' interests and the need for the regulator to be seen to be free from such influences."

A number of people — pharmacists and lay members alike — wondered whether by addressing the composition of Council the perception of the difficulties of the integrated role would be reduced. Was it because all pharmacy members of Council are elected (with the exception of the academic representative) that Foster thought the Society, as the profession's regulator, was not — by definition — able to be free from influence by the membership?

So what could the alternative be? Certainly there was some consensus that the Council, with 30 members, is currently too big. There was also consensus that any regulator should have a professional majority. Would a Council with a three-way split be acceptable? A third would be elected professional members, a third would be professional appointed members (and this group might include non-pharmacist academics involved in the teaching of pharmacy students) and a third would be appointed lay members.

Another model could be to develop electoral colleges. This could be an extension of the way the academic member is currently appointed: the heads of the schools of pharmacy nominate and vote to support one of

their number. Similarly, different sectors of the profession could nominate candidates from among their ranks and then put their names to the vote. This would ensure that there could always be a hospital pharmacist and industrial pharmacist on Council (plus any other sectors represented by an electoral college). This system might be further refined to exclude individuals who were members of the governing committees of other pharmacy organisations.

There were a number of pharmacist members of Council who rejected any changes along these lines. One strong argument against it was that without a transparent and full democratic election, the credibility of the Society as the leadership body, championing the profession, might not be sustained within the membership.

There was also some anxiety that the Society was being pushed down the road of "one size fits all". No model is perfect but is there any evidence that other models serve their professions better than pharmacy's?

So, in summary, the meeting agreed that the Society has come a long way in the past five years and it is continuing to evolve. The Society must determine what more the Government wants. And while the Government might have an ideal position for the Society to reach, taking other political considerations into mind, how far would it be prepared to come to meet the Society?