

What will pharmacists want from a new professional leadership body?

By Richard Cattell, vice president, Guild of Healthcare Pharmacists

There has been much correspondence in the columns of *The Journal* over issues arising from the Government's recent White Paper on health professional regulation. Representatives from the Guild of Healthcare Pharmacists, the Royal Pharmaceutical Society Hospital Pharmacists Group, the UK Clinical Pharmacy Association and the College of Pharmacy Practice met recently to discuss these issues. Christine Gray, head of corporate governance at the Society, was also in attendance. We would like to share with a wider audience the key questions emerging from these discussions, which were:

- What is the main challenge facing a professional leadership body?
- What structures might support such an organisation?

The main challenge for a professional leadership body is to attract members when membership is not mandatory. Although it may be some way off, revalidation is inevitable with the formation of the General Pharmaceutical Council. Pharmacists will need support, advice and opportunities to undertake accredited continuing professional development and continuing education to ensure they are revalidated appropriately. There is a significant opportunity for a professional leadership body to provide or accredit other providers of education, or both, in order to support and facilitate revalidation.

It is suggested that mandatory registration with the General Pharmaceutical Council is unlikely to cost significantly less than the current Society membership fee, which is already proposed to rise by almost 50 per cent in 2008. Therefore, the voluntary membership of a professional leadership body will be an extra expense to the members — not a redirection of current expenditure. For comparison, the annual fee for full membership of the British Medical Association is £387 and for the Royal College of Physicians of London varies from £140 to £455. Membership of a professional leadership body must be affordable and offer value for money. Therefore, the cost to the individual of accreditation of CPD and continuing education activities and any associated support should be significantly less for members of a professional leadership body, than for non-members.

Another major opportunity for a professional leadership body to attract members lies in providing support materials for practice, and forums to share best practice and engen-

der a sense of community and belonging. This may prove particularly attractive to pharmacists who regularly work in isolation from other pharmacists.

Finally, much has been said about a professional leadership body providing professional leadership. During our discussions it was observed that many of the significant and leading edge changes in practice have come from visionary practitioners, not the professional body. If a professional leadership body is to offer high quality professional leadership to its voluntary fee paying members, then this leadership needs to be recognised as such across the profession, in the lay media and at the highest reaches of government. Such leadership would also need to demonstrate transparency in its decisions. We certainly agree with Lord Carter that this leadership would need to have influence in the devolved administrations and to be flexible enough to cope with the agendas of the differing health services.

One possible supporting mechanism for members, as suggested by Lord Carter, is the formation of academies based on commonality of practice. These should be of sufficient size to be authoritative, develop standards, and lobby on behalf of their members within the parent organisation. How should we determine that sufficient size — should it be greater than or equal to 5 per cent of the membership? Should there be no restriction on the size? If the latter view were to prevail, then not only would this require substantial administration support — and, therefore, costs — but would simply return to the current situation of too many disparate voices, which would not be conducive to the single voice concept when lobbying Government and the media.

These academies would best be supported by an overarching governance structure, which will ensure consistency, standards and communication, and provide the focus the profession will need. Academies would best serve the profession if arranged around services (eg, supply of medicines and near patient advice), supporting innovation and sharing rather than adhering to the traditional sector-based model. Like Lord Carter, we believe that these academies must be inclusive. It is essential that categories of membership allow the organisation to embrace all staff groups who support the development of pharmacy services, skills and science.

There are clear benefits to having a publishing capability, as demonstrated effectively by the BMA and the American Society of Health-System Pharmacists. Publications are the public face of the organisation. However, a successful business enterprise does not come easily, cheaply or without financial risk — currently 52 per cent of the Society's income (£17.2m) comes from publishing but this is also responsible for 45 per cent of expenditure (£15m). Nevertheless, an active publications business providing consensus documents, best practice models,

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encouraging debate and high quality reference and educational materials are all vital to a vibrant profession.

So, where now for the profession? Lord Carter has reported and the Professional Regulation and Leadership Oversight Group has been set up by the Department of Health. In addition, the Society has appointed a new chief executive and announced its market research project. We believe that the White Paper has presented a once in a lifetime opportunity before the profession. The creation of a new professional body is not in the gift of any one organisation. In fact, it is clear from the rhetoric from the Government that the exact opposite is the case. There can only be one way forward and that is for all pharmacy bodies to engage as equal partners in the creation of this new professional leadership body and to take this massive opportunity and make it the success that the ordinary pharmacist deserves. We hope the issues discussed here help to inform further debate, and formally register our commitment to work with others and our interest in being full partners in the creation of a professional leadership body.

This article was written following an open session of the national professional committee of the Guild of Healthcare Pharmacists, chaired by Richard Cattell. In attendance were: Ray Fitzpatrick, chairman of the Royal Pharmaceutical Society's Hospital Pharmacists Group; Christine Gray, head of corporate governance at the Royal Pharmaceutical Society; Cathrine McKenzie, chairman of the UKCPA's Critical Care Interest Group; and Ron Pate, governor, and Ian Simpson, chief executive, of the College of Pharmacy Practice.