

The Foster review on regulation has revived a well rehearsed position

Whether the Royal Pharmaceutical Society's regulatory and professional roles should be separated was raised by Sir William Glyn-Jones as long ago as 1926. Historian **S. W. F. Holloway** looks at developments since then and says the Society must remain a professional association

The future of the Royal Pharmaceutical Society is the most important issue facing British pharmacy today. The chief pharmaceutical officers for England and Scotland have both recently discussed the option of the Society's regulatory role being separated from its core representative functions. Bill Scott (Scotland) proposed that the Society, as the profession's leadership body, should continue to be answerable to the membership but with a degree of independence from the profession's regulator. Keith Ridge (England) suggested that the Society could collaborate with the Guild of Healthcare Pharmacists, a trade union, to provide a strong leadership body. Both agreed that the profession's regulator did not have to be part of the same organisation as the profession's representative and leadership body. In any consideration of this matter, two separate but related issues arise. The first is whether the Society should split because it performs incompatible roles; the second is the clarification of what those roles are.

Rational case for separation

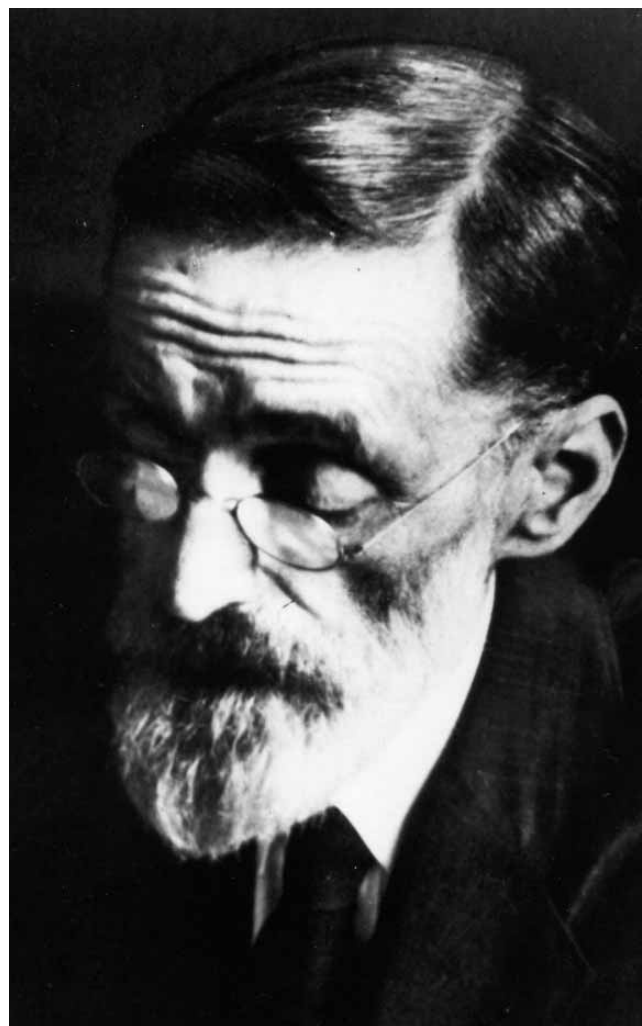
There is no difficulty in making a rational case for the separation of the regulatory or disciplinary role from the representative or professional leadership role. The case has already been made on several occasions in the past. In 1926 Sir William Glyn-Jones in a memorandum submitted to the Privy Council pointed out that "the Society has had to act as both the General Medical Council and the British Medical Association of Pharmacy". "In my opinion," he continued, "the establishment of a Board of Pharmacy with, generally speaking, somewhat similar powers and duties to those possessed by the GMC and the Dental Board, is required. . . . If these changes were made, the Pharmaceutical Society would be free to protect and enhance the interests of its members, without the limitations at present imposed upon it as a body possessing statutory powers to be exercised primarily in the interests of the public as a whole."

The Government ignored his advice and instead passed the Pharmacy and Poisons Act of 1933. This transferred the Society's powers in connection with the control of poisons to a newly created Poisons Board under the Home Office. By the same Act, however, the

Society's powers to represent and regulate the profession of pharmacy were enhanced. The Statutory Committee was set up as "the disciplinary tribunal of pharmacy" and the representative character of the Society was strengthened by the provision that all registered persons would *ipso facto* become members. "By the operation of that Act," wrote Sir Hugh Linstead, "every person registered as a pharmacist became, by virtue of his registration, a member of the Pharmaceutical Society, and as a result the Society has become the corporate representative of all those who practise pharmacy in Great Britain, and its influence as a representative body has correspondingly increased."

Even before membership became obligatory, the Society had been remarkably successful in attracting and retaining members by representing their interests; in 1930 there were 15,053 members comprising 68 per cent of those eligible.

When the Society celebrated its centenary, Sir Hugh Linstead returned to the theme which had agitated Sir William Glyn-Jones: the tension between the Society's Charter and statutory duties. This tension might be resolved, Linstead thought, by putting the statutory duties into a new Act of Parliament and the constitution of the Society into a new Charter. The Pharmacy Acts of 1953 and 1954 and the 1953 Charter were intended to do precisely that. Linstead deliberately aligned the objects of the Society in its new Charter with those of the British Medical Association. The 1953 Charter did not contain a single reference to the Society's regulatory role, whether as a purpose, function, power or object. On the other hand, protection of the members' interests could scarcely have been made more explicit. "The healthy way of pro-




Museum of the Royal Pharmaceutical Society

Sir William Glyn-Jones: his 1926 memorandum about the Society's dual role was rejected by the Privy Council

moting the interests . . . of a profession, and at the same time serving the public properly," Linstead said, "was to have a body looking after the interests of its members." He characterised the Pharmaceutical Society as "a professional society of individual practitioners". There is, he continued, "a great deal to be said for keeping a professional body restricted to its professional members."

Although the arrangements arrived at in 1953/54 seemed to work well in practice and appear to have been acceptable to most pharmacists, the Pharmaceutical Society came under attack from two standpoints: it was said to be sluggish in guiding the profession towards new practice roles, and it was urged to be more assertive in promoting the profession.

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Within this context, the Nuffield Report in 1986 revived the debate about the Society's dual role. In its appraisal of the Society's work it observed: "It is most unusual, if not unique, for one organisation to be responsible for both promoting the interests of the profession and for enforcing the provisions of a series of Acts of Parliament, particularly as these bring under the jurisdiction of the Society people and bodies who are not themselves members of the profession. For many pharmacists, particularly in community pharmacy, the most visible aspects of the Society's work are the Inspectorate and the Statutory Committee. The Society may thus seem to act heavy-handedly and repressively towards pharmacists, rather than defending their interests and reputation.

"From time to time, therefore, the question is raised of whether there should be a second body to whom the statutory responsibilities should be entrusted, thus leaving the Society free to concentrate on its professional role."

A political issue

The Nuffield Report refrained from pronouncing on this subject, and it remained dormant until the self-regulation of professions became a political issue during the premiership of Margaret Thatcher. The recently published Foster review of the regulation of non-medical health care professions succinctly restates the case made by Glyn-Jones in 1926: "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."

Throughout history organisations and people have successfully performed combinations of roles which, from certain perspectives, appear incompatible. At a personal level, working mothers are an obvious example. European governments since the Middle Ages have prohibited physicians from dispensing and apothecaries from prescribing. Combining the two roles is said to make the patient vulnerable to overdosing. In education there is a tension between teaching and assessment.

In the early years of the Pharmaceutical Society, the Council was persuaded that it was "inconsistent with the principles of modern legislation that the same corporate body should be an educating and an examining body, with the power of granting degrees or diplomas". Since the Society's Charter already defined it as an educational body, it was proposed to create a College of Pharmacy, entirely independent of the Society, to take over the functions of examining and registration. Fortunately nothing came of this idea. When London University in Gower Street was founded, it was intended to be, like the universities in Scotland, both an educational establishment and a degree-awarding body. However, when application was made for a

Royal Charter, it was held that combining these two roles was against the public interest. The result was that the institution in Gower Street became University College and the University of London was founded specifically to conduct examinations and award degrees. In more recent times, the separation of teaching and examining in institutions of higher education has been seen as an impediment to the diffusion of cutting-edge knowledge. Incompatible roles have become integrated.

Organisations are adept at finding ways of performing apparently contradictory roles. The British Medical Association is a prime example. It is both a professional association and a trade union. Its principal purposes are to maintain professional standards and promote medical science and education, but it has also become involved in negotiating terms and conditions of service for all doctors. Before 1970 it was a professional association registered as a company limited by guarantee. It was forbidden, by its own Articles, to take any action which would make it a trade union. The controversial Industrial Relations Act of 1971 forced it to become a trade union. However, BMA resistance during the passage of that Act led the Government to accept a compromise, whereby the BMA, along with the Royal College of Nursing and 13 other professional bodies, were placed on a special register, a mechanism which allowed them to continue as corporate bodies but with the additional legal privileges of trade unions. The BMA has maintained its status as a "special register body" even though the register was closed in 1974 and industrial relations legislation has since undergone a sea change. The BMA continues as both a professional association registered under the Companies Act 1985 and a trade union within the meaning of the current law.

Multifaceted, multipurpose

The Royal Pharmaceutical Society has never been a trade union and has never sought to become one. Its membership has always comprised employers, the self-employed and employees. It is and always has been the professional association of pharmacists. Its founder Jacob Bell saw it as a multifaceted, multipurpose society.

As I wrote in my book 'Royal Pharmaceutical Society of Great Britain 1841-1991: a political and social history' (London: The Pharmaceutical Press; 1991): "The Pharmaceutical Society that he envisaged would unite under its auspices all the chemists and druggists in Britain; it would be active in promoting the solidarity and professional consciousness of its members; it would represent its members to the public, to other occupations, and to the government. It would protect the interests of the profession and guard it against interference and encroachment. It would ensure that the profession was self-governing and self-regulating; it would secure its members' professional autonomy. The ig-

norant, incompetent, and unscrupulous would be excluded by a system of education, examination, qualification and registration. Educated practitioners would be protected against unfair and unethical competition and their status and remuneration would be enhanced. The progress of chemistry and pharmacy would be promoted. The victims of circumstance would be relieved by an occupational welfare scheme."

Institutionalisation

With little or no assistance from the state, and often in the teeth of opposition from the medical profession and elements within the field of pharmacy, the Pharmaceutical Society constructed both the science and profession of pharmacy in Great Britain. That construction involved the institutionalisation of an occupation based on specialised knowledge and skills, whereby the competence and integrity of its members were guaranteed to the public by the professional association. Regulation and representation have necessarily been inextricably intertwined in that process. Regulation is best seen as a contract between public and profession and, like all freely made contracts, it has mutual advantage at its core. Since 1868 the Pharmaceutical Society has exercised the general duty of protecting the public by compiling and publishing the registers of duly qualified practitioners and by ensuring that the educational standard of entry to the registers is continually upgraded in line with advances in knowledge. The benefit conferred on the public by the maintenance of these registers is clear. The advantage to the profession is equally obvious. The registers confer public recognition on the qualified and protect their economic and social status. By transforming the practice of pharmacy from a trade to a profession, the Pharmaceutical Society furthered the economic and social interests of its members but, at the same time and in the same process, it served the interests of the public.

How does this discussion relate to current concerns about the future of the Royal Pharmaceutical Society? What conclusions may be drawn? It has been suggested that no two roles are intrinsically contradictory or incompatible. At certain times, to certain people, certain roles may appear to be so, but this is a passing phase. In practice, the most antipathetic roles can be accommodated within one person or one organisation. Regulation and representation are not incompatible functions; they have been inextricably interwoven in the historic fabric of the Royal Pharmaceutical Society. It is, of course, open to anyone to produce evidence that roles are not being performed satisfactorily and to argue that they would be performed better if separated. No one has yet produced evidence that the Royal Pharmaceutical Society has failed in its duty to regulate the profession in the public interest. The *a priori* case for role separation is unconvincing.

The idea that the Society should split into two bodies, one to be concerned with pro-

moting and leading the profession, the other to be regulating it, is not new.

The Foster review is reviving a well rehearsed position. But let us make clear what that position is. It is that the Society should cease to be the disciplinary tribunal for pharmacy but retain its established role as a professional association. Foster is not suggesting that the Society should become a purely regulatory body, nor was that ever suggested in the past. The assumption is and always has been that the Society would give up its regulatory or statutory functions in order to concentrate on its representative or leadership role. This is not surprising, since the statutory or regulatory functions were grafted onto an existing professional body.

The Royal Pharmaceutical Society has never been a trade union, but it has always been a professional association. The Royal Pharmaceutical Society was founded by its own members; it was not created as an organ of the state. Anyone familiar with the history of the Society recoils in disbelief on learning that the Society's Council has seriously discussed ways of changing its composition to free it from the influence of the members. Instead, the Council should be considering ways of freeing itself from the baleful influence of the Department of Health. "Any organisation that is complacent enough to believe it can rely on a comfortable working relationship with the Department of Health

needs its head examined." The head in question is the Society's Council; the wise words are those of Sandra Gidley, MP (*PJ*, 30 September, p390).

The profession of pharmacy in Great Britain has reached a critical stage in its development. Pharmacists face an insecure and uncertain future and work in conditions of increasing pressure and stress. The need for an organisation to promote and support them in their professional practice has never been greater.

Defence and support

The Royal Pharmaceutical Society created the profession of pharmacy in this country. It must now defend and support it against those who believe that social problems can be solved either by market forces or by wrapping them up in bundles of regulations. Eliot Freidson, in his collection of essays, 'Professionalism re-born' (Cambridge: Polity Press; 1994) has argued that "professionalism is both necessary and desirable for a decent society".

By professionalism he means the occupational control of work, which he sees as the best way of providing expert, discretionary services to the public. He maintains that market-based or bureaucratic methods diminish the quality of service to the client by eroding the communal or collegiate principle that is distinctive of the professional mode of organising work. His perspective is relevant to our

present discussion. If pharmacists are to become mere passive workers, without a strong organised voice in the political and administrative arena of the NHS, they will find it difficult to retain personal commitment to their profession.

If they are to play the role of merely providing whatever is demanded by patients and authorised by the Department of Health, they will find it difficult to preserve a sense of the value of their education and training. If they are to be merely loyal servants of the state or of large private companies, they will have difficulty sustaining any independent commitment to serving the needs of individual patients and the public. As Bill Scott, chief pharmaceutical officer for Scotland, has recently said: "Pharmacists must be valued and allowed to make independent clinical judgements."

An urgent task facing the Royal Pharmaceutical Society is to ensure that structures are in place which will make it probable that ordinary, or just a bit more than ordinary, young people will undertake a long and demanding period of professional education and will not be discouraged from performing their work in the spirit that their profession has promised.

The Royal Pharmaceutical Society can achieve this objective only if it remains a professional association with its Council fully answerable to its members.

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