

SOCIETY'S MODERNISATION PROGRAMME

Where the Society has got to now, and where it still has to go in the future

At a session on 23 September designed to bring delegates up to date with the modernisation programme for the Royal Pharmaceutical Society, the President explained what decisions had been made and why, and outlined what the future would hold. He was joined on the platform by other members of the modernisation steering group to hear concerns raised from the floor and to answer questions

Marshall Davies, President of the Royal Pharmaceutical Society, opened the session on the modernisation process by bringing the packed hall up to date with recent developments. These included announcing the Council's decision that there would be between 30 and 40 per cent lay members in a reformed Council structure (see p463) and raising, for the first time, what mechanisms might be put in place to ensure the voice of all sectors in pharmacy would be heard in a modernised Society.

The President explained that the modernisation process has been dictated by the Government's agenda to ensure that all regulatory bodies are seen to be putting patients' interests first. The Society has had to work to a tight timetable imposed by the establishment of the over-arching Council for the Regulation of Health Care Professionals, which will become operational early next year. "The Government is expecting our proposals for change at around the same time," he explained.

Because of this pressure, the focus to date has been on the Society's regulatory functions, but that did not mean that the professional issues have been forgotten.

"Public confidence has been undermined by high profile failures of health professionals and the framework in which they work. Thankfully, these cases were outside pharmacy but we have not been immune from problems. As pharmacists take on new clinical responsibilities such as prescribing, our accountability and the risks we face will also change," he said.

Pharmacists cannot regard themselves as exempt from these shifts in public attitude, now firmly embedded in Government policy. "I think it is understandable that the public wants a bigger say in professional self-regulation, a system that exists for the public's protection," he added.

Mr Davies explained that change was first signalled in 1999 through the Health Act and the outlining of modern principles of professional regulation in "Supporting doctors, protecting patients". "Since then we have seen new legislation to establish an over-arching council of health regulators. We have seen a broader, more integrated approach to professional regulation set out in the Kennedy report and endorsed by the Government. And we have seen the Government's minimum requirements for health regulators spelt out in the NHS plan."



The President, Marshall Davies, addressed a packed meeting, chaired by the Vice-President Dr Gillian Hawksworth

To meet these demands the President emphasised that increased lay membership of Council is non-negotiable. The likely consequence of any attempt to avoid such a move would be imposition of the measure by the Government or the loss of independent self-regulation for pharmacy.

"It is important to understand that the Society's regulatory and professional functions are integrated and interdependent roles. Other regulatory bodies are recognising this and becoming more like the Society, taking on strategic, education and communications activities." Although the Society does have a broader range of functions than other regulators, it can no longer claim to be as "different" as it once was, he added.

CHARTER OBJECTS

"The Society fulfils its Charter object to 'maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy' through both its professional and regulatory functions. Regulation is not and should not be seen as separate from this," he added.

Although the Society is not as different as it once was [from other bodies] it does have greater flexibility and can retain a wider range of functions, provided that they do not conflict with the public interest, he added.

However, to fulfil Government expectations the profession must have an accountable, governing Council with much greater lay membership, he explained. This is essential if the Council is to retain its strategic, policy-making and co-ordinating roles across the range of the Society's functions.

The President also addressed some of the concerns that have been raised over the past few months. He said that they centre around four issues: whether the Society can maintain its representational role at the current level; the potential loss of membership aspects of the Society; the lack of a trade union-type body open to all pharmacists; and the impact of increased lay membership on the Council's leadership and professional development work.

"Some of the elements of the Society's work that are thought of as 'professional' include: developing standards; supporting and fostering good practice; promoting pharmacy's contribution to health and health care; and developing the profession of pharmacy. Few, if any, of the Society's current activities would be incompatible with the role of a modern regulator," he said.

"As an integrated professional and regulatory body we are already working to develop and strengthen the ways in which we support the profession, helping pharmacists to deliver quality. As activities such as continuing professional development expand, there will be an even greater need to engage pharmacists from across the profession in the Society's work."

Mr Davies pointed out that the Society's representational work is essential to helping the profession fulfil both its professional and regulatory responsibilities. "We must retain, and preferably enhance, our ability to promote the profession's contribution to health and to make representations to government and others on any topic within our remit in the interests of both public and profession.

"On most issues, public and professional

interests will be broadly the same. They may sometimes differ in the short term but, in the long term, no profession will survive that does not maintain public confidence. Importantly, this includes, when necessary, opposing Government policy. The Council sees no reason why the Society should stop representing the profession in the way and to the extent it does now. The changes envisaged would be likely to strengthen the Society's position and increase its credibility."

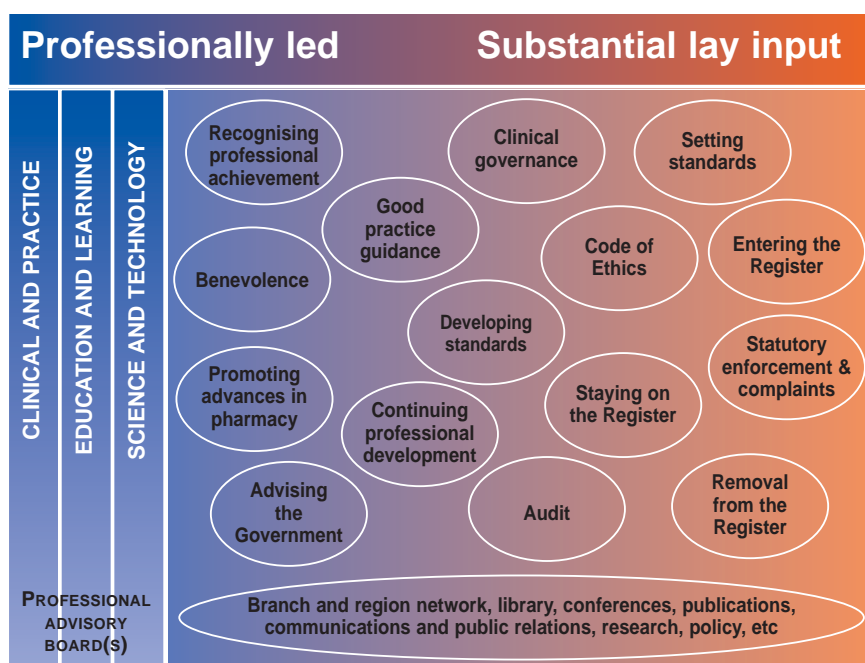
The President emphasised that the Society cannot act as a trade union. "There is currently no organisation open to all pharmacists that can represent their interests without qualification. There is no equivalent of the British Medical Association or British Dental Association within pharmacy. This remains a significant gap which the Society is not and cannot be in a position to fill."

Some pharmacists have expressed concern over the potential impact of increased lay input on professional leadership and development. Is there a potential risk that a future Council might let professional leadership and development slip from the list of priorities? To guard against this, the Council believes that its representational work, support for good practice and development of the profession should be explicit within its proposals to Government. "We believe that the Society should make a greater contribution to public policy on issues where our input matters, such as information on medicines and genetics, and it should contribute its knowledge and expertise on the use of medicines in society," the President added.

Given that the majority of Council members will continue to be pharmacists, and provided that the Society ensures that Council receives the expert advice it needs, the ability to undertake this broad range of work should not be at risk. Increased lay input should help ensure that future policies are robust and sustainable, taking account of what matters to the profession and to other stakeholders, Mr Davies commented.

He then went on to explain the implications for this in the future: "We need to ensure that the Society's work has credibility with pharmacists. Some have emphasised the need for the Society to put in place robust yet flexible mechanisms to ensure that a Council with fewer pharmacist members does not reduce the profession's engagement in some of the Society's work, such as developing the profession's role. We need to ensure that advice and expertise is fed in to the Council and that it is kept aware of circumstances and concerns within all sectors of the profession. "One option might be to establish a professional advisory board — or boards — to provide advice and expertise, to bring professional issues to the attention of the Council and to contribute to work on these issues. The options are currently open on how we might best engage the profession and others in the Society's work, and ensure that the Council gets the input it needs."

The President illustrated these points with a diagram of one potential model for the way the Society might look in the future (see figure above). He emphasised that how this might be done was not fixed. This



Professional advisory boards could support the Council in its professional roles

debate has only just begun, and the modernisation steering group would welcome further ideas on how this might be achieved.

CONCERNS RAISED FROM THE FLOOR

The debate was then open to the floor. Douglas Davidson, a former chairman of the Society's Veterinary Pharmacists Group, asked for an assurance that minority interests will be taken into account.

Christine Glover, Immediate Past President, said that everybody will have the opportunity to feed into the process appropriately. "We want to make sure that no one is left out of the agenda."

In reply to a question about how the membership of the advisory boards would be set up, Ann Lewis, Secretary and Registrar, said no decision had been made. Members' views on the process would be crucial.

Nicholas Wood, a past President, said that he was surprised to hear that the Council had decided to implement a lay membership of 30 to 40 per cent for Council. He asked why the concept of a regulatory board as a committee of the Society [which could have the increased lay membership and run in parallel to the Council] been rejected without being put to the membership.

In reply, the President said that the Council had made the decision the previous Wednesday following a number of constructive discussions. It was the establishment of the over-arching council of health regulators, with the remit to ensure that all health regulators performed in a comparable way and worked in the public interest, that had informed the discussions. "This council will require that it deals with a body [the Council] that speaks on regulatory and professional matters. The notion that the over-arching council would deal with a delegated group cannot be sustainable."

Mark Koziol (Birmingham) pointed out that this was the greatest repositioning of the Society in 160 years and the Council took

the greatest decision the previous week without the membership being fully consulted. He pleaded to the President to bring everyone together and create a compromise position, otherwise the Society was heading for a constitutional crisis.

The President said that it would never be possible for everyone to agree with everything. In his view the Council is moving in a way that has a broad level of support although he acknowledged there was a vociferous group in opposition. The profession had been widely consulted: "It is the biggest consultation exercise in the 40 years that I have been on the Register." And he added: "But we only get one chance, we have to look forward not backward."

Professor Bill Dawson, a former member of Council, complained that decisions were being delivered as tablets of stone while the members believed that the consultation was still in the interactive phase.

The President reminded delegates that the profession was to retain its integrated regulatory and professional role but that the Society had been forced to consider the regulatory aspects first. Now it was beginning to look at the professional aspects and there were many decisions still to make.

Professor Peter Noyce, a member of the modernisation steering group, admitted he had sympathy for the view that members had not been heard. "If we had any choice in modernising we might not have started where we did. But the Government has demanded that we look at the regulatory issues first. We have had to fit in with the backwards political framework. This is the political imperative and the timescale is limited."

The real debate, said Professor Noyce, is how much the Society and the Council will perform a leadership role and engage other communities in the future. "The profession has not engaged the broader science or academic communities but success in the future could mean that pharmacy has a higher profile and influence."