

MODERNISATION OF THE ROYAL PHARMACEUTICAL SOCIETY

# Should the Society split off regulation?

*In a session devoted to the Society's modernisation plans held on 17 September, participants were given an update on developments since the special general meeting on June. Following this, a panel representing the Council, senior staff and the Modernisation Steering Group took members' questions. Lin-Nam Wang reports on the issues put to the panel*



*The panel included (left to right) Gillian Hawkworth (President of the Society), Andrew Burr (Council member with responsibility for communications relating to modernisation) and Marshall Davies (chairman of the Modernisation Steering Group)*

The question of whether the Royal Pharmaceutical Society should reconsider splitting its regulatory and professional functions — in the light of a recent decision by the Law Society to do so and retain the professional functions — was put by Dr Angela Alexander (Maidenhead).

Dr Alexander said: "I know that it has been discussed and dismissed in the past, but I still think we should look at the feasibility — possibly over a five-year period — of splitting the Society's regulatory and professional functions."

She suggested that during the five-year transition period the Society would retain its current functions but support a fledgling regulatory body by seconding staff or contracting out some of the processes.

"That would give five years for the Society to show its worth as a professional body and for the members of the profession to see what the Society does for pharmacy," Dr Alexander said. She added that, hopefully, after the five-year phased split, most pharmacists would still want to retain membership of the Society in addition to their membership of the new regulatory body.

Ann Lewis, Secretary and Registrar of the Royal Pharmaceutical Society, noted that membership of the Society had become mandatory in 1933 and that further legal powers had been added in 1954.

"From the point of view of splitting the Society and comparisons with the Law Society — and I hope there aren't too many, given its problems recently — there are some parallels because it is a chartered body and it does have regulation, but it has not been demonstrating itself as being good at it." She said that this particular question had

been one of the first that the Council addressed and was the first the membership was consulted on. Agreement had been reached that the Society should retain its integrated processes.

"Personally, I think it would be a disaster to split," Miss Lewis said. "There is great strength in self-regulation. We have undertaken that for the past 150 years to one extent or another. In 1933, we had the strength of legislation added.

"I think that the view taken at the outset of the modernisation process was that we should retain the integrated roles as there is great strength in being a self-regulating body in terms of the respect and strength that we can have in the representative role."

Marshall Davies, chairman of the Modernisation Steering Group, noted that a substantial proportion of the membership had responded to the initial consultation on the separation issue with a clear view that the Society should be an integrated body. Following this, the Council had made a policy decision that the Society would be both a professional leadership and development body but also a regulatory body.

Professor Bob Michell, a Privy Council nominee to the Society's Council, said that

## Modernising the professional roles

The Royal Pharmaceutical Society has this week issued proposals on its future professional leadership and development roles (see centre pages pullout).

he would be appalled to see the profession "throw away the enormous privilege of self-regulation." In his opinion, the Law Society, along with the General Medical Council, was one of two organisations that had most brought professional self-regulation into public and political disrepute.

Professor Michell continued: "I believe in professional self-regulation, not because of the privilege, but because in complex areas I believe that on behalf of the consumer — whom I represent — such self-regulation (provided that it is enlightened and consistent with modern requirements) gives consumers and patients a degree of protection. I see no reason why a body with this unique role should not fulfil both objects of being a leader and a regulator. All I think that needs to be said explicitly — as it was in some of the feedback on the new Charter — is that if ever these two roles should come into conflict, then, and only then, the public interest role would have to prevail."

He added: "The whole idea of 'I'm a professional; trust me' is utterly discredited with all the major political parties."

Anthony Cox (Birmingham) said that he thought that a lot of people had made their decision on the option of splitting the Society into regulatory and professional bodies on the assumption that the Society would not be dropping the interests of members as a Charter object.

He also questioned the assumption that self-regulation could only occur within the context of the Society.

Miss Lewis replied by saying that self-regulation has to reside in a body that is accountable to Parliament. "The indications are that its highly unlikely that a

separate new regulatory body would be set up for a new profession. There are new professions who have sought it and have been turned down. What would happen is that the regulation of pharmacists would in all probability reside with the Health Professions Council." If that happened, the Society would probably lose its seat on the Council for the Regulation of Healthcare Professionals.

Mr Cox then went on to ask if the members of the Society would have opportunities in the future to vote on any of the modernisation proposals. He felt that such votes would give legitimacy to the Council in the decisions it makes.

Andrew Burr, a member of the Society's Council, said that the Council would consider the feedback received on the draft Charter (*P7*, 13 September, p349) at its October meeting.

"My personal view is that perhaps it is time to issue a second Charter for people to comment on, but we have to recognise that the timetable is tight. The special general meeting in June also called for a referendum on the whole issue. Again, that will be discussed by the Council." He suggested that a simple "yes or no" referendum on the new Charter might not deal adequately with what is a complex issue.

#### NEW CHARTER

Graham Phillips (Hertfordshire) asked for clarification as to whether revisions to the existing Royal Charter would be made by amending the current Charter or seeking a new Charter.

Mr Davies replied that the existing Charter had been reached by supplemental amendments to the original 1843 Charter. "What we are proposing is a supplemental Charter which in effect, to all intents and purposes other than relating to incorporation, is a new Charter. That is the proposal which will be going through."

Mr Burr said that members had spoken "loudly and clearly" that they believed that the draft Charter demoted the issue about safeguarding members' interests.

"At its October meeting, the Council will revisit that. It will be keen to address the issue in a way that reflects that the Society should be promoting the profession in terms of health and health care delivery and safeguarding some of the issues."

Ian Kemp (Halifax) asked what legal advice the Society had received in relation to the Objects and Powers set out in the draft Charter and, in particular, whether without the corresponding Objects the Powers were irrelevant.

Miss Lewis said: "The Objects set out in the Charter are the objects which the Society can pursue. In the first draft of the new Charter they were set out in a broad way. We have taken note of what the profession has said and we will review that."

"The Powers illustrate what the Society can do, but this is a legal document and needs to be constructed so as to meet the requirements of a document that provides the Society with its powers of authority."

Adam Mackridge (Birmingham) raised the possibility of holding a joint meeting that was both a special general meeting of the Society's members and a meeting of its Council. This he said might allow the decision making to be speeded up if the legislative timetable was as tight as had been alluded to.

Mr Burr replied that the Council would make decisions at its October meeting. "We have got to respond to the feedback we have been given. We have got to give members an opportunity to see that we have actually listened and responded, but it is for the Council to decide whether it calls an SGM." If it did not, then there was always an opportunity available to the members to request one and that would be the members' choice.

Mark Koziol (Birmingham) said that he believed that an Object is something the Society would be required to do. A Power is something that the Society might choose to do, if it so desired, but only in pursuit of the Object.

"That is why we have battled and struggled to keep the maintaining the honour and supporting the interests of pharmacists as an Object because it would forever require the Society to support the interests of pharmacists. . . . We want to have a profession that is absolutely dedicated and required by its Charter to support the interests of pharmacists and that is why we cannot allow the current Object to be dropped to the level of a Power."

#### MODERNISATION STEERING GROUP

Sue Carter (Worthing) asked what the role of the Modernisation Steering Group had been and what was the interaction between the group and the Council?

Professor Peter Noyce, a member of the Modernisation Steering Group, said that the group was a way in which the Council could bring in outside expertise in some areas, such as constitutional law.

The steering group had started by responding to the Government's desire to have more transparent and accountable regulatory bodies. However, the history of the Society made this a difficult task.

"If we look at the early Charters held by the Society, they were very much around the members thinking about the development and promotion of the profession. But then, in the 1930s, someone slipped in a big bloomer — regulatory responsibility. No-one talked about it then. We all grew up not quite sure whether the Society was a policeman or a friend. I remember that kind of dichotomy."

"The first stage is dealing with developing a competent regulatory authority, but alongside that — and we are conscious of the overall history and members' wishes — we wanted to preserve this as a united body of professional development, leadership and regulation."

He said that this was where the Charter issue came in. After the group dealt with quite a lot of the detail, it then came to the point of asking where things stack up against the Charter.

"Our Charter is about our professional liberation and what we were worried about in the group was the whole issue of not going the whole way of legislation. We were saying was 'If we don't watch it, we'll actually pinch off any scope for professional development.'" That was the basis on which the Society then went out to consultation on the draft Charter.

Professor Noyce then went on to say that the Modernisation Steering Group had been conscious all the way through the process about the interpretation of professional representation.

"I hear words like 'a membership organisation' — well, nobody has actually defined to me what a membership organisation is."

"If by a membership organisation you mean a trade union, then that is not, never has been and cannot be, under present legislation, the Society's role."

"If it is something more towards professional development but includes regulation, which is obviously tied up with the public interest, then I think we are talking about the same thing. So that is how the new Charter started out, why we have gone out for consultation and why we are putting these two things side by side."

Professor Noyce then said that from his point of view as an academic pharmacist, he would be failing in his duty if he provided advice which was not comprehensive.

"It seems to me that much of the debate revolves around quite a small focus on community pharmacy. Quite a predominance of Council members come from community pharmacy. That is not surprising, but what we then have are huge gaps as a regulatory professional development organisation in terms of education and learning — where is the academic input — and in terms of science and technology."

He said that other regulatory councils, such as the General Dental Council and the GMC, have reserved places for academic other particular areas of expertise.

"The Society's Council has decided that it is not going to go that way so, from my position, those are important things to include. Equally, the devolved administrations in Scotland and Wales are rapidly developing different health systems so it is crazy if we sit in London and decide what should happen in Aberdeen. Those issues have to be taken on."

He concluded by saying that the relationship between the steering group and the Council is one where the group considers the broad issues, makes recommendations to the Council and informs it about the thinking behind its recommendation. The Council then makes the decisions.

Mr Davies added by way of an example that the Modernisation Steering Group had made a recommendation to the Council that there should be a reserved place on the reformed Council for an academic. The Council subsequently rejected the recommendation and, as a consequence, in the proposition which has gone forward to the Department of Health no such reserved place was included.

Society News, p431