

# Society's dual role under the spotlight

The long-term position of the Royal Pharmaceutical Society as a regulator and membership organisation is questionable, Bill Scott, chief pharmaceutical officer for Scotland, said in a session entitled "Question time with the Chief Pharmacists" on 28 September.

"I need to reflect on what is in the public interest. There must be confidence in the Society as a regulatory body," he said. However, the Society's long-term position would not only be affected by public confidence. "It is also about the Society's ability to lobby on behalf of the membership. This is sometimes inhibited by its dual function."

Mr Scott believed that self-regulation would be around for some time but that it may not be delivered in the same way as it is now. "We want to see a vibrant, healthy Society so we have to plan for a time when the Society may no longer be a membership body and regulator."

Carwen Wynne Howells, chief pharmaceutical adviser for Wales, agreed that some things would change in terms of regulation. "It is hard to predict how the Society will need to adapt [to the Foster review on regulation]. The future of the Society and its sustainability is assured but what may alter is its role and function."

Ms Wynne Howells added that the profession must recognise this but said that it need not be afraid of change.

Jeannette Howe, deputy chief pharmacist at the Department of Health, said that the profession would need to "wait and see" what the outcome of the Foster review might be. "Clearly the outcome of the review will impact on the Society. Of that I am certain. There are a number of ways of tackling these issues." She added that the Government supported self-regulation but said that there were different ways to achieve expert input.

Responding to a question relating to delays in the Government's consultation on the

Section 60 Order, Mrs Howe said that pharmacists could expect to see the draft Order shortly. "We are at a point where we are going into the consultation. I don't think you will have long to wait."

Another question concerned the updating of each nation's pharmacy strategy document, and was put to the chief pharmacists by Jonathan Buisson, member of the Society's Council. Mrs Howe said that it was important to place England's pharmacy strategy, "Vision for pharmacy", in the wider context of other Government documents and policies. She pointed out that a White Paper on services outside hospital was due to be published shortly and that she expected pharmacy to feature in it.

Mrs Howe also said that she could see a work programme for the DoH pharmacy team for at least three years and that the pharmacy strategy would be updated when it was deemed necessary.



Jeannette Howe: England

Mr Scott said that the new contracting models would determine the nature of the workforce in the future. "It is important to match the right person with the right job. In many ways we under-utilise pharmacists and technicians," he said. One solution to the shortage of pharmacists could be the fast-tracking of students who hold degrees in related disciplines through the pharmacy course, Mr Scott said. He added that Scotland needed to consider ways to ensure that its rural communities became self-reliant in terms of pharmacy staff. This could be achieved through more use of distance learning.

Miss Wynne Howells said there was concern that the NHS had reached its capacity in terms of training. "We are going to have to be more imaginative in how we deliver things," she said. She suggested that new ways of mentoring people and delivering pre-registration training were needed.

Mrs Howe added that the creation of consultant pharmacist posts and positions for pharmacists with special interests would provide valuable career opportunities for pharmacists. "These are all important ways for pharmacists to bring their skills to the care of patients."

Steve Williams, principal clinical pharmacist at South Manchester University Hospital, asked the chief pharmacists about their views on promoting the profession and making sure pharmacists received the positive publicity they deserved.

Mr Scott said pharmacists have a responsibility to ensure their premises and the services they deliver are of the highest quality. "We have got to be conscious that when a member of the public goes into a community pharmacy they are making a judgement about the whole profession." Promotion of pharmacy could also be achieved through responses made to parliament and to ministers and through alerting ministers to the work done by pharmacists.



Carwen Wynne Howells: Wales

Mr Scott said that Scotland's strategy "The right medicine" would play through until 2006 and that lots of initiatives would continue to flow from it. However, he agreed that wider developments had to be taken into account. "We shouldn't just look at uni-professional reports," he said.

Miss Wynne Howell said that the Welsh pharmacy strategy "Remedies for success" was seen as a document that could be worked with over a number of years. "The strategy should be seen as a live, not static, document," she concluded.

In response to a question about pharmacy workforce Mrs Howe said that, along with technology and IT developments, workforce issues were key to delivering new opportunities and improvements in patient care. She added that it was important to gather data on the pharmacy workforce to help inform policy makers on what action needed to be taken.



Bill Scott: Scotland