

# Members will determine details of the new professional body for pharmacy

The launch of an independent inquiry (see p279) would ensure that the details of the new professional body for pharmacy would be determined by members, Graham Phillips, chairman of the Council's Education Committee, stressed to participants at the conference.

Speaking at a "hot topic" discussion on the White Paper "Trust, assurance and safety: the regulation of health professionals in the 21st century", Mr Phillips said: "The final decision on this body won't be made by the [Chief Executive] and Registrar. It won't be made by the Council. It will be made by the members."

He said that the Council was just at one stage of the research process at the moment. "After the output of the work of Nigel Clarke and the work of others, the work that we do as Council members, etc, and all the other research that comes into the melting pot, we'll come up with a series of options."

He added: "Those will be put in a full consultation to the members and the members will decide. And I will not have it any other way. I stood for Council for that democratic deficit that I saw in the first place and I can absolutely assure that that is how the decision will be taken."

Mr Phillips said that discussions about the professional body at the annual general meeting and in the letters pages of *The Pharmaceutical Journal* had raised a lot of interest and generated a lot of thought within the profession. However, he said that the one thing the discussions had made clear to him was that the Society needed to change.

He also acknowledged the implications of the growth in the numbers of bodies representing pharmacists. "There are some 200 pharmacy bodies that we've identified, and we've engaged with them," he said. "A number of people have said to me that the mere fact that there are 200 different pharmacy bodies out there doing what the Royal Pharmaceutical Society should do is an indication of the failure of the Society. I think there is some truth in that."

However, Mr Phillips stressed the need for Nigel Clarke's inquiry to hear views from across the whole profession. "It is very easy to hear the voices of the specialists who are organised and thoughtful," he said. "What about the ordinary punters?"

He went on: "We are a diverse profession and all the better for it, I welcome that — academia, primary care, industry, veterinary pharmacy, the cutting edge practitioners. We hear from those, but we also need to hear from the grass roots, the silent majority, those people who are not specialists, who are not necessarily organised but actually are out



Left to right: Nigel Clarke, chairman of the independent inquiry, Hemant Patel, President of the Royal Pharmaceutical Society, Catherine Duggan, Keith Ridge, England's chief pharmaceutical officer, and Graham Phillips

there delivering for patients and the public day after day and doing such a good job."

However speaking from the floor, Bill Scott, chief pharmaceutical officer for Scotland, took issue with this characterisation of community pharmacists as "silent". "Seventy per cent of pharmacists are community pharmacists," he said. "I think they'd be insulted to be called the silent majority. They are far from silent. It is just that you don't have your radar pointing in the right direction."

He added: "Community pharmacists are the soul and the base of the pharmaceutical profession and, therefore, when you are looking at what the professional body needs and what the regulator needs, you must go to the coal face and find out the work that these community pharmacists are doing now, in their communities, but also what they will be doing in the future. . . . We must listen to the people who will actually make or break this professional body."

Catherine Duggan, chairman of the United Kingdom Clinical Pharmacy Association, spoke about what pharmacy bodies wanted from a professional body.

Dr Duggan said she had sought views from a selection of, among others, members of the UKCPA, the Guild of Healthcare Pharmacists' leadership group, NHS consultants, leading edge practitioners, senior pharmacy managers, pharmacy academics,

members of the competency and evaluation development group and the British Oncology Pharmacy Association.

She said this snapshot of opinion was not intended to be exhaustive, but rather to establish whether what she wanted from a leadership group was representative.

She said the pharmacists she had spoken to had said they wanted the leadership body to have a central role in the further development of pharmacists, to provide aspirations for pharmacists' professional development, to be not elitist but to have representation from all specialist groups and care settings, to be involved in career mentorship, to support research and to be the voice of expertise at all levels of practice. She added that the profession needed a body which is feasible, affordable and provides engagement for all levels of practice. She suggested that a deanery structure could be a suitable model for such a body.

"Of course there are challenges for such a leadership body," she said. "We would be naive to skirt over those. . . . But some of the things we need our leadership body to be are aspirational [and] a body that has strong governance structures, that maybe takes what is working already and adapts it with some of the other bodies' and associations' good practice models. We need the profession to take ownership of this body in order to fully engage them."