

# The watershed

## — an opportunity to put things right?

By Alison B Ewing, FRPharmS

**W**e have arrived at the watershed. The Royal Pharmaceutical Society is to split, to fit in with the Government's perception that the public needs reassurance that pharmacists are fit for purpose and safe to practice. Where, I would like to know, is the outcry from the public that we are not?

Pharmacists have never had a problem meeting the criteria for good regulation, but we now have to conform to a structure set out in response to problems with the other health care professions, such as the Harold Shipman and Bristol Royal Infirmary cases. Lord Carter of Coles is leading a particularly short-lived working party to set out the costs and options for the future format of the profession.

What are the implications of this for hospital pharmacists? One might question how interested hospital pharmacists are in the future of the profession. The fact that only one member of the Society's Council is a hospital pharmacist and that no hospital pharmacist stood for election this year indicates a degree of ambivalence. Nevertheless, pharmacists have an excellent track record for adapting to and promoting change which could be beneficial to the future debate. We need to get involved to make sure our voices are heard.

The Society currently regulates and represents the entire profession, with various special interest groups such as

the Hospital Pharmacists Group. Perhaps, as I know many of my colleagues believe, the Society has failed to be truly representative of hospital pharmacy because of the domination of the community sector on the register. The new structure presents an opportunity to put this right.

Many of the models for educational development originated in hospital pharmacy. A larger proportion of hospital pharmacists have higher degrees and clinical diplomas than community pharmacists, and these qualifications are essential for promotion in a competitive NHS. Furthermore, the "clinical revolution" started in hospitals before spreading across the profession.

### Opportunities

The proposed "royal college" would formalise and standardise processes. This may be the opportunity to address concerns such as the future of clinical leadership, accreditation of specialist pharmacists and succession planning. However, we must ensure that the profession remains cohesive and that the change process itself does not become discordant.

Many are looking to compare our proposed royal college to those in the medical profession since the proposed function will largely be similar. However, we need to look at the facts. There are many more doctors than pharmacists — enough for them to have royal colleges for each specialty. With just over 40,000 members pharmacy will struggle to emulate this model. But should we try? Doctors' specialties are clearly defined — surgery, medicine, paediatrics, etc. We have no such clarity in our roles. We can be classed as

working in hospital, community, primary care, industry, or academia, but many people work across these sectors. To which sector would they pledge allegiance?

### We must put personal and sectoral issues behind us and put the profession first

The General Pharmaceutical Council will be the body that admits pharmacists to the register and sets the educational standards for entry. Postgraduate education, especially for hospital pharmacists, is well developed but relatively unregulated. This will be a role for the royal college. The medical royal colleges are all registered charities — a route that the Society chose not to take some years ago — therefore the educational element would be to the forefront of the college.

Membership of the Royal College of Physicians is not compulsory. Most doctors in the hospital sector will take their entry examination to achieve a recognised standard of excellence and will then be entitled to use the letters after their name, but there is no compulsion to continue to pay to be a member of the college thereafter. The Guild of Healthcare Pharmacists and the UK Clinical Pharmacy Association are likely to compete with the royal college for members, since pharmacists will be selective in where they

pay to join. Credibility and value for money will be paramount.

As a smaller profession, our strength comes from cohesion and any attempt to split entirely into minority groups will be divisive. Numbers alone are against us but there is also the issue of devolution. Should Scotland, where health is a devolved power, have a separate college? The professional regulation is currently a reserved power but if Scotland becomes completely devolved, a whole new GPC will need to be established for Scotland. Would we lose the synergy that comes from bodies working together across Britain?

The future is now extremely uncertain for the representative role of the profession. It seems fair to assume that the representative part of the Society will, as of right, become a "royal" college, but this is by no means certain. We will have to prove that we are a fit organisation with appropriate aims and objectives to be granted this status. We will probably need a whole new Royal Charter — if this is the case let us hope that the process is a lot less tortuous than the last time. Perhaps we should we retain the name Royal Pharmaceutical Society and make it more suitable for purpose rather than try to create a whole new system.

After the Carter working party has made its proposals, the profession itself will be left with the huge task of laying the foundations for the next and future generations of pharmacists. We must work together and ensure that the profile of pharmacy as a whole is maintained. We must put personal and sectoral issues behind us and put the profession first.

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