PHARMACY IN WALES

Reasons for strategy's delay are appreciated

From Ms A. Robinson, MRPharmS, and others

Your leading article (*PJ*, 27 July, p120) appropriately pointed to the fact that the Strategy for Pharmacy in Wales is eagerly awaited by all who work in, or with, the profession in Wales. However, to believe that it is appropriate to publish the document with speed as the essence, rather than after full, appropriate and effective consideration, is to miss the point of what we are trying to achieve in Wales.

Devolution in Wales allows services to be developed in response to the needs of the people of Wales. Although it is possible that the Welsh strategy may draw upon some of the aspects of the plan for England, it is a separate document and their timings are unlinked.

The aim of Strategy for Pharmacy in Wales, as we understand it, is to take a holistic, patient-focused approach to pharmaceutical services in Wales. This means looking at pharmaceutical services within a multiservice framework. The contribution of pharmaceutical services, and the unique and valuable skills of the pharmacist are, therefore, being considered as part of an integrated approach to delivering effective primary and secondary health care services for people in Wales.

We appreciate that the Assembly is attempting to produce a co-ordinated and inclusive approach to issuing these documents for formal consultation. We respect the reasons for the delay and look forward to the document being out for consultation in September.

A. Robinson
Chairman
Welsh Executive,
Royal Pharmaceutical Society

R. McArtney
President
Guild of Healthcare Pharmacists

E. P. Parry
Chairman
Community Pharmacy Wales

J. Savage
Chairman
Welsh Pharmaceutical Committee

PATIENT INFORMATION

Software developed

From Ms D. E. Mead, MRPharmS

I have been following with interest the various articles and letters regarding patient information leaflets, (*PJ*, 15 June, p832).

NDCHealth's pharmacy systems include those with integrated, personalised drug and condition information leaflets. These patient-friendly leaflets have been in use for many years in community pharmacies. Due to their success, we have developed PMR-independent software so that the leaflets are also available to hospital pharmacists, non-NDC community pharmacists and, in fact, any health professional. Based on a web browser, the content can be customised for the target reader or adapted to the profession of the issuer — the design concept was to be as flexible as possible to cater for the inclusion of information on a variety of topics, for example, complementary therapies. Contributed material or an organisation's own copy can all be integrated, managed and stored within the same application.

Use of such a system might address some of the issues raised in your columns. Your readers are invited to contact me for further discussion via the e-mail address below.

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The archive starts from August 1999.

THE SOCIETY

The role of the Privy Council nominees

From Mr J. Ferguson, FRPharmS

May I comment on two points in Ann Lewis's letter (*PJ*, 27 July, p134) in response to mine (*PJ*, 20 July, p101).

When the Registers of Pharmaceutical Chemists and Chemists and Druggists (first maintained by the Pharmaceutical Society under the Pharmacy Acts of 1852 and 1868) were combined under the Pharmacy and Poisons Act 1933, the compulsory linkage of registration as a pharmaceutical chemist with membership of the Society was established. From the coming into force of that Act, every registered pharmacist became a member automatically. The Act also gave the Privy Council the right to appoint three members of the Council. As I indicated in an earlier letter (*PJ*, 22/29 December 2001, p884), my understanding was that the reason given was not that the Privy Council nominees should represent the interests of the public. It was rather to ensure that the Council did not act unfairly against the interests of those pharmacists who did not need to be registered to practise their occupations but decided voluntarily to do so, or the 7,000 people who were registered by the Society as Chemists and Druggists but did not previously have to pay annual subscriptions.

Miss Lewis is right when she says that I know of the considerable contribution that Privy Council nominees have made over the years. One thinks particularly of the contribution the late Professor Paul Turner made to the development of the syllabus for pharmacy degrees in the area of therapeutics. But when I wrote in December 2001, I referred to the report in *The Journal* that two of the current nominees had reminded the Council that "this type of debate [on remuneration] would not be deemed suitable for the GMC". They were correct because the General Medical Council is purely a regulatory body. But the debate was surely quite proper for a Council of a professional body with the Society's Chartered Object "to maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy". In maintaining honour, all members of the Council, when making decisions, must surely have regard to the interests of those whom pharmacists serve.

The Clerk of the Privy Council, speaking at a meeting of the Professional Regulation Working Group of the UK Interprofessional Group last year, emphasised the point that the Privy Council can, in practice, have no policy different from that of the government of the day. It is not the open advertisement but the selection processes in the future that is the point at issue. The main point is still that the leadership and development of the profession should remain with a Council, the great majority of the members of which are pharmacists elected by their peers. That does not, of course, preclude a modest increase in the number of Privy Council nominees.

John Ferguson
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West Sussex

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Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent.

THE SOCIETY

Change is not always comfortable

From Dr J. Smith, MRPharmS

Protecting patients through reformed and improved professional self-regulation is a central element of Government health policy. The debate that the Royal Pharmaceutical Society has launched and which other pharmacy organisations and pharmacists themselves are now addressing is therefore welcome and timely.

The Society enjoys a privileged position as a regulatory body and also a professional organisation undertaking a leadership and advocacy role for the profession of pharmacy with the Government, the public, and other professions and organisations. The Society has combined these roles with distinction for many years and many of your correspondents have, rightly, stressed the importance of the professional role. There is no reason whatsoever why this should not continue and I would expect to see this role firmly enshrined in the Society's new framework. Indeed, a reformed and restructured Society, independent and at arm's length from Government, would be freshly empowered and would bring renewed authority to this important professional leadership role.

But the key challenge is to improve professional self-regulation. Self-regulation gives health professionals the ability to set their own standards of practice, education, conduct and discipline. The Government continues to look to individual health professionals to be responsible for the quality of their own clinical practice. However, the current fragmented arrangements need to be replaced with a modern framework to ensure that those caring for patients and providing NHS services are well-trained and competent, and that education, training and development meet changing health care needs.

Much of this has, of course, been driven by a series of high-profile failures of care. These have been mainly failures of medical care. But no profession is immune. In pharmacy we have had failures of care in both hospital and community sectors. A strengthened and reformed regulatory framework is in both patients' and the profession's interests. And getting the right framework for professional self-regulation becomes ever more important as we move to new and extended roles, for example, our proposals for supplementary prescribing by pharmacists.

The direction of policy has been clear for several years. The aim is to work with the professions, the NHS and patient groups to strengthen existing systems of self-regulation by ensuring that they are open, responsive and publicly accountable. In "Supporting doctors, protecting patients", published in 1999, the Government reaffirmed its commitment to strengthening professional self-regulation, with proposals that are generic and apply to all health professions. The report sets out, for the first time, principles of modern professional self-regulation and the responsibilities of regulatory bodies, including:

- Setting clearly expressed standards of the knowledge, skills, experience, attitudes and values necessary for continuing practice
- Addressing the competence and conduct of practitioners at all stages in their careers
- Producing clearly stated standards for professional education and training by which providers of education and training can be monitored and held to account
- Retaining high public confidence, with sufficient lay involvement to make an effective contribution in their governance and operation
- Reviewing and updating standards regularly, taking account of feedback from patients, practitioners and other interested parties
- Working with the NHS and with other organisations who provide or manage health, thus enabling NHS organisations to achieve high standards of care

In July 2000, the NHS Plan said that as a minimum regulatory bodies must be smaller, with greater patient and public representation; have faster more transparent procedures; and develop meaningful accountability to the public and the health service. More recently, in its response to the Kennedy Report ("Learning from Bristol"), the Government agreed that regulation of health care professionals is not just about disciplinary matters. Rather, it encapsulates all of the systems that combine to assure the competence of health care professionals: education, registration, training, continuing professional development and revalidation as well as discipline. Ministers have also agreed that the new Council for the Regulation of Health Care Professionals should undertake an early review of the various systems of revalidation and registration to ensure that they are sufficiently rigorous, and in alignment with each other and with other initiatives to protect the public.

Change is not always a comfortable process. But it is clear from the consistent thrust of Government policy over almost five years that reform of self-regulation of the health professions must take place. Change is well under way in medicine, nursing and dentistry. It is now necessary in pharmacy. It is also clear that the scope of professional self-regulation as defined in the Kennedy Report and endorsed by Government encompasses most of the current functions of the Royal Pharmaceutical Society.

Responsibility for exercising those functions lies with the Council of the Society, and, while it can delegate tasks, the Council cannot abrogate responsibility for them. The Society's Council carries the responsibility for the discharge of the Society's functions as a regulatory body, as well as its role in leadership and advocacy for the profession of pharmacy. The reform process must take account of this. It is for the Society to continue the work now in train to develop proposals which Ministers will then consider when they approve the final framework to be laid before Parliament. However, those proposals must be shaped by the fundamental principles set out above.

Jim Smith
Chief Pharmaceutical Officer
Department of Health,
London

CORRESPONDENTS

It would be helpful if all correspondents, including e-mail correspondents, would supply a daytime telephone number. Pharmacist correspondents should provide their membership numbers.

Why is there no comparison with the RCVS?

From Dr M. H. Jepson, FRPharmS

Your editorial of 13 July (p42) seemed disappointingly defeatist and limited in perspective. Although it is important to anticipate Government expectation if possible, it is surely no less important to have the conviction that if our structure has served the public well, only those aspects necessitated by changing circumstances should be modified. It is also wise to work together with other organisations which may have structures similar to our own, probably for our mutual benefit.

It is surely inexplicable that the various discussion documents presented to the Royal Pharmaceutical Society's membership in *The Journal* have attempted to draw comparisons only with health professions whose structures today have little in common with ours. Why the failure to make reference to the Royal College of Veterinary Surgeons (RCVS)?

In brief, the RCVS, a professional membership body, is the regulatory body for veterinary surgeons, maintains a register of those eligible to practise, and regulates veterinary education and professional conduct. Under its charter, it can award fellowships, diplomas and certificates to veterinary surgeons and certificates to veterinary nurses.

The college's disciplinary committee of 13 includes a Privy Council (PC) member and a PC appointee. Its preliminary investigation committee of eight includes two lay observers and the RCVS Council has both an education committee and a specialisation and further education committee, each with 12 members.

Significantly, the RCVS council has 24 members. (I believe eight are elected annually in a similar manner to the Council of the Society.) In addition, 12 members are nominated from the six schools of veterinary science and there are three PC members. Education is clearly given a particularly prominent emphasis, which is surely one of the key aspects expected by the Government.

The overall structure, like that of the Society, is markedly different from that of the various

general councils with which the Society has been compared. Surely with such similar structures, the RCVS and the Society could learn from each other and consider presenting a common approach to the Government. I am reminded of the maxim, "United we stand, divided we fall".

Michael Jepson
Birmingham

Missed public relations opportunities

From Mr M. D. Williams, MRPharmS

As the secretary of one of the Royal Pharmaceutical Society's local branches, I am privileged to receive regular copies of the public relations department's summary of activities. This lists press and media activity from both local and national sources where pharmacy has been mentioned or involved in some way, and gives some indication of whether the news stories had shown the profession in a positive, negative or neutral light.

In a week that saw two major health-related stories hit the national and international headlines, it was particularly noticeable that there was no national coverage of pharmacy's contribution to the debate on either. If ever there was an opportunity for some comment from the Society on a national issue, surely this week provided it.

I find it hard to believe that the Society would have been unable to find a spokesperson to comment on breakfast television on the United States trials of certain combinations of hormone replacement therapy products, with the reassuring "ask your pharmacist for further advice if you are still worried" sort of punch-line.

I also find it staggering that no official comment has been made on the "mixed messages mess" of the Home Secretary's proposals to reclassify cannabis. Given that Health Secretary Alan Milburn is said to be deeply concerned about the latter, I am surprised that the Society was unable to take a public stance that would both increase public awareness of the profession's unease at these steps and gain brownie points with our political master.

In the middle of the internal debate on modernisation, it is poignant that the Society has in these instances been unable to promote pharmacists' professional role. At present the Society still has a representative function, whether it is dressed up as promoting the interests of pharmacists in the practice of their profession or not. If the current structure is unable to take such opportunities so to do, how much more difficult would it be for a regulatory body, with a sizeably reduced professional membership, to put forward the stance of the profession on such issues of public interest?

Mike Williams
Solihull,
West Midlands

BEVERLEY PARKIN, director of public affairs, Royal Pharmaceutical Society, replies: Where an opportunity arises to make the profession's views known on a relevant issue in the broadcast media, the Society will field a spokesperson whenever possible. On this occasion, the Society was not invited to appear on breakfast television or in any other medium to comment on the hormone replacement therapy story. As is often the case with news, the Society had no prior notice of the story arising and so was not in a position to seek out media opportunities. On the cannabis story, the Council's policy in this area concentrates on the medicinal use of cannabis and has not addressed the specifics of the Home Secretary's proposal, so it would not have been possible to present a position on this issue. However, as readers will know, the Society's work to promote clinical trials on cannabinoids has received widespread and sustained national media coverage.

As Mr Williams will know from the regular PR report issued to branches, the Society successfully gains media coverage on a wide range of appropriate issues.

The Society has placed the profession's views in national media during every month of last year and, although coverage in the national media is always welcome, the regular coverage we gain through our local PR officers is no less important and provides an important avenue for reaching the public. According to Newspaper Society figures published in 2000, an estimated nine out of 10 people read a local newspaper every week.

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