

# What might the planned GPC look like?

The Government has announced, among other suggestions, the end of elections for professional members of health regulatory councils and an expectation of greater regulatory consistency. **Michael Thompson** considers what this might mean for the planned General Pharmaceutical Council

**M**ajor changes to the way pharmacists and pharmacy technicians are regulated, set out in the Pharmacists and Pharmacy Technicians Order 2007, are to be followed by the creation of a General Pharmaceutical Council to take over the Royal Pharmaceutical Society's regulatory role. It is likely that the Order contains all the powers that the new GPC will need.

This new body is intended by the Government to operate in the same way as all the other health regulatory bodies, including the reformed General Medical Council, but the White Paper in which it was announced ("Trust, assurance and safety — the regulation of health professionals in the 21st century") gives little information about the GPC itself. It simply states that the GPC will be "responsible for the regulation of pharmacists and pharmacy technicians, and for the registration of pharmacy premises. It will exercise the role of inspection of pharmacies currently carried out by the RSPGB."

Proposals for how the GPC and its operations are to be carved out of the Society's current activities are being prepared by a working party chaired by Lord Carter of Coles that is expected to report to ministers by the end of this month.

It is reasonable to assume that the role of the Society's fitness to practise directorate will go to the GPC. As it currently stands, the same is probably true of the education and registration directorate. At present, responsibility for the Code of Ethics rests with the directorate of practice and quality improvement, but there is a view that codes of conduct properly sit within regulators, not professional bodies.

The White Paper states that a separate group will be set up to advise on detailed implementation of the proposals that relate to all health regulators, but it is possible that developments at the GMC will indicate what will happen elsewhere.

Regardless of that, the White Paper gives some unmistakable clues about the planned structure and functioning of the GPC.

Prime among these is that there will be parity of membership between lay and professional members or a lay majority and that these people will all be appointed by the Appointments Commission.

## Lay majority expected

Parity of membership is set down as a minimum expectation for health regulators. Any that does not accept a lay majority now will be subject to review in 2011 to see whether it has won public confidence and avoided accusations of partiality. That review will also consider whether any regulators should merge.



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The thinking behind the proposals for parity and appointment is that any perception — whether justified or not — that decision-making is biased must be avoided.

"The Government is convinced," it says, "that in order to establish and sustain confidence in the independence of regulators, all councils should be constituted to ensure that professionals do not form a majority."

The Government also intends that all councils will be smaller than at present, that there should be little or no variation in size and that they should function as strategic boards and leave operational issues to their staff.

## Revalidation and CPD

The White Paper makes it clear that the GPC will be in charge of approving standards that pharmacists and technicians must meet in order to maintain their registration. How this is likely to work will depend on individuals' working arrangements. NHS employees will be revalidated via the NHS appraisal system. Primary care commissioners will supervise the revalidation of primary care contractors, but arrangements for contractors' employees are to be discussed with regulators and professional bodies. Arrangements for self-employed professionals are to be developed by the regulators. A UK-wide steering group will be set up to develop and co-ordinate the proposals to make sure they work.

David Pruce, director of practice and quality improvement at the Society, said: "The Society will wish to be part of any steering group that develops proposals around revalidation."

One possibility might be that the professional leadership body sets standards for reval-

idation, those standards are then validated by the GPC and put into operation by the professional body.

So far as education is concerned, regulators, such as the planned GPC, will be responsible for assuring educational standards. But the White Paper says nothing on any division of responsibility between regulators and professional bodies in relation to prequalification education, postqualification education and continuing professional development.

College of Pharmacy Practice chief executive Ian Simpson said: "What the GPC should do is take advice from the professional leadership body on educational and professional standards. It was suggested at the launch of the White Paper that the royal college-type body might have responsibility for revalidation. One way to demonstrate this to the GPC might be membership of the royal college body."

The two should work closely together, but it should be the royal college that advises on standards for education and CPD, and runs any CPD arrangements, Mr Simpson added.

He expected more clarity about the GPC proposals after the publication of Lord Carter's working party report.

Anthony Smith, dean of the School of Pharmacy, University of London, believes that the GPC should set the basic standards necessary for pharmacists to practise, but leave advanced work to the professional leadership body.

"The regulator will be about minima, the standards necessary for revalidation. It will be for pharmacists to give evidence of how they meet those standards. That is where the royal college comes in, in partnership with the NHS and employers. . . . The royal college has to be aspirational about how to take those minimum standards further and develop practice."

Changes to the investigatory and adjudication roles of regulators are also proposed.

In the case of the non-medical regulators, such as the new GPC, the proposition is that a new independent body will list individuals who have been approved to sit on FTP committees. Over time, there is the suggestion that adjudication for all professionals should be handed over to the new independent body.

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Changes will also be made to the Council for Healthcare Regulatory Excellence. The council will become smaller and individual regulators will lose the right to nominate members. Instead all members will be appointed by the Appointments Commission.

## Commenting on the plans

The Department of Health says that it is keen to hear comments from pharmacy stakeholders about the proposals in the White Paper. Those who would like to share their views can contact Diana Kenworthy at 4th floor, Skipton House, 80 London Road, London SE1 6LH (e-mail [diana.kenworthy@dh.gsi.gov.uk](mailto:diana.kenworthy@dh.gsi.gov.uk)).