

Should Scottish pharmacy go it alone?

Pharmacy's future professional body is currently being considered by the Clarke Inquiry. Last week, it heard evidence in Edinburgh.

Clare Bellingham asks leading pharmacists in Scotland: should Scotland have its own professional body?

Pharmacy in Scotland is different from pharmacy in England and Wales. This is hardly news: since health policy is devolved to the Scottish Government, differences in approach are inevitable. The reason these differences matter now, however, is because they might influence the structure of pharmacy's future professional body.

The Clarke Inquiry is currently examining options for a professional body for pharmacy. Some pharmacists in Scotland say that they get a poor deal from the current professional body, the Royal Pharmaceutical Society, because most of its functions are based in London. When the Clarke Inquiry started so, too, did rumours that pharmacists in Scotland wanted to break away and set up their own professional body.

Is there any truth in the rumour? Well, yes, some do want a separate body in Scotland. But the vast majority who spoke to *The Journal* for this article support a federal model, in which power is devolved to a Scottish board but which would remain part of a larger organisation covering the whole of the UK.

Importance of devolution

Rose Marie Parr, chairman, and Frank Owens, vice chairman, of the Scottish Pharmacy Board, spoke to *The Journal* together. The board proposes a structure in which a UK-wide professional body is formed but power is devolved to national boards. "The professional body should operate GB-wide, or preferably UK-wide, but must be able to understand and reflect the differences in policies, practice, demography and geography of each country," explains Dr Parr. "Each national board should have sufficient authority to manage its own affairs and should be able to decide the matters on which co-operation is mutually beneficial."

Speaking in a personal capacity, Bill Scott, Scotland's chief pharmaceutical officer, also proposes a federal model. He says this would involve separate professional bodies in England, Scotland, Wales and Northern Ireland, each with its own president, that come together in a UK-wide organisation that provides head office-type functions. "I believe there is support in Scotland for autonomy and an independent voice for pharmacists in Scotland without going as far as complete separation," he explains. "The federal model would allow a professional body in Scotland to have the autonomy to speak for and to represent pharmacists in Scotland. The individual professional bodies would then decide when a collective approach should be taken."

David Thomson, Royal Pharmaceutical Society Council member for Scotland, says:



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"At this stage, I favour retention of the national boards, albeit with more authority and autonomy than present, linked to a federal structure with a much smaller national council in place to support this network."

Perhaps Graeme Millar, a former chairman of the Society's Scottish Executive, sums it up when he says the answer lies not in independence but in a stronger sense of devolution. "A federal structure would give autonomy in each country but it would retain the benefit of a collective when the countries came together," he comments.

Without devolution, this debate would probably never have happened. Devolution has resulted in different NHS structures, different approaches to planning services and different community pharmacy contracts. Devolution is certainly the reason behind the Scottish Pharmacy Board's desire for greater autonomy in Scotland.

"A successful professional body must be able to understand the aspirations of its members and be able to positively influence the environment within which they practise. It must have a full understanding of the political and cultural environment, and be close to both its members and to those who develop policy and plan services. This clearly means that the needs of members in Scotland can only be met by a body that has a physical presence in Scotland," explains Dr Parr.

Mr Scott also quotes the significance of devolution. "Health services have separated: people have different views on devolution but it is a reality and we have to work with it. When people seek to work with or get advice from a professional body, they should get advice that is pertinent to Scotland, not advice cleared by a body based elsewhere," he comments.

Mr Millar spells this out when he says: "The Scottish Parliament has no time for

people who say they have to consult with colleagues in London before responding to questions. The federal structure would allow the organisation in Scotland to be influential."

James Semple, managing director, TLC Pharmacy Group, comments: "There is now a cross-party consensus in Scotland that devolution is a process, not an event. Health policy in the devolved nations continues to diverge. NHS Confederation boss Gill Morgan recently stated that there are now four different NHS systems operating in the UK and there is corresponding need for a professional body which truly represents its members, and can speak with authority and autonomy on any subject which affects those members."

Lyndon Braddick, director for Scotland, Royal Pharmaceutical Society, says: "Pharmacists want a single, clear and strong voice for the pharmacy profession. A strong professional body has to be effective at influencing at four levels. These levels are: at a local level which, in Scotland, means health boards, community health partnerships and members of the Scottish Parliament; at a national level with the Scottish Government and Parliament; at a UK level with the Westminster Government (because of the legislative framework within which the profession practises); and at a European level. To have a strong and influential voice at those four levels, I think the most effective approach is a single organisation for Great Britain, preferably for the UK, with a devolution of power and responsibilities to three or four national bodies."

Time to separate

Arguing for a separate professional pharmacy body in Scotland is Harry McQuillan, chief executive officer, Community Pharmacy Scotland. "I think there is an opportunity that should be fully explored to establish a separate body for Scotland. I believe there are other models in the world where it works, involving similar numbers of pharmacists as there are in Scotland. And I believe we have the people in Scotland to make it happen," he says.

Community Pharmacy Scotland is currently collecting evidence for its submission to the Clarke Inquiry by surveying its pharmacy contractor members. It is asking them: "Should there be a new professional body specifically for Scotland?" Mr McQuillan says that the results will not be known for another week but he comments: "So far, significantly more people have said 'yes' than 'no'. But more people have said 'no' than I was expecting."

One pharmacy contractor answering with a resounding “yes” is Campbell Shimmins, a community pharmacist in Doune. “Of course it is time for Scotland to have a separate, autonomous professional body. It is increasingly looking like it is necessary: things are coming out of Lambeth that are either not relevant or the ramifications haven’t been thought through in terms of the devolved administrations,” he says.

Mr McQuillan cites similar concerns. “Over the years, I have lost confidence in the ability of an organisation based in London to fully represent us in Scotland,” he explains. The crux of his complaint is that the Society sometimes gives the impression it is acting at an English, rather than a British, level.

For example, Mr McQuillan points out that many Society documents and statements refer only to a single pharmacy contract (the one that applies in England and Wales), apparently forgetting that Scotland has a different pharmacy contract.

Another example is a recent e-mail from the Society about how this year’s registration fees will be spent. “It talks about spending money on accreditation of pharmacy services at a ‘national’ level rather than in individual primary care trusts [which is only relevant in England]. I don’t want a penny spent on that,” he says.

Against separation

Creating a separate organisation in Scotland — and, therefore, also in England, Wales and Northern Ireland — would certainly be a challenge. Can pharmacy afford to have a professional body in each country? Is there any point in such replication?

Mr Scott says the argument against total separation is economic. “Any one of the professional bodies could provide supporting functions, such as human resources services, on behalf of the others. Having everything in Lambeth has demonstrated that it can work in one place but it has also demonstrated that you have to have excellent communication and trust,” he says.

Ian Caldwell, a former president of the Society, points out that the number of members a future version of the Society will attract must be considered. “The new body — and I hope it will still be the Royal Pharmaceutical Society — will be very much smaller than the current Society. Therefore, I believe it should be UK-wide,” he says.

Two other factors Mr Caldwell highlights are: the need to establish the functions of the future body, such as initiating and organising science research, and the practical considerations of creating a separate organisation in Scotland. “Should it come to a split, there would need to be a detailed consideration of what would happen to the assets of the Society, such as its reserve funds, the Pharmaceutical Press, *The Pharmaceutical Journal*, and the Society’s buildings,” he comments.

Although those advocating a completely separate body are in a minority — among



Rose Marie Parr: needs of members in Scotland can only be met by a body that has a physical presence in Scotland

those interviewed for this article in any case — there is almost universal agreement that the current organisation of the Society does not work for pharmacists in Scotland. The most frequent complaint is that the Scottish Pharmacy Board, set up in light of devolution, has its hands tied by the Society’s Council. Pharmacists in Scotland want their professional body to be able to act without checking with London first.

“The boards haven’t progressed much further than the previous executives. Influence needs to be devolved, rather than pulling back to London,” Mr Millar says.

Mr Semple adds: “While the national boards can inform Society policy, they have been constituted in a way which binds them to the diktats of Council. This strikes me as being fundamentally undemocratic: as an elector, I expect my national board members to have an influence on policy beyond that of a ‘focus group’.”

Indeed, it is this lack of progress that makes Mr McQuillan doubt the proposed federal model. “My reservation with a federal structure is I am not convinced it would happen,” he says. “We need an autonomous voice, divorced from any other body. I am not criticising the people on the Scottish Pharmacy Board but the board has not made a difference yet because it can only implement Council policy. So, based on current evidence, I want complete separation.”

Speaking in a personal capacity, Alison Strath, Scotland’s principal pharmaceutical officer, says: “As a past chairman of the Society’s Scottish Executive, I believe that we need a professional body that is autonomous in Scotland. The decision as to whether this is through a federal or independent approach should be for the members in Scotland to decide. In addition, we need a Scottish council (or equivalent) that is accountable to pharmacists resident in Scotland and a chief executive (or equivalent) who is directly accountable to the Scottish council. The fact that the current Scottish board, director and department are all still accountable to the Council of the

Society despite a review on the impact of devolution is unfortunate but [this is], in many ways, inevitable given the current role of the Society in terms of both regulatory and professional body.”

What about the future? “We believe that the governing body of the UK/GB professional body should consist of officers of the national boards. These officers should be elected annually by board members, and board members should be elected by members in their constituencies,” Dr Parr says.

Mr Thomson suggests a similar structure. “Membership of the Council is for future debate but should include at least the chairs of the respective boards. This would ensure that pharmacy in Scotland would continue as a world-wide driving force in future developments, the interests of Scottish pharmacists are respected and maintained, and allows for the debate on the prospect of a Scottish professional body to take place at an appropriate juncture in the future.”

Mr Scott adds: “The pharmacy profession in Scotland needs leadership from a professional body that is part of Scotland. It is not just about understanding the environment in Scotland in a theoretical way: the professional body has to be based in Scotland. The location of the Society in Scotland is crucial, it must be based on ‘health alley’ [Queen Street/York Place area of Edinburgh]. And it must have a president who is at the forefront of practice in Scotland.”

Mr Semple goes further: “I propose four national royal colleges (for England, Scotland, Wales and Northern Ireland) that would be self-funding and autonomous. The scope of membership would be decided at a national level, as would the functions of each royal college. Seed funding would be obtained by the fair division of the assets of the existing Society. In addition, a UK-wide federal body with responsibility for cross border issues, with a board comprising of the chairs and vice-chairs of the national royal colleges, would be funded by an equal contribution from each national board. This federal body would also provide a secretariat for those groups of pharmacists who best interact at a UK-wide level, such as industrial pharmacists.”

Work together

Jim Bannerman, a former president of the Society, believes the future professional organisation should take a UK approach. But he stresses that it will only work if all the different parts of pharmacy are brought together. “The new body must get the constituent bodies in,” he explains. “If the organisation does not include the opinion makers from the pharmacy boards then people will not join. If the boards are represented, then members will come.”

Perhaps this underlines what pharmacists in Scotland really want: for their voices to be truly represented within pharmacy’s future professional organisation, along with the autonomy to speak for themselves in Scotland.