

Modernisation of the Society should give no cause for concern (1)

In the first of two articles addressing concerns about the Royal Pharmaceutical Society's modernisation process, the modernisation steering group examines aspects of the potential changes to the Society and their implications

The Society is making itself fit for the future. Our programme aims to ensure that pharmacy has a modern, effective and efficient regulatory and professional body, committed to quality and improvement, and to meeting its responsibilities to the public and the profession. This is an essential component of a sustainable, rewarding future for pharmacy.

So far, so good. But the modernisation process has brought forward a number of concerns. The external pressures driving these changes have generated unease within the profession. Should pharmacists be worried about what they might be losing? Or should they look forward to a Society that will serve both the public and the profession better than ever?

We know our direction of travel. The Council has decided that the Society should retain its integrated regulatory and professional roles within a reformed organisation. Within this framework, the Society's principal duties would remain the same: developing, leading and regulating the pharmacy profession. But pharmacists and others do not always have a clear picture of what the Society is (and is not) today. Perhaps that is not surprising: the Society, as an organisation, has not always been good at communicating this in a consistent way. So what might change and where do the concerns and the confusion lie?

THE SOCIETY'S PROFESSIONAL AND REPRESENTATIONAL WORK

Some commentators have described the Society's professional role as being equivalent to its representational function. They are not the same; neither are they separate.

A few have compared the Society to a combination of the General Medical Council and the British Medical Association. This suggests that the Society's professional role is like the function of the BMA, a trade union. In fact, the Society's professional role is more like that of a Royal College: encouraging and fostering good practice and promoting education and development. Increasingly, other regulatory bodies are also undertaking this type of work. Trade unions such as the BMA, as well as negotiating terms and conditions, also do some professional body-type work and, by doing so, expand their influence and increase their standing. So, both regulatory bodies and trade unions may undertake professional activities. But a regulatory body cannot undertake trade union activities, nor vice versa. To do so would create a clear conflict of interest.

The Society has, and will continue to have, an important representational func-

tion. It promotes pharmacy's contribution to health and health care. It works to influence the climate in which policy affecting the profession is made and implemented. But it cannot, and does not, act in conflict with the public interest.

The public interest has long been fundamental to the Society's policies. This is simply being made more explicit in today's climate. For many decades, the Society has not represented pharmacists' interests where these did not concur with the public interest, although some pharmacists may have thought that it did so. This misunderstanding may have arisen because, on most issues, public and professional interests are broadly the same. They may sometimes differ in the short term but, in the long term, no profession will survive that does not serve the public interest. And it is essential that we safeguard public confidence and trust in pharmacy and pharmacists.

The Society's obligation to act in the public interest plays a vital part in helping to ensure a sustainable future for the profession and to provide it with a strong base from which to develop. The chief executive of a patients' organisation expressed this well: "Pharmacists are a vital link to the patient and are consulted more frequently than GPs. For the public to retain confidence in pharmacists, it is vital that the Society operates in the best interest of the public. If managed well, this is unlikely to be to the detriment of your members. If the Society is seen to represent sectoral or individual interests against the public, it is likely that public confidence would be lost."

Because of this public interest focus, concern that the Society's representational work may not be compatible with its regulatory functions is unfounded. In fact, they are linked. The Society's representational work spans the range of its responsibilities. It promotes the interests of both public and profession on regulatory issues, such as the free movement of health professionals in Europe or the powers of the new overarching council for health regulators. It lobbies for change on issues that have both regulatory and professional aspects, such as enabling pharmacists to provide better services to drug misusers or to take on prescribing responsibilities. And it promotes professional issues, such as pharmacists' contribution to intermediate care.

Other bodies exist to promote various sectoral interests within pharmacy, but there is no organisation open to all pharmacists that could represent their interests without qualification, including individual or commercial interests. There is no equivalent of the BMA for pharmacy. Previous attempts to

establish such an organisation have foundered, but other bodies and individuals may want to look at this possibility again.

There is no reason why the Society should stop representing the profession in the way it does now. It is building a credible reputation as the voice of the whole profession of pharmacy. It could even do more of this work.

THE FRAMEWORK THAT GOVERNS THE SOCIETY

The Society is governed by a complex framework of legislation, Charter and Byelaws. All of these must be considered when forming a picture of the Society's functions. The Society's statement of purpose — to foster and promote the practice of pharmacy which is in the public interest and, to that end, to lead, develop and regulate the pharmacy profession — is a distillation of that mix of charter and statute. It reflects the range of the Society's responsibilities and activities.

We should remember that the law takes precedence over the Charter: in pursuing its Charter objects, the Society has an overriding duty to conform to statutory requirements. No one would argue that the Charter objects are not important, but they are not distinct and separate. They are linked to the Society's functions of leadership, regulation, professional development and support, and benevolence.

The Society fulfils its charter object to "maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy" through its professional and regulatory functions. Regulation is not separate from this. The register, and the processes that control which names appear on it, form probably the single most important thing that gives a pharmacist the right to practise and to call himself a health professional. Ensuring that pharmacists are fit for purpose, maintaining the register, making sure that only qualified individuals appear on it and that safe and competent individuals stay on it, are the most important activities carried out in Lambeth. Without a credible and robust process of standard setting for conduct and competence (for entry to the register, staying on the register and being removed from it) the profession simply would not exist. The costs of self-regulation are relatively modest. It should not be seen as a burden. The queue of new groups seeking to achieve regulated status illustrates clearly how vital this is to a profession.

n Next week, the modernisation steering group looks at membership aspects of modernisation and how much flexibility there is within the modernisation programme.