

Modernisation of the Society should give no cause for concern (2)

In the second of two articles addressing concerns about the Royal Pharmaceutical Society's modernisation programmes, the modernisation steering group looks at membership aspects of the Society and at how much flexibility there is in the process

Some pharmacists have expressed concern about the potential loss of the “membership aspects” within the Royal Pharmaceutical Society's modernisation programme. The concept of “membership aspects” means different things to different pharmacist, but in fact few, if any, of the Society's current activities are incompatible with the role of a modern regulator, although we are likely to need some changes in focus, structures and responsibilities in order to support the needs of the profession in the future and to set our activities clearly within the context of the public interest.

Certainly, providing professional support to help pharmacists deliver quality in their practice would be no less important and should become much more apparent to pharmacists. This would include library, information and advice services, which are likely to grow in prominence as means of supporting competence and fitness to practise. Conferences and seminars could also contribute.

As activities such as continuing professional development progress, the ongoing relationship between the Society and pharmacists throughout their professional life will mean that there will be an even greater need to engage pharmacists from across the profession in the Society's work. The branches and regions could play an enhanced and vital part here, as could other pharmacy organisations.

In some ways, it is unfortunate that “regulation” has been redefined without being renamed. For many, the term “regulation” brings to mind a policing role. But modern regulation goes far beyond this. Its main focus is on the body of the practising profession, not simply on the few who let the profession down. Modern regulation aims to help good pharmacists to remain good, and to get better, which is what all professionals aim for.

Other regulatory bodies in the health field are becoming more like the Society, broadening their approach to take on strategic, education and communications functions that the Society already undertakes. So the Society will not be the unique body it has been until now among Britain's health regulators.

However, the Society does have greater flexibility and can retain a wider range of functions, provided that they do not conflict with the public interest. Just as now, the future Council of the Society will be able to shape and prioritise these activities to support the changing needs of the public and of pharmacists in all sectors of the profession.

HOW MUCH FLEXIBILITY IS THERE IN THE MODERNISATION PROGRAMME?

The Society must modernise if it is to retain its regulatory responsibilities — that is clear. In some aspects, our options are constrained; in others, they are wide open.

One external constraint where there is little flexibility is the timetable. The overarching Council for the Regulation of Health Care Professionals will become operational early next year. The Government is expecting our key proposals for change at around the same time. Inevitably, the need to ensure that we meet this timetable for legislative change has meant that the focus to date has been very much on the Society's regulatory functions. This will be the situation for some time yet. But the professional issues will not be ignored — it is simply that those issues requiring changes in legislation will have to be dealt with first.

The NHS plan set out the Government's minimum criteria for health professional regulators. Any suggestion that the Society could maintain self-regulation for pharmacy without meeting these requirements is unrealistic. Each body must have an accountable, governing council with much greater lay membership. This clear requirement still has some degree of flexibility: the structures proposed and agreed for other councils show a professional majority ranging from 52 to 60 per cent. Pharmacy cannot be exempt from these changes.

Yes, the Society has a good record as a regulator but the world in which it operates has changed. The public is no longer content to leave professional self-regulation to the professions to the same extent. Understandably, it wants a bigger say in a process that exists for the public's protection. And it is difficult to imagine any future government acting to reduce the public's involvement. The Society should welcome greater lay input. It has nothing to fear from it.

Some pharmacists have voiced concern over the potential impact of an increased lay membership on the Council's strategic leadership decisions. This would remain an important part of the Council's responsibilities. Does this present a genuine risk to pharmacy? The Council would still have an overall pharmacist majority. Given this majority, we might well conclude that any strategy that was not acceptable to the Council would be unlikely to be sustainable. This would be a positive benefit: greater lay input should ensure that the Society's policies are robust and are based on what matters to patients, clients and customers, as well as to the profession. As one pharmacist commented: “Increasingly, the public, media and

politicians are sceptical of ‘expert’ opinion, perceiving vested interests, grinding axes and hidden agendas rather than respecting someone with specialist knowledge. Thus non-experts who have an understanding and sympathy for pharmacy issues are becoming very valuable assets”. Or, as an external commentator put it: “This would be likely to improve your credibility with government and strengthen the Society”.

Members may have concerns that a Council with a higher lay input might not have the same priorities. Understandably, they might want reassurance that the promotion of pharmacists' contribution to health or the development of the profession's role would continue to be important functions of the Society. One way of ensuring this might be to seek to have a duty to promote and develop the profession in this way, recognised in the legislation for reforming the Society.

Pharmacists, particularly those who work face to face with the public, will recognise that patients and consumers can be their strongest advocates. They will also know that this cannot be taken for granted — it comes from working to maintain and reinforce public confidence in pharmacy. Working in partnership with the public should be a path to a better, more sustainable future for the profession.

Pharmacists may fear that a Council with fewer pharmacist members could become remote from practice. Some have emphasised the need for the Society to put in place robust yet flexible mechanisms to counter this, such as a professional board to bring major professional issues to the attention of Council and to oversee work on these issues.

Future ways in which to engage the profession and others in the Society's work, and ensure that the Council gets the input it needs, form one of the essential areas for consideration where the options are open. The steering group would welcome ideas on how this might be achieved. Other such areas include the ways in which the Society could best deliver many of its functions in the future, and how devolution should be reflected in the reformed Society.

As former United States President John F. Kennedy said: “There are risks and costs to a programme of action. But they are far less than the long-range risks and costs of comfortable inaction.” The Society is working to deliver a credible and effective organisation that integrates the public interest and professional leadership and development functions for pharmacy. A modern Society could well serve the public and the profession better than ever.