

Two more models for the structure of the Royal Pharmaceutical Society

Last week, Marcus Longley set out the background to the current consultation on the future supporting structures for the reformed Council of the Royal Pharmaceutical Society, and five key criteria which any structures should perhaps meet. He also described the first of three different models and discussed it in the context of the criteria. This week, he presents two further models

As with the model presented last week (*PJ*, 8 November, p657), much of the fine detail of the following two models has yet to be determined. But in order to have something to discuss, it is important that each model should have sufficient detail spelt out to enable people to understand what it is trying to achieve and what broad form it might take. So assumptions have been made about precise numbers of members, relationships and terms of reference.

It is important, therefore, not to concentrate too much on this level of detail (which is likely to change, anyway), but on the broad principles and overall structures, from which the defining elements of any new structure can be identified.

MODEL 2 — PHARMACEUTICAL SENATE

Description Form follows function. This old dictum still holds good and is the driving force behind this second model of how the Society could organise itself in the future, which Council member Clive Jackson first presented to the Council in the summer (*PJ*, 12 July, p68).

The Society will have two integrated functions so it should have two integrated bodies responsible for them (Figure 1). In this model, they are called the Council and the Pharmaceutical Senate.

The Council is the governing body, ultimately responsible for everything which the Society does, including the regulatory functions. Membership has already been determined by the existing Council, and if agreed by the government it will consist of 29 people: 17 elected pharmacists, two elected technicians and 10 lay people appointed in accordance with usual public appointments procedures.

The Pharmaceutical Senate would be responsible to the Council for professional leadership and development, and any other non-regulatory matters. Membership would also be 29, of whom 20 would also be members of the Council (17 pharmacists and three lay members), with a further nine pharmacists drawn from the main areas of pharmacy (constituted as faculties; see below).

The shared membership between the two is important. It is designed to ensure that the work of the Society is fully integrated from the top down without duplication or tension between the two arms. The precise agendas of the Council and Senate would need to be co-ordinated at all times, and this could be achieved through a small

executive group drawn from both bodies, consisting perhaps of the Society's President and Vice-President, the Secretary and Registrar, the Senate Chairman and Vice-Chairman, and one lay member of the Council.

The Council and the Senate would probably decide to set up various supporting structures to carry out detailed work. In its regulatory role, the Council would have statutory committees to deal with fitness-to-practise cases, including disciplinary and health matters. There might also be a series of ad hoc, expert working groups for particular purposes with a "task and finish" brief, which could be jointly set up with the Senate where issues involving both regulatory and professional matters were concerned.

To ensure that the Senate is properly representative of the profession as a whole, it would have beneath it a series of faculties, one for each of the principal areas within pharmacy (Figure 2). The specific areas detailed in Figure 2 are purely illustrative — there could be more or fewer of them, and they could be constituted differently. But each would have a membership of pharmacists who chose to join that particular faculty (or more than one faculty), and each would have a governing board elected by the members of the faculty. The chairmen of the faculties would constitute the nine pharmacists on the Senate who were not also Council members (Figure 1).

The faculties would come together to work on common issues in a medical royal college-type body, which itself could set up working groups to pursue particular issues as necessary. Ultimately, the "royal college" might become as powerful a player as the medical royal colleges, with equivalent status.

How does this model fit the five key tests outlined last week?

Affordability

Affordability is difficult to assess, given the fact that much will depend upon the numbers of bodies actually created, their ways of working and the extent to which additional fees will be attracted by, for example, the facul-

ties. As with the other models, a detailed option appraisal is required.

Integrated working This model addresses the issue of integrated working head-on in the shared membership of the Council and the Senate, and also in the facility to create "shared" working groups. It is to be hoped that the high level of shared membership would prevent power struggles between both bodies. The role of the co-ordinating "executive" group would also be crucial. It would need to ensure that all members of Council believed they could discharge their responsibilities for all the work of the Society, and that issues were not repeatedly discussed in both forums (Council and Senate). It would also need to take particular account of the wishes of the seven lay members and two technicians who sit only on the Council.

There is concern among some observers that the need for the Senate has not been established. They question why the Society should create two bodies which, however well co-ordinated, will inevitably tend to work against integration, given that most issues are inextricably both regulatory and professional. Such issues include undergraduate education, preregistration training, continuing professional development and specialist training, accreditation and registration (for prescribers, etc), as well as policy in a host of "new" areas. In practice, most working groups will have to be shared by both the Council and the Senate because they are addressing issues with both regulatory and professional aspects, and the separation between the Council and the Senate

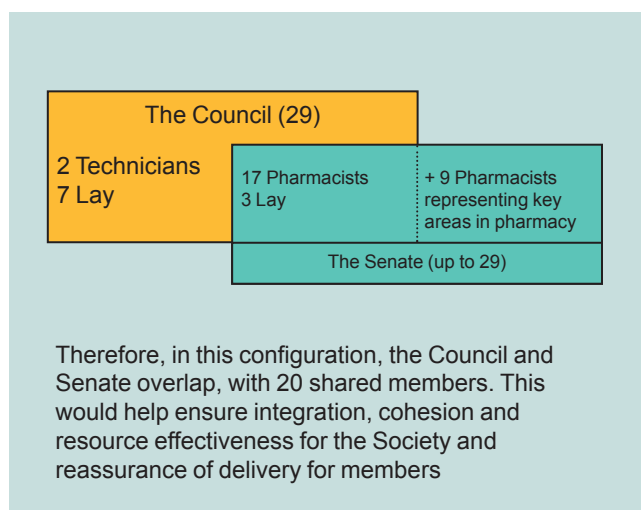


Figure 1: Model 2 — the Society will have two integrated functions so it should have two integrated bodies responsible for them

will become, at best, meaningless and, at worst, a barrier to integrated working.

The main argument in response is that the profession will often have different priorities and perspectives on a variety of issues from the mixed pharmacist/lay/technician Council. There must therefore be some effective mechanism to ensure that, on issues where pharmacists have a different perspective from lay members and technicians, their views are raised and effectively argued at the highest level. Given that pharmacy as a profession does not have any other equivalent professional voice, such a function cannot be left to chance. This will ultimately be the key role of the Senate.

Single line of accountability The issue of one single line of accountability is partly addressed in the mechanisms to ensure integrated working. Over and above this, there will, of course, be one governing Council, which will have ultimate responsibility for, and control over, everything done by the Society. Although this may satisfy the need for unified accountability, it may give rise to concern that issues of professional leadership and development will still be subject to the final decision of the Council, with its 10 lay and two technician members. In other words, the profession would still not really have a body solely accountable to the profession for professional matters.

Ownership by all sections of the profession There is a need for the Society to embrace all sections of the profession. The “functional” divisions are addressed by the faculties. There may be issues of relative size and definition to resolve here. Would “community pharmacy” be too large and diffuse a grouping? Where would new groups of pharmacists fit in as they emerge in the future?

The model also makes explicit reference to the needs of devolution. The Council has already decided that England, Scotland and Wales should have reserved places for a pharmacist and a lay person on the Council (making a total of six). This model envisages that these six people will also sit on the Sen-

ate to ensure that its discussions are properly informed by a current knowledge of each country. They would also have specific responsibilities to link with the branches and other devolved structures (Figure 3).

High quality outputs The need to produce high quality outputs is possibly the most important issue of all. It requires an appropriate mix of democratic and expert inputs at the three stages of the Society’s work — setting the agenda, developing policy and implementing it. The trick is to be able to combine the requirements of democratic accountability with the ability to persuade the appropriate experts to engage in the more technical aspects of the work. Readers will judge the strengths of the model against this and the other criteria, as well on any other factors they regard as important.

MODEL 3 — BEYOND STRUCTURES

Model 3 takes a different approach from Models 1 and 2 in that it is not mainly concerned with fixed structures.

Formal structures are seductive. One can easily draw diagrams of them, one can imagine where one might fit in; one can even accept the delusion that by spelling out their remit and membership, one is actually making them work. But that is a delusion.

If one asks the question “how do organisations really work?”, it is difficult to escape the conclusion that formal structures — be they councils, senates and faculties, or councils, senates and academies — are only one (small) part of the story. Such formal structures certainly do have the capacity to make effective worker easier or more difficult, but probably the greatest factor is the quality of the informal relationships.

Model three (Figure 4) is based on the idea that there are actually three sets of things to consider when thinking about structures:

- **The fixed structure** — all the various “standing” bodies (Council, Senate, academy, faculty, statutory committees, and so on), which have a defined remit

and membership, specific powers and responsibilities, and which will continue to meet and work until they are abolished (a difficult and seldom-used procedure)

- **The ad hoc structure** — temporary groupings of all sorts, from one-off meetings to working parties or focus groups, which are formally constituted, but generally have a specific task to do, and will cease to exist when they have done it
- **Networks** — groups of people (numbering from many dozens to a handful) who co-operate with each other for mutual benefit, in order to carry out a function which they could not do without that co-operation.

Each has its strengths and weaknesses. Fixed structures are good at:

- Having clear accountabilities
- Setting agendas — anyone who wants to shape the agenda knows whom to influence and how
- Monitoring and reviewing — because they will be around for the foreseeable future, they can follow issues through
- Linking to the outside world — their role is usually clear to those not familiar with the organisation

They are not so good at:

- Moving with the times — the world changes, but the committees stay the same
- Bringing in specific expertise — they tend to be composed of generalists

Ad-hoc structures are good at:

- Bringing together the right people for a specific task
- Getting the job done — they have a specific remit and should not be distracted from it
- Meeting changing needs and circumstances — they have a short life-expectancy

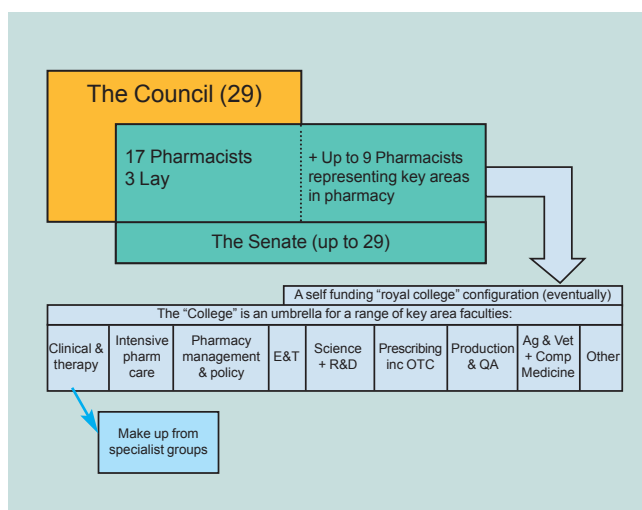


Figure 2: Model 2 — the Senate would have beneath it a series of faculties, one for each of the principal areas within pharmacy

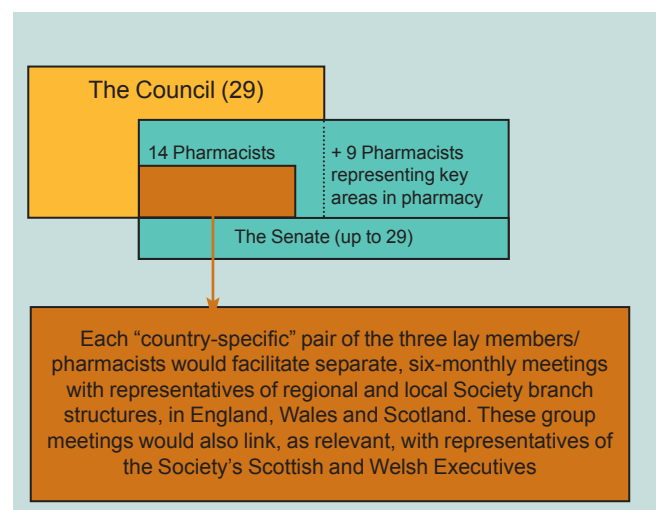


Figure 3: Model 2 — the model makes explicit reference to the needs of devolution

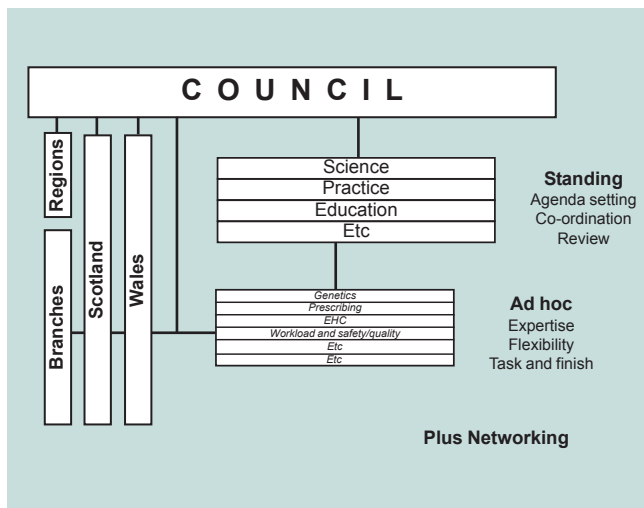


Figure 4: Model 3 — the model is based on fixed structures, ad hoc structures and networks

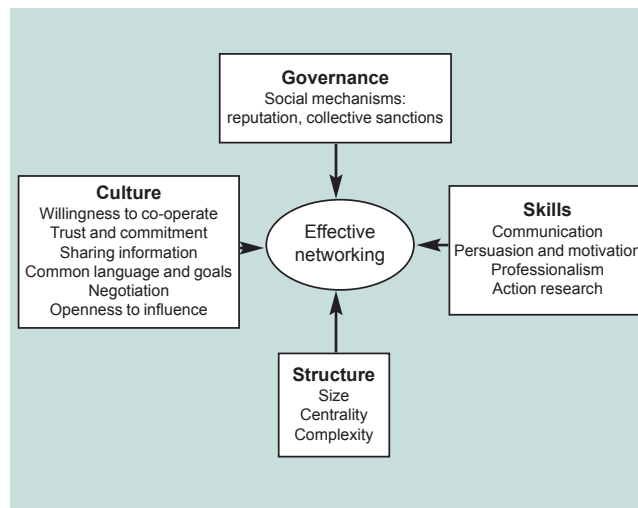


Figure 5: It is important that the Society does not lose sight of the preconditions for effective networking

They are not so good at:

- Ensuring democratic accountability — they are usually appointed, and would not have the remit to monitor and review
- Transparency — it is hard for an outsider to keep track of ever-changing ad hoc groups

Networks are good at:

- Bringing in people from outside the organisation, in a way which suits their other commitments and interests
- Giving permission to staff to work across internal boundaries
- Allowing people to be innovative and creative
- Being flexible — they can change at will

- Being owned — every member of the network has a say in its development
- Being congenial — generally people like being part of a network

They are not so good at:

- Transparency — it does not necessarily have an obvious presence to outsiders
- Consistency — because of its flexibility, people may not be around to monitor change over time

So it is horses for courses. All three are probably required within any organisation. Agenda-setting requires fixed structures to take decisions. Policy development and implementation require a mixture of fixed and flexible structures. All require an underlay of networking. But none will flourish

without careful thought, planning and management. This may be obvious in terms of the fixed and flexible structures, but do networks need planning and management? The answer is yes. It is one of the great myths about networks that they just happen — people confuse their apparent informality and flexibility with serendipity. In reality, although they may be self-governing, they still need clear and agreed processes, outputs and outcomes, and clear arrangements for accountability — in short, organisation.

So in the grand debate about the formal and the ad-hoc structures, it is important that the Society does not lose sight of the preconditions for effective networking. These are set out in Figure 5. This constitutes an agenda in its own right, and a new way of working and of thinking about work. The key lesson from Model 3, therefore, is to think beyond structures. Fixed and ad-hoc groupings are important. But without deliberately creating the conditions for effective networking, they will be rather like grand but empty palaces. How will such preconditions be created? And which formal or ad-hoc structures would be most (and least) conducive to networking?

THE ROYAL PHARMACEUTICAL SOCIETY'S CONSULTATION

This and last week's articles have described the context for the debate and the objectives to be achieved by the future structure for the Society. In looking at the three models, one can begin to see how some features are better than others at creating an effective structure below the Council. But this is not a beauty contest for models; none has been properly appraised and none is complete.

Ten questions on the structures were suggested in the discussion paper published in *The Pharmaceutical Journal* of 27 September (Panel 1). A consideration of the models might help inform the answers to them.

Answers to these questions (and other points) should be sent to Christine Gray, Modernisation Project Manager, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (e-mail cgray@rpsgb.org.uk, fax 020 7572 2501). Responses should be received by Monday, 1 December 2003.

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Panel 1: Ten key questions

- How should democratic accountability be reflected in each of the three stages of the policy cycle — agenda setting, policy development and policy implementation?
- How can we overcome silo working and ensure that regulation and professional leadership and development are properly joined up?
- What sorts of arrangements are most likely to attract the necessary input from leading experts?
- How should the impact of devolution be reflected in the structures?
- To what extent are standing groups required and where are ad hoc arrangements better?
- How should technicians fit into the professional leadership and development structures?
- What role should the lay members of Council play in professional leadership and development for pharmacy, beyond their role as members of the governing body accountable for all the Society's functions?
- How should the professional leadership and development and regulatory activities be funded?
- What are the advantages and disadvantages of having shared membership between the Council and its subordinate bodies?
- How can we ensure that the needs of all sections of the profession are properly addressed?