

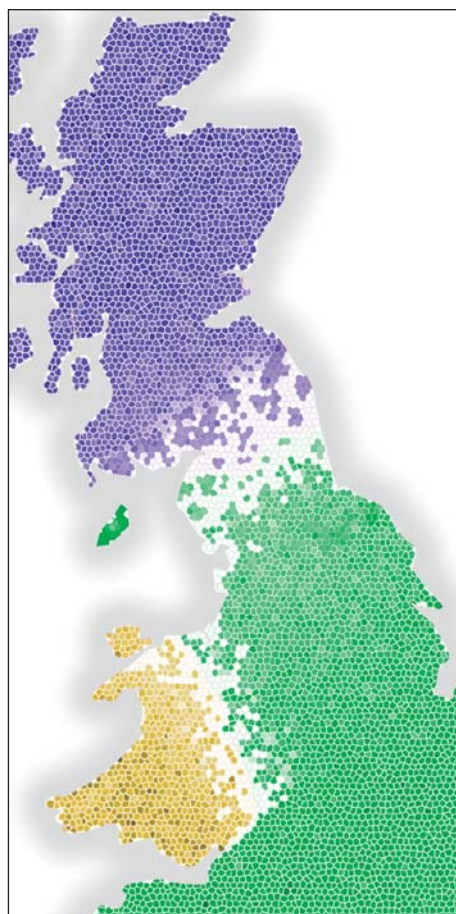
Views sought on Society and devolution

The Royal Pharmaceutical Society's Devolution Review Group wants to know what pharmacists think about devolution and how the Society should operate in the light of devolution. Its consultation document, set out below, gives the background to the review and poses six specific questions

The Royal Pharmaceutical Society is the professional and regulatory body for pharmacists in Great Britain. The Society is constituted under its Royal Charter. As a professional body, the Society seeks to lead and develop the profession. As a regulator, the Society is responsible for assuring the competence and fitness to practise of pharmacists, setting standards for education and practice, guiding pharmacists towards excellence and dealing with the small number who fall short of acceptable standards. Members of the Society are those persons registered as pharmaceutical chemists under the Pharmacy Act 1954. Under the Act, the Society maintains the register of pharmacists and exercises professional discipline through the Statutory Committee.

The Society combines its regulatory and professional functions within a statutory enforcement role. It has law enforcement duties under the Medicines Act 1968, the Animal Health and Welfare Act 1984 and the Poisons Act 1972.

The Council is the governing body of the Society. The Council currently comprises 21 elected pharmacists and three lay members, appointed by the Privy Council. In May 2002, the Council agreed that the Society should retain its integrated regulatory and professional roles within a reformed organisation, meeting modern regulatory require-



ments. Within this framework, the Society's principal duties would remain those of regulating, developing and leading the profession of pharmacy firmly within the context of the public benefit.

As part of its reform programme, the Society now needs to consider a framework that will reflect devolution in Scotland and Wales, including a review of function, structures and ways of working, and will include the flexibility to extend to any future devolved administration in England. The Society's Council agreed that a review group should be established to examine the issues surrounding devolution in more detail and report back to the Council in early 2005 with its recommendations. The composition of the review group is set out in Panel 1.

As an important part of the review process, the Devolution Review Group wishes to consult the membership and the pharmacy profession to ascertain their views on devolution and how they would like to see the Society operate in the light of devolution.

The Society derives its functions (powers and responsibilities) from the Royal Charter and from legislation including the Pharmacy Act 1954, the Poisons Act 1972 and the Medicines Act 1968. The key functions of the Society can broadly be divided into 20 areas and it is helpful for this consultation document to outline them and

Panel 1: Membership of the Devolution Review Group

The members of the Council's Devolution Review Group are as follows:

- Lord Fraser of Carmyllie (chairman)
- Ann Lewis, Secretary and Registrar
- Mair Davies, chairman of the Welsh Executive
- Digby Emson, member of Council
- Alison Ewing, member of Council
- Gill Hawksworth, immediate past President of the Society
- Maurice Hickey, member of Council
- Paul Jervis, constitutional expert
- Colin Ranshaw, member of the Welsh Executive
- Andrea Robinson, immediate past chairman of the Welsh Executive
- David Thomson, immediate past chairman of the Scottish Executive
- Angela Timoney, chairman of the Scottish Executive

Panel 2: The Devolution Review Group's questions

Question 1 In the light of devolution, how should the Society relate to its members and the pharmacy profession in England, Scotland and Wales, in its role:

- As the professional body for pharmacists?
- As regulator of the pharmacy profession?
- As the public voice of the pharmacy profession?

Question 2 Currently, policy is agreed by Council with input from the Scottish Executive and the Welsh Executive. One of the main roles of the Scottish Executive and Welsh Executive is to implement the Council's policy.

How should policy be formulated for England, Scotland, Wales and Great Britain?

Is it acceptable that the same Society policy is implemented differently in England, Wales and Scotland in response to differing national requirements?

Question 3 Is there a need to reflect the diversity of social policy in England, Scotland and Wales in the

education policy of the Society? If so, how should this be done?

Question 4 Proposals for European legislation, and the way that legislation is implemented may have different policy consequences in England, Wales and Scotland. When addressing European issues how should the Society ensure the views of England, Scotland and Wales are appropriately represented?

Question 5 Should the role, remit and membership of the Scottish Executive and Welsh Executive or their successors change to reflect devolution? If so, in what way?

Question 6 As the Society operates at the moment all disciplinary cases are heard in London. The policy objective has been to ensure consistency in the enforcement of professional standards. It has been suggested that cases should be heard close to where they originate for either legal or language reasons. What would be the disadvantages and advantages of hearing cases in the country of origin?

Panel 3: The Society's key functions, with some examples of activities

- 1. Controlling entry to the profession**
 - Maintenance of registers of pharmacists and premises
- 2. Preregistration education**
 - Accreditation of degree courses
 - Accreditation of preregistration training
 - Administering and monitoring progression of trainees
- 3. Controlling registration**
 - Ensuring compliance with legislative requirements of pharmacists.
 - Ensuring compliance with legislative requirements for registration of premises
- 4. Training**
 - Standards for under graduate training
 - Standards for training for technicians
- 5. Provide strategic leadership for the profession**
 - Creating vision and mission for the Society
 - Identifying strategic objectives
 - Policy formulation
- 6. Promote and represent the profession**
 - Talking to decision-makers and opinion-formers
 - Fostering public awareness of the profession
 - Responding to consultations
 - Organising events
- 7. Setting and enforcing standards of practice**
 - Inspection
 - Legal and ethical advisory service
 - Production of high level principles
 - Production of guidance and standards
- 8. Setting and enforcing educational standards**
 - Accrediting courses for supplementary prescribing
 - Providing guidance and advice
- 9. Promoting good practice**
 - Providing guidance and advice on legal and ethical issues
 - Quality assurance
- 10. Continuing professional development**
 - Systems for planning and monitoring CPD
 - Providing guidance and advice
- 11. Assessing professional competence**
- 12. Revalidation**
 - (Likely to be introduced in the future)
- 13. Providing support for improvement**
 - Supporting development through branch network
 - Providing guidance and advice
- 14. Dealing with poor performance**
 - Acting as prosecuting authority
 - Dealing with complaints
- 5. Removal from the register**
 - Statutory Committee
- 16. Advise government, other professions and the public**
 - Public affairs programme.
 - Briefing key opinion formers
 - Collaborative working with other organisations.
- 17. Promote scholarship, research and the advance of knowledge**
 - Research studentship awards
 - Providing library and information services
 - Publishing professional and learned books and journals
- 18. Foster collaboration with other relevant bodies**
 - Working with other professional and regulatory bodies
 - Patient/public representative organisations
- 19. Promote pharmacy as a career**
 - Promoting and funding education
- 20. Provide a benevolent function for members**
 - Listening Friends
 - Pastoral care
 - Benevolent Fund

give a brief example of the type of activity that comes under each key function (see Panel 3, above).

What do you think?

The review group would like your opinion on six questions, which are set out in Panel 2 on p543).

When addressing these questions it may be helpful to categorise the Society's key functions as follows:

- **Unitary** Those functions that are better performed at a GB level
- **Hybrid** Functions that have elements that need to be performed at GB level but have other elements that may be better carried out at national level
- **National** Functions that are best performed at a national (English, Scottish or Welsh) level

- **Neutral** Functions that could be performed either at GB or national level

In answering these questions, the issue of implementation should be addressed, having due regard to the Royal Charter and the obligations placed on the Society by statute, and the provisions of the Scotland Act 1998, and the Government of Wales Act 1998.

It would be helpful to the group if all questions could be considered within the context of suitability, feasibility and acceptability (Appendix A)

The Health Act 1999 contains important limitations on what changes may be achieved through an Order under Section 60 of that Act. Those limitations are summarised in Appendix B. Proposals which seek change beyond that which might be accommodated within a Section 60 Order will require new primary legislation.

All submissions will be considered by the Devolution Review Group, which may request that further particulars of any submission be given either in writing or by oral evidence.

Appendix A

- **Suitability** Does the proposed solution meet the needs of the Society and its members?
- **Feasibility** Is the proposed solution likely to work in practice and how difficult will it be to achieve?
- **Acceptability** Will the proposal be acceptable to the Society's members and its other key stakeholders?

Appendix B

An Order under Section 60 of the Health Act 1999 may not abolish the Society, nor may it provide for the following functions to be exercised by any person other than the Society or any of its committees or officers:

- Keeping the register of members admitted to practice
- Determining standards of education and training for admission to practice
- Giving advice about standards of conduct and performance
- Administering procedures (including making rules) relating to misconduct, unfitness to practise and similar matters

Submission of evidence to the devolution review

Submissions should be made by e-mail to devolution@rpsgb.org or in writing to Michele Savage, Project Manager, Devolution Review, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN by 20 November 2004.

A version of the consultation document can also be downloaded from the Society's website (www.rpsgb.org.uk/devolution).

A Welsh language version is also available. *Mae fersiwn Cymraeg o'r ddogfen ar gael.*

The Devolution Review Group needs your views to help formulate its recommendations to the Society's Council. Please take the time to help to shape the Society's future.