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# The Society — what is it all about?

You have to be registered with the Royal Pharmaceutical Society to practise as a pharmacist, but what else does the Society do? Andrew Haynes describes its functions

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**C**hatting with pharmacy students, one gets the idea that the Royal Pharmaceutical Society of Great Britain is a bit of mystery to them. Although they have to join it to be able to enter the profession, many have no more than a vague idea of its roles.

This lack of understanding may well be because the Society is a highly complex organisation involved in a huge range of activities. It is difficult to do justice to it in an article of this length, but I will try anyway. Further information on all its activities can be found by exploring its website at [www.rpsgb.org](http://www.rpsgb.org).

## Dual role

**H**ere goes. The Society, known to its friends as the RPSGB, has two broad roles. Since its formation in 1841 it has been a professional body, acting in its members' interests, and since 1933 it has also been a regulatory body, acting in the public interest. Is there a conflict here? The Society serves the public interest by ensuring that only those who are competent and fit to practise can work as pharmacists, and it serves pharmacists' interests by helping them to be competent and fit to practise. So no conflict, then.

Although most health care professions have separate regulatory and professional bodies, their regulatory bodies are increasingly following the Society's example by extending their activities beyond registration matters and becoming involved in activities that help to ensure that practitioners do not become candidates for deregistration.

So, in a nutshell, the Society is the regulatory and professional body for pharmacists in Britain. Its primary objective is to lead, regulate and develop the profession. Its functions include controlling entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the Register.

On top of these specific functions, the Society also plays a major role in influencing decisions in the wider world and encouraging greater use of pharmacists' knowledge and experience. It promotes the profession's policies and views to external stakeholders. It works closely with other pharmacy organisations, other professions, government departments, patient groups, etc.

## Reform

In addition to all this, the Society is currently going through a prolonged process of major reform to ensure that it is fit for the future and meets the Government's increasingly stringent requirements for health care regulatory bodies. For example, in 2004 the constitution of the Society's governing Council changed to include fewer elected pharmacists, more appointed lay members and, for the first time, two elected pharmacy technicians. In 2005 it started working towards a major reform of its disciplinary machinery.

## Education and training

But let us return to the Society's specific functions. One of its most important roles is to ensure that new entrants to the profession are adequately educated and trained. At intervals every school of pharmacy is required to convince the Society that its MPharm curriculum is up to scratch and that its graduates should be competent to practise in Britain.

The Society also determines the content of pharmacy graduates' preregistration training and arranges the supervision of that training. And it is responsible for the registration examination at the end of the preregistration year.

But education does not end with registration. A pharmacist must maintain his or her competence and effectiveness by keeping up to date with changes in pharmacy practice, with legislation that affects pharmacy and with relevant knowledge and technology. The Society believes that pharmacists should fulfil this responsibility by adopting the concept of continuing professional development (CPD), and it now has a CPD programme for all practising pharmacists. At the beginning of last year, it split the pharmaceutical register into "practising" and "non-practising" registers. Practising pharmacists must adopt CPD, and be able to demonstrate that they have done so, if they wish to retain the right to practise.

A commitment to CPD is just one way of encouraging practice to the highest

standards. The Society also tries to improve practice by encouraging clinical audit and clinical governance.

## Good practice

Clinical audit is the study of practice to measure the level of attainment of agreed objectives. It is seen as a key tool for securing a high standard of professional performance in health care. The Society has developed audits covering most areas of pharmacy practice and it helps pharmacists and others to design new audits or adapt existing ones.

Clinical governance is one of the tools used to ensure good practice within the NHS. It involves learning not just from what goes well but also from what goes wrong. The Society expects pharmacists to participate in clinical governance and it offers a range of resources to help them develop clinical governance systems and practices.

## Professional misconduct

Another role of the Society is to enforce legislation relating to the supply of medicines and to make sure that pharmacists comply with the profession's Code of Ethics. The Society employs a team of inspectors who visit pharmacies and other premises and have powers to carry out investigations that might lead to prosecution. In practice, they actually spend most of their time giving advice.

A pharmacist who breaks the law or is accused of professional misconduct may have to appear before the Society's disciplinary committee (known as the Statutory Committee), which will examine his or her case and decide whether he or she is fit to remain on the professional register.

## Library and information centre

One of the most valuable facilities available to members is the Society's information centre, which consists of a library, a technical information service and museum.

The information pharmacists who run the service can help answer scientific and technical questions about most aspects

of day-to-day work in all branches of pharmacy. Similarly, the museum staff can help with queries about aspects of the history of pharmacy. Both services are normally free for members.

The library contains over 80,000 volumes on pharmacy and related subjects, and subscribes to around 300 journals. Services include the free loan of books, free access to a wide range of biomedical databases, to an automated library catalogue and to the internet, and photocopying from books and journals.

## Books and journals

While we are on the subject of books and journals, one of the Society's biggest activities is publishing, in both print and electronic forms. Publications such as 'Martindale: The Complete Drug Reference', the British National Formulary and *The Pharmaceutical Journal* not only provide a valuable information resource for pharmacists and others but also generate a large income that helps to keep the Society's membership fees well below those of comparable health care bodies. For those who do not already know, I should point out that *The Pharmaceutical Journal* is sent free to all members every week.

## Benevolence

Finally, the Society provides help to pharmacists with personal problems. Its Benevolent Fund is a registered charity that offers financial support to those who have fallen on hard times. It can also arrange convalescence services for pharmacists who are recovering from illness and it can organise treatment for pharmacists with alcohol or drug-related problems.

Pharmacists with drug or alcohol problems also have access to support from the Pharmacists Health Support Programme, and those suffering from stress can obtain advice from the Listening Friends Scheme. Both these confidential services were set up by the Society but operate independently. 