

NHS Scotland National Pharmaceutical Forum

Submission: The Clarke Enquiry

29 January 2008

The National Pharmaceutical Forum was established in 2000 to provide advice to the Scottish Executive Health Department and the Chief Pharmaceutical Officer (CPO). It is an important vehicle in Scotland for direct dialogue between the CPO, Scottish Government and the Service (remit and current membership attached – appendix 1). The membership includes senior and specialist pharmacists in NHS Scotland and academia and community pharmacy representation.

The NPF seeks in this submission to highlight a number of key points. These are outlined under the broad headings identified in the consultation document. Firstly, however, the NPF considers the following key issues to be central to driving the development of a successful professional body:

- a) The professional needs of practitioners are met now and in the future
- b) The responsiveness of any professional body to devolved governments
- c) The need to create synergy though bringing a range of current functions and pharmaceutical bodies together
- d) The benefits of devolved bodies working together in an effective and efficient way (federal structure)

Scope of Professional Body

The functions set out in the Carter Report would be central to a professional body and would expand and clarify over time with the establishment of the GPhC. Central to success and membership subscription will be a clear recognition of devolved administrations to promote regional autonomy and innovation within ever diverging health systems across the UK.

Paragraph 12 details additional potential functions including activities such as Trade union functions and financial services, traditionally not provided through our current RPSGB. Development of such functions would require to be carefully assessed in terms of advantages and disadvantages to a professional body, particularly in regard to financial, public interest and professional standing.

The professional body needs to be the catalyst for various national bodies to develop strategic alliances centred on common interests and functions and through this evolve a strong professional voice at all levels i.e. government, NHS,

public, etc. The RPSGB should be one of these national bodies but not necessarily the “central plank”.

The use of the term Royal College would appear reasonable and is already a recognised terminology used across health disciplines. Retention of the Royal Charter status is also important.

Professional Standards

The professional body should lead the development of professional standards, as the recognised lead in supporting innovation in practice. It should work closely with the GPhC to satisfy good practice and ensure patient safety.

Undergraduate Education

The professional body should lead on the accreditation of undergraduate education with the agreement of the GPhC. This would require to be financed through payment by the education providers.

Pre-registration Education

The co-ordination of pre-registration training in NHS Scotland is now lead through NHS Education for Scotland (NES), as defined through the NHS Circular PCA (p)(2006) 22. Any developmental role of a new professional body would require to take cognisance of this and work with NES to support the pre-registration training delivered in NHSScotland.

Post-registration Education

This is much more responsive to evolving NHS policy, which in devolved administrations is likely to continue to diverge. Within Scotland, NHS National Education Scotland currently provides a degree of accreditation/commissioning for NHS Scotland. Any UK/GB professional body would need to recognise innovation to meet local needs and work with devolved administrations to establish a leadership and facilitation role to exchange and support innovation balanced with transferability and common frameworks as practitioners move throughout the UK. The concept of Kite marks and speciality Faculties is supported.

Continuing Professional Development

Closely linked to revalidation and the need to be clear with the GPhC on requirements for this. The professional bodies focus should be to support its members and not necessarily to be the final adjudicator – this should lie with the GPhC. Support for members should not only be seen as the traditional course provision model but much more innovative in supporting personal development and leadership within the profession.

Revalidation

Requires further definition before role of professional body can be effectively defined.

Supporting remedial practice for those members in difficulty is a function, which would be valued by members.

Academy of Pharmacy Practice / Pharmaceutical Sciences

There is a recognised need to support advanced practice and recognise expertise in an ever-expanding field of medicines development. However this should not be the overarching focus of a professional body but a balanced part of its functions. In evolving accreditation systems for advanced/specialist practice this should be realistic and achievable for practitioners and of benefit to patient care. Future proofing and transferability will be critical to the development of a flexible and responsive profession i.e. changing speciality should be feasible, recognising the common core functions of advanced/specialist practice.

The use of terminology: Academies versus Faculties remains debatable.

Geographical coverage

The professional body would need to reflect devolution, currently the RPSGB is seen to be too London centric.

This may be best served by a federal structure - professional bodies in Scotland, England and Wales, which then ceded some of their powers to a UK/GB overarching body – similar to US federal Government. Within this structure each of the national bodies should lead/host key UK/GB functions to support decentralisation and support sustainability of federal structure.

The NPF believes that an overarching UK Professional Body should consist of officers of the National boards.

Membership

The role of the new body would be greatly enhanced by having a structure that could accommodate other members of the 'pharmacy family' such as pharmaceutical scientists, pharmacy technicians, and others levels of education, expertise and specialisation should be recognised within the membership structure.

Sharing facilities with the GPhC

The NPF believe that the new professional body and the GPhC should not share premises.

The new body should be located in appropriate accommodation in London, Edinburgh and Cardiff.

RPSGB, Scotland offices are currently centrally located providing effective, easily accessible accommodation in close proximity to the Scottish Government / Parliament and positioned near to other key Royal Colleges.

Additional comments from NPF

Much of the work of the RPSGB in promoting the science and practice of pharmacy, pharmaceutical science and medicines is of a world class standard. This also applies to publishing learned journals, books, and reference works. It is important that these elements are preserved. It is also important that a Professional Body engages with advanced and specialist practitioners and develops the pharmaceutical contribution to public health as well as undertaking and promoting research and development in the science and practice of pharmacy.

**Marion Bennie (chair), Alistair Jack (vice chair) on behalf of the
NHS Scotland National Pharmaceutical Forum
January 2008.**

Appendix 1

NATIONAL PHARMACEUTICAL FORUM Membership for 2007-10 Term

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REMIT

The NPF acts in a *consultative* capacity to comment on work in which the Directorates or other bodies are, or have been, engaged; in an *advisory* capacity to consider a particular issue and give its views; and in *horizon scanning exercises* to give the Directorates early warning on matters of concern or interest to the Service and the profession.

The NPF is seen as an important vehicle for direct dialogue between the Chief Pharmaceutical Officer (CPO), Scottish Government and the Service. Its relationship complements that held with other agencies such as the Royal Pharmaceutical Society of Great Britain (Scottish Department), the Scottish Pharmaceutical General Council and the Scottish Specialists in Pharmaceutical Public Health Group.

It is envisaged that the NPF will be available to act as a resource for all sections of the Scottish Government. For example, when a working group is proposed, the NPF will provide a starting point when considering the membership of such groups and may also provide advice on further nominations. The Scottish Government will be kept closely informed about the work of the NPF through the CPO.

Secretariat
September 2007