



SUBMISSION
to the
Independent Inquiry into a Professional Body for
Pharmacy

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The Independent Inquiry into a Professional Body for Pharmacy

Community Pharmacy Scotland is the organisation which is recognised in NHS legislation to represent the community pharmacy contractors engaged in the delivery of NHS pharmaceutical care services within Scotland. In addition we also provide other services for our members, which overall may best be summed up as NIPIR or:

- Negotiate
- Influence
- Promote
- Inform
- Respond

Currently there are just less than 1200 pharmacy contracts, located in communities throughout Scotland, where the majority of the pharmacists and pharmacy technicians who practise here are employed. We maintain close contact with the corresponding bodies in England (PSNC), Wales (CPW) and Northern Ireland (PCCNI).

Our prime focus in recent years has been the building up of the new pharmaceutical care service contract in order to deliver healthcare benefits for the population of Scotland and to secure a viable future for our members. Since the publication of *The Right Medicine*, the government's strategy document for pharmaceutical care in Scotland, the topics covered within our negotiations have widened considerably and we have therefore started to build up our knowledge on topics not previously covered. The enclosed document (Annex A) provides an illustration of current activity areas. Many of these areas might previously have been thought to lie within exclusively the remit of a professional body. However with the advent of the devolved administrations what is needed is appropriate input from those on the ground who have knowledge of what is actually happening. We are not convinced that the professional body's current set-up of National Boards is able to deliver that.

We have considered carefully the document prepared by the Inquiry Team and the questions which have been posed but before attempting to answer them we decided to approach the problem from a different angle.

When *Trust, Assurance and Safety* was published, the Government set out its decision to form a General Pharmaceutical Council (GPhC) responsible for the regulation of the profession and suggested that the profession also needed:

"A strong and clear voice to assume the critical responsibility of a role akin to that of a Royal College. This should be a learned and authoritative organisation, supporting science, professionalism and innovation in the science and practice of pharmacy. It should have an important role in revalidation arrangements and contribute its expertise to the new GPhC which, as the regulator, will set objective, measurable standards for the regulation of the profession."

Since then the pharmaceutical press has carried little debate about the nature of this strong and clear voice and far more about the current perceived shortcomings of RPSGB.

It appears to us that in recent years pharmacy has lost its focus. There has been increasing emphasis on regulatory provision and less on professional issues. Perhaps this is one reason for the proliferation in the number of bodies and specialist interest groups, which may be doing good work, but is that work wanted or being properly evaluated? Is the best practice being identified and then taken forward? The answer to these questions is probably "no". The other problem we currently have is that too often these groups give out conflicting messages.

Devolution has also brought certain problems to the forefront. Far too frequently statements from RPSGB speak about announcements in health policy in England rather than the other parts of the United Kingdom. Sometimes RPSGB staff appears to be unaware of what is happening elsewhere. Often RPSGB announces new services which are not actually relevant to members throughout the UK. That is not good for the profession.

In order to consider what this strong and clear voice might need to articulate we have taken as our starting point the functions of the Regulator. In the Carter Report it is suggested that the functions of the proposed GPhC can be grouped under the following headings:

- Setting and promoting standards
- Education and training
- Registration
- Fitness to Practise

That then suggests the following questions:

- Setting and promoting standards for what?
- Education and training to do what?
- Registration to do what and perhaps where and when?
- What are we practising that we need to be fit for?

Most pharmacists (and technicians) work in some way or other in the delivery of healthcare policy for the NHS. As examples, their roles can vary from work on the development and production of new molecules through meeting the needs of patients with repeat prescriptions to involvement with extremely specialised drug delivery models for particular groups of patients. Since devolution, the Government in Scotland has pursued its own policies in relation to health (as is also open to Wales and Northern Ireland) and it may be necessary to question whether one voice is sufficient for the whole of the UK.

We have indicated in the text which follows where we touch upon matters raised in the questions.

It seems to us that there are key roles (Questions I-IV and XVII, XIV) for this body akin to a Royal College in:

- Providing a strong and clear voice to those who form health policy
- Providing input to the development of ethical standards
- Determining where there is new educational and training need and how that should be met, at whatever level, and feeding that information to GPhC
- Supporting the profession and encouraging pharmacists to identify how their different skills complement each other rather than distance themselves through specialist groups
- Promoting awareness of what the profession does – our role is not to take medicines off the shelf and hand them over after a long wait
- Gathering together knowledge, evaluating it and if it is of benefit, working out how to take it forward in conjunction with others
- Supporting practitioners to achieve revalidation requirements
- Contacting students and offering them early involvement with the profession
- Providing a publishing service

In addition it may be helpful for the body to look at:

- Supporting specialised or advanced practice perhaps as suggested in the Carter Report through the formation of an Academy of Pharmacy Practice

- Looking at the formation of an Academy of Pharmaceutical Sciences to provide a forum for pharmaceutical scientists
- Providing a function akin to RPSGB's Benevolent Society.

It should also be clear from the outset that the new body should not seek to duplicate the functions of existing bodies with clearly defined roles. We do not see the need for the new body to provide insurance or trade union functions.

Funding (V)

The new body faces an uncertain financial future. There may be roles it would wish to carry out but is not in a position to do so initially. It must offer services which members will value and want to pay for. It has to seek to be inclusive rather than exclusive. It will have to explore how it can form links with other bodies such as an Academy of Pharmaceutical Sciences.

We'd suggest that one way forward would be for the organisation to focus on meeting the needs of members in relation to the forthcoming revalidation processes. Similar work has already taken place in New Zealand and we should be able to learn from that.

If the decision was to go ahead with an Academy of Pharmacy Practice, then membership of that Academy should be examination based and applicants would have to pay a fee to sit the exam.

The Financial and Economic Evaluation conducted by NERA Economic Consulting considered five options for net additional costs and states:

- *Our analysis of the incremental cost of options suggests that Option 3 is preferred to Option 4 and 5. This suggests that the option where a Royal College evolves from the RPSGB and other expertise be regarded as preferable in cost terms to options involving its establishment in a less integrated manner.*
- *We note that the delivery of option 3 is not entirely within the control of the Department of Health. It depends in part on choices made by the RPSGB and its membership. In the context of the overall costs of the regulatory system the differential between Option 3 and 5 (at less than 10 per cent) does not appear sufficient to preclude development of option 5 should Option 3 appear infeasible.*

This second point has been sadly lacking in debate so far and must be brought to the fore and to the membership's attention.

Structure (VI – XI and XXIX – XXXV)

We are in favour of a completely new body not the RPSGB in a different form (VI-VIII). Existing organisations, other than those which have a defined statutory role such as the negotiating bodies, would then need to weigh up whether it is appropriate for them to contribute their skills to the new body and work with others to develop the new entity or not (IX-X).

The use of the title "Royal College" is likely to mean that its views will carry greater authority, at least in the short term (XI). Long term its use is debatable.

Governance would require that the body had a constitution or a charter. The success or otherwise of performance against objectives will be quickly apparent from consideration of fee income.

Our preference is for a Scottish body which can speak authoritatively on what actually happens in Scotland and put the message in the right context. The existing structure of RPSGB Council-directed devolved Boards does not provide that and there should be no need to refer to a UK governing body.

There should be corresponding bodies for the other countries in the UK. It may be sensible then for the officers of these four bodies to meet periodically to share best practice and see whether there are opportunities for synergistic working.

Committees should consist of elected members with additional seats for “list” members. We do not favour specific recognition for different sectors but the introduction of list members in the Scottish parliamentary election process has given smaller sectors the opportunity to make their voice heard.

The inclusion of lay members on the committee structure is unnecessary in the first instance.

We support the inclusion of the Academy of Pharmaceutical Sciences as a component of the new body. Many pharmaceutical scientists are involved with the delivery of the undergraduate course but may not be registered with RPSGB (or GPhC in the future).

Our view is that the regulatory and professional activities should be conducted from separate premises in order to create a clearer distinction in members’ minds between them (XLIII). The new professional body (ies) should have a base in each country of the UK. Community Pharmacy Scotland would consider the delivery of regulatory and professional activities from the same premises if this was the only viable option for a Scottish body.

Standards (XII – XIV)

The Regulator should set the standards but these standards should be informed by professional input.

We think there is a distinction to be made here between ethical and professional standards. The Code of Ethics recently developed by RPSGB forms a good starting point in relation to ethical standards and should form a basis for discussion with the Regulator.

In relation to professional standards we come back to the point we made earlier about what we are delivering. Such standards must be relevant and comprehensive. Our particular focus is on implementation of health policy which is a matter for the Scottish Government (SG). SG already has an established body, NHS Quality Improvement Scotland to lead on improving the quality of healthcare, and similar bodies exist elsewhere in the UK.

Discussions on professional standards have to take place between those involved in the delivery of professional services. There could be duplication of effort if the professional body were to pursue this role.

Education (XV –XVI and XXI – XXVII)

As a “learned and authoritative organisation” which supports “innovation” the new professional body has to be ahead of the game. It has to be working out as soon as possible what is needed to support the development of the profession, utilising the close links it has with those involved in undergraduate education, and formulating proposals for possible changes to the undergraduate curriculum to take to the GPhC. In turn the Regulator could choose to commission and **fund** the work needed.

A professional body should also be looking to foster links between pharmacy students and the wider profession.

The establishment of an Academy of Pharmacy Practice would help to encourage members with specialist interests to join and if entrance was by examination linked to payment of a fee then that would generate additional income for the professional body (XXV). Before we can decide whether the

Academy would be financially viable, we need to think what it is going to deliver – does it need special facilities and resources or will it share these with the professional body? The existing specialist groups will need to weigh up whether they feel it more beneficial to work through a professional body or not. In the interests of unity and the benefit of the profession it would seem preferable. (XXVII). Again in the interests of unity how would the Academy seek to build up excellence within the profession rather than promoting elitism?

There are a number of bodies already involved with post registration education e.g. NHS Education Scotland or CPPE. It seems unnecessary for a new professional body to seek to build up this expertise; rather it should call on advice from those who already have it (XX).

Our view is that a new professional body should be actively involved in supporting pharmacists through CPD and revalidation requirements but we are not convinced that the body actually has to provide any courses. Initially it should concentrate on building the links with organisations already providing courses linked to CPD (XXI - XXIV).

Membership (XXXVI – XXXVII)

We are in favour of different categories of membership e.g. Full, Student, and Associate.

- Students should be offered membership at a reduced rate.
- Pharmaceutical scientists who are not registered with the GPhC should be offered Associate membership.
- We have canvassed views on whether technicians should be offered associate membership. We are opposed to technicians being offered membership.
- Full members should be designated as Member of the Royal College of Pharmacy (MRCPharm) (Scotland)

Distribution of Existing Assets (XLIV)

We feel it is for the members to decide what should be done with the assets and this could be done through the submission of a Special Resolution to Council. Provision is made under Article 13 of the Supplemental Charter of 2004 for the surrender of the Charter and the disposal of assets. This states:

“The Society may by Special Resolution determine to surrender this Our Supplemental Charter and the Charter of 1843 subject to the sanctions of Us, Our heirs or Successors in Council upon such terms as We or They consider fit and wind up or otherwise deal with the affairs of the Society in such manner as shall be directed in such Special Resolution or in the absence of such direction as the Council shall think expedient having regard to the liabilities of the Society for the time being and if, on the winding up or dissolution of the Society there remains, after the satisfaction of debts and liabilities, any property or funds whatsoever, the same shall not be distributed amongst the members of the Society or any of them but shall, subject to any special trusts affecting the same, be given or transferred to some other body or bodies with objects similar to those of the Society and the distribution of whose income and property is restricted to the same or greater extent as that of the Society.”

Views of our Members

We wrote out to our members to ask for their views on the necessity of a separate body for Scotland. We had 50 responses, 40 in favour of a separate body and 10 against. A summary of the views expressed is enclosed (Annex B).

Viability of a Separate Scottish Body

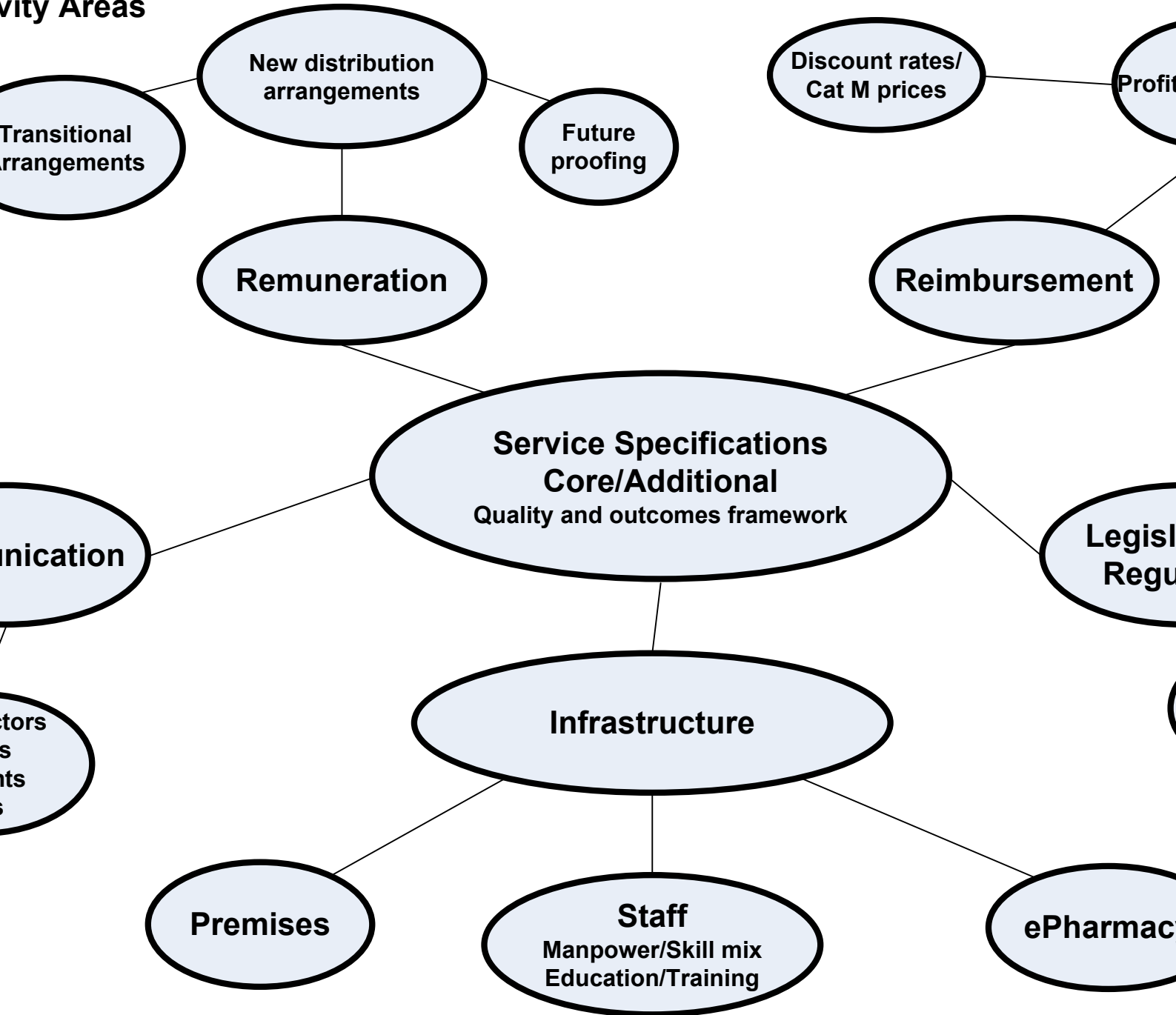
Community Pharmacy Scotland takes the view that the best option for pharmacy in Scotland is the formation of a separate Scottish body. We acknowledge that for some of the smaller specialisms that

may create difficulties but it should be possible to resolve these difficulties through suitable joint working.

The creation of a separate Scottish professional body will not be an easy option but we see it as the correct option.

January 2008

Activity Areas



Clarke Inquiry

Question: Should there be a new professional body specifically for Scotland.

Reply: Yes & Comments.

- Or if not a sub group within the “body”.
- Any new body should promote / publicise strongly the enhanced roles for pharmacists in the health service e.g. independent prescribing / advanced services from community pharmacies.
- Liquidate what remains of RPSGB and form a separate Pharmaceutical Society of Scotland.
- Pharmacy in Scotland has different roles than that in England, as can be witnessed by the companies that are controlled by head offices that are based in England!! This needs to change.
- Scrap RPSGB.
- Think it is easier & makes more sense to have a Scottish body due to the difference in contract & government initiatives etc.
- If we don't do it now we are going to have to do it later.
- We have our own parliament which has certain powers to change regulations in this country so we should have our own professional body to reflect this.
- Only if it consults more with pharmacists as currently those making decisions seem to be very out of touch with the issues that pharmacists are experiencing with the new contract and the levels of dissatisfaction with the profession.
- With the divergence of the NHS structures in the home countries, a separate body would be more effective for lobbying purposes.
- The above answer is because due to the differing structure of the NHS and pharmacy surely devolved representation will allow for more local emphasised prioritising. Lambeth seem disconnected from Scotland in their views on pharmacy.
- With devolution healthcare in Scotland is now becoming more and more divergent from the English version. The English pharmacy contract and the Scottish pharmacy contract have huge differences so much that I am not sure if I could easily transfer to an English shop from a Scottish shop, even within the same company.
- Yes (but must be prepared to fight for the interests of practising pharmacists). Pharmacists need support and guidance increasingly the RPSGB is seen by grass root pharmacists as acting against the interests of their members and more often than not taking the side of the other interested party. The list of candidates for election to Council of RPSGB rarely includes grass root pharmacists.
- The Scottish contract needs to be overseen by a body specifically for Scotland.

- (1) I really appreciate the services NPA offers and don't think a smaller organisation would be able to compete on their services / products.
(2) RPSGB never was in touch with real practice, and is even more out of touch now healthcare in Scotland is changing compared to England. A Scottish substitute would be great but not in addition to RPSGB. (3) Don't waste money on a Scottish RPSGB if so much legal power is retained at Whitehall to make it useless.

Clarke Inquiry

Question: Should there be a new professional body specifically for Scotland.

Reply: No & Comments.

- The person believes because of issues it will create around transferability of pharmacists throughout the UK.
- A Scottish branch of the new body will suffice.
- We need to maintain the GB wide professional body (with a Scottish sub-committee) to ensure a loud enough voice / sufficient members for a breadth of knowledge and experience.
- Little need for separate body GMC model is robust. RPSGB voluntary and will be in 2 years excellent news as they have little relevance.
- I have difficulty in answering the first question as I feel that front – line pharmacy increasingly detached from Lambeth house as there is an “unrealistic approach” to what process needs to be followed with regard to the work load involved and the actual benefit gleamed from such of the changes to the CD register – twice in a space of a year.
- While Health and the NHS may be a devolved issue, dividing of devolving power / influence will weaken the professional standing we have, at a time when our professional voice must be at its most influential.