

NHS SCOTLAND DIRECTORS OF PHARMACY (NHSS DoPs)

Final Submission to the Clarke Independent Inquiry

A. Introduction

Following the appointment of Directors of Pharmacy to Health Boards in Scotland, the NHS Scotland Directors of Pharmacy group (NHS DoPs) was established in September 2006 as a successor organisation to the Association of Scottish Chief Pharmacists. This followed the dissolution of NHS Trusts in Scotland in April 2004, and the move towards single system healthcare provision through the removal of traditional healthcare boundaries and the introduction of integrated services. In the 14 geographical Health Board areas in Scotland, Directors of Pharmacy are responsible and accountable for the strategic and operational planning of all NHS pharmaceutical services, including community pharmacy services, as well as the provision of NHS managed pharmacy services. These Directors are currently joined within NHSS DoPs by Directors of Pharmacy from 6 of the Special Health Boards in Scotland, such as NHS Education for Scotland (NES), NHS 24 and NHS National Services in Scotland (NSS).

B. Principles

NHS Scotland Directors of Pharmacy proposes that the structure and function of the new professional body should be guided by a set of governing principles which could include the following:

1. Status and affiliation

- It should be an independent chartered body.

2. Corporate objectives

- Its corporate objectives should reflect public interest and patient safety, promoting health improvement and the evidence-based, safe and effective use of medicines by all healthcare professionals and by patients.
- Its corporate objectives should reflect a desire to advance its practitioner membership and the Pharmacy profession through strategic and professional leadership and through promoting and supporting the scientific and clinical credibility of its members.
- It should represent and actively promote the science and practice of the Pharmacy to society, to government, to the NHS, to other healthcare professions and to patients.

3. Structure and function

- Its structure should reflect the devolved powers for healthcare provision within Great Britain, providing appropriate levels of autonomy to the Boards in London, Edinburgh and Cardiff.
- Its structure should balance the need to facilitate easy working, delivery and economy across all its functions at national level, whilst at the same time ensuring that it meets equitably the requirements of its geographical and sectoral/speciality interests.
- It should be structured and function in a way which facilitates sharing of innovative models of care and best practice and promotes and supports collaborative research and development within and across the devolved nations.

- It should lead, foster and develop pharmaceutical science and its application to improve pharmaceutical care.
- It should play the principal role in the revalidation of pharmacists and pharmacy technicians, in close collaboration with the GPhC.

4. Governance

- Governance should be collaborative and devolved, taking account of both geographical and specialist interests.

5. Membership

- Its '*Ordinary*' Membership should be as inclusive as possible, incorporating registered pharmacists from all branches of the profession.
- *Student/Pre-reg Membership* for Pharmacy students/Pre-registration graduates, *Technician Membership* for Pharmacy Technicians and *Associate Membership* for closely associated non-pharmacist specialists should be actively encouraged.
- '*Ordinary*' Membership and *Fellowship* of the new body should be associated with high professional standards, confer status on members and increase public confidence in the services which they provide.
- Committee membership should comprise of a majority of elected representatives, covering relevant sectoral interests.

6. Services to members

- It should promote, recognise and reward, across its membership, high standards of professional practice and excellence.
- It should champion the practice of pharmacy across all branches of the profession and support all its practitioners.
- It should publish professional journals, textbooks and on-line reference sources.
- It should provide an information and library service, offering expert advice and knowledge on medicines, pharmacy practice and pharmaceutical care.
- It should offer individual members support through education and training, continuing professional development and advice on scientific, professional and ethical issues.
- It should accredit formal education and training courses at undergraduate and postgraduate levels, as well as CPD providers.
- It should provide added services to all types of individual members to make voluntary membership sufficiently attractive to secure financial viability.
- It should recognise and maintain the heritage of the pharmacy profession as a major contributor to the history of the science, the development and use of medicines.

C. An Expressed Concern Regarding Multiples

NHSS DoPs expressed one main area of concern about the establishment of a new professional body, based on the strength and influence of multiples at UK level. Care needs to be taken in establishing the new structure to avoid dependence or reliance on employers to the possible exclusion of the interests of employees. Employers should have no influence over the professional body. Priorities for the new body must be profession, patient and public related and not driven by the corporate needs of multiples.

D. Responses to Consultation Questions

- I. Are the functions set out in the *Carter Report* sufficient as the remit of a new body?

A good start, but possibly not sufficient and in need of qualification:

- Paragraph 12 of the Consultation Document acknowledges that the *Carter Report* did not set out to achieve “a comprehensive list of functions that could be performed by a national professional body”. It also suggests other such functions.
- The professional body should play the principal role in the revalidation of pharmacists and pharmacy technicians.
- More emphasis should be given to the need to develop an organisational structure which is fit for purpose within each of the devolved administrations. The point about providing a regional identity is well made, given the different emphasis and stages of development within existing devolved administrations. Whilst the new body should best serve what can be achieved through common structures, measures and support mechanisms across the UK, obviously this should not be at the expense of devolved requirements and regional innovation.

- II. Are there functions set out in paragraph 12 of the Consultation Document, or in the *Carter Report*, which should not be part of the role of a professional body?

Strong support for all of the functions set out in paragraph 12 with the exception of the following, each of which would require to be carefully evaluated in terms of their potential advantages and disadvantages:

- Trade union functions.
- Professional representation of individual members.
- Financial advice.
- Financial services.

Of course, such functions may be attractive from a membership, and therefore from a financial viability perspective, provided that this did not compromise public interest or the professional standing of the new body.

- III. Are there any additional functions that the body should perform?

Yes: Ultimately, consideration should be given to practice quality accreditation of community and hospital pharmacies. This could extend and complement the purpose of practitioner revalidation.

- IV. Where these functions are currently performed by existing organisations, how should those organisations relate to a professional body in the future?

Selected professional organisations should be subsumed within the new body where the new body assumes their principal role and where this would be of benefit to the new body; otherwise links should be informal.

Principles for inclusion should be agreed. Common purpose alone would not merit inclusion (in the absence of perceived benefit). In some instances, the new body may be justified in performing the role of an existing organisation but from the perspective of a ‘fresh start’ (i.e. without incurring the ‘baggage’ of the existing organisation).

- V. What activities are essential to gain the maximum support from the profession and ensure the financial viability of a professional body?

In order to gain maximum support, the new body must be seen to actively represent the profession’s interests at all levels (e.g. with government; the NHS; other professional bodies; media; patients and the public). In addition, in order to ensure its financial viability, the new body will require to offer added value to its individual members, across their common and specialist interests. Examples of essential activities would therefore include:

- Support the aspirations, needs and interests of each member nation within GB/UK
- Actively promote pharmacy and pharmacists
- Much better engagement with, and representation of all aspects of the profession (i.e. than that achieved by RPSGB)
- Provide and accredit CPD
- Produce standards of professional practice and guidance on good practice in different specialties
- Provide general and specialist information and support
- Provide professional leadership for innovative practice
- Foster and support research and development.

- VI. Following the establishment of the GPhC should the residual RPSGB assume all the functions of a new professional body?

Support for the “Waterloo Agreement” view of the importance for the new body of RPSGB “in terms of its charter, history, infrastructure and assets”.

Talking of degrees here, but would probably fall short of endorsing the *Carter Report* desire that the RPSGB should form the “central plank in the formation of the Royal College”. RPSGB should certainly bring its strengths and assets into the new body (if mandated to do so by its membership), however new priorities require to be established and the structure and functions of the new body must be fit for purpose.

- VII. If so, what changes to the RPSGB's Charter and Constitution of Council would be required?

No detailed examination of Charter and Constitution undertaken to inform response to this question, but would definitely wish to see:

- **Royal Charter for new body.**
- **Emphasis on acting in the public interest.**
- **Emphasis on a more progressive and clinically focused set of corporate objectives.**

- VIII. If not, what should the division of functions between the residual RPSGB and a new body be?

Not applicable

- IX. Which, if any, organisations should 'coalesce' to form a new body?

Need to establish criteria which distinguish between which organisations should come together to form the new body and which might remain separate but perhaps form strategic alliances with the new body (rather than naming the organisations without the criteria).

- X. Which, if any, of them need to be included from the start?

See related responses to IV and IX above. Further to the response to IV above, it may follow that some existing bodies would cease to exist, having their function replaced by the new body, rather than being subsumed within it (where a fresh start is indicated).

- XI. Do you favour the use of the title 'Royal College' to describe such a body?

Yes: Important to retain Royal Charter status and meaning.

- XII. What should the role of a professional body be, in developing and setting professional and ethical standards?

The professional body should take the lead and retain the initiative, developing and setting the standards, satisfying the regulator that its standards represented good practice.

- XIII. What would the requirements of the regulator be, if it were to permit a professional body to take the lead in drawing up standards?

The regulator would have to be satisfied that the standards produced by the professional body were professionally and ethically appropriate, up-to-date and in the public interest and would monitor and assure that these standards were met.

The regulator may also require assurance from the professional body that the necessary measures were in place to underpin these standards from the perspectives both of continuing professional development and of quality assurance.

XIV. To what extent are such requirements met currently?

There is currently no 'external' scrutiny of the standards set. In addition, standard setting has been very slow to respond to changes in pharmacy practice or, in some cases, failed to respond to these changes.

XV. What should the role of a professional body be, in undergraduate education?

Accreditation of course providers with strong input to curriculum design and the locations where education and training is provided (see also response to III above in relation to accreditation of pharmacies for clinical practice).

XVI. How would this be financed?

Introduce course provider accreditation fees and, ultimately, pharmacy practice accreditation fees (as accredited pharmacies for the purpose of undergraduate clinical placements - the latter fees could be recouped by pharmacies charging course providers).

This would be in keeping with, and to some extent covered by the move to have Pharmacy undergraduate courses classified and funded as "clinical" undergraduate courses.

XVII. Which of the existing functions of the RPSGB should be performed by a new professional body?

All five of these existing functions of the RPSGB should be performed by the new professional body.

XVIII. How should they be funded?

They should be funded by a combination of sources which could include the following:

- Pre-registration examination fees
- Registration fees
- Other professional body income

XIX. Are there any other functions a professional body should undertake for pre-registration trainees?

Some of the other functions are covered in Scotland by NHS Education for Scotland (NES) e.g. pre-reg application and placement procedures. Other functions which would be appropriate for the professional body to undertake could include the following:

- Guiding and supporting pre-registration graduates towards achieving the requisite knowledge, skills and behaviour
- Education and training on some core issues e.g. professional and ethical issues
- Career counselling and advice
- Full or partial entitlement to the services offered to registered members

XX. What should the role of a professional body be, in post-registration education?

Agree with the suggestion to “‘kite mark’ the level of practice of a member for the benefit of employers, commissioners and the regulator” (and of patients and the public).

The concept of the professional body performing a ‘deanery’ function for current providers could facilitate the achievement of a common framework and standards with scope for credit accumulation and transfer.

In Scotland, post-registration education is currently provided mainly by NES and by universities, however, there would be merit in the professional body being involved in accreditation in order to ensure that the education provided from diverse sources is appropriate. There is a precedent for this function in Scotland in that the Post Qualification Education Board for Pharmacists in Scotland (prior to the formation of NES) accredited formal postgraduate courses for which the Board sponsored funded course places.

XXI. What should be the role of a professional body in CPD?

The professional body should validate CPD on behalf of the registering body.

XXII. Should a professional body be a provider or an accreditor of CPD? Or should it be both?

There would be benefits in it performing both functions:

Being a provider could help to establish its leadership role at the cutting edge of practice as well as establishing its credibility through setting the standard in relation to its accreditation function.

XXIII. Should a professional body be involved in developing standards and systems for revalidation?

Yes, in partnership with the registering body.

XXIV. Should a professional body offer services to members to assist them in meeting the regulator's revalidation requirements?

Yes.

XXV. Is there support for an Academy of Pharmacy Practice?

Yes.

Not just "desirable" but essential to bring together generalist and specialist practitioners under a common framework, to further develop specialist and advanced practice and to stimulate and coordinate research and development in pharmacy practice. Also essential that this is within the Royal College structure in order to secure membership and common standards across general practice and specialties (not just to enlist engagement which could be achieved through the professional body acting as an umbrella organisation for 'external' generalist and specialist professional groups).

XXVI. Would an Academy of this sort be financially viable?

Yes, if supported in the first instance within the new professional body.

This could be financially challenging initially although beneficial in the longer term and could be funded, once established, through course provision and assessments leading to formal fellowships, for example.

XXVII. Would existing specialist bodies and groups be prepared to work to develop such an Academy and would they be prepared to be subsumed within it?

Yes, if appropriately marketed with assurance of delivery on yielding benefits to members, specialties and the profession, including quality course provision and the standing of its qualifications and achievements within Pharmacy and within healthcare.

XXVIII. Should the Academy of Pharmaceutical Sciences become a component of a professional body?

Yes, in order to complement the Academy of Pharmacy Practice and to facilitate the ongoing integration of science and practice within a single organisation which is professionally led.

This would further the work undertaken in recent years within the British Pharmaceutical Conference (BPC) to integrate science and practice. This has drawn successfully on the profession's diversity and helps to steer the profession towards its goal of achieving both scientific and clinical credibility.

XXIX. How should a professional body (or bodies) be best structured to address national and regional issues?

Whilst economy of scale may lend merit to a national professional body, there needs to be explicit recognition of devolution and the differing Health Service systems which are developing in the devolved nations. Failure to fully recognise this would be unacceptable.

This would be best addressed in a federal structure, with sufficient resources being devolved to each of the devolved countries. The present system is too London-centric and, with regard to Health and Social Services, does not acknowledge that the Westminster Parliament no longer governs Scotland and Wales.

With voluntary membership, it will be crucially important for financial viability that the professional body is seen to effectively represent the devolved nations.

The national professional body must be structured and function in a way which facilitates sharing of innovative models of care and best practice and promotes collaborative research and development within and across the devolved nations. In the absence of this, there would be little merit in having a national professional body.

In order to increase a sense of corporate and collaborative working across the federal organisation, core professional functions should also be decentralised, for example education and training, pharmacy practice, research and development.

XXX. What governance model should be adopted for a professional body?

One which best facilitates easy working, delivery and economy across all its functions, whilst at the same time ensuring that it meets the requirements of its geographical and sectoral/speciality interests.

XXXI. How should committee structures be determined?

1. Within the principal governing committee or council, there should be reserved seats for each of the home nations in proportion to their membership on the General Pharmaceutical Council register.

2. Further reserved seats should be created for each of the significant professional sectors (such as pharmacists working in industry) in proportion to their membership, with a minimum of one seat for each professional sector.

3. The devolved Boards should continue following a review of their membership.

4. Committee structures will be determined as a result of the activities and responsibilities of the new professional body.

The creation of specialist advisory committees will be particularly important, as will be the need “to create project groups or working parties of finite life span for particular tasks”.

XXXII. What principles should determine the proportions of elected, nominated and appointed members of committees?

It is important that all sectors of the profession are represented with directly elected members. There should be no nominated members, but an appropriate member of the council of the new professional body could be appointed to each committee.

XXXIII. Should specific recognition be given to sectors?

Yes, see above.

XXXIV. How should specific functions be reflected?

This will be dependent on the new functions of the professional body. It will be important that functions as well as workplace locations are reflected. The division of the profession into “branches of the profession” based purely on location, rather than on function may not be a useful model for the future. For example, in Scotland, NHS pharmacy services are now being integrated in an attempt to reduce former Health Service sectoral barriers and to improve the continuity of patient care. We now have independent pharmacist prescribers in both secondary and primary care. What might matter more within the new professional body is that independent pharmacist prescribers are represented and that this is not necessarily based on their location. There is a need to modernise thinking on “sectors” in order to ensure that the new structures reflect modern pharmacy practice.

XXXV. What should the lay input be?

- 1. Paragraph 45 of the consultation document is supported, specifically in relation to the principal governing committee or council.**
- 2. As a professional non-registering body, lay input to other committees should be determined by need and achieved by cooption as required.**
- 3. Lay input may attempt to represent NHS patient and public interest if possible, but must ensure that it brings other skills/competencies to the new body.**

XXXVI. Should there be different categories of membership of a professional body? If so, what should they be?

Yes, and possibilities would include:

- ***Student Member*** (For Pharmacy students/Pre-reg. graduates)
- ***Technician Member*** (For registered Pharmacy Technicians)
- ***Associate Member*** (For disciplines other than Pharmacy)
- ***Member*** (For pharmacists registered with GPhC)
- ***Honorary Member*** (For disciplines other than Pharmacy through recognised contribution to Pharmacy)
- ***Fellow*** (For Members registered with GPhC who qualify through assessment for Fellowship)

XXXVII. If membership is to be wider than those registered with GPhC, who else should be included?

1. See also XXXVI above, but the list would include:

- Pharmacy students
- Pre-registration graduates
- Registered Pharmacy Technicians
- Graduates/specialists from other disciplines working in Pharmacy or in one of its specialist sectors (Associate Membership)

2. ‘Ordinary’ Membership possibilities could be extended if the new body was not exclusively intended for pharmacists e.g. if a Royal College of Pharmacy and Medicines was established.

This could open up the ‘Ordinary’ Membership of new Royal College, for example to other relevant healthcare professionals and scientists. In acknowledging that pharmacists are experts on medicines and, in practice, often educate, train, lead or support other healthcare professionals involved in the science and clinical use of medicines, then perhaps the profession should have the courage of its conviction and establish a new Royal College for all professions involved in the science and clinical use of medicines.

Given the present expansion of non-medical prescribing, involving a diverse range of healthcare professionals, such a development could bring within the remit of a single college an integrated approach to this development. This could be in the public interest in relation to clinical governance and patient care, education and training, standards of practice and the accreditation and revalidation of non-medical prescribers.

Although challenging at this stage, such an approach would have much to commend it in the longer term, not the least of which would be an additional source of income for the College. In time, such a development could consolidate the profession’s leading role in the clinical use of medicines, a role which may currently be threatened by other professions, arguably less well qualified to prescribe medicines.

XXXVIII. Should student membership be allowed/encouraged and if so, should they pay subscriptions?

Yes and yes

The new body could subsume the British Pharmacy Students Association as one of its new committees.

XXXIX. Should pre-registration students pay subscriptions?

Yes

XL. What should the incentives for membership be?

- 1. There could be common core incentives for all members, coupled with particular targeted incentives both for different pharmacist constituencies and for different types of membership/fellowship.**
- 2. Incentives will be dependent on the answer to Question V above i.e. will relate to the agreed functions of the new body.**

XLI. What should the post-nominal letters for members be?

This will be dependent on the final nature and structure of the new body, but should be clearly distinguishable from the existing post-nominal letters for members of existing organisations, for example:

- **MRCPharm (Member of the Royal College of Pharmacy); or**
- **MRCPM (Member of the Royal College of Pharmacy & Medicines).**

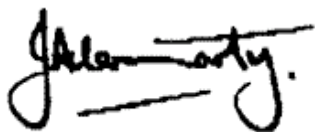
XLII. Should a new professional body share premises and facilities with the GPhC?

No

XLIII. If not, where should a new professional body be located?

In appropriate accommodation in London, Edinburgh and Cardiff.

XLIV. Should a professional body act as the guardian of the archives and museum of the RPSGB? Preferably, Yes, in order to secure heritage.



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31 January 2008**