



The Independent Inquiry into a Professional Body for Pharmacy

Birmingham - Public Meeting

24 January 2008

6.00 - 8.00pm

KEY POINTS RAISED

Following are details of opinions expressed at the public meeting, some of which are contradictory. These views in no way reflect any conclusions but may assist in continuing to develop the debate.

New Professional Body

- Pharmacy needs to be strong and reflect professional service. This applies to academia too. If we cannot work collaboratively to advance professional services, then we will not advance professional services.
- The profession needs a body that can collaborate with the other areas of pharmacy - technicians, scientists, academics, but if the new body is a pan-pharmacy body, it could create an identity crisis.
- The issue with a pan-pharmacy body is who would be in control of what? It would be problematic if the technicians could push the pharmacists in a direction they do not want to go in.
- The new body cannot represent pharmacy. The Society is already known for its regulatory side, being the policeman. Already people do not want to join a new body because of the remnants of this. If the new body is a body for pharmacy it will alienate even more people.
- The body could work with other bodies; the technicians could be associates which would deal with the issue of pharmacy. But the new body does not need to be something that is all things to all men.



- Currently the profession is segregated, a pan-pharmacy body could create segregation as exists now.
- There needs to be a sense of community within the profession.
- There is a need for a leadership organisation that can speak for pharmacy and pharmacists.
- In order to add value, the new leadership body
 - Must speak on behalf of the profession
 - It must support its members particularly in CPD and providing education services.
 - Enter into debate with the regulator on standards
- Core to the professional body's role is the advancement of pharmacy, pharmacists, the profession and the science around pharmacy.
- The major leaders and facilitators of change within the Society have come through the permanent offices.
- The new professional body needs to attract leaders to join it.
- It is essential to have people who can speak on the big, social issues to do with medicine.
- Because of regulatory issues it is not possible to change things for the better from within the Society. If the new professional body can improve things, the membership will have a better perception of the body and will be willing to get involved.
- The new professional body should be about professional standards in terms of the patient.
- Any new professional body has to have a root in professional standards, counter-balanced with staff organisation.
- The professional body itself has an interest in ensuring commercial interests do not drive decisions.
- Part of leadership is having the ability to comment in any debate in the medicines arena.



- Permanent representatives in the new body will have a greater freedom to speak than is currently the case.
- The new body must allow elected members to have lower / more flexible time commitment.
- The body needs to be actively involved in planning and communicating with the membership.
- Individuals look to their own organisation for guidance, nobody looks nationally for advice on taking schemes forward, this is where the new professional body should fit in.
- The new professional body must provide technical support.
- The new professional body must provide legal support.
- There seems to have been an improvement in the Society since the splitting of the regulator and the professional body was announced. The Society is actually interacting with different groups.
- Members would welcome the opportunity to network with people in similar roles through the new professional body.
- The new professional body must represent people who do not have a specialism. Currently it feels like an elitist organisation, the new professional body needs to address this.
- The new professional body's focus needs to be on the patient related health function of pharmacists.

Current Problems

- The Society has too much diversity of function within it.
- The RPSGB is inhibited by statutory enforcement of the regulatory role.
- The Society is complacent. In 1933 it took on the regulatory function, membership was compulsory from then on and so it became complacent. Now the most important person has to be the member,



this will necessitate change if the new professional body is to be successful. Having to work to keep the membership will force the new professional body to work for the membership.

Appointment / Election to Council

- The democratic system currently in existence does not give the profession good leadership.
- The profession needs an element of democracy in the appointment process because it gives accountability, but the membership must be involved in the process.
- The reason not many hospital or PCT pharmacists stand for election is because they will not get released from work.
- Currently being involved in the Council means one day per week to attend everything you are supposed to, committees, Council meetings, preparation time. It is not feasible.
- There needs to be varying levels of commitment with different roles taking up different levels of time.
- The profession has to deal with the fact that not every sector can be represented on the Council.

Structure and Governance

- A branch structure would make the Council more accessible, currently it is very remote.
- The sectors need to be reflected. The Constitution of the new professional body could stipulate 50% reserved seats and 50% elected.
- The average person probably has no clue who is on the Council because there is a strong feeling of apathy towards the Society.
- There should be an overarching body for pharmacy with affiliates underneath.



- If the new professional body is going to take the profession forward it should be able to cover all aspects of the pharmacy profession.
- Pharmacists should be the principle group of this new professional body.

Technicians

- There has to be a relationship with the technicians.
- APTUK could be an affiliated body but it could not realistically expect the professional body to take the interests of technicians over the interests of pharmacy.
- The professional body can comfortably treat the two areas as two different things - pharmacists and technicians.
- There is a potential for conflict between pharmacists and technicians on, for example, standards. Can the new professional body successfully argue for both sides?
- GPhC will decide what the standards will be.
- A professional body can represent two different points of view, it is not the sign of a dysfunctional organisation, it is the sign of a mature one.
- Hospital pharmacists are used to working with technicians, hence the general hospital pharmacist view that technicians should be included in the new professional body. Community pharmacists are less used to this and therefore more resistant to the prospect of technicians being included in the new professional body.

Regional and Branch Structure

- The current regional structure is fairly disarticulated from the Society. It came about from the old health regions. They only really had an educational base, this needs to change.



- Lambeth takes no notice of the branches.
- Most individuals think their branch is the most important.
- If a new professional body supported the local branches it would entice people into becoming members.
- Innovative thinking in branches has to be taken forward to the national arena. There needs to be a mechanism for this. It has to work the other way around as well. Communication is key.
- The branch structure would work much better with a much smaller hub.
- With a small hub the branches could act as spokes, making a much improved basis for communication with the profession.
- The professional body needs to be a bottom up organisation.
- Regional representatives on central Council.
- If the profession develops leaders regionally, it will develop leaders nationally as a consequence.
- Do not need a two level structure of regions and branches. Must look to what is appropriate in the current context.
- The profession needs a branch structure that is maintainable and workable across GB.
- The current branch structure is arcane.
- The new body needs to decide the functionality of the local groups, and then decide on the correct structure.
- Whatever the structure is, it needs to be localised.
- The structure needs to allow multiplicity of function.

Accreditation, CPD and Standards

- If standards are proposed by a professional body that is dominated by the multiples then self-interest will be involved.



- Standards should therefore be dealt with in consultation with a separate body like the PDA or the GHP.
- There are two aspects when considering standard setting
 - Patient need for MURs
 - Patient need for safety

Special Interest Groups

- Currently the Society comments on areas of special interest without consulting the specific groups. This needs to change.

Membership

- In terms of membership there are three different bodies to consider.
 - One you have to join (the new regulator GPhC)
 - One is a defensive move (trade union)
 - One is a professional move - there is the least tie-in with the new professional body so it is important it offers what the membership wants.
- Associate membership should be about other groups bringing strength to the new professional body.
- Full membership for pharmacists, everything else as an adjunct.

Name of a Professional Body

- Not interested in the “royal” particularly, more concerned with the body’s functionality.
- The “royal” might open doors, in which case it’s important.
- If it does not bring value and manages to alienate some of the profession then it should not be used.
- The concept of a royal college of pharmacy puts it in line with other royal colleges in the medical area.



- If the professional body has more respect then individuals will be given more respect as professionals.

Pharmacy and Other Healthcare Providers

- The profession lacks confidence with other healthcare professionals.
- The reason for this is sectoral. Most hospital pharmacists are not slow in standing up to doctors. However, within community pharmacy, instructions are taken from the doctor so the relationship is different.
- Pharmacists do not have the presence or confidence to talk to GPs, there is a lack of trust there.
- The practising opportunity that has emerged in the last two to three years makes the doctors more accessible and has broken down some of the barriers that had existed.
- A strong branch structure could improve confidence of the profession with other healthcare professionals.
- The professional body's role of locally gathering the profession together, encouraging meetings with GPs, could open up the profession and this could be achieved through the branch structure.
- There is currently no requirement for the GPs to talk to the community pharmacist, there is no impetus on that side.
- The public perception of the pharmacist is entirely wrong. There is no general understanding of the level of qualification of a pharmacist.

Other Pharmacy Organisations

- The Jenkins dispute saw the creation of the NPA.
- The profession has got to be careful it does not create a body with conflict at the centre because people are looking for different things.



Students

- Students should definitely be included in the new professional body.
- It is important that membership starts with students at university; the profession needs students involved from the beginning.
- Students currently have the BPSA but then there is nothing in the middle until they become specialists. The new professional body should bridge this gap.

Transition

- There is concern over the current Society evolving into the new one.
- This would only succeed in taking the current difficulties forward.
- If what is left of the RPSGB is transmitted into the new body then it is likely that you will transmit the structure, the staff, and the mentality.
- It is not feasible to start with a clean sheet. It needs to be established which resources the profession wants to take forward and how it can do that.
- The functionality of the new professional body needs to be established through a mapping exercise. It would be wrong to take everything across and then try and work it out, it has to be established before the metamorphosis takes place.
- The new organisation needs a prospectus; this would address the issue that the majority of the pharmacy profession do not wish to carry on as the current Society.
- It needs to be established how this prospectus will be drawn up and how to gain support for the new body.
- If there is going to be a shadow organisation it has to be separate from the current Society.



- One thing is clear that there must be no continuance of the governance structure. The governance structure in shadow form has to be new from the outset.
- The profession has a responsibility to itself to elect people to the shadow Council who will represent their opinion.
- The assets, and where they are going to go, should be part of the prospectus.

Location

- The rent in London is very expensive, areas outside London are cheaper.
- Renting out of space in the current building could be viewed as an additional asset.
- If the professional body is to influence public policy, there needs to be some presence in London. But all the main elements do not have to be located in London and it is not necessary to maintain the current location of the Society from a public policy point of view.

Fees

- These have got to be achievable on day one.
- There is scope for a rise in the future when they body has the confidence of the membership.
- But the whole organisation, as it's voluntary, has to be attractive from the beginning.