



## The Independent Inquiry into a Professional Body for Pharmacy

Cardiff - Public Meeting

22 November 2007

5.00 - 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.

#### The Inquiry

- In Appendix 3 - Illustrative Examples of Other Professions, access to other professions' websites, does not provide much detail. Could the Inquiry consider putting examples of what constitutes a royal college, faculty, institute etc. on [www.theclarkeinquiry.com](http://www.theclarkeinquiry.com) as many people involved in the consultation have nothing to base their opinion on.

#### Devolution

- Pharmacists within public health would like to be part of a united body. If the future professional body separates out the Welsh, the English and the Scottish, it will dilute the effect.
- There are c. 10 industrial pharmacists in Wales. Industrial pharmacy works more on a global scale, and there is a worry about having devolved sections of a professional body.
- Hope at least 1 representative of the devolved nations would be on any professional body's Council. Need to ensure there is geographical representation.



## Public Health

- Consider a faculty within the professional body of public health pharmacists.

## Membership

- There is a general consensus that a professional body should reflect the level of specialism, science, technicians etc.
- A professional body should encompass all groups, not necessarily as full members.
- Pharmacists should have their own professional body, it is a conflict of interests, the aspirations of a technician, for example, are not the same as a pharmacist. There is potential for conflict.
- Technicians are trying to assume more and more of the pharmacist role, prefer if the technicians have their own society
- There was general consensus a professional body for pharmacists should include membership for students, pre-registration pharmacists and technicians.
- Other sectors should not be included.
- If part or any of the role of a person/organisation involves contact or work within the pharmacy family, then a professional body should include them. There can be different levels within the professional body, associated members etc, but the concept of the professional body's role should be an inclusive one.
- There needs to be proper management of the membership.
- There is a role for lay involvement.
- Each segment should have a designated place within a professional body
  - Hospital pharmacists
  - Veterinary
  - Community



- Industry
- PCT
- Special interest pharmacist groups that are part of the RPSGB should be maintained.
- Hope the College of Pharmacy Practice would be subsumed within a professional body.
- Subscription fees should be tiered.
  - There should be free membership for students.
  - Lower costs for pre-registration and first years.

#### Structure

- The first choice for a new professional body would be a single body with a federal structure.
- It is more logical for a professional body to have faculties within it, not academies.
- Academies create a 'them' and 'us' feel.
- The professional body should promote pharmacy not pharmacists, and thus there should be associate membership within the structure with equal representation.
- Suggest four faculties as below
  - Pharmacy Practice
  - Pharmaceutical Scientists
  - Education and Training
  - Administration and Management

These would cover all areas and members could belong to more than one faculty.

- There should be a devolved structure within the overall structure. This should represent the differences, but be maintained centrally.



### Appointment to Council

- A professional body would need to make it easier to be a representative and to be on the Council. Currently the commitment required by the Council is too large.
- There should be a mixture of appointment and election.
- Need appointment because there are certain kinds of representation that are required that cannot be guaranteed by a free-for-all.

### Current Gaps

- Governance, the structure of the RPSGB currently is not right. There should be general elections to roles and representation of specialities.

### Education

- The education of pharmacists is what makes it different to other professions.
- The professional body should set standards.
- There should be uniform courses
- Any professional body needs to be involved in education and controlling the quality of its members.
- A strong body should set standards

### Website

- The current RPSG website is not very user friendly, a new professional body would need to have a more useable website.



### Accreditation and CPD

- In order for an individual to develop their CV, you need to show CPD and the professional body is an obvious choice to supply this.
- Why do the professional body need to supply accreditation and CPD when there is an English, Welsh and Scottish Centre for Post-graduate Pharmacy Education? Do not see the benefit in supplying CPD, accreditation is necessary from the professional body though.
- A professional body should have a supportive, facilitative role in CPD.

### Revalidation

- A professional body should assist members in revalidation.
- There should be a facility for members to check whether what they are doing is appropriate.
- A professional body needs to support members to meet its conditions, but revalidation should be set by the regulator, GPhC.
- A professional body can help in developing monitoring practice, but should not actually be doing the monitoring.

### The Name of a Professional Body

- Royal College is not the right term, it conjures up the wrong ideas.
- It would be a shame to see the “Royal” disappear.
- Retaining the “Royal” gives any professional body an authoritative tone.
- Including “Medicines” in the title is confusing

### Locums

- The locums are looking for enhanced status and a level of quality control.



### Remuneration

- Do not think remuneration for being on the Council is a key issue.

### Current Bodies Integral to a Professional Body

- UK Clinical Pharmacy Association
- College of Pharmacy Practice
- Currently there is a lot of fragmentation, need to come up with a satisfactory solution to this.

### Government

- A professional body should be the place where ministers go to have conversations with pharmacists.
- A professional body should be setting standards, which would be why the government would go to them.
- A professional body should lobby government to achieve its objectives.

### Services

- Professional representation at disciplinary and legal proceeding is important to other professions, 80% of membership comes about through providing indemnity cover.
- The NPA provides insurance and representation for locums.
- This is an area for a trade union, a professional body should not be a trade union as well.
- Offering a benevolent fund for the elderly and infirm.
- Publishing - there should be at least one learned journal
- The British National Formulary is a current contributor, hope it continues to be.



- Conferences - they currently price most people out of attending. There is a place for conferences if it fulfils a role for members.

#### Promotion and Profile

- Should be a spokesperson to raise pharmacy profile and comment on healthcare issues.
- There was previously, but recently there has not been. A professional body should be doing this.
- Would like to see a clear programme of promotion of pharmacy in the new professional body.
- Should be Welsh, Scottish etc, spokesperson as in Wales especially, sometimes need to be able to speak Welsh.

#### Practice Inspection

- A professional body should support its members in doing a practice inspection to ensure patient satisfaction.
- There should be communication between the Primary Care Inspectorate and professional bodies.
- Peer support.

#### International

- It would be regrettable if a professional body was not aware of what the global pharmacy situation was.
- There should continue to be links with the International Pharmaceutical Federation (FIP) and these should be developed. International connections are a necessity.



### Other Professions

- There should be regular contact with an individual's opposite number in other professions, but this should be as entirely separate bodies.
- An important part of the professional body's role is its reaction to other professional bodies. This is expensive but very important.

### Prescribing

- In order for a professional body to be viable, it needs to keep its doors open to affiliates.
- For example, nurse prescribing, hope the professional body would be in the lead here in protecting pharmacists.

### Artefacts and Archives

- A professional body needs a record of its history so the new body should be custodian of the artefacts and archives.

### New Professional Body

- There needs to be a clear message that it is a new body.
- Needs to be a level of aspiration to join.
- Members will not see it as an exciting new venture if the professional body stays in the current location. Physical separation from the regulator is important, GPhC and the new professional body should not share a venue.
- It is important a professional body has a presence in London.

### Post-Graduate Education

- A professional body should be part of developing the curriculum but it should not necessarily examine.



### Under-Graduate Education

- A professional body should not necessarily set the indicative curricula and work with pharmacy schools to develop this. It is essential the professional body has some link so it can say what sort of person comes out of the education programme and what they can do.
- Pharmacy schools should pay for developing the curricula and the professional body should have input.