



The Independent Inquiry into a Professional Body for Pharmacy

London - Public Meeting

28 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.

Membership

- Membership has to offer value to a sufficient proportion of the profession. People will have to want to join and be prepared to pay.
- It is going to be difficult to achieve sustainable membership numbers.
- The fact that so few people turned up to the London public session is indicative of the uphill struggle.
- The new professional body should be all-inclusive at general practice level and include specialists.
- The issues are value and need.
- The professional body has to offer long-term value by helping the members achieve their aspirations; it is about raising the bar.
- Including all members of 188 disparate groups is probably too wide to provide any substance. There needs to be a graded form of membership fee.
- While there is plenty of scope for affiliates, associates, etc, the top level has to be graduate.
- Full membership must at least be full graduates, otherwise it will devalue the professional body.



- To attract members, it is essential to ensure the brand is correct.
- Fellowships are plausible.
- Students should be members.
- The Society is owned by 47,000 members. If they join together they can affect what is happening at the top.
- The new professional body has to have a total membership focus. Most members do not see the Society as having this focus at the moment. That is why there has to be a new body.
- Should be a body of pharmacists with honorary members.
- Membership should be tiered with graduated fee levels.

Functions of a Professional Body

- Some of the core functions of the Royal Pharmaceutical Society were spun off in 1921, in the Jenkin Judgement. These functions were taken on by the NPA. Finding a role for the professional body without the regulatory side will be very difficult.

New Professional Body

- If the RPS were to metamorphose into a professional body similar to a college, it would encompass many of the other bodies and provide a home for the diverse organisations that are currently independent
- But what is required is a body separate from the RPS, new and different.
- The profession needs to look positively at ways to make the new professional body appealing.
- To some extent, the new professional body needs to be sold to large companies to get them on board.



- Currently, a practice employer pays the fees, or at least some of the fees, and it would be very useful if these companies were prepared to at least pay a proportion of the professional body fees if not prepared to pay all.
- In favour of getting an agreement formed round the bones of the Society, not starting with a clean sheet.
- The Society may be unpopular with members, but it has kudos elsewhere.
- There is significant branch membership.
- There is a solid grounding already in existence, need to bolt other bits on to convince the profession it can be run well.
- Needs to be an entirely new professional body.
- The Society is a body that ought to metamorphose into the new professional body; it would be entirely wasteful to lose current resources and expertise.
- What sort of status would an entirely new body have? It is an attractive idea to start afresh, but actually to start from scratch and dissolve the huge resource and potential of what already exists might result in a huge amount lost.
- The result might be that there is no single professional focus because there are so many disparate bodies.
- At the earliest possible stage, the chief executive should split the RPSGB into three parts and then the costs of each constituent part could be established.
 - Regulator
 - Profession
 - Education (responsibility of the regulator but work of the new professional body).



- The idea could then be sold to the membership based on what the future would actually look like.
- Currently the consensus is that the Society is not accountable to its members or even to its own Council. The only accountability seems to be the chief executive who is accountable to the Council.
- The regulatory body would essentially be accountable to Parliament.
- The professional body should be accountable to its members.
- The key is in the transition.
- If the expenses at rolling the Society up were understood, it might convince the members it is not a good idea.
- The new body needs a business continuity model.
- Talk of the new body being a metamorphosis of the Society brings negativity with it, conjures up currently perceived ideas of lack of leadership.
- The new professional body must consider all elements. If a service offers benefit to the membership then it must be done.

Accreditation, CPD and Standards

- Need to provide national accreditation of university pharmacy services
- Provide accreditation of teaching community pharmacists.
- Must help people through their career, perhaps providing accredited levels of practice.
- Have to put forward what it is thought might help.
- If the new professional body can tie in members with their career and provide career aspirations, this might help create a viable professional body.
- The new professional body should set the agenda on standards; it is vital it set high standards.



- The new professional body should be either an accreditor or a provider of CPD, or possibly both.
- Scope for the new professional body being a commissioner of CPD.

Current Gaps

- The profession needs to look positively at roles to take on that are not currently being covered.
- Need to do this for money and to attract people to become members.
- There is a feeling that the RPSGB spent all its effort on the regulatory side, trying to please government, neglecting its role for its members.
- Currently the Society needs to be conservative because the regulator ties its hands.
- The Society does not provide leadership, which is why there are so many other bodies.
- In some ways the Society is constrained because of its role as a regulator.

Structure and Governance

- There is a feeling that if the RPSGB gives up the regulatory and education role, and GPhC want to work closely with the new professional body, directing work that way, then the profession might find that the new body has to dance to the tune of GPhC anyway, in order to bring in the fees.
- The regulator has to ensure adherence to a minimum standard.
- The professional body ought to be trying to achieve standards significantly above the minimum.
- Suggest a two pronged body with affiliate membership
 - Education standards, extended to teaching



- Professional representation - including lobbying government on behalf of the profession.
- The preferred model would be a single organisation representing pharmacy but with a specific structure within.
- How likely is it that the bodies that have split off would want to come back in to a new professional body? Some actually could not coalesce, as they are almost trade unions in their own right. The NPA, Guild of Healthcare Pharmacists and the APTUK all have a trade union role.
- There would still be some organisations outside the professional body. The Guild has taken on some professional roles because the Society was not doing them very well.
- Academies are a possibility worth pursuing, and faculties within them, it gives individuals a focus.
- See the new professional body as a federation in terms of governance.
- A federal structure with a small management board.
- Smaller is more effective.
- This could create the issue of whether special views would be correctly represented. Committee structures would resolve this; perhaps the board could devolve down to committees.
- A new professional body should have a patient / public involvement strategy.

Appointment to Council

- Suggest an elected central board. It must be democratic.
- The board must be generalist and have accountability.
- Having lay representatives is not as important on the professional body side as it is on the regulatory side.



- It is sensible to have a small lay input on a professional body board.
- In order to help the profession it is useful to have different views.

Hospital Service and Primary Care

- Need higher qualifications. There is no consistency in degrees.

Current Bodies Integral to a Professional Body

- The College of Pharmacy Practice was founded twenty-five years ago, as an offshoot of the RPSGB. Regrettably it was not a financial success, but its attempt was similar to what is being done now.
- How can the profession bring 188 bodies together. Probably only a maximum of 20 is feasible and only six to 10 actually appear interested in coming together.
- The CPP attracted the leading specialties. There is a need to ensure a way to entice the others across to the new professional body.
- The BSHP used to be part of the Society, and perhaps it should be brought back.
- If the NPA was not interested in joining, there would be a question over whether information could be shared, ie. the library etc, to reduce costs.
- There is a demand for an Academy of Pharmacy Practice.
- It should be trying to encourage innovation and get people to move across to innovative practice. A cross fertilisation of ideas.

International

- The FIP has different groups. Basic membership allows an individual to be a member of one group. If they wish to be a member of more than one, they must pay an extra fee.



- The ASHP - has one fee, and an individual can be a member of up to two groups.
- In Australia, the regulator relies heavily on the professional body. There is a strong role for input from the professional body. If a new professional body was strong enough it could hold more cards than it thinks it could.

Other Professions

- In the Royal College of General Practitioners it is almost expected that GPs would take extra qualifications.
- The new professional body needs to try and achieve the success that colleges like the RCGP have achieved.

Government

- There were a number of people in the Department of Health that did not understand how the RPSGB works as a regulator.
- The feeling was that whatever the RPSGB was doing, it was not understood what was wanted.
- At some point there has to be a debate between the profession and government. There needs to be a negotiation.
- A position where there is only the regulator, GPhC and c.188 (as identified in the Scoping the Profession document commissioned by the RPSGB) disparate groups would be a disaster.

Devolution

- Perhaps a royal college in Edinburgh is a good idea.
- If it is a completely new body, perhaps the headquarters of the body should be in the middle of the country not the southeast corner.



- Moving the professional body from London is the last thing that should be done.
- Do not want more than one royal college for pharmacy, ie. in Scotland.
- The London focus is not a problem if there is a strong branch structure with local representation.
- The branch network should be revitalised.
- Having a regional structure is a waste of money, but a paid post for a regional co-ordinator that looks after the branches is workable.
- The headquarters needs to be in London, the main seat of government is in London, as is the press etc.

Promotion and Profile

- In order to establish what is needed, need to understand the entirely unsatisfactory situation if there was not a central professional body.
- There is a danger that if not enough people sign up to a new professional body, it will be four or five years down the line before it is realised what is lacking.

Technicians

- If the new professional body has an education function, the facilities should be extended to technicians, perhaps as an affiliate group.
- There would be a clash of interests as the professional body went on. Perhaps have the technicians in a separate body but accredit their qualifications.
- Perhaps APTUK should continue, preventing the argument over future roles.
- There is potential for a clash of roles between pharmacists and technicians.



- It is not appropriate to separate technicians, restrict full membership so technicians can have two grades, associated and affiliated.
- A lot of people don't understand the difference between a pharmacist and a technician but from a lobbying point of view it needs to be distinct.

Scientists

- All should be involved in the professional body but there should be different levels; see membership.

Revalidation

- The profession is running out of people that represent individual pharmacists. It is vital to have a purely professional body to look after pharmacists as individuals.
- Revalidation is not necessarily an attractive element in trying to promote the new body.
- The concept of clinical governance has come back to looking at minimum standards.
- The new professional body could possibly offer a clinical governance course.
- There is a commissioning issue around pharmacy courses that has never been addressed.

Post-Graduate Education

- The professional body should have a deanery role. Currently postgraduate courses are set to similar standards.
- This is currently totally left to the Centre for Pharmacy Post-graduate Education. Perhaps the CPPE needs some competition



Community Pharmacy

- There is an issue in community pharmacy. They are corporate on the one hand and individuals on the other, it is difficult to get a balance.
- Need to develop, in the community setting, pharmacists with special interests.

Services

- Trade union function, insurance and financial services are dangerous areas as you begin to stray away from working for the profession.
- The new professional body should provide individual advice, not individual representation.
- Publishing definitely should be with the professional body.
- However, income and the function of publishing could not support the professional body on its own.
- The idea of floating off the publishing arm is a possibility but it would be wise to keep it. It is a huge creator of good will and a sound moneymaker.

The Name of a Professional Body

- The “Royal” is important because it is being compared with other medical royal colleges.
- Internationally the “Royal” is important as it has gravitas. People place a lot of value on it, therefore should try and keep it.

Post-Nominal Letters

- Important for employment issues and peer standing.



Medicines

- General practice is one of the real skills the pharmacist brings to patient care. Pharmacists are generalists about medicines.
- This is just as important in a hospital setting as any other.
- Using the word Medicines in the title should be encouraged as that is what pharmacy is about.
- It might suggest that the profession is looking at the product rather than the patient and do not want that.
- The profession's profile in the management of medicines is not good enough.
- "Medicines" is too easily read as "medicine", do not want people to think it is a profession for medicine, it is not.

Spokesperson

- Need someone with expertise in what is happening in the health system.
- One of the biggest failings of the current Society is a lack of a spokesperson for the profession.
- There must be a spokesperson and it must be a pharmacist.

Students

- Students should definitely be members, they are the future of the profession.
- An initial lack of fee would encourage students to join.

Location

- GPhC has got to be seen to be operating separately. If the building was properly split and the roles were properly split it would not be a problem to share a building.



Artefacts and Archives

- The new professional body needs to keep the archives and museum and there should be constant access.