



## The Independent Inquiry into a Professional Body for Pharmacy

Manchester - Public Meeting

21 January 2008

5.00 - 7.45pm

### 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

- The profession does need a leadership body.
- Within the profession there is possibility of division within the different types of practice, the professional body is needed to bring these together. At the end of the day everyone has the same aims regardless of their individual practice.
- Pharmacists always qualify the type of pharmacy they are involved in. What is needed is a cohesive professional identity.
- The profession has never had a unified voice, and it might never be able to have one but the profession needs an identity to rally around.
- Pharmacy by nature is fragmented. If you unite all pharmacists together is it unlikely they would form one group that government would go to, but pharmacists have to agree to disagree and combine their focus to try and create a body that government and other healthcare professionals see as the body for pharmacy.
- The new professional body needs a strong purpose.
- Pharmacy professionals have to want to be a part of the professional body.



- The consultation has got to answer the question of what the added value of joining the professional body will be.
- The new professional body should be about developing practice and the development of practitioners. In order to develop the body needs to encompass everyone involved in pharmacy practice.
- Belief that the professional body will never lead practice. The new body should go looking for leaders and disseminate ideas. It is an unrealistic expectation that the body could do this itself.
- The professional body must recognise that there is a certain level of practice that it is aiming for and all members must meet this level.
- If the professional body identifies its preferred level of good practice it can then disseminate the information and make it the level of practice that everyone must meet.
- As membership of the professional body will not be mandatory it has to strongly attract the broad church of the profession.
- Community pharmacists were hit by the new contract; they were hit by CPD and then they were hit by questions about how they would be regulated in the future. Sure there is a similar feeling of bombardment within hospital pharmacists and Agenda for Change. Everyone wants a professional body that can demonstrate it is a credible organisation, there to represent and lead them and that you could go to for advice.
- It would be great if the new professional body had mentors going into pharmacy like audit facilitators or CPD facilitators.
- The success of the new professional body is based on a quick 'win' and an ability for the body to be able to demonstrate a success on behalf of the profession.



- The new professional body will need to look at the next ten years and how it is going to provide what the profession wants in that time. If there is no strategy it is hard to plan.
- Better management of medicines by pharmacists could reduce admissions levels in hospital. If there was a central professional body it could develop best practice ideas for dissemination.
- Whatever else the professional body does it has to be part of the pharmacy profession acquiring confidence in the future.
- The new professional body needs to look at the workforce across the profession and discover
  - What is happening
  - How does pharmacy talk to other professions
  - What is the impact on education
- The professional body needs to note trends across pharmacy.
- The professional body must take the facts and use and disseminate them and lobby for the profession on the back of its findings.
- The managed sector is very poor at workforce projections.
- There has been an explosion in undergraduates in pharmacy but no increase in pre-reg.
- The new professional body has a moral obligation to make it known that just because someone undertakes a pharmacy degree; they are not guaranteed a career as a pharmacist.
- The new body needs to offer support to the associations and other bodies that come in that they would not have without the professional body.

#### Spokesperson

- A spokesperson is important for the profession, pharmacy needs a public face.



### Promotion and Profile

- The profession does not have a high profile. However, the best PR for pharmacists has to come from pharmacists; the professional body can only do so much.

### Current Gaps

- At present the Society focuses first and foremost on being a regulator.
- The profession cannot fill the gap of a professional body by being disparate.
- The Pharmacy Practice Research Trust commissions research and provides bursaries. It used to be a part of the Society. If the new professional body was a wider church, there might be more interest from people in taking up these bursaries and research posts.

### Structure and Governance

- The new professional body should perhaps be an umbrella for more of these organisations.
- There used to be a practice committee, which was overwhelmed by the politics of devolution. It was representative - all the below had a seat.
  - Academia
  - Industrial
  - Hospital
  - Community



- It was a platform for looking at issues and it worked for a while but the politics overtook the aims.
- It is hard to say what sort of structure would succeed and the most important point for a new professional body is that it succeeds.
- The CPP has a structure that sort of works but it does not have buy-in from the special interest groups.
- A central body with a series of faculties, which encompass special interest groups, is a possible model.
- Worry about having sectors. If it was addressed as medicines management it could cover all the sectors.
- A college structure with faculties would work, but there should not be as many faculties as there are special interest groups at the moment.
- Pharmacy is tribal; people would join a tribal confederation but you have to overcome the tribalism. It would be much easier to get people to sign up to something based on the various pharmacy 'tribes' particularly if this generated a way through the structures.
- Suggest instead of the holy trinity of community, hospital and industry dictating structure, the new body should think in terms of clusters of work:
  - Public health
  - Acute Care
  - Education
  - Management
- A unified professional body could rein in some of the special interest groups. There are currently examples of special interest groups that lobby well on their own behalf and are demonstrating classic attempts to monopolise the market without an evidence base for this monopoly.



- If the SIGs were within the professional body there would be a process for the body to set limits and the membership can put breaks on groups that are overdeveloping their monopolies in terms of jobs.

#### Function of a Professional Body

- Definitely should not have a trade union function.
- It should be a charter body, charitable and working in the public interest.
- It should not be a trade union but the new professional body should stand up for the profession collectively and be prepared to tell the regulator when it's being inappropriate.

#### Membership

- This should encompass the whole pharmacy family.
- If you disenfranchise the technicians and the scientists, the profession will lose out.
- Nobody should be excluded. There should perhaps be different levels of membership.
- If the new professional body is going to have input to the regulator in setting standards then there is a problem with non-pharmacists being involved. Need to protect this perhaps by having different membership levels.
- The profession will miss out on a massive wealth of experience if it is exclusive.
- Academics should be included. If they have a role in teaching then they should have a voice within the profession.
- Pharmacy is a family. There is less likely to be entrenchment if everyone within pharmacy is in one body.



- An integrated professional body helps ideas become synergistic earlier on in the process.
- If the professional body has membership for anyone involved in medicines, there is a danger of dilution.
- Politically, the only way to move forward is to say that pharmacists are full members and then to look into affiliates and associates in other areas.
- Students should definitely be members.
- Membership should recognise distinction in practice.

#### Students

- Students are vital. If the professional body does not get them early, there is a danger they would never join.
- BPSA should be included under the umbrella organisation if possible.
- Students should be nurtured from the outset.

#### Scientists and Technicians

- There is considerable external goodwill for the development of pharmaceutical products and the scientific side of pharmacy. Maintaining this within the professional body is important.
- Hospital and industry pharmacists have to rely on technicians more than community pharmacists and therefore might have a very different view on the inclusion of technicians within the professional body.

#### Research

- Research needs to be pushed centrally. This can then facilitate discussion.



- If it is a centrally located focus gaps can be identified. There are always undergraduates looking for projects. The professional body could match students to research projects.
- Research can be matched to the political agenda to help ensure the professional body is current and involved in the policy developing around the profession.
- The professional body cannot call itself a leadership body if it is not commissioning research.
- The current silence from the Society is allowing the profession to be patronised.
- There is vast scope for the new professional body to provide knowledge transfer through research.
- The body can then decide how the research is converted into policy or practice.

#### The Regulator

- The GPhC must see a new professional body as a credible representative body that develops standards it felt it could adopt.

#### Fees

- The fact that there is going to be a regulator and a separate professional body means it is going to cost a significant amount more than the current fee and pharmacy has to accept that - it is perhaps long overdue.
- There is potential for the regulator to be very lean. The new regulator will look very different to the current regulatory function of the RPSGB. The new regulator will not need to employ all the services the current one does, could contract a lot of this out,



perhaps to the new professional body. It is possible for the regulator to attract a relatively small fee.

- A subscription fee of £100 - £200 is probably acceptable.
- The important thing to flag up when it comes to the fees of the new professional body is the discounts being a member would bring you.
- For example, the new professional body could offer a free journal with membership but non-members have to pay £200 for a subscription.
- Or if you are a member of the professional body, which should take on the continuing education of the profession, you could save 20 - 25% on each course you took.
- Incentives like this would encourage people to join.

#### Accreditation, CPD and Standards

- The new professional body should accredit, or there is little point in its existence.
- The regulator could buy standard setting from the professional body.
- If the professional body set standards, then to know what the standards are and to ensure adherence to them, pharmacists would go to the professional body - a way of making it viable.
- Everyone has to do CPD and should go to the professional body for that.
- Most people in pharmacy want to develop their practice and they should go to the professional body for that.
- In community pharmacy, CPPE does this and it is a funded body provided by the government.
- The professional body should be a provider of education and therefore should provide CPD.



- Faculties could provide the courses and the executive could accredit them.
- The profession need to be assured of competency and standards within the profession. The body's role is to ensure that they are constantly pushing up standards at the various Schools.
- If the professional body is any good it should be lobbying employers and making it clear there is no point investing in a particular School of Pharmacy if the pharmacists it produces are not up to scratch.
- There should be a mechanism for prior warning and improving standards before the School has to be closed - a role for any new professional body.

#### Revalidation

- General support for revalidation being a central theme of the new professional body.

#### Branch and Regional Networks and Structure

- The Society has a branch network that does not function.
- The profession needs networks across the country and it should not be Lambeth centric.
- There should be some sort of regional system that can feedback regional issues acting as a conduit.
- Branches should provide local focus points.
- Regional facilitators in the CPP do not work either. The Guild of Healthcare Pharmacists also operates a regional structure with some success, but it comes back to buy-in. Why are people not interested?
- It cannot be done on an ad hoc amateur basis as it is now where people volunteer for regional posts. It must be a properly funded job and there should be more than one representative.



- Devolution is representative of a duplication of effort, but that is the nature of it.
- Activity should happen at a local level - a small centre with a big local network.
- The disadvantage of the current Boards is that they have been established recently and there has not been a long enough period for them to bed-in and see if they are the way forward.
- Can understand the devolution ties-in with the political structure of England, Scotland and Wales, but it does not work on some of the general issues that apply to all.
- If this network is set up with pharmacy champions in post, they can act as a conduit.
- Keeping the branch structure has the advantage of integrating people.
- If the branch network is effective it should be a way of supporting and strengthening the body; they should not necessarily be the basis of government of the body.

### Support

- Increasingly seeing difficulties for employees in companies. They have targets and are under pressure. The professional body should be interested in the position of the individual pharmacist.
- A trade union is a source for that support, but it needs to be more than a typical trade union function. It does not seem as if there is any help. A major part of this new professional body should be support. At the very least the professional body should be making clear the framework an individual should be working to and helping them achieve that.



### The RPSGB

- The new body should be based on the Society its heritage and credibility although somewhat reluctantly.
- Appreciate the fact that starting from scratch and having something credible by 2010 is not possible.
- Can the Society move from where it is now to where it needs to be? It will be a struggle. Needs good leadership to do this. It needs good leaders at a national and local level. There has to be a network and it must include students
- If the Society is to become the foundation on which the new professional body is based, there needs to be a massive rebranding and review because there is currently no confidence.
- Need to change the staff culture at Lambeth.

### Appointment to Council

- The current Council and its structure were configured on a regulatory basis. The Council of the new professional body would not look like the current Council at all.
- Lay input to Council is necessary on the regulatory side but it is not necessary on the professional side and just acts as a dilutant.
- No representation for hospital pharmacists on the current Council; this has to change.

### Pharmacy and Other Healthcare Providers

- Pharmacy is always comparing itself to doctors, dentists and nurses. The profession undervalues itself and its own ability.
- The new professional body must improve on the relationships between pharmacy and other healthcare providers.



- The provision of services in the community and prescribing generally have both made tremendous progress.
- Agenda for Change was designed for nurses, doctors opted out. It is not right for pharmacists and they should have opted out as well.
- Pharmacy is now going up the political agenda, but slowly and because medicines are going up the political agenda, pharmacy is moving behind that.
- The difference between pharmacy and other healthcare professions is that it is not sufficiently tied into the Department of Health.
- The communication network of the professional body is not up to the necessary standard. There is a role for the new professional body to take this on.
- The policy makers within the Department of Health have not properly developed their communication network. The combination of this and the Society not having a communication network up to standard means pharmacy loses out in policy decisions.
- The professional body could inform the Department of Health on what it knows. It needs to be the Department's go-to organisation on pharmacy.
- When NHS Direct was set up it did not have pharmacy as a signpost.
- The professional body needs to be telling PCTs what is needed to have a high quality pharmacy service, not the other way around.
- NHS Direct has a huge amount of calls coming from nurses in care homes. This could easily be transferred to a pharmacist.
- There are now some care homes that have a pharmacist as part of the team, and there is discussion of including a technician. The new professional body should seize on this where it is happening already and make it best practice.



### Other Professional Organisations

- The College of Mental Health Pharmacists is very successful. There is dynamism and leadership that is driving the body forward; that is what the new professional body needs.
- It is important that the professional body adjusts the perception of the profession among other healthcare professionals.

### Publications

- A key function of a professional body is producing learned publications. The current Society has never written good position statements. This only adds to the negative profile the current body has.
- The British National Formulary is brilliant.

### In Government

- Health policy is changing dramatically and there is currently no umbrella organisation that looks at the overall policy and how it could affect pharmacy. Pharmacy always seems to be one step behind.
- Pharmacy must be thought about in the first policy meeting, not down the line.
- The professional body needs to be an horizon seeking organisation. If there is a body for the profession that constantly scans the horizon in health policy terms, then it gives the profession opportunity to react and be involved in directing policy.
- The body also has to remember that things go on outside Lambeth.
- There is a perception that the Society knows a lot of information but it does not disseminate it.



- Dealing with the A Spoonful of Sugar - Medicines Management in NHS Hospitals, is a classic example of this.
- If the professional body does not have an impact on the new contract then it will fail; it is a huge test.
- The PSNC has no credibility at government level. There is a role for the new professional body to give contractual advice and help inform the process.
- Contractors within the profession want professional guidance. MUR is a mess and it would not be if the professional body had an input in these processes.
- The profession would welcome advice that came from the professional body rather than the contracting body.
- If the professional body is not a trade union it has to have a role in supporting professionals through these issues.

#### Community Pharmacy

- The new professional body ought to be able to stand up and state roles where it can help community pharmacy.
- Pharmacists are a massively underused resource within the NHS because they are not seen as part of the NHS.

#### Locums

- Locums would join a professional body to have access to the dissemination of local information.
- It is a big challenge for a locum to have access to local information and local training and a new professional body that provided them with this would attract them.



- Accreditation for locums should be standardised and the new professional body should be involved in this from the start; there is an issue of portability to be addressed by the professional body.
- It is a current problem that several different PCTs are accrediting locums; the new professional body should promote the concept of standardised accreditation.
- Cross PCT qualifications could break down the existing artificial boundaries.
- The new professional body needs to reach out to locums.
- There are two classes of locum
  - Those who want a flexible way of practising their profession but do not want to let go of their professional standards.
  - Those who see it as a licence to practice or a money ticket - they will turn up anywhere at high cost to keep the pharmacy open but will leave all the work once there to the dispensing assistant.
- If there is no change in locum structure, this will not go away.
- There is a challenge for PCTs. The profession needs an arrangement where pharmacies can be kept open without having to rely on the 'certificate to hire' locum. If an arrangement is reached it would be possible to dry up the demand for sub-standard practitioners.
- It is likely that the second sort of locum would not join the professional body anyway, but there is potential for the new professional body to work with the Department of Health to put non-members at a sufficient commercial disadvantage.

#### Location of the Body and the Building

- Having the regulator and the professional body in the same location sends a mixed message.



- The current building in Lambeth is not fit-for-purpose.
- The professional body's building should be a resource for members to use. The Royal Society of Medicine is a good example of a functioning building. It is like a club with bedrooms for its members. The Lambeth headquarters are far from any tube station. There has been a suggestion of a restaurant on the fifth floor in Lambeth but it would shut at 6pm - which is not what the membership would want.
- The new building could have conference facilities that could be rented out to generate income.
- There should be a London base but there is no necessity for it to be situated opposite Parliament.

#### The Name of a Professional Body

- The current name sees a constant battle with people seeing the Society as an industry body and there have been issues with animal rights groups.
- "Royal" is important.
- "College" seems too education focused.
- If the new body keeps "Royal Society" then too many people will think nothing has changed, it has a limited image.
- Perhaps Royal Society of Pharmacy.

#### Postgraduates

- The professional body will accredit standards to which education is provided which would be measured by an exam. The body must then have to have the power to accredit postgraduate courses because there is currently a massive disparity between postgraduate courses in different Schools of Pharmacy.