



The Independent Inquiry into a Professional Body for Pharmacy

Newcastle - Public Meeting

28 January 2008

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.

New Professional Body

- The new body should promote and raise the profile of pharmacy.
- Geographically, 80% of the profession is in England and sectorally 70% are in community pharmacy. The new professional body has got to represent the majority whilst not alienating the minority.
- The new body must be seen as distinct from the Society, making a fresh start.
- There is a fundamental question to answer when creating this new body, which is how to organise all the disparate groups within pharmacy.
- The regulatory and professional body functions of the Society have always gone on behind closed doors, this cannot work. If the two elements can clash in public, professional apathy will decrease.
- The new professional body should formally establish a link with the medical profession, the RCP or the RCGP.
- The new professional body should be promoting the core skills all pharmacists should have and pushing for their attainment.



- If a pharmacist wants to improve their practice, the professional body should be the place they would go for that.
- The new professional body should be the provider and deliver of local support.
- The publishing arm of the new body must create profit. It is viewed as the bedrock of the new body.
- Membership of the GPhC will allow individuals to call themselves pharmacists. Post nominal letters must remain with the new professional body. The new body has got to market this fact. The public attaches value to post nominal letters.
- The new professional body must provide a quality of service that makes the pharmacist's life easier. A quality of service that people need, separate from things that it would be nice to have.

Current Gaps

- There is currently a void where there should be a body representing pharmacists. At the moment, Mark Koziol is filling this void.
- There are many bodies representing contractors but nothing that represents the community pharmacist.
- The Society does not provide any answers to people seeking advice.
- The system is bureaucratic.
- Newly registered pharmacists are frightened by the lack of assistance provided by their professional leadership body.
- The Society has got to move away from telling people what they cannot do and become an enabler.
- There are countless pharmacy bodies out there because the things they provide are not being provided by the RPSGB.



- The role of the pharmacist is defined in European law, the new professional body must ensure the public has the same understanding.

Membership

- The professional body should cover the broad church but members should be pharmacists, initially at least.
- There should be associate membership for non-pharmacists.
- Do not want a professional body with an entry level of NVQ level 3; it should be at least degree level.
- If in the future technicians were qualified with a degree, their level of membership could be revisited. But for credibility now, the new professional body has to have degree level entry.
- The professional body should represent pharmacy but individual members should have to be pharmacists.
- Associations or affiliations with other areas or groups are fine.
- It is inevitable that some groups will not want to join initially; they could perhaps be affiliated in the beginning and then come within the organisation later on.
- Students should not be full members, because they have not yet got their degree but they should be student members.
- Pre-reg candidates are not yet on the register, but they do have a degree so they should be members.

Structure and Governance

- It needs to be established which bodies / areas should be affiliates of the new professional body and which bodies / areas should be brought within it.



- There should not be a trade union function within the new professional body.
- The trade union elements of the GHP, PDA and PSNC cannot come within the new professional body.
- The Joint Programmes Board has developed a competency framework for London and the south east. This is a possible route to follow.
- If the body becomes too regional, there will not be a unifying voice.
- There should be a regional structure that deals with issues on the ground.
- There should be a national structure that deals with the local NHS (this includes England).
- Then there should be a broad over-arching UK structure that ties everything together.
- There needs to be a new form of governance for the new professional body to ensure proper representation of that body.
- Their needs to be a metamorphosis from the current Society to the new professional body.
- The governing Council of the professional body needs to command greater support than the current Council.
- Hospital pharmacists would not apply to sit on the Council as it is currently arranged, as they cannot afford the time.
- Whatever the new structure is, the title “Academy” gives the wrong impression, as it is a widely held belief that they are “failing” organisations.
- The structure should be such that it helps the professional body support leading edge practice.
- If the new professional body is the voice of authority with other professional bodies then there would be a lot to be said for smaller



groups within the new professional body that support pharmacists with a specialist interest.

- Thriving branches are as a result of a dynamic leader, an individual. Failing branches are due to a lack of leadership.
- How would members elect people to the Council of a new professional body if there were no branch structure?
- There must be some resolution for geographical and sectoral seats.
- Currently there is no interview process; people who are successful are either backed by their employer or good at self-promotion.
- The current Council tries to run the Society.
- Perhaps there should be a secondment for a full time public figure for the profession.
- The ASHP has a superb infrastructure, operating with a Secretariat and Council.
- At the moment it would be possible to go to a pharmacy meeting everyday of the year, there is information overload. This needs to be addressed.

Member Services

- Make membership almost mandatory by making competency key.
- Make the professional body altruistically appealing, encouraging people to be the best pharmacist.
- There has to be a perception of getting more out of the professional body than an individual is required to put in.
- Get the NHS on board.
- Make the professional body such that employers want their employees to be involved to keep them on the register.



- The professional body needs employers on side, the services it provides need to ensure there is a competitive advantage in signing up.
 - This in itself should bring levels of competency with it.
- The professional body has to do everything better, cheaper and more effectively than an employer could do alone.
- The profession needs to know what it is getting on member services. The Society does not promote itself correctly on this.
- Generally pharmacy conferences are expensive, not relevant and they do not make money. They also should not need to be subsidised.
- The BPC is not necessary annually. It is however useful to meet people from other areas.
- The conference is not part of what the profession want as a broader member service, but it might be required to raise the profile of the profession.
- If being a member of the professional body demonstrated a level of professionalism to an insurer, and members of the new professional body got a discount with that insurer because of that, then it would be worth being a member of the new body.

Accreditation, CPD and Standards

- The professional body should make CPD and revalidation an easier more approachable prospect.
- The professional body must run accredited courses centrally.
- There are currently excessive amounts of training courses for pharmacists available. There needs to be one standardised, accredited course, which is provided by the new professional body.



The RPSGB

- The new professional body provides a good opportunity to get away from the Society's staid image.
- The Society is undervalued.
- The regulatory part of the Society has always stifled the professional body side of things.

Functions of the New Professional Body

- In terms of dispensing doctors, the urban and rural situation is totally different. There needs to be a common code of professionalism for dispensing. There needs to be a register of dispensing doctors.

Technicians

- Most of the membership are worried about their jobs evolving to be covered by technicians.
- Technicians worry their jobs will be taken over by assistants and support staff.
 - Nobody feels secure.
- The new professional body should not seek to control technicians but to bring them into the wider pharmacy family.
- It is about public safety, perhaps down the line they can be full members when there is a change in their qualification.

Students

- If necessary, student doctors are disciplined while still at university; student pharmacists should be accountable in the same way. Have to tie them in early on in order that they maintain the link once qualified.



Fees

- 87% of £385 is the regulatory fee
- 13% is for the professional body side

The Name of a Professional Body

- The “royal” adds gravitas.
- Less worried about use of “College” in the title.
- “Society” is tainted by the current RPSGB.
- Use of the word “Society” in the title is different to other medical royal colleges, it is a bit more interesting.

Location

- This must be separate from the regulator.
- The overarching headquarters of the new professional body has to be in London.
- There needs to be a presence in London for policy reasons.
- London is the current location and it is expensive to move the staff so the new body should stay in London.
- There have to be offices in Belfast (if included in the new professional body), Cardiff, Edinburgh and London.

Europe

- Not particularly bothered by Europe in pharmacy terms. Feel the UK is progressing ahead of the European model.
- Pharmacy must think ahead in terms of Europe because of the UK’s movement along the lines of independent prescribers, which is very different to the European supply base model.
- The GHP is involved in the European Association of Hospital Pharmacists; the new professional body should also be involved.



- One of the reasons for the four year course is to meet European standards.