



The Independent Inquiry into a Professional Body **for Pharmacy**

Consultation Document

01 November 2007

The Inquiry into the principles, functions and structure of a future professional body for pharmacy is being undertaken by an independent chairman, Nigel Clarke. The views expressed in any of the publications in connection with the Independent Inquiry are those of the author(s) and not necessarily those of the Royal Pharmaceutical Society of Great Britain.

Foreword by Nigel Clarke

Chairman of the Independent Inquiry into a Professional Body for Pharmacy

The changes to healthcare professional regulation announced by the government in February 2007 will have profound influence upon the organisations representing pharmacy. The existing role of the Royal Pharmaceutical Society of Great Britain, combining regulation with professional leadership, will disappear; in its place, in part, will come a new regulatory body, the General Pharmacy Council. Although the White Paper, [Trust Assurance and Safety - The Regulation of Health Professionals in the 21st Century](#), made clear that there would need to be new arrangements to cover issues such as professional development, it laid down no prescriptive approach to this.

The [White Paper](#) changes are therefore an historic opportunity for the profession to review its approach to professional leadership and development. What is clear is that the profession will need to show both vision and leadership, and will need the structures to deliver them; neither the expectations of the public, nor the ambitions of pharmacists themselves will be met without this.

The profession may feel that the first question to be addressed is whether a new professional body is required at all, or whether existing organisations can fulfill the roles envisaged by the various reviews that have examined the challenges of a post-RPSGB world. Some may believe that the debate has already moved beyond this question; but it is right to ensure that there is substantial support for any new approach. Certainly, over the last few months there has been wide enthusiasm for the general concept of a new body - one that represents all sectors, that promotes quality and standards in science and professional practice, and can support pharmacists in their day-to-day work of improving health and wellbeing. Whatever route the pharmacy profession

wishes to follow, this is the time to make a reality of that concept, to forge viable and effective bodies with the structures and functions to meet the aspirations of the profession, add value to the key services they provide, and complement the work of the proposed new regulator, the General Pharmaceutical Council, in maintaining and improving standards.

If pharmacists choose to create a fresh professional organisation, this will be a genuinely new body, not just a re-branding of an existing organisation. The [Carter Report](#) commissioned by the government from Lord Carter of Coles expressed the belief that the Royal Pharmaceutical Society of Great Britain would be an important component of that new body. But it is for the profession as a whole to determine what would best meet its needs. After all, no new organisation can credibly represent the profession, or be financially viable, unless enough individual pharmacists want to be part of it, and play an active role in its development. That is why it is vital that as many pharmacists as possible, together with their representative organisations and stakeholders, have their say now through this consultation.

This Inquiry has been commissioned and funded by the RPSGB, but is independent of it. The Society has readily recognised that independence is essential if we are to hear the unfettered views of the profession and make considered recommendations based on the evidence we gather.

Many of the advocates of a new professional body are ambitious for it. Both the government [White Paper](#) which launched this initiative and Lord [Carter's Report](#) use the term 'Royal College' to give an indication of the type of organisation they had in mind. The creation of a new body is seen by many, particularly specialists, as the chance to provide support and recognition for the leading edges of the profession. We want to hear from the many organisations and groups - local, regional and national - driving forward development and innovation on all fronts, so that any new organisation will

respond to their needs and further enhance the status and standing of pharmacy.

At the same time, any body must also be member friendly and be seen to offer added value for the entire profession, not just its leading edges. The Inquiry needs to hear from all elements of the profession about what they are looking for from a professional body, bearing in mind that functions similar to those of a medical 'Royal College' need not be a new organisation's entire remit. In considering the responses we receive, we will test out proposals for sustainability and financial viability, to ensure that what is put in place is robust and will stand the test of time.

We shall be making recommendations that can address all sectors of the pharmacy family, including those working in industry, veterinary pharmacists and pharmacy technicians. Even if this is not spelled out in every paragraph, this inclusive coverage should be understood in the text of this consultation document.

We cover all parts of Great Britain. As devolution leads to subtle - and perhaps not so subtle - variations in health provision, it will be important for the new professional body to have the depth and flexibility to be able to address these on behalf of its members. That is why we shall make special efforts to seek the views of pharmacists in Scotland and Wales, and hold meetings throughout England.

This consultative document is the first stage in the process. I am supported in the Inquiry by a panel of three experts and a small secretariat. In addition to the on-line consultation we shall have public meetings with the profession from November 2007 to January 2008. Over the same period there will also be more formal evidence sessions in London, Edinburgh and Cardiff. The consultation

will end on 31 January 2008. We shall present our final Report to the Society in mid-March in time for their Council meeting in April 2008.

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An Independent Inquiry into a Professional Body for Pharmacy
Consultation Document

Introduction

1. The Consultation Document is the first stage in an independent consultation of the pharmacy profession, its organisations and key stakeholders by the Independent Inquiry into a Professional Body for Pharmacy ("The Clarke Inquiry"). The Inquiry has been commissioned by the Royal Pharmaceutical Society of Great Britain ("RPSGB") to allow the profession the widest possible debate on the issues raised by the government's proposal to form a new professional body. Based on this consultation, and the written and oral evidence supplied to the Inquiry, the chairman will make recommendations to the Society's Council.

The membership of the Advisory Panel and the Secretariat is set out at **Appendix 1**.

2. Please send responses to this consultation to submissions@theclarkeinquiry.com by 31 January 2008.

Confidentiality

3. It is The Clarke Inquiry policy to publish submissions unedited and in full, on the website, www.theclarkeinquiry.com, with details of the person or organisation making the submission, unless an explicit request for confidentiality is made. Many e-mail systems carry an automatic declaration of confidentiality. For the purpose of this Inquiry an additional explicit request for confidentiality must be made.

Background

4. In February 2007, in the White Paper, [Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century](#), the government gave its view that for the pharmacy profession, amongst others, the roles of independent regulator and leadership of the profession should be performed by distinct organisations. It announced its intention to seek a legislative opportunity to establish a General Pharmaceutical Council (“GPhC”), which would be responsible for the regulation of pharmacists and pharmacy technicians, and for the registration of pharmacy premises. The GPhC would also take over the role of the inspection of pharmacies from the RPSGB.

5. The [White Paper](#) recognised that this was an historic decision for the pharmacy profession at a time when the safe and effective prescribing and dispensing of medicines was becoming more complex and greater clinical responsibilities were being placed upon pharmacists. The [White Paper](#) said the profession “must retain strong professional and clinical leadership” and would need “a strong and clear voice to assume the critical responsibility of a role akin to that of a Royal College. This should be a learned and authoritative organisation, supporting excellence, professionalism and innovation in the science and practice of pharmacy.”ⁱ

6. To take this forward, the [White Paper](#) announced that the government would be setting up a “short term working party”ⁱⁱ which would include the four UK Chief Pharmaceutical Officers to “work collaboratively with the broader pharmacy profession” and other key stakeholders to produce “agreed proposals for implementation”ⁱⁱⁱ. This working party, under the chairmanship of Lord Carter of Coles, produced the [Report of the Working Party on Professional Regulation and Leadership in Pharmacy](#) in April 2007.

7. The government welcomed the recommendations of the [Carter Report](#), and set up the Professional Regulation and Leadership Oversight Group (“PRLOG”), under the chairmanship of Ken Jarrold CBE, to advise ministers on the “complex programme of work to establish a new pharmacy regulator”^{iv}. PRLOG has also been asked to “identify how leadership in the pharmacy profession can best support the GPhC, for example through the establishment of a Royal College for pharmacy”^v. This Inquiry, including the consultation process initiated by this paper, has been commissioned in response to the government’s acceptance of the [Carter Report](#). It relates solely to the formation of a new professional body. The conclusions reached, and recommendations made, will however need to take account of the work of PRLOG.

Present Roles

8. The Royal Charter of the RPSGB gives as its “objects” within “the context of the public benefit”^{vi}:

- “To advance knowledge of, and education in, pharmacy and its application, thereby fostering good science and practice;”
- “To safeguard, maintain the honour, and promote the interests of pharmacists in their exercise of the profession of pharmacy;”
- “To promote and protect the health and well-being of the public through the regulation and professional leadership and development of the pharmacy profession and the regulation of other persons engaged in related activities;” and
- “To maintain and develop the science and practice of pharmacy in its contribution to the health and well-being of the public.”

9. There are also other bodies, which have national functions that could be considered as part of a ‘leadership’ or ‘professional’ role. These include the

Pharmaceutical Services Negotiating Committee (PSNC), The National Pharmacy Association (NPA), The Guild of Healthcare Pharmacists, the UK Clinical Pharmacy Association, the College of Pharmacy Practice and many others. A scoping study by the RPSGB conducted in 2006 found 188 bodies, which had been set up to support pharmacists. Most of these were regionally or locally based but there are believed to be almost 50 national groups. **Appendix 2** lists these.

10. There may also be lessons to be learned from how other professions fulfil their roles. These professional bodies play different roles and relate differently to other organisations (such as their regulators) but there may be parallels, or useful points, that can be drawn by pharmacists in determining the shape or function of a future body for themselves. **Appendix 3** sets out the functions of a diverse range of these.

Scope of a Professional Body

11. The [Carter Report](#)^{vii} envisaged that a professional body would:
- “Have a significant and necessary role in the development of professional standards;”
 - “Contribute to the development of competencies and standards for undergraduate education as a key stakeholder of the GPhC, the body which will have statutory responsibility for education and training.”

It would also:

- “Be involved in the development of pharmacy curricula and teachers;”
- “Play a pre-eminent role in supporting the provision and assessment of pre-registration training nationally, working in collaboration with employers and education providers;”

- Alongside pharmacy and NHS employers and commissioners, “play a key role in the revalidation of pharmacists and pharmacy technicians, which would parallel that proposed for RCGP in the revalidation of GPs;”
- “Create an Academy of Pharmacy Practice to champion advanced specialist practice, and support and develop advanced pharmacy practitioners;”
- “Create an Academy of Pharmaceutical Sciences to provide a forum for pharmaceutical scientists, particularly those working in the academic and industrial sectors;”
- “Develop an organisational structure which best serves roles both across UK and in each of the devolved administrations, as well as providing a regional identity.”

12. The above is not a comprehensive list of functions that could be performed by a national professional body - the [Carter Report](#) did not set out to achieve this. Nor is it a reflection of all those that are already performed by other health-oriented Royal Colleges. Other such functions could include:

- Strategic leadership
- Representing the profession to government and others
- Being the voice of the profession to the media
- Publishing
- Trade union functions
- Protection of professional interests
- Professional representation of individual members in, for example, legal or disciplinary proceedings
- Practice support
- Careers support
- Keeping members informed of clinical and broader issues
- Personal counselling
- Financial advice
- Financial services (for instance, arranging insurance)

- Providing meeting and other facilities
- International links
- Heritage and custodianship.

13. Not all of these are necessary to a body “akin to a Royal College”^{viii}, but they are provided by national bodies that support other professions. For pharmacy, some of these functions are already provided by a number of different bodies. This consultation provides an opportunity for the profession to determine whether the creation of a new professional body should allow for that body to be strengthened by incorporating some of these functions within its remit, or whether it should be an occasion to provide a firm delineation of responsibilities between existing organisations, to permit each to grow services as appropriate.

Questions

- I. Are the functions set out in the Carter Report sufficient as the remit of a new body?
- II. Are there functions set out above, or in the Carter Report, which should not be part of the role of a professional body?
- III. Are there any additional functions that the body should perform?
- IV. Where these functions are currently performed by existing organisations, how should those organisations relate to a professional body in the future?
- V. What activities are essential to gain the maximum support from the profession and ensure the financial viability of a professional body?

14. The [Carter Report](#) expressed the strong hope that the RPSGB should form the “central plank in the formation of the Royal College”^{ix}, though it stressed the need for the Society to capture the confidence of the wider body of enthusiasts for a ‘Royal College’. Similarly, a group of pharmacy organisations convened by the College of Pharmacy Practice on 15 March 2007 recognised (in

the “Waterloo Agreement”) the importance for the formation of a new body, of the RPSGB “in terms of its charter, history, infrastructure and assets”^x.

15. Nevertheless, it is clear that, in discussing a new body, the major proponents have not simply been considering a body formed of the rump of the RPSGB once the regulatory functions have been split off. They envisage a quite new organisation. The [Carter Report](#) talks of “the significant number of specialist organisations that would be expected to coalesce under a Royal College”^{xi} and the Waterloo agreement says that, of those organisations represented at the meeting, some “will wish to be an integral part of the Royal College body, and others will give their support while retaining their independence”^{xii}.

16. In determining exactly what form a new professional body might take, the pharmacy profession needs to be clear about which of the current functions of the RPSGB need to be undertaken by a new professional body. There is no point in creating a new body - whether it be a rebranded RPSGB or an entirely new construct - unless it is fit to achieve what the profession deems is needed from such an organisation.

Questions

- VI. Following the establishment of the GPhC should the residual RPSGB assume all the functions of a new professional body?
- VII. If so, what changes to the RPSGB’s Charter and Constitution of Council would be required?
- VIII. If not, what should the division of functions between the residual RPSGB and a new body be?
- IX. Which, if any, organisations should ‘coalesce’ to form a new body?
- X. Which, if any, of them need to be included from the start?
- XI. Do you favour the use of the title ‘Royal College’ to describe such a body?

Professional Standards

17. The [Carter Report](#) says of the GPhC: -

“As the statutory regulator, the GPhC will have a duty to set a range of standards and/or guidance against which the GPhC’s other functions rely on for the discharge of their responsibilities.”^{xiii} This includes standards for:

- “Education and training, both pre- and post-registration”
- “Proficiency - including practice and performance”
- “Conduct and ethics”
- “In establishing these, the GPhC will be required to consult any new Royal College for Pharmacy.”

18. This does not imply that a new professional body is to be simply one consultee among others. Elsewhere the [Carter Report](#) stresses that a professional body *would* “have a significant and necessary role in the development of professional standards”^{xiv}.

19. The relationship proposed is plainly symbiotic, but there is a spectrum of possibilities. At one extreme, after wide consultation, a professional body would produce and publish, in its own name, detailed statements and advice on the standards, expected competences, code of ethics, guidelines for professional practice, and required levels of performance for pharmacists at all levels of training and throughout their careers. These could be kept under review by the regulator who would discuss alterations with a professional body or issue supplementary guidance and would retain the power to issue its own statements about standards. Under this model the initiative would remain with a professional body as long as it could satisfy the regulator that its standards represented good practice that any pharmacist should be required to observe.

20. At the other extreme, such guidelines, comprehensive or otherwise, would be issued by the regulator, although a professional body would be

involved, with others, in their development, and would be expected by the profession to challenge publicly anything issued by the regulator with which it disagreed. Plainly there are readily justifiable positions between these extremes.

Questions

- XII. What should the role of a professional body be, in developing and setting professional and ethical standards?
- XIII. What would the requirements of the regulator be, if it were to permit a professional body to take the lead in drawing up standards?
- XIV. To what extent are such requirements met currently?

Undergraduate Education

21. The [Carter Report](#) says: -

“The GPhC, in line with other health professions’ regulators, will have statutory responsibility for the education and training for Pharmacists and Pharmacy Technicians,”^{xv} these will include:

- “Setting standards of pre and post-registration education and training, such as to provide practitioners who are eligible for registration through being competent to practise safely and effectively;”
- “Approval of courses, institutions and qualifications against these standards, including arrangements for both academic education and clinical training.”

22. The [Carter Report](#)^{xvi} also says a new professional body would:

- “Contribute to the development of competencies and standards for undergraduate education as a key stakeholder of the GPhC as the body with statutory responsibility for education and training;”
- “Be involved in the development of pharmacy curricula and teachers.”

23. In many respects, this involves the same considerations set out in paragraphs 17 -20 above in discussing the role of a professional body in developing professional standards and the more formal role of the regulator. There are many tasks to be performed in setting standards for pre-registration training and in the approval of courses and institutions. Accreditation and re-accreditation at five- yearly intervals require considerable professional input. It will be for the regulator and the future professional body to decide on how the balance of that labour is shared. Of course it would also be open to the regulator, to seek to contract out to another provider (public or private), any tasks it did not wish to perform in-house. At present re-accreditation of institutions provides no separate income stream for the RPSGB. If a new body is going to keep this present RSPGB function it will be expensive and must be paid for either by the schools or members.

Questions

- XV. What should be the role of a professional body in undergraduate education?
- XVI. How would this be financed?

Pre-Registration Training

24. The [Carter Report](#)^{xvii} sets out the role of the GPhC as being: -
- “Setting standards of pre- and post-registration education and training, such as to provide practitioners who are eligible for registration through being competent to practise safely and effectively.”
25. When discussing the role of a professional body in this area the [Carter Report](#)^{xviii} lists the existing activities of the RPSGB as: -
- “Approving the suitability of premises for pre-registration training;”

- “Developing appropriate criteria for pharmacists acting as tutors of individual pre-registration trainees, and confirming the eligibility of named pharmacists to be tutors;”
- “Advising employers on good practice on the recruitment of pre-registration trainees;”
- “Specifying a programme of competency-based learning required to be undertaken during the pre-registration period;”
- “Monitoring the progress of individual pre-registration trainees through a system of appraisals undertaken by tutors;”
- “Setting, arranging and marking a pre-registration examination near the end of the pre-registration period, and arranging re-examination for failed candidates;” and
- “Dealing with appeals on assessment.”

The first two of these will plainly be matters for the regulator, but there is scope for a professional body to be involved in the others.

Questions

- XVII. Which of these existing functions of the RPSGB should be performed by a new professional body?
- XVIII. How should they be funded?
- XIX. Are there any other functions a professional body should undertake for pre-registration trainees?

Post-Registration Education

26. Post registration education is not discussed in detail by the [Carter Report](#), as a matter for a professional body. The Pharmacists and Pharmacy Technicians’ Order gives the Society powers to oversee all stages of education

and training including post-registration. It is not yet known whether these powers will transfer to the GPhC. At present post-registration educational provision (extending beyond CPD) for practising pharmacists and pharmacy technicians providing NHS services in all sectors of practice is the concern of several bodies, both national and regional. These include the Centres for Pharmacy Postgraduate Education (CPPE, ECPPE, NES), the College of Pharmacy Practice, and the schools of pharmacy. There appears to no single point of focus such as could be provided by a professional body with the recognised authority and expertise that would be demonstrated through the creation of academies and the relevant faculties. Such a body could 'kite mark' the level of practice of a member for the benefit of employers, commissioners and the regulator. It could provide oversight, facilitation, common standards and leadership in the field, with, perhaps, a 'deanery' function for current providers.

Question

XX. What should be the role of a professional body in post-registration education?

Continuing Professional Development (CPD)

27. At present CPD is an ethical, professional requirement for pharmacists. Under the proposed legislation it is to be mandatory. It will be for the regulator to assure itself that adequate CPD has taken place. But there are several potential roles for a professional body.

28. CPD will differ according to the various sectors of the profession and the alternate roles performed. For instance, the requirements on a pharmacist prescriber would differ from those of one working primarily in a primary care organisation. They will be different for a registered pharmacist who is practising to one registered but not-practising. Systems, guidelines and advice

will be needed, including arrangements for recording CPD events and providing formative feedback on them, and for accrediting providers and events. All of these offer opportunities for involvement by a professional body, which could also be a provider of CPD. It may well be the case that a professional body's role in revalidation (see paragraphs 29 - 31 below) necessitates a deeper involvement in CPD. The Society already has a well-established CPD system with which its members are familiar.

Questions

- XXI. What should be the role of a professional body in CPD?
- XXII. Should a professional body be a provider or an accreditor of CPD? Or should it be both?

Revalidation

29. Revalidation is the process of regular re-certifying or re-licensing of professionals and will be a requirement for pharmacists (and pharmacy technicians), as for all other regulated health professionals. The [White Paper](#) states that the proposed professional body would have an “important role in revalidation arrangements”^{xix}. The [Carter Report](#) suggests that the arrangements for pharmacy should parallel those being proposed for general medical practitioners “which will involve the Royal College of General Practitioners (RCGP) in the revalidation of all GPs, regardless of whether they are, or intend to become, a member of RCGP”^{xx}.

30. The Department of Health, in implementing the [White Paper](#), has created a working group to develop revalidation of non-medical healthcare professionals. The conclusions of this work will obviously have an impact upon how a future professional body approaches matters of revalidation. But it is reasonable to suppose that an essential aspect will be the supporting

arrangements that exist to help pharmacists achieve, or better the standards expected of them by whatever revalidation process is finally adopted.

31. Revalidation is more than mandatory CPD, though CPD is a crucial element of it. The RPSGB has seen the role of ‘tangibly supporting members in revalidation’ as a good role for a professional body. It also suggests a role in support of members whose initial assessment is not satisfactory. Given the [White Paper’s](#) reference to RCGP arrangements (which are at an early stage of development), it will be important for the profession to review this and determine whether it believes that these, or some other model of revalidation, would best suit its members.

Questions

- XXIII. Should a professional body be involved in developing standards and systems for revalidation?
- XXIV. Should a professional body offer services to members to assist them in meeting the regulator’s revalidation requirements?

An Academy of Pharmacy Practice

32. The [Carter Report](#) proposed that a professional body should form an Academy of Pharmacy Practice. It argued:
“The Royal Colleges within medicine are the guardians of specialist and advanced practice. Membership can normally only be gained by examination or other form of assessment or recognition, although this is often combined with the assessment that leads to admission to the Specialist Register held by the General Medical Council. These Royal Colleges have also evolved a system of recertification for Members, ensuring the continuing fitness of individuals to practise within their medical speciality.

“It is also desirable that a Royal College for Pharmacy champions the development of specialist and advanced practice, and adopts a leading role in stimulating and co-ordinating research and development in pharmacy. Perhaps this could be achieved by the creation of an Academy of Pharmacy Practice, which would be open to pharmacists from all sectors of the profession, but only after demonstrating an advanced level of competence in at least one of the specialist areas of pharmacy practice, e.g. paediatrics, public health, mental health, oncology. The attraction of such an arrangement within an overall Royal College structure is likely to be compelling in enlisting the engagement of many of the existing specialist pharmacy groups and organisations.”^{xxi}

33. This raises a number of issues. Most prominent amongst these is the need to ensure that mechanisms for demonstrating competence are based on current, accredited recognised qualifications, and that in the future these tie into the arrangements relating to the regulation of such courses by the GPhC. The reciprocal point is that a professional body, academy, or faculty should be involved in the setting of the standards which apply to these qualifications.

34. A number of pharmacy bodies already exist to champion specialist practice. For an Academy to flourish, it is likely that they would need to form the base from which it developed - possibly forming its various faculties. This would need a clear positive commitment on behalf of a diverse group of autonomous organisations, acting of their own free will.

Questions

- XXV. Is there support for such an Academy?
- XXVI. Would an Academy of this sort be financially viable?
- XXVII. Would existing specialist bodies and groups be prepared to work to develop such an Academy and would they be prepared to be subsumed within it?

An Academy of Pharmaceutical Sciences

35. The [Carter Report](#) also proposes that the existing Academy of Pharmaceutical Sciences should be a component of a new professional body. It says:-

“Pharmacy embraces the pharmaceutical sciences as well as the practice of pharmacy. A Royal College for Pharmacy should also provide leadership and a professional focus for the pharmaceutical sciences. The existing Academy of Pharmaceutical Sciences, which is populated by many scientists working in the industrial and academic fields of medicines, would sensibly and synergistically become a component of a Royal College for Pharmacy.”^{xxii}

It should be noted that an increasing proportion of such scientists are not pharmacists.

Question

XXVIII. Should the Academy of Pharmaceutical Sciences become a component of a professional body?

Geographical Coverage

36. The PRLOG team led by Ken Jarrold envisages that the GPhC and a new professional body should be British organisations. These will have to take account of devolved health policy in Wales and Scotland. The remit of this Inquiry does not extend to Northern Ireland. Any new Professional Body must pay particular regard to the different development of health services within the various British countries. It will be important to ensure that it is capable of supporting the profession in each country in a relevant manner, and that the structures in place to achieve that also underpin the wider British role.

37. Clearly several different models are possible, ranging from three separate national bodies to a single British body taking account centrally of the differing policies adopted by the three administrations. There could be national committees or boards of varying degrees of independence. Similarly, there are regional possibilities within each country, whether county based or relating to coverage of NHS strategic health authorities or government regional offices.

38. Financial viability will be an important issue. A careful balance would need to be struck between more complex structures, invariably more expensive to maintain, and local accountability, which will encourage greater participation by the profession.

Question

XXIX. How should a professional body (or bodies) be best structured to address national and regional issues?

Organisational and Governance Issues

39. The drive to create a new organisation is an opportunity to review previous structures and arrangements in the light of current circumstances and produce an organisation that is expressly designed to meet the specific functions that the profession requires.

40. A new professional body will need to provide leadership across the various areas set out in paragraphs 17 - 35 of this paper. It may, as discussed, need a geographical structure; it may require a number of academies or faculties to develop sectoral or speciality expertise.

41. To achieve these aims, a new body will require a committee structure, and an appropriate secretariat. This throws up questions about the numbers of committees, and their size. It also sets challenges for flexibility of structure, with the ability to create project groups or working parties of finite life span for particular tasks. Decisions on structure will need to take account of a number of factors. For example, large committees tend to be poor at taking decisions, and are expensive to service. Small committees can exclude legitimate interests, particularly in a profession as diverse as pharmacy.

42. Any organisation will require a principal governing committee or council broadly representative of all of the profession, and an executive body. The profession would need to determine what other standing committees would be required. Obviously, these would follow from the functions of a professional body. The governing council would be elected from the membership, with its president being elected either directly by the membership as a whole, or by the members of the governing council. In the event that a professional body were to seek to add lay membership to this council, as discussed below, this might be achieved through a co-option process.

43. It would be important to ensure that appropriate governance structures existed for any specific bodies such as academies or faculties. The relationship between the governance elements of these bodies, and those of any geographical structures, must be determined.

44. Populating whatever committees were established would also be a matter for careful consideration. Several mechanisms can be used. All have pitfalls: on occasion, members can be elected on rather low voting numbers; nominated members can be seen as not disinterested, and having appointed members raises the question of who should do the appointing. In each case, the outcome may create a sense of lack of proper representation amongst the profession. Given the importance to its work - and indeed viability - of the

profession having a strong sense of ‘owning’ a professional body, it is vital that these perceptions are avoided. It is worth noting that in the RPSGB’s elections, on average only between 20 and 22% of the membership vote.

45. Modern professional governance practice embraces the view that bodies should include a proportion of lay membership of the governing committees. Exactly what proportion would be deemed right would be a matter for discussion; there are no fixed views on this. Were such an approach to be adopted by the pharmacy profession, this should not be an arbitrary process. The appointments should be made against a clear set of desired competencies.

46. It should be noted that both the [Carter Report](#) and the [King’s Fund Seminar](#) commissioned by Lord Carter strongly emphasised the need for a collaborative approach to leadership.

Questions

- XXX. **What governance model should be adopted for a professional body?**
- XXXI. **How should committee structures be determined?**
- XXXII. **What principles should determine the proportions of elected, nominated and appointed members of committees?**
- XXXIII. **Should specific recognition be given to sectors?**
- XXXIV. **How should specific functions be reflected?**
- XXXV. **What should the lay input be?**

Membership

47. The [Carter Report](#)^{xxiii} envisaged a very inclusive approach to membership of a professional body. The Report set out a range of categories of potential memberships:

- Full membership for all individuals on the Register of Pharmacists.
- Possible student membership
- “Associateship could be available to those who are non-pharmacists but are qualified and bring acknowledged and significant expertise to the medicines field, whether this be in medicines development, production, regulation, distribution, prescribing or management. Thus, associateship could be available to both pharmaceutical scientists participating in the Academy of Pharmaceutical Sciences, and Registered Pharmacy Technicians.”

48. The [Carter Report](#)^{xxiv} suggests:

- “Fellows could either be nominated for distinction in pharmacy practice or the pharmaceutical sciences. It might also be considered appropriate to develop an acknowledged style for those pharmacists who have been assessed or recognised to be working as advanced practitioners within their particular specialities.”

49. The notion of full membership qualification through inclusion on the Register of Pharmacists alone may not be enough, however. The Waterloo Agreement suggests that the membership of a professional body should be wider than those on the register of the future GPhC. For example, there are currently a significant number of pharmaceutical scientists not registered with the RPSGB, who may not register with the future GPhC because they are not practising as pharmacists, but whose work is leading in its field and would certainly be relevant to matters covered by a professional body.

50. Another issue for consideration is the use of post-nominal initials to demonstrate membership of a professional body and therefore fully meeting the required standards.

51. It should be noted that the government would not be prepared to make membership of a new body compulsory for pharmacists registered with the GPhC.

Questions

- XXXVI. Should there be different categories of membership of a professional body? If so, what should they be?
- XXXVII. If membership is to be wider than those registered with GPhC, who else should be included?
- XXXVIII. Should student membership be allowed/encouraged and if so, should they pay subscriptions?
- XXXIX. Should pre-registration students pay subscriptions?
- XL. What should the incentives for membership be?
- XLI. What should the post-nominal letters for members be?

Sharing Facilities with the GPhC

52. The economic analysis by NERA Economic Consulting attached to the [Carter Report](#) looks broadly at three future scenarios

- A new professional body and GPhC sharing a building and facilities;
- The two bodies working separately
- The GPhC and a professional body being established independently of the RPSGB.

53. Not surprisingly, the annual cost of the first of these is substantially less than the others. However the underlying rationale for splitting the regulatory

and professional bodies is to give the public the necessary reassurance that the regulator is independent. It might be thought that too close a proximity or the sharing of facilities would put the perception of independence at risk.

54. The question of the historic archives and the museum of the RPSGB, acting as a professional body, is of relevance to any new professional body. The history of the profession is a part of its development, and access to it may be an important element of academic study of pharmacy. The profession needs to determine whether this is a part of the legacy of the RPSGB, which should be passed to a new professional body or whether these documents and artefacts should be passed to another custodian to be maintained as a resource for academic study and public education.

Questions

- XLII. Should a new professional body share premises and facilities with the GPhC?**
- XLIII. If not, where should a new professional body be located?**
- XLIV. Should a professional body act as the guardian of the archives and museum of the RPSGB?**

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- ⁱ *Trust Assurance and Safety - The Regulation of Health Professionals in the 21st Century*, the Secretary of State for Health by Command of Her Majesty, 21 February 2007, Chapter 1, Section 1.34, p.31
- ⁱⁱ *Trust Assurance and Safety - The Regulation of Health Professionals in the 21st Century*, the Secretary of State for Health by Command of Her Majesty, 21 February 2007, Chapter 1, Section 1.34, p.31
- ⁱⁱⁱ Ibid
- ^{iv} *Department of Health Press Release*, 13 July 2007
- ^v Ibid
- ^{vi} *The Royal Pharmaceutical Society of Great Britain, 2004 Supplemental Charter*, Section 2, p.1-2.
- ^{vii} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Recommendations, Paragraph 3, p. 8
- ^{viii} *Trust Assurance and Safety - The Regulation of Health Professionals in the 21st Century*, the Secretary of State for Health by Command of Her Majesty, 21 February 2007, Chapter 1, Section 1.34, p.31
- ^{ix} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 3, Paragraph 11, p. 18
- ^x *The Waterloo Agreement*, Ian G Simpson on behalf of the pharmacy organisations that signed the Agreement, 19 March 2007, p.1
- ^{xi} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 3, Paragraph 12, p. 19
- ^{xii} *The Waterloo Agreement*, Ian G Simpson on behalf of the pharmacy organisations that signed the Agreement, 19 March 2007, p.1
- ^{xiii} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 2, Paragraphs 4 - 5, p. 13
- ^{xiv} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 3, Paragraph 20, p. 20
- ^{xv} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 2, Paragraph 6, p. 14
- ^{xvi} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Recommendations, Paragraph 3, p. 8
- ^{xvii} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 2, Paragraph 6, p. 14
- ^{xviii} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 3, Paragraph 17, p. 19
- ^{xix} *Trust Assurance and Safety - The Regulation of Health Professionals in the 21st Century*, the Secretary of State for Health by Command of Her Majesty, 21 February 2007, Chapter 1, Section 1.34, p.31
- ^{xx} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 3, Paragraph 22, p. 20
- ^{xxi} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 3, Paragraph 22 - 24, p. 21
- ^{xxii} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 3, Paragraph 25, p. 21
- ^{xxiii} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 3, Paragraph 26, p. 21
- ^{xxiv} *Report of the Working Party on Professional Regulation and Leadership in Pharmacy*, Lord Carter of Coles, Section 3, Paragraph 27, p. 21