

The Clarke Inquiry a response

by the Pharmacists' Defence Association.



THE CLARKE INQUIRY

A response by the PDA



January 2008

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1. An introduction to the Pharmacists' Defence Association (the PDA)

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation with more than 13,000 members. The PDA was established for two main reasons;

The practice and regulatory environment in which pharmacists are working in has become increasingly hostile and this has created the need to defend and represent individual pharmacists who find themselves in problem situations.

The working and professional agenda is increasingly being controlled by a small number of powerful corporate entities and monopoly employers (the NHS) this has resulted in the majority of pharmacists (individual employees and locums) having very little say in the way that their profession is being developed. This inequity needed to be addressed.

The aims and objectives of the PDA are;

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation and Pharmacist Union which aims is to act upon and support the needs of individual pharmacists and, when necessary, to defend their reputation. PDA currently has more than 13,000 members.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the views and concerns expressed by members
- Provide insurance cover to safeguard and defend the reputation of the individual pharmacist
- Seek to influence proactively the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to improve further the membership benefits to individual pharmacists

Background

The PDA's views submitted to the Clarke Inquiry are primarily based on a very substantial experience of the problems that pharmacists encounter in the workplace (50 new incidents occurring every week in 2007). They are also informed by the significant experience of the current workings of the RPSGB through various members of the PDA executive and Advisory Board having held positions at the RPSGB as senior employees or elected members of the RPSGB Council.

The PDA was initiated in 1990, with the creation of the Pharmacy Insurance Agency (PIA), in 2003 this was developed into the PDA and in early 2008, the development continued with the creation of the PDA Union which by the end of 2008, will give the PDA far greater representation and collective bargaining powers as enshrined in union legislation.

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2. An executive summary

1. The PDA supports the creation of a Professional Body for pharmacists. This should be a body with pharmacy graduates as members with individual associate membership available for pharmaceutical scientists and pharmacy technicians but only if educated to degree level or beyond. Affiliate membership should be open to organisations that may be important to the pharmacy agenda.
2. The new Professional body must become a vital component of a pharmacist's professional existence by supporting competencies, providing practice materials, facilitating support networks, supporting its weakest members, providing professional leadership and promoting pharmacy to the wider world.
3. The new Professional body must be able to exert an influence of the soon to be established pharmacy regulator. We believe that the new Professional body should set and propose the standards to the regulator after proper consultation with the representatives of employers and employees. It would then be the role of the regulator to police the standards.
4. The new Professional body must actively secure the acceptance and support of the many organisations in pharmacy if it is to be successful.
5. The new Professional body must learn lessons from the mistakes of the past.
6. The new Professional body should move away from 1 Lambeth High Street and should also be located away from the regulator. Funds thus generated should be invested in the new organisation with a primary focus on the membership.
7. The new Council should be relatively small, be non-executive and be predominantly directly elected by the members but with protected places for important minority groups and also to recognise devolution. There should be no lay representation as such, but there should be some patient representation.
8. A separate senior group of pharmacists should be elected to act as an oversight and audit body for the new Professional body, its council and as a custodian of the benevolent activities.
9. The executive should be substantially reduced with specific importance placed on membership orientation within any appointments to the new body.
10. The new Professional body must appeal to both generalists and specialist
11. The new Professional body should allow both regulated and non regulated individuals into membership.
12. The new Professional body should ideally be built from the remnants of the RPSGB.
13. The membership fee should be initially set at no more than £50 per annum.
14. The PDA is willing to work collaboratively with the new Professional body in the interests of the members of both the PDA, and of the new Professional body.

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3. The PDA supports the creation of a new professional body (PB) for pharmacists

A professional graduate level qualification body that has pharmacy graduates as full members (both those on the regulated list of the GPhC and those not) with individual associate membership available for pharmaceutical scientists and pharmacy technicians but only if educated to degree level and beyond.

This degree level definition will be a vital distinction needed by the new PB and for the profession generally as it seeks to gain credibility and support amongst pharmacists, the various existing pharmacy and non pharmacy organisations and ultimately the wider public.



The PDA believes that affiliate (or corporate) membership should be open to organisations who may well be very important to the pharmacy agenda such as the United Kingdom Clinical Pharmacy Association (UKCPA) or the Primary Care Pharmacists Association (PCPA) and also for those organisations whose members whilst not satisfying the degree level education criteria, are nevertheless very important to the pharmacy agenda e.g. The Association of Pharmacy Technicians UK (APTUK). With the case of pharmacy technicians, those who would not qualify for individual associate membership of the new PB because they lacked the degree level qualifications, could become a member of their own body – the APTUK and that body could enjoy affiliate (or corporate) membership.

Within the ranks of Full membership, it would be possible to have further sub-sets of membership to include student (those studying for pharmacy degree level qualifications), pre-reg, emeritus and honorary members.

4. How this could be achieved

The PDA supports the creation of a new PB for pharmacists, also, the PDA believes that for pharmacists, the most beneficial way forward would be that the new PB should be created from the remnants of the RPSGB, once it has ceded its regulatory functions. Subject to the removal of the regulatory object, the remaining RPSGB Charter Objectives are wide enough to enable the new PB to undertake its more membership focused role. Furthermore, the recent RPSGB Charter debacle (2004) has created an opportunity for members of the current RPSGB to decide how best to apply the assets of the RPSGB should any changes occur. This provides a perfect mechanism to secure the RPSGB assets built up of 170

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years and use them for the benefit of the profession in the creation of a new PB for pharmacists well into the future.

Despite these advantages however, it is clear that with membership of such a new body being voluntary, its future is by no means guaranteed. It is the view of the PDA that such a new PB can only become viable if it can observe some important principles;

- That it becomes a vital component of a pharmacists professional existence to the extent that it can secure wide take up of membership amongst pharmacists.
- That it can fulfill an important role in being able to influence the standards and regulatory agenda of the soon to be formed regulator (GPhC).
- That it can secure the acceptance and support of the many and varied organisations in pharmacy.
- That the new body can learn lessons from the mistakes of the past.

4.1 Becoming a vital component of a pharmacists professional existence to the extent that it can secure wide take up of membership amongst pharmacists.

Pharmacists will need to come to rely on a wide offering of support from the new PB if it is to secure their subscriptions and also if it is to become a body that other already existing associations in pharmacy will find relevant and therefore important. Primarily, this offering needs to be professional and appropriate if the new body is to have credibility. This means that there needs to be a focus on the provision of support to enable pharmacists to undertake their roles, this can be done in such a way as to ensure that the wider public interest is also being served. Such activities could include;

4.1.1 Supporting competencies

Through involvement in education and standards, this may be in working closely with the Schools of Pharmacy to ensure that undergrad/ postgraduate programmes are concordant with practice requirements. This would also include supporting the CPD programme for pharmacist members and non members alike, where the new PB would support them through the process. Ultimately, and in keeping with what has already occurred with doctors, should the new PB gain a substantial degree of credibility in this arena, then it may be possible for it to take on the role of accreditation and revalidation subject to this role being subcontracted to the new PB by the GPhC.

4.1.2 Providing materials

Many of the areas in which pharmacists will work will be fast moving and developmental with an increasing reliance being placed on practise guidance, written protocols and the Code of Ethics. The new PB should become the body that primarily generates these materials. Moreover, the new PB must be able to produce regular publications which can keep members (and non members alike) up to date with the latest developments and the most up to date standards.

4.1.3 Facilitating support networks

Pharmacists increasingly need access to peer groups to discuss matters of a general or a specific nature. The RPSGB has always supported the local branches in their operation of a general professional programme. However, much of the work of the very many voluntary specialist organisations in pharmacy is done, because historically the RPSGB has not adequately supported these specialisations. Such support networks would go a long way in keeping pharmacists up to

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date and also in helping to support the ongoing development of the profession. A practical and supportive involvement with the specialist groups could lead to an opportunity for the new PB to develop specialist practitioner qualifications for this important group of members.

4.1.4 Supporting its weakest members

The RPSGB was always well known for its benevolent activities such as Birdsgrove House, the listening friends scheme and also the numerous financial support mechanisms provided by the benevolent fund. However, all of these initiatives have become overshadowed by the RPSGB's more recent and relentless focus on regulation. The creation of a new PB must herald the re-launch of a benevolent approach to members. This may mean that the new PB pays special attention to attracting pharmacy students and retired pharmacists, through appropriate fee structures on the one hand. Whilst at the same time it continues to support those members who have found themselves in some sort of financial or health difficulty. The fact that the new PB takes an interest in its weakest members in this way will bode well for a wider membership base to be created.

4.1.5 Providing Professional leadership

An important role for the new PB will be to provide professional leadership. This will mean that the new body must be able to nurture leading edge practice and turn it into main stream. It will also be necessary for the new PB to make sure that the hopes of the profession in all of its sectors are heard as a strong unified voice in places where it matters. Providing strong strategic leadership is possible as long as the new body can ensure that it enjoys the correct relationship with its members by taking care to represent all the sectors involved. The new PB will also need to create mutually beneficial relationships with groups within and outwith the profession, particularly with the new pharmacy regulator.

4.1.6 Promoting Pharmacy to the wider world

Often, the profession of pharmacy is seen as a weak and divided profession because it can never agree on matters internally, let alone be able to speak in a unified voice with the outside world. The creation of the new PB is an opportunity to once and for all put the house in order. Key to this, in the view of the PDA will be to ensure that the interests of the employers and employees can be properly balanced and the creation of the new PB is an opportunity to ensure that this can finally be managed. If this can be achieved, then on at least the most important matters, attempts should be made to enable the new PB to speak with one loud voice on behalf of all constituencies in pharmacy.

With the right application of a Public Affairs facility, it will be important to ensure that pharmacy is seen as the leading authority to consult at times when there is a public debate about medicines or pharmacy generally. Moreover, if no such debate exists then the new PB should create it.

4.2 Fulfilling an important role in being able to influence the standards and regulatory agenda of the soon to be formed regulator (GPhC).

In considering the role of the new regulator, it is apparent that to a large degree, because of its regulatory activity, it will not enjoy the appropriate relationship with coalface pharmacists for it to be able to properly understand and appreciate their aspirations. Because it will only be possible for it to regulate through consent, this 'distance' will make it difficult for the new regulator to independently set relevant and appropriate standards. Ideally therefore, the standards that the new regulator will need to police will need to have substantial input from the PB and ultimately from practicing pharmacists.

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It is the belief of the PDA, that it is the new PB that should be proposing the standards to the GPhC regulator and the role of the regulator to police the standards thus proposed. This can only work however, if the new PB can demonstrate that it has secured the support of the majority of the profession.

4.3 Securing the acceptance and support of the many and varied organisations in pharmacy.

To secure the above points, the new PB will need to work hard to ensure that it has the support of the various bodies in pharmacy. Many of the organisations have very significant influence with the members of their specific groupings and if the new PB cannot find ways of generating mutually beneficial win-win scenarios with them, then it will fail in securing the support of these organisations and consequently will find it much more difficult to secure the support of the profession.

4.4 Learning lessons from the mistakes of the past.

4.4.1 The consequences of regulation

It is widely felt that the volume and the tone of the RPSGBs current regulatory activity has very significantly damaged the relationship with its membership and that it could be difficult to persuade the current members of the RPSGB to join the new PB on a voluntary basis. To many pharmacists, the address of 1, Lambeth High Street has become an address that is synonymous with much fear, anxiety and voluminous regulatory correspondence of a threatening nature and of a non-membership facing style of behaviour.

4.4.2 The consequences of a historically guaranteed membership

When the Pharmaceutical Society was created in the 1840's, the instigators worked hard to attract wide acceptance and a wide uptake of membership amongst pharmacists. However, in the 1930's, the Pharmaceutical Society was given the role of regulating pharmacists and from that day on, membership became mandatory for all pharmacists. Sadly, these 'mandatory' dynamics have not augured well for the profession and many pharmacists believe that the luxury of the mandatory membership enjoyed by the RPSGB has turned it into an arrogant, complacent, self-serving organisation, one that has forgotten that it was established to serve pharmacists. This problem could be seen in a very wide number of situations ranging from the way that local RPSGB branches have been treated by Lambeth, the way in which members found it difficult to talk to key employees in important RPSGB directorates and also in the increasingly arrogant responses from key staff who responded to genuine member queries in the letters section of the Pharmaceutical Journal.

Added to this has been an ever growing number of Council members who had been elected to lead the profession, but who then began to realise that the agenda of the staff of Lambeth appeared to carry more weight than did theirs.

Finally, with the greater transparency of accounting procedures in the Annual reports, it became clear that the RPSGB paid its staff salaries that were very substantially higher than those enjoyed by grass root pharmacists. Moreover, there began to emerge a growing 'super-class' of senior employees whose salaries were particularly generous and whose performance appeared not to warrant.



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4.4.3 Actions taken in spite of member wishes

In recent years, the RPSGB has demonstrated that it does not promote the directly expressed wishes of the membership. There are numerous examples to include;

- Continuing to foist a widely discredited Charter upon the membership despite large scale protests to the contrary.
- Supporting the concept of remote supervision when all member surveys showed that this would be widely unpopular.
- Significantly increasing the RPSGB membership subscriptions by around 40% despite more than 10,000 members protesting.

5. How to build on these developments in the future

5.1 Moving away from 1 Lambeth High Street.

The current RPSGB address of 1 Lambeth High Street is iconic in pharmacy, but it is an address that is synonymous with much anxiety, suspicion and apprehension. Some pharmacists have expressed the idea that the new PB should not be co-located with the new pharmacy regulator at the old RPSGB headquarters address. The PDA goes further than this and it is our belief that the new PB for pharmacists should re-locate altogether, moving away physically from both the regulator and the old 1 Lambeth High Street address. Apart from the obvious image concerns that could be addressed through such a move, the fact that the building is located in such a prime location could secure significant financial benefits for any new PB for pharmacists – this will be very important if the new association is to be able to sustain itself with fewer members in the early years. A move outside of London to a new professional headquarters could still leave a much smaller presence in London if necessary, whilst allowing much smaller salaries to be paid to quality people because they will no longer need to be based in London.

5.2 Refocusing on the membership

A voluntary membership for the new PB will mean that the new PB will need to work hard and in different ways than before to earn respect before it can hope to attract new members and their subscriptions. The new body must be fresh in its vision, style and approach. Above all it must learn how to become member focused, this is a very substantial culture change on the current position. As well as moving away from the regulator, it must also set fees as low as possible. Using the existing assets (proceeds from the sale of or from the rental income of 1 Lambeth High Street) and significant income from publications the new PB should seek to set the new membership fee at no more than £50 per member initially. Additional income could be earned through the sale of products and services relevant to the professional support role to both members and non-members as described earlier. The new PB would need to be able to operate within this new budget. Should it become successful – then this will be seen as a steady growth in membership numbers over the first few years.

This proposal would call for a massive root and branch shake-up of the current organisation, with either a substantially slimmed down executive, or with a largely new (but smaller) executive altogether.

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In the future, the membership will not accept large top heavy structures, nor top down thinking. Consequently, if indeed the new PB is to be built from the remnants of the RPSGB, then the preservation of the Status Quo and maintenance of the current structures must not be central to the thinking of those constructing the future arrangements as this will result in failure.

The new staff compliment will need to primarily focus on the members and this will probably be a different dynamic to the one that many of them are used to. With a few notable exceptions, it may be that the necessary skills may not exist within the current organisation, or if they do, then because they have not been used for such a long time, that they may need substantial sharpening and polishing. It will be almost inevitable that the new PB will need to significantly downsize its operations as it will not be able to afford both the numbers of staff currently employed, nor the substantial salaries currently being paid. In the future, it could be that the new PB will need to use specific project groups involving the appropriate experts in order to undertake discreet pieces of work – this is a model that is successfully used by the PDA.

5.3 Engage with the profession

5.3.1 The local branches;

It will be necessary for the new body to properly engage with the membership. To that end it will need to listen to members and understand their needs. Importantly, the current RPSGB enjoys a very good local branch network. New ways of engaging with the membership using the local branches should be found so as to provide support to pharmacists where it most matters, in their localities. Most importantly, of all the current structures seen in the RPSGB, the local branch structure is deserved of a significant investment of professional resource and support. Handled properly, many of the local branch members could become early converts to the new PB.

5.3.2 The voluntary organisations in pharmacy

Recent studies have indicated that there are more than 150 largely voluntary specialist groups in pharmacy. It is highly likely that many of these organisations would be prepared to engage with the new PB if it was able to provide them with a range of support services to assist them with their development, indeed, some of the initial submissions that have been made to the Clarke Inquiry have indicated that they would even go as far as a merger with the new PB. By creating the appropriate WIN-WIN scenarios and providing a home for these groups it would be possible for the new PB to attract members or at least more affiliate (corporate) membership organisations. These arrangements may simply include providing some administrative support like meeting rooms and mailing facilities or it could be something more comprehensive like providing the professional secretariat to administer these groups and a slot for the groups on the programme of the British Pharmaceutical Conference. Such arrangements must seek to ensure that the new PB was able to attract both generalist and specialist practitioners as this will be key to the new organisations future success and credibility. It is possible to imagine that over time, such arrangements would enable the new PB to harness the skills and experience possessed by these groups to enable it to talk authoritatively on a wide range of both generalist and specialist matters.

5.3.3 The established bodies in pharmacy

Without doubt, the input from the large established bodies in pharmacy will be pivotal to the success of the new PB. The large established bodies, unlike the small voluntary specialist groups will not require the new PB to provide a home for

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them or give them administrative support as they will have their own often substantial facilities. However, they are still likely to seek WIN-WIN outcomes.

The relationship with these larger bodies could entail something as simple as a joint working arrangement on matters of a common interest e.g. to develop a specific project, or it may develop into something more powerful like harnessing the collective support of the various pharmacy bodies so that the profession is able to speak with one single loud unified voice at least on certain specific issues.

5.3.4 Negotiating with the regulator

Potentially the most powerful development that could emerge from a close working relationship with some of the established bodies is where together, they create a much stronger position for the PB to negotiate with the regulator.

It is not difficult to envisage a scenario where the PB wishes to set a particular standard for the profession which it seeks to recommend to the regulator. However, before it does so, it negotiates this new standard with the relevant pharmacy representative bodies. This would mean that the employers representative bodies and pharmacists representative bodies would have to agree or amend and then support any resulting proposals.

The effect of such an arrangement would be very powerful and would benefit all three parties – the regulator, the new PB and the representative bodies. The net effect should be that any emerging regulation was sensible, realistic and therefore sustainable. The regulator could in large measure expect to regulate with the consent of the profession – which currently is not the case.

This would be the foundation for good regulation as it would be steeped in practical reality and supported by a wave of legitimacy.

As such, the PDA argues that right from the very start, the new PB must facilitate an appropriate framework so as to enable it to work closely with the representative bodies for both employees and employers.

6. Creating the appropriate governance structures for the new PB

Through dialogue with PDA members and through the personal experiences of PDA staff and advisory board members, it is strongly felt that a lot of attention is given to the detail of how any new PB would be governed. Historic frustrations towards RPSGB leadership generally borne out of the tensions of the past are prevalent amongst the current members of the RPSGB. This factor will be one of the significant objections put by pharmacists as reasons why they will not join any new PB. As a consequence, this PDA response spends some time examining this issue.

6.1 The new Council

As has been described, the new PB will need to be a much leaner and fitter organisation than the current RPSGB because in the initial years at least, its income will be limited. The new PB will also need a governance structure that not only delivers the functions required of the new organisation, but one that pharmacists can have confidence in. Sadly, there have been several examples in the last decade in particular, where RPSGB Councils have acted contrary to the wishes of the majority of the members.

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It is proposed that ruling body of the new PB should observe a number of important principles, primarily, the new Council needs to be accountable but also demonstrably more representative of the membership as a whole. The new Council should;

- Be relatively small (we suggest no more than 15 - 18 members).
- Be directly elected by the members, but also have some appointed members where expertise can be secured.
- Provide places for important minority groups e.g. hospital, primary care, industry/pharmaceutical science and academia.
- Recognise devolution.
- Involve patient representatives.

To improve the chances of attracting good candidates, we suggest that this new council should have a non-executive role only, as this will allow the council members to protect their regular careers. However, contracts of employment for the salaried executive would need to place a strict requirement upon them to actively pursue the policies of the council.

6.2 A Senior Group

The PDA also advocates that a senior group of pharmacists is chosen by the members to act in a 'custodian' capacity. Whilst this group should never constitute a significant cost by having routine meetings, nor should it interfere in the strategic or operational affairs of the new PB, nevertheless it should have an important constitutional role in so far as it can act as an auditor for the activities of the new PB. It could also act as the trustee for the benevolent activities. As an experienced resource it could be available to the Council or to the members to undertake certain important tasks when necessary in the future e.g. assisting with the appointment of a new Chief Executive for the organisation, acting as external auditor of the accounts or just in quietly arbitrating and resolving serious disputes that affect the organisation.

Had such a senior group been enshrined in the constitution in recent years, the RPSGB could have saved a lot of time and energy in avoiding the damaging impasse with the membership over the RPSGB Charter.

This group would go a long way in heading off concerns expressed by any loud minorities in the future that the Council was just a law unto itself.

6.3 The Executive

The size of the new organisation, in terms of its executive and staff will depend on the number of members and the income that the new PB can secure. The new organisation will not be judged by the size of its executive, but by its achievements. Lessons must be learned from other organisations with much smaller staff complements.

As an interesting comparison, the Pharmaceutical Services Negotiating Committee (PSNC) employs 18 individuals and is supported by a non-executive committee (this excludes LPC secretaries who work locally and not on a national level); the PDA employs 13 individuals and is supported by a non-exec advisory board. Both organisations encourage ad hoc involvement of their members in specific projects. This demonstrates that by being flexible, significant progress can be made without the need to employ large numbers of staff.

The most important factor, will be the quality of the staff employed, that they are member focused and loyal to their

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elected council.

7. The Big Elephants in the room

We reserve this part of our submission to explore principles we feel will be important considerations going forward.

7.1 Generalists or specialists?

Judging by some of the responses provided to the Clarke Inquiry thus far and also by the contributions made to the Carter Report, some contributors see the new PB as being an elitist and specialist body whose primary role will be to confer specialist qualifications on advanced practitioners. Others believe that if this were to be the case then the new PB would be irrelevant to the vast majority of pharmacists. In reality, if we wish the new PB to achieve success, then it must become relevant to both groups.

The PDA believes that whilst the new PB must be able to provide support of a general nature to pharmacists generally, if it is to lead the profession and if it is to bring leading edge practice into mainstream, then it must also be able to cater for and encourage specialists by encouraging specialist groups and facilitating specialist qualifications. We also believe that if the new PB can harness appropriate relationships with some of the voluntary specialist groups and also with academia, then there is no reason at all why it would not be possible for the new PB to create 'practice faculties' which can provide a home for the leading edge practitioners early on. However, it is the view of the PDA, that this will need to be done at the same time as ensuring that the new PB has a wide appeal to generalists also, since if the new PB creates an image as an elitist body, then it will take a long time for it to persuade the larger number of generalists to join.

We recommend that the new PB should appeal to both generalists and specialists at the outset of its operations.

7.2 Pharmacists, Scientists and Technicians

This one singular issue has generated much emotion amongst those participating in the debate whether in the pages of the Pharmaceutical Press or at meetings of pharmacists and technicians (Annual General meeting RPSGB 2007). There appears to be little consternation amongst pharmacists at the notion of having non-pharmacist pharmaceutical scientists being members of the new PB. By nature of their role, scientists will have a higher education and will usually have a lot of influence in the design and manufacture of medicines or in the study of the effects of medicines on diseases. Their involvement will likely have an uplifting effect on the new PB, in terms of the authority with which it can talk about medicines.

However, although there will be some notable exceptions, many pharmacists will be concerned at the prospect of having non graduate pharmacy technicians joining the new PB (whether Full or Associate members). It will be perceived that such an involvement, unlike that of the scientists will not be to the benefit of pharmacists or to the new PB in terms of its authority and credibility. With the prospect that for different reasons, pharmacy technicians could be much more motivated to join the new PB than would pharmacists, this could create a situation where technicians represented the majority or a very significant minority of the members and this could be disastrous for the prospects of the new organisation. It is possible to see how under such circumstances, pharmacists could actually lose what limited interest there initially was with the new PB and by leaving it, they would inadvertently create what would be a body primarily for pharmacy technicians.

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There are many fundamental concerns about pharmacy technician membership but above all, there is one that is of concern to many.

The government is keen to see pharmacy technicians taking over roles historically performed by pharmacists. Most recently, it (The Department of Health - DoH) has announced its plans to allow a pharmacy to be operated by pharmacy technicians in the absence of a pharmacist. Such a plan, which is welcomed by many pharmacy employers and pharmacy technicians, has caused very wide concern amongst employee pharmacists as they see this development as a de-skilling of the professional role and an opportunity for cost reduction by employers.

It is therefore apparent that the new PB will have a conflict of interest if it allows membership of both constituencies. As a consequence, if this conflict causes the new PB to remain silent or muted on this issue then this will demonstrate how a pharmacy technician membership of the new PB will damage the interests of pharmacists.

Given the DoH agenda, conflicts of this nature could become more common in the future and this would render the new PB a useless organisation in the eyes of pharmacists.

One real concern for the new PB is that if it does not handle the issue of pharmacy technicians carefully, then the threat of a rival pharmacy body being established could become a reality.

Since the PDA believes that the new PB is a very necessary organisation, a body primarily for graduates of pharmacy, as far as pharmacy technicians are concerned we recommend that only graduate pharmacy technicians are allowed individual membership (on a purely associate basis) with no pharmacy technician involvement on the Council of the new PB. However, this would not preclude the official body for pharmacy technicians (APTUK) to become an affiliate (corporate) member.

7.3 Practicing and non practicing pharmacists?

Prior to the announcement that the RPSGB was to split its roles, many pharmacists felt that it had become necessary for them to relinquish their membership because it had become far too costly and onerous to remain on the register.

These concerns were about costs, but in particular they were about the restrictive conditions that were now being placed upon them if they wanted to stay on the register, even as non-practicing pharmacists. Consequently, the RPSGB lost the support of many of its most experienced and valued members. In addition to this, a significant number of pharmacists, often specialists also left the RPSGB as their roles did not require them to be registered pharmacists. However, with the creation of a new PB, it becomes possible, indeed, we would argue vital to find a mechanism which would entice these often senior or specialist erstwhile members of the profession to become members of the new PB. Not only would their input and experience be valuable in the operations of the new PB, their participation in the localities at local branch level of the more senior pharmacists will be pivotal.

Consequently, we recommend that membership of the new PB, should not be synonymous with that of the regulated list and that all pharmacy graduates should be actively encouraged to join the new PB whether they are members of the regulated register or not.

7.4 A completely new organisation or one that is based on the RPSGB?

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It may not be possible to establish the actual vehicle used until agreement is reached on the specific activities that the new PB will undertake as some potential activities may end up not being compatible with a Royal Charter. That said, despite all the concerns expressed by the PDA about the current RPSGB, the PDA argues that the new PB should ideally be built upon the cornerstone of the remaining RPSGB once regulation has been moved to the GPhC. There are several reasons for this.

- If the current members of the RPSGB can agree that the assets of the RPSGB should be moved across to the new PB, then such a move will provide a significant financial cushion for the new PB at its outset.
- A lot of know how, organisational memory and operational activity will be important for the new PB e.g. the local branch network, the British Pharmaceutical Conference and the maintenance and administration of a membership register.
- Despite the ravages imposed upon the membership by the regulatory focus and the mistakes of recent years, there are still a significant number of individuals who have always thought highly of their professional body and have seen it as their professional home. Building the new PB upon the foundations of the current RPSGB is more likely to produce a greater membership especially in its formative years.
- When looking to the future, bestowing a sense of history and heritage and values to new entrants to the profession by being able to point to the initial birth of their PB i.e. the RPSGB in the 1800's, will continue to be beneficial in preparing them for the role of the modern professional pharmacist.
- The kind of new PB envisaged by the PDA, could easily be created within the wide possibilities offered by the current charter and within the two year timeframe available. This should be taken advantage of as an organisation with a Royal Charter could provide distinct advantages to the new PB.

7.5 How will it be funded?

The PDA already made proposals which revolve around the use of current assets and income from publications so as to allow for the creation of a very low initial joining fee of around £50. What we have not made clear is that a significant amount of income could also be generated in areas of legitimate activity for a new PB in the provision of appropriate added value services. Primarily, this could see the PB charging additional fees to members and non-members alike for a certain specific services. An exhaustive list would be too long to include in this submission, but examples could include;

- Offering practical assistance to members with the completion of their CPD.
- Charging optional extra fees to members who wish to join one of the academies (or Royal Colleges) run by the PB.
- Charging for practice templates or accredited written procedures.
- Charging for the provision of training courses for Full members, Associate members and Non-members.
- Turning the British Pharmaceutical Conference into an income generator by working in closer partnership with the various bodies in pharmacy.

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- Training pre-reg's and tutors.
- Administering the list of Qualified Persons
- Charging for the provision of an information service.
- And many more besides.

8. What is the PDA prepared to offer in its support of the new PB?

The PDA supports the creation of a new PB because it wants to pharmacists to have available to them a professional resource which will help them to practice. It also wants to ensure that the new PB can influence the GPhC in producing standards that are realistic and that understand the complexities and difficulties facing individual pharmacists working at the coalface. The PDA wants to work closely with the new PB to ensure that the overt influence historically exerted by employers often at the expense of the individual pharmacist is appropriately counterbalanced by a strong employee representative voice.

It is hoped that many members of the PDA will ultimately become members of the new PB. Consequently, the PDA will want to provide practical and tangible support for the benefit of the new PB as this will be for the ultimate benefit of PDA members.

To assist those who are planning the next stage of development, we confirm that the PDA is ready and willing to work collaboratively with a new PB and its members in the future. Such a development will be to the benefit of the new PB, the PDA and all their members.

9. Answers to remaining questions

Whilst many of the questions posed by this consultation have already been answered within the main body of the PDA's response, certain questions will not have been answered. We enclose some residual responses.

I. Are the functions set out in the Carter Report sufficient as the remit of a new body?

No. Not enough is said about the leadership role to be played by the new PB, pharmacists need to have a loud unified voice. Secondly no real mention is made of the PB having a role in undertaking benevolent activities (Listening Friends scheme etc). Also, the Carter report does not deal with the issues and the importance of the PB formalizing its links with employers and employees.

II. Are there functions set out in paragraph 12 of the Consultation Document, or in the Carter Report, which should not be part of the role of a professional body?

Yes.

Trade union functions.

Professional representation of individual members.

Financial advice and financial services/insurance.

continues over 

III. Are there any additional functions that the body should perform?

Yes.

Direct support of the members in a variety of contexts through mentorship.

VI. Following the establishment of the GPhC should the residual RPSGB assume all the functions of a new professional body?

Yes

But only if it can work hard to deal with the many perceived weaknesses of the RPSGB in the past and then attract a wide constituency of support from both generalists and specialists.

VII. If so, what changes to the RPSGB's Charter and Constitution of Council would be required?

- Removal of the object which describes regulating pharmacists and pharmacy technicians and amending the powers accordingly.
- Defining what would constitute Full membership, describing any sub-categories of members.
- Defining who could be an Associate member and how Affiliation could apply.
- Defining the composition of the new Council and its powers.
- Ensuring that no other Objects or Powers could create a conflict between pharmacists and other potential categories of member.
- We would recommend a detailed analysis be undertaken by Charter experts.

IX. Which, if any, organisations should 'coalesce' to form a new body?

We believe that this would fall into two categories;

Those probably smaller voluntary groups that would readily wish to merge or be subsumed by the new PB – already some have volunteered this during this consultation exercise.

The voluntary groups who would wish to continue on with some degree of independence, but that would happily take advantage of any umbrella services that could be provided to support them by the new PB.

To an extent, the extent to which the voluntary bodies could participate in such arrangements would largely depend on whether they had compatible constitutions.

X. Which, if any, of them need to be included from the start?

We have already expressed the view in some detail that the new PB would need to create a 'three legged stool' approach at the very start. This would involve the regulator as one leg, the new PB as the other and the representative (union type) bodies as the third leg. This third leg must involve both employer and employee representation.

XI. Do you favour the use of the title 'Royal College' to describe such a body?

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Because it inherently creates the image of an elitist organisation, the title 'Royal College' could act as an unnecessary barrier to generalists. The PDA is more attracted to the notion that this will be a professional association of pharmacists. However, subject to the new PB having Royal Chartered status, it may be possible over time to develop the various specialist faculties that could be created by the new PB into Royal Colleges. E.g. the Royal College of Community Pharmacy, or of Hospital Pharmacy etc.

XII. What should the role of a professional body be, in developing and setting professional and ethical standards?

The new PB should work with the relevant stakeholders and in particular with employers and employees via their respective representative organisations to generate standards. It should then propose these standards to the GPhC. Subject to agreeing the standards, it would then be the role of the GPhC to regulate the 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?

The standards would need to be demonstrably in the public interest. The regulator would want to propose the appropriate process such a development.

XIV. To what extent are such requirements met currently?

The PDA has registered its concerns consistently with how this process is currently undertaken as it has been largely left to the directors in the Fitness to Practice Directorate to decide. Moreover, there is much evidence to suggest that the employers have been historically allowed significant access to the process thereby enabling them to exert undue influence, whereas employees and locums have been an afterthought.

XV. What should the role of a professional body be, in undergraduate education?

Many of these are comprehensively described in the Carter Report. The PDA would add that the new PB should work with the Schools of Pharmacy to ensure that they adequately reflect professional nature and standards of pharmacy. Moreover, it may be that the new PB, possibly working with the local branches would assist the Schools to provide a deanery system for local pharmacists.

XVI. How would this be financed?

This should be part of the new PB's core investment in its local branch network which it would fund centrally from subscriptions.

XVII. (Pre-registration training) Which of the existing functions of the RPSGB should be performed by a new professional body?

Supporting pre-reg's by assisting with elements of the training particularly around professionalism. Providing practical support for those pre-reg's who are struggling or who are required to re-sit their exams. Encouraging the recruitment of pre-reg tutors, supporting them by peer access facilitation, mentoring and offering training and ongoing tutor CPD.

XVIII. How should they be funded?

Elements of these proposals would be paid for directly by the tutees themselves or by employers who would be happy

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to see their tutors trained by the new PB.

XIX. Are there any other functions a professional body should undertake for pre-registration trainees?

Ensure that the regulator keeps the content of the pre-reg training period up to date and periodically propose better methods of training pre-regs.

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

Facilitate this for pharmacists.

Provide and accredit the training material.

Work closely with providers of post-registration training to ensure harmonization of standards.

Ensure that training materials are made available to enable leading edge practice to become mainstream.

XXI. What should be the role of a professional body in CPD?

The new PB should have two main functions in this area;

Facilitate the wide uptake of CPD

Directly assist members who are having problems in undertaking their CPD.

XXII. Should a professional body be a provider or an accreditor of CPD? Or should it be both?

Eventually both.

XXIII. Should a professional body be involved in developing standards and systems for revalidation?

Yes, but using the 'three legged stool' approach as described earlier.

XXIV. Should a professional body offer services to members to assist them in meeting the regulator's revalidation requirements?

Yes.

The new PB needs to be a necessary and vital element in the lives of pharmacists otherwise it will not be financially viable. This means that it needs to offer as many services appropriate to its role as possible.

XXV. Is there support for an Academy of Pharmacy Practice?

Yes.

This would be one body within the over-arching umbrella of the new PB. Such an academy could be an optional extra for members, it would help to raise standards and it would also appeal to specialists.

XXVI. Would an Academy of this sort be financially viable?

It would need to be funded via additional membership fees charged to those participating.

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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?

Judging by some of the responses submitted to this consultation, it would appear that this would be affirmative.

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

The Academy could become an affiliate (corporate) member and some of its members may wish to become either Full or Associate members of the new PB.

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

PDA has dealt with national issues, however, we can see no benefit to creating a regional aspect to these proposals.

XXXIV. How should specific functions be reflected?

The exact emphasis placed on specific functions will develop over time and will be determined by what kind of members are joining and what their needs will be. Initially it is suggested that there needs to be a small but very flexible executive with formal structures covering only the most basic functions. Ad hoc groups of experts can be created and disbanded on an as and when needed basis.

XXXV. What should the lay input be?

The larger volumes of lay representatives on the more recent RPSGB councils have not produced the big advantages for the RPSGB that were initially predicted by the supporters of this idea. With a few notable exceptions, lay representation as sourced by newspaper advertisements has been largely a disappointment. Some commentators have gone as far as to say that the system has been more of a hindrance rather than a help to the profession and to the public. The view of the PDA is that any new PB must have some non-pharmacist representation. This would need to be more a patient representative style appointment and less of a lay representation as such.

XXXVIII. Should student membership be allowed/encouraged and if so, should they pay subscriptions?

It will be very important for the new PB to encourage student membership. The new PB should seek to work closely with the British Pharmaceutical Students Association (BPSA) to seek a mutually beneficial accommodation.

XXXIX. Should pre-registration students pay subscriptions?

At a substantially reduced rate.

XLIV. Should a professional body act as the guardian of the archives and museum of the RPSGB?

Yes.

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