

# **BRSM Meeting**

**OCTOBER 2007**

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**The speech presented to the BRSM meeting**

**by**

**Jeremy Holmes, Chief Executive & Registrar**

## **Key activities during the year**

### ***(Jeremy's overview of October 2006 - 2007 activities)***

Before we move on to the next item on the agenda, I would like to talk to you briefly about some of our key streams of work during the year.

#### **1. NATIONAL PHARMACY BOARDS**

One of the Society's big successes in the last year has been the establishment of the National Pharmacy Boards. The day the Boards took office was the culmination of a huge team effort across the RPSGB, and one which demonstrates the whole organisation's commitment to meeting the needs of devolution.

Since the introduction in 1999 of political devolution in the UK, the RPSGB has forged a set of unique relationships between each of the devolved administrations and Westminster, in its quest to shape and influence pharmacy-related policy. It has also conducted a broad review of its function, structure and ways of working to ensure that the organisation can best meet the needs of devolution. This review led to the Council's decision to replace the Scottish and Welsh Executives with National Pharmacy Boards, and to establish a National Pharmacy Board for England.

The Boards provide a focus for leadership and support for pharmacy practice development in their respective countries. I've been to recent Welsh & English Board meetings but cannot make the Scottish Board meeting, although I have spent some time with RoseMarie Parr and

Lyndon Braddick and I intend returning to Edinburgh in November. The Boards have had a lot to live up to, in terms of the enthusiasm with which they were greeted at local level, but I'm happy to say they seem to be rising to the challenge very well indeed.

We can look forward to Paul Bennett, the Chairman of the English Pharmacy Board, spending a lot more time on this later on in the day.

## **2. PHARMACISTS & PHARMACY TECHNICIANS' ORDER 2007 (P&PTO)**

The making of the Pharmacists and Pharmacy Technicians Order 2007 in February was a real achievement for the Society and the profession, and was the result of years of hard work and lobbying behind the scenes. The P&PTO is a major piece of pharmacy legislation that fulfils our long-held desire to overhaul and modernise pharmacist and pharmacy technician regulation in Great Britain. In particular, it has revolutionised the Society's Fitness to Practise procedures by allowing us to take a much more nuanced and sensitive approach to cases, and by giving us specific powers to deal with problems caused by ill-health. It also introduces a statutory framework for CPD and specialisms. And of course, it will introduce statutory regulation of pharmacy technicians by the RPSGB. As currently drafted, it would do this for England and Wales only, not Scotland. However, an amending Order that will extend the arrangements to pharmacy technicians in Scotland is currently being prepared.

## **3. FITNESS TO PRACTISE**

The P&PTO was made on 7 February 2007 but will take time to implement fully, as the various underpinning Rules have to be made in a staged process. The first sets of Rules - the FTP and Registration Rules - came into effect in March and the immediate impact of these arrangements has been the establishment of new committees with a range of new powers. For the first time, we have a Health Committee, which is afforded more appropriate methods for dealing with those of our colleagues suffering from serious ill-health. In such cases we can now help and rehabilitate.

The new Disciplinary Committee can also take a more constructive approach by suggesting conditions on practice and directing pharmacists to undertake professional updating in specific areas of practice. Although this is still early into the implementation, all of the new committees have sat and most of the new powers have been exercised.

But Fitness to Practise is not just about dealing with those of us who have fallen below acceptable standards, or become unwell, it is also about enabling, guiding and supporting pharmacists in their everyday practice. This year has seen a 15% rise in the number of requests for advice and assistance, as changes in controlled drug legislation and indeed, our own Code of Ethics, have taken effect.

The Inspectorate has also been at the forefront of change. We have assumed new responsibilities for the monitoring and inspection of Controlled Drugs in Community Pharmacy in England and Wales. We

have revised our methodology and you can now find a wealth of new material on our website.

#### **4. THE WHITE PAPER - and work arising from it**

But of course, more fundamental changes for the Society lie ahead. As you will all know, the Government published a White Paper in February this year that set out its intention to remove regulation from the RPSGB and pass it to a newly-created General Pharmaceutical Council (GPhC). The Government also wishes to see what it described as a "body akin to a Royal College" but which we prefer to think of as a professional leadership body, shaped by the profession itself.

We have responded to these new developments in several ways. An independent inquiry chaired by Nigel Clarke (Chairman of the General Osteopathic Council) is about to be launched, whereby key stakeholders will be encouraged to respond with their views on how they envisage a future professional leadership body. The consultation will end on the 31st January 2008 and the report, together with the Society's response to it, will be published in May 2008. Pharmacists can also respond to the Inquiry's consultation on-line and submissions will be accepted up until the end of January next year.

Internally, the Society has recently established two task groups. The Regulatory Task Group, led by Jackie Giltrow, will work on the establishment of the new regulatory body, whilst the Professional Leadership Development Task Group, led by David Pruce, will work on the development and establishment of the new professional leadership body.

You will hear a lot more about all this work from Christine Gray and Eileen Neilson later on today.

## **5. PUBLIC & PATIENT INVOLVEMENT (PPI)**

As you know, there has been a consensus, for some time, among public bodies and professional organisations on achieving a greater level of public involvement. Our PPI strategy was agreed by Council in December 2006.

We have moved at quite a pace since then. We have produced a summary strategy document, in the form of a leaflet, and both the leaflet and the full length version are available for downloading from the Society's website.

We have established a public liaison group, which includes members of the former external PPI stakeholder group. The group met for the first time in July and 15 actions were identified for its next meeting at the end of October. Its remit, amongst other things, is to bring the patient's perspective to the development of the Society's PPI strategy.

We now also have a staff operational group to ensure that PPI is communicated throughout the organisation. This group met for the first time in early September with a remit to monitor the development of the PPI strategy. It will ensure that PPI objectives are met and that they are in line with the corporate business plan. It will also facilitate PPI communication to the staff and consider the most effective way to embed the initiative into the work of the Society.

PPI has three Council Sponsors - Lorna Jacobs, Ray Jobling and Brian Curwain, who have already discussed the draft work plan for PPI. Lorna will be chairing the public liaison group and Brian has agreed to chair the staff operational group.

## **6. PHARMACY 2020**

Pharmacy practice continues to evolve and the intention of Pharmacy 2020 is to take stock of pharmacy today, and, with your help, develop a vision and strategy for the profession's future role in the delivery of healthcare services.

Politicians from all parties have already acknowledged that pharmacy should play a greater role in the future of healthcare, and the Party Conference Season was buzzing with statements about pharmacy. We need to go with that and fulfil the real potential of the profession.

We have to improve our mainstream role in healthcare delivery, particularly in clinical areas, and by doing so, I am convinced we will also improve the profession's status in the eyes of the public and Government.

Each member has a stake in the future of this profession, so I urge you to take part in the Pharmacy 2020 consultation that is currently underway. I also urge you to engage the members of your Branches in this debate.

I hope you will consider this issue important enough to convene a Branch meeting – and if so, please feel free to contact Amanda King,

the Pharmacy 2020 Project Manager. She will arrange a 2020 Champion to attend your meeting and to discuss all the issues with you.

The consultation is already underway. The results of the consultation will help to build a strategy that will influence pharmacy during the period leading up to 2020. The Pharmacy 2020 Steering Group will meet early in the new year to consider the consultation responses, which in turn will be used to produce an initial Pharmacy 2020 Vision Document. The document will be submitted to members for further consultation during the Spring of 2008.

It is vital that the resulting vision for the future is fully owned by the profession, and to achieve this, I want to assure you that we will involve members every step of the way.

The consultation is live on the Society's website ([www.rpsgb.org](http://www.rpsgb.org)), and it will remain there until the 28th December 2007.

## **7. CONTROLLED DRUG GUIDANCE FOR SECONDARY CARE**

As you will see, the Practice and Quality Improvement directorate has been busy throughout the year developing guidance to support practising pharmacists in their workplace. We believe that pharmacists should play a leading role in the safe management of controlled drugs, and to this end, we have produced guidance for secondary care pharmacists that handle CDs. Robust governance arrangements for CDs have recently been introduced in primary care, in the wake of the Shipman Inquiry, and it is important that secondary care has similarly robust arrangements in place. Copies of the guidance can be downloaded from the Society's website.

## **8. THE CODE OF ETHICS FOR PHARMACISTS AND PHARMACY TECHNICIANS**

As you are aware, the Society began a fundamental review of the Code of Ethics in 2005 which was in response to the changing practices of the pharmacy profession.

The new Code of Ethics was launched in August and is based on seven principles of ethical practice, which are of equal importance. These principles inform the conduct, performance and practice of pharmacists and pharmacy technicians, although it does not provide detailed standards or guidance.

Unlike previous versions of the Code, the detailed standards and guidance have been produced separately, which has enabled us to target standards and guidance more specifically, and of course in this format, the guidance is much easier to update.

The Society has supported the implementation of the Code in several ways – for example through CPD articles and visits to Branches - we also plan to produce a Frequently Asked Questions sheet which we will base on the types of queries we have received to date.

## **9. COMMUNITY PHARMACY – THE UNTAPPED PRIMARY CARE RESOURCE**

This year we embarked upon a schedule of conference visits designed to demonstrate how pharmacists can contribute to the delivery of primary care health services. In particular, we have been targeting commissioners - emphasising to them the importance of pharmacy in the delivery of services and linking this to 'Practice Based Commissioning'.

We designed a leaflet to support this communication process and it can be downloaded from our website.

## **10. LEADING ACROSS BOUNDARIES**

The 'Leading Across Boundaries' programme is the first output of a leadership development strategy for the profession - and it is now entering a second phase of development. The next groups of participants will focus on delivering, or developing, a service of importance to their local NHS Trusts.

Cross sector pharmacy groups and multidisciplinary groups have already completed the programme - and have become more effective within a multidisciplinary environment as a result.

Participants have found that there is a significant improvement to their ability to integrate within the NHS and that they are also able to communicate more effectively and get things done as a result of participating in the programme.

The programme leaves the legacy of a supportive network of pharmacists, who have acquired the skills to think and act more strategically.

If anyone is interested in finding out more or thinks that there might be a group in their area that would benefit from 'Leading Across Boundaries' please pick up a leaflet from the desk which contains Anne Adams' contact details at the Society. Anne is Head of Professional Leadership.

## **11. BPC 2007**

The BPC, as you know, is the flagship event for the profession. It provides a platform for the promotion of exciting new developments in the fields of pharmaceutical science and pharmacy practice.

It is the Society's showcase for pharmacy and it attracts a rich mix of national and international expert speakers.

BPC 2007 brought together members from all sectors of the profession including science, academia, community, industry and hospital to hear about the latest developments that are helping to drive healthcare improvements. BPC also provides an excellent opportunity to promote the pharmacy message to the wider public and the Society's PRTeam achieved some notable national coverage including the Daily Mail, Express, Financial Times and BBC and Channel 4 news.

Members should have received a free copy of the BPC-TV DVD with the PJ. This is part of our on-going work to increase the reach of the conference. I understand that, for many members, the cost of

attending BPC is a major barrier and I can assure you that the Conference Committee, led by John Gentle, is considering new and innovative ways that might make it more affordable in future.

## **12. THE SOCIETY'S DVD**

One of my stated aims is to make the Society more member focused and to ensure that members have a clearer understanding of the work that the Society does on behalf of the profession. I am delighted today to launch a new Society DVD that I hope you will take back and show to your Branch colleagues.

The DVD offers viewers with an insight into how others see pharmacy from a political and healthcare perspective. It's also an opportunity to find out more about the work on the National Pharmacy Boards and learn about the issues that are driving forward the White Paper discussions.

Copies of the DVD will be available on the Registration Desk at the end of the day, and we hope that the DVD will soon be available on our website too.

## **13. CAREERS**

I would like to assure you that we are committed to promoting a career in pharmacy to school leavers, and it is heartening to know that pharmacy continues to be a popular profession with students across the UK. Indeed, there has been a steady stream of new schools appearing since 2000 to cater for this interest.

Currently, there are 24 Schools of Pharmacy, including new schools in Hertfordshire, Keele, Medway, Kingston, Reading and Wolverhampton – with the University of Central Lancashire School of Pharmacy admitting students for the first time this September.

We receive approximately 7,500 visits to our pharmacy careers' website each month. The figures on this slide will give you some indication of the interest out there.

#### **14. WALES**

This has been a very busy year for the Welsh Office, during which it has seen the implementation of many of the recommendations arising from the Fraser review.

The Society's base in Wales has recently been relocated - it was our aim to find a new home for the Welsh Office that could provide flexible working and meeting facilities for staff, pharmacists and fellow health and social care colleagues. To date, the building has been used extensively, and has become established as the Society's headquarters in Wales, where members are welcome.

Currently the building is hosting the All Wales Pharmacy Leadership course. The course has been designed to fill a gap in the development of pharmacy leadership in Wales, and we have been fortunate to have support from the Welsh Assembly Government and the National Leadership and Innovations Agency for Healthcare.

The programme, which comprises 24 pharmacists, has recruited from all care sectors within 3 regions of Wales.

## **15. SCOTLAND**

The Scottish Office has been equally busy dealing with the Frasier recommendations.

The Scottish Pharmacy Board's official launch took place at the Scottish Parliament in March, during which the Board also launched its manifesto entitled *A Manifesto for Scottish Pharmacy*. The manifesto comprises 4 core messages and calls for political support that will enable pharmacists to become more involved in the delivery of healthcare services to the people of Scotland.

The event was sponsored by Helen Eadie MSP and in attendance were Board members, politicians, fellow NHS professionals, patient interest groups and pharmacists from the length and breadth of Scotland.

The Board has gone on to seek ways to engage more effectively with its membership, and which will include more direct contact in future. It intends to 'twin' elected Board members with each Scottish Branch - to encourage members to share their thoughts on professional developments, and to input into the work of the Board.

Arranging road shows in Scotland is one way by which the Board is engaging directly with its membership. The roadshows – *A Vision for Scottish Pharmacy, Have Your Say* – provided the opportunity for the SPB to introduce itself and inform members of the potential

implications of the White Paper. More importantly, it was an opportunity for the Board to hear what the members want and need in terms of representation.

### *Support for the Scottish Branches*

At the annual meeting of the Branch Secretaries in June 2007, the Secretaries asked the Board to provide guidance on the modern role of the branch network and to put forward proposals for discussion regarding a future local network which would meet the needs of Scottish members.

The Scottish Pharmacy Board saw the potential of the branch network, but that declining attendance at branch meetings and poor engagement with the younger members of the profession would need to be addressed first. The Board agreed to work in partnership with the Branches to consider a more effective structure with flexible ways of working at a local level.

I think we might learn something from our Scottish colleagues and we'd like to hear your views in the discussion forum later.

## **CONCLUSION**

That's just a very brief overview of some of the more significant work streams that have occupied the staff at Lambeth since last year.

Today's very tight schedule has prevented me from covering everything. However, please feel free to buttonhole me or any of the staff here during the lunch break, and we can tell you more.