

FROM THE ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

The NHS Reform and Health Care Professions Bill

Introduction

The House of Commons will hold a Second Reading debate for this Bill on Tuesday 20th November. The Bill is an important step towards new regulatory structures for the health care professions and improved protection for the public. The Royal Pharmaceutical Society of Great Britain (RPSGB) broadly welcomes its publication.

This briefing outlines the key issues of relevance to the RPSGB and the pharmacy profession in the new Bill and highlights some initial concerns in relation to the proposed new structures. The RPSGB hopes that Members of Parliament may be able to raise these points at Second Reading and that Ministers will be in a position to clarify matters at this stage. The RPSGB will continue to monitor progress throughout the passage of the Bill and will offer further comment as necessary during subsequent stages.

Unique role of the RPSGB

The RPSGB is the regulatory and professional body for some 44,000 pharmacists in Great Britain. The RPSGB maintains the Annual Register of Pharmaceutical Chemists and registers pharmacy premises. The RPSGB takes its powers from the Pharmacy Act 1954, the Medicines Act 1968 and a Royal Charter, originally granted in 1843 and subsequently revoked and updated. The RPSGB expects further powers to be granted by an Order in Council under Section 60 of the Health Act 1999. The RPSGB welcomes the Bill's acknowledgement that its remit differs from other regulators' (*clauses 24(5) and 33*).

The work of the RPSGB has developed on the basis that effective professional regulation involves both enabling and promoting good practice as well as identifying and dealing with poor practice. Uniquely among health regulators, the RPSGB exercises both regulatory and professional development functions. The RPSGB considers it a strength to be in a position to shape a coherent approach to the education, professional development, standards of practice and commitment to continuing improvement of the pharmacy profession. The RPSGB believes that this broad remit is a sound foundation on which to develop to meet the modern principles of professional regulation. The RPSGB has embarked on a programme to develop and extend its regulatory framework and systems and strengthen current activity in relation to professional quality to ensure a competent and accountable profession.



The Royal Pharmaceutical Society of Great Britain (RPSGB) is the regulatory and professional body for pharmacists in England, Scotland and Wales.

Implementation of the Bill

While the RPSGB generally welcomes the new Bill, there are a number of areas that are not yet clear or that raise further questions.

Much of the Bill is to be implemented by regulations subsequent to its passing into law. This use of secondary legislation allows for detailed discussion prior to the implementation of new laws. However, the use of regulations in this way creates difficulty in anticipating the extent and scope of new legislation. The RPSGB seeks much greater clarity and detail on a range of core issues. These issues will affect the RPSGB's relationship with Parliament, the public, the new Council for the Regulation of Health Care Professions (the Council) as well as with the pharmacy profession. Such issues also have a bearing on current work being undertaken by the RPSGB to reform its framework and ways of working in order to meet modern regulatory requirements. Other issues will affect the future of the delivery of pharmaceutical care and pharmacy practice in the UK.

NHS bodies and their functions

n Strategic input on pharmacy

The modernisation of the NHS emphasises effective co-operation and the promulgation of best practice. Many of the modernisation plans feature the welcome development of managed approaches to the choice and use of medicines to improve patient outcomes and make the best use of resources.

The RPSGB is concerned that the new local NHS structures may result in a lack of strategic impetus to help drive the modernisation of pharmaceutical care within the NHS at local level. Structural changes to the NHS have led to a loss of strategic pharmaceutical input at regional level. In England, there is no requirement for direct pharmacist input into the plans of Primary Care Trusts (PCTs) and it remains to be seen whether the 30 new Special Health Authorities will take on this role (it should be noted that different arrangements prevail in Wales and Scotland).

The RPSGB is concerned that, without appropriate pharmacist support and advice, PCTs in England will not be in a position to deliver the government's reforms around the safer and more effective use of medicines.

The Council for the Regulation of Health Care Professions

The RPSGB broadly welcomes the new proposals to hold health professional regulators to account for their performance and to ensure that they act in a consistent manner. It follows that the performance of all health professional regulators will need to meet commonly accepted standards. The RPSGB believes that greater co-operation and consistency between health professional regulators is likely to improve public protection and provide clarity.

The Bill proposes, in *clauses 23 to 27*, new mechanisms for existing regulators to work with the new Council. The RPSGB is committed to joint working and is keen to offer the Council its

experience of working with pharmacists to promote the interests of patients and the public.

The RPSGB believes that, within a framework, and with due scrutiny, individual health professional regulators are best placed to manage the complexities of regulation across the various professions. The RPSGB believes that it is vital that the appropriate balance is struck between the independence of individual regulators in the proper exercise of their duties to the public and the functions of the new Council in monitoring and ensuring best practice.

n Scope of the Bill

The RPSGB's remit does not extend to Northern Ireland, which has its own Pharmaceutical Society. Appointments to the new Council will be made from Northern Ireland and the Council will have powers in Northern Ireland. Clarification is needed as to the inclusion of the RPSGB's sister body in the new structures.

n Accountability

It is not clear on the face of the Bill how appointments and accountability procedures for the new Council will work in practice. It is not apparent how the Council will ensure its independence from government if there is government involvement in either initial or subsequent appointments. It is also not evident whether individual regulators are to be expected to adopt identical procedures for appointing members to the Council or how far Ministers will specify these procedures. Further clarification is needed on the exercise of the statutory powers of the Council.

n Power to delegate

On the face of the Bill, powers to delegate appear too wide and inconsistent with the principles of openness and transparency. Like most health regulatory bodies, the RPSGB has education, pre-registration training and continuing professional development responsibilities for its profession. The RPSGB would wish to be reassured that the new Council would not delegate its own, more general, powers in this area in a way that was detrimental to patient-focused education and training that is informed by professional expertise.

n Power to direct

There are potentially sweeping powers of direction by the Council proposed in *clause 25*. No real limits are specified on the use of these powers, the frequency of their exercise or the circumstances in which they may be deployed. Much greater clarity is needed on how these powers are to be viewed alongside existing regulatory duties and responsibilities of the health professional regulators.

n Funding

The way in which the new Council will be funded is unclear. If it is to be funded purely from public funds, there should be assurances that this will not be at the expense of front-line patient services. If regulators are expected to contribute, clarity is needed on how such funds would be raised.

n Complaints mechanisms

Clause 26 describes the provisions that may be made to deal with complaints about regulatory bodies. However, the explanatory notes and the earlier consultation document make clear the intention is to restrict this provision to complaints of maladministration. The RPSGB is not satisfied that the clause as drafted reflects the intention. Much greater clarification is needed.

n Reference of disciplinary cases to court by the new Council

The RPSGB is concerned that these provisions may create circumstances where inappropriate requests for reference are made about decisions of the independent Statutory (disciplinary) Committee to take no action in a case or to restore a pharmacist to the Register. Further clarification on these provisions is required.

n Powers of inspection

Under the Medicines Act 1968, the RPSGB already holds powers of inspection for aspects of NHS services in the 12,000 community pharmacies in Britain. *Clauses 13 and 16* of the Bill provide new powers for the Commission for Health Improvement (CHI) and the proposed new Patients' Forums (PFs) in the inspection of premises used by NHS "service providers". Hospital pharmacies may already be inspected in this way and this extension of powers now brings community pharmacy premises into the frame. The proposed new powers for CHI and the PFs mean that clear mechanisms for co-operation between inspecting bodies are needed. The RPSGB would be concerned if multiple inspections of community pharmacies were to impact on the quality of service to patients and the public, for example, by creating confusion, disrupting pharmacy services, impinging on patient confidentiality or undermining the security or integrity of medicines stored on premises.

The RPSGB hopes to work with CHI and the PFs to promote best practice and efficient ways of working in this area.

n Appeals

The RPSGB welcomes the provision for a common channel of appeal to the High Court which has always been applicable to the RPSGB's disciplinary procedures.

Replacement of Community Health Councils

The RPSGB broadly supports moves to increase patient and public involvement in the NHS. The RPSGB looks forward to working with the new Patients' Forums and the Commission for Patient and Public Involvement and hopes that these will be effective replacements for Community Health Councils.

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