

Council meeting 7 & 8 October 2008

PUBLIC BUSINESS

Policy development and implementation in the Society

Purpose

To set out the mechanisms for the development and implementation of policy in the Society; to clarify the role of the Council, Boards and Committees in policy development and implementation and to highlight the stages at which Council monitors decisions and can intervene.

Strategic objective domain

An organisation that consistently performs as a regulator, professional representative leader and publisher

Recommendation

It is recommended that

- i. Council reaffirm its support for the process of policy development, implementation and monitoring set out in this paper
- ii. Council agree that the Policy and Communications Forum keeps the Devolution Protocol under review and brings recommendations to Council if required, but does not undertake a formal review of the devolution protocol.

1. Responsibility for Policy Decisions

Council has a specific responsibility for leading strategic development and policy. The Council, through its decisions at Council meetings will determine the Society's policy.

An impetus for policy development may arise from a range of sources within and beyond the Society (e.g. horizon scanning, stakeholder relationships, Council members, national Boards, consultations, Government policy, scientific or clinical developments, etc). The Society proactively develops its own policy initiatives as well as responding to external change. The Policy Development division within the Policy and Communications directorate acts as a focal point within the organisation to develop directly, and to support the development of, policy across the organisation. The development of policy papers is not the exclusive preserve of the Policy Development division. Specific policy papers may be developed within the relevant divisions and be brought to Council for decisions, often following detailed discussion in Committee, Board or working groups.

There are two additional ways in which decisions about policy for the Society may be taken.

1. The Officers have a specific role to deal with issues arising which require an urgent response. If this concerns new policy, then any action or statements which constitutes "interim policy" must be reviewed in a Council meeting where any RPSGB policy will be finally decided.
2. The National Pharmacy Boards may need to respond to a consultation or development relating to an area on which Society policy has not been established. This situation is described in the existing devolution protocol (appendix one – paragraph 6). Where timescales are short, the policy developed by the Board will be adopted as the interim policy of the Society until such time as the Council is able to review it.

It is expected that Council would normally wish to adopt the interim policy unless the policy conflicts with the Society's strategic objectives or circumstances have changed since the formation of the interim policy.

2.1 Devolution Protocol

The Devolution Protocol anticipated that the National Pharmacy Boards may have to respond to consultations where the Society does not have policy. It describes how policy may be developed in instances where the issue only affects one country and it is impracticable for Council to determine policy within the required timescale. This is relatively rare occurrence, although it may become more frequent as health policies in the three countries in Great Britain become more divergent. The Devolution Protocol also highlights the action to be taken when an issue that has implications for more than one country in Great Britain. It established a Liaison Group to agree the methodology for handling these sorts of situations.

Council recently agreed to change the Liaison Group to the Policy & Communications Forum. The role of the Forum is: -

- Agreeing internal approaches to working under the devolution protocol.
- Ensuring good internal communications and processes between Council and the National Boards.
- Proposing the strategy for public affairs and external communications across Great Britain and the three home countries; and at a European level to Council.
- Monitoring the implementation of the strategy for public affairs and external communications

The Forum's roles relating to the devolution protocol and the communications between the Council and the National Pharmacy Boards are important to establishing good ways of working between the Council and the National Pharmacy Boards. The Forum will be able to monitor the implementation of the Devolution Protocol and advise on whether the protocol needs amending in the light of experience.

The Devolution Protocol states that the protocol will be kept under regular review and will be updated as necessary following joint discussions between the RPSGB Council and the national Pharmacy Boards. It also suggests that there will be a formal review near the end of the first term of office of the Boards, commencing in Autumn 2008. However, the two statements are not mutually compatible since the term of office of the Boards is three years. Thus the end of the first term of office of the Boards will be in January 2010, three years after the formation of the Boards. It is thought that the intention was that the formal review would be instigated once the National Pharmacy Boards had been in operation for the first three years and that the Liaison Group (now superseded by the Forum) would oversee this review.

The development of the new professional body means that a new governance structure is likely to be developed in the next 12 – 15 months. A full review of the Devolution Protocol seems inappropriate in the light of developments of the new professional body. It is recommended that the Policy and Communications Forum keeps the devolution protocol under review and brings recommendations to Council but does not undertake a formal review of the devolution protocol.

The Council members who attend National Pharmacy Board meetings have an important role in ensuring optimal communications between Boards and Council.

2.2 Press enquires

The Forum will be responsible for proposing and monitoring the Society's strategy for public affairs and external communications. The Society is frequently asked to comment on news stories or government policy statements by the media. The Policy & Communications Directorate will draft press releases or statements on the basis of existing policy (either established or interim policy). The timescale for these comments will often be hours rather than days and will rarely allow sufficient time for the development of new policy. The existence of broad overarching policy which can be applied to a variety of circumstances is a huge advantage in this sort of situation as it allows a cogent comment to be made.

Statements will be attributed to the most appropriate person – usually the President or Chair of the appropriate National Pharmacy Board if the statement is regarding a single country. If this is not possible in the timescale or the response is of a more technical nature, the statement will be attributed to a suitable staff member.

2.3 Policy Statements

Many of the Society's policies are broad overarching policies that enable them to be applied to a range of specific situations. For example, a policy stating that community pharmacists should be regarded as the natural first port of call for advice on and help with common ailments enables the policy to be applied to a wide range of situations that arise. However, a policy that states that community pharmacists should be able to supply trimethoprim over the counter for the treatment of UTIs is much narrower and specific to a single situation.

Broad policies are an advantage where the Society has a broad objective such as achieving pharmacist prescribing which allows the policy to be pursued in a number of different ways without the need to keep bringing the policy back to Council for clarification. It allows the Society to be "fleet of foot" and achieve the goal of Council in the most constructive and opportune manner.

A narrower policy is more applicable to a situation where Council wants to be clear about the boundaries of its decisions and avoid legal challenges. For example, there is often a need for absolute clarity on legal issues such as the ways of working of the Society's statutory committees.

The aim for the Society will be to have a suite of high level policies that can be applied to a wide range of situations and more detailed policy statements where we need to have more detailed positions on specific issues. This is a similar approach to that taken in the Code of Ethics review. The Code of Ethics contains a set of principles that apply to the whole of pharmacy practice. This represents the broad position of the Society on ethical issues. These are supported by explanatory notes and in depth guidance on important topics such as confidentiality and consent.

2.4 Patient and Public Involvement

The Society has committed itself to patient and public involvement (PPI) and the Council agreed a PPI strategy in December 2006. Three Council members (two lay and one pharmacist member) act as PPI sponsors with a special role in supporting PPI development. A Public Liaison Group (including a wide range of patient and public representative organisations and some individual members) has been established to help the Society implement the strategy. The involvement of the Public Liaison Group in policy development is important for the development of robust policy that will resonate with the public. Where possible, the PLG should be involved in the consultation and policy development stage, as well as the review and evaluation stage. The aim should be to gain the involvement of the Group in Council policy, and

in interim policy where time permits. But the PLG has made it clear that it needs time to consult with its own networks so it may not always be able to provide a wider perspective in the Society's policy development where a consultation has a very short timescale.

2.5 Horizon scanning process

The Society gains information about issues that are likely to become important in the future through a variety of means. The horizon scanning process includes weekly systematic review of a range of information sources – GB government websites, European Commission information, the King's Fund's *Current Awareness* bulletins and the BMJ news pages. Intelligence gathering from public affairs about issues being looked at by political parties and government; reviewing research and scientific developments, Council and Boards, etc are also relevant. This has allowed the Society to develop policy in advance of an issue becoming an immediate problem that we have to respond to. Key emerging issues are identified and discussed with relevant staff, put forward for discussion by relevant Committees, Boards, Council, working groups etc, and with external stakeholders and groups, as appropriate. Examples of this approach include: -

Pharmacogenomics; competencies for future pharmacy roles; direct-to-consumer advertising of prescription medicines; assisted suicide; pharmacist prescribing; POM to P switches; pharmacy practice framework; etc.

The horizon scanning process allows the Society to anticipate and plan for the areas where policy needs to be developed. The Council Strategy Days provide an ideal opportunity for discussion of policy issues that are identified through the horizon scanning process. This enables Council to be more proactive and less reactive.

3. Implementation of policy

In the main, decisions about the implementation of the policy of the Society are taken by the Education, Law & Ethics and Science Committees within their particular areas of responsibility. In addition, the National Pharmacy Boards take decisions on implementing Society policy in England, Scotland and Wales. The responsibility for implementing the decisions of Council, Committees and Boards rests with the staff of the Society.

The work plan for the organisation, and therefore for each of the Society's Directorates, is clearly linked to the Council's strategic objectives through the Business Plan. The Business Plan is developed by the Executive team for implementation.

Each of the Committees and Boards agrees its priorities at the first meeting of the year and develops a planned programme of work for the following year. This is often a complex decision process weighing up one priority against another. There will be a number of tactical decisions that will be taken by Committees and Boards that will, for instance, balance the achievement of a longer term priority against a short term gain. The Committees and Boards will have to decide in which areas they have the best opportunity of achieving results and which are the highest priority.

The implementation of policy may involve a number of activities such as communications (national, local or trade); influencing politicians, civil servants or other stakeholders; production of guidance, toolkits, etc; conferences or events.

4. Monitoring of Policy Implementation

Council monitors policy implementation through the receipt of the minutes of the standing committees and National Pharmacy Boards. The Council Update also

monitors progress on the decisions of Council. Council members are encouraged to talk to the relevant staff leads and Chairs of committees/Boards where they have specific questions or issues that they wish to discuss.

Committee minutes are not presented at Council meetings. However, policy matters arising from Committee meetings are presented to Council for discussion and decision.

Council members may raise issues arising from committee minutes in the Council if they believe that a committee is acting outside the Council's policy or if they believe that the relevant policy should either be changed or defined more tightly. In such cases, the member concerned should speak to the chairman or secretary of the committee concerned in the first instance to see if the matter can be resolved, or if this is not possible, they should discuss the matter with the Chief Executive & Registrar to determine the best way to take the issue forward.

5. Conclusions

This paper reviews the mechanisms for the development and implementation of policy in the Society. Council has a number of means of developing and reviewing policy. The implementation of policy is decided within the various Committees and National Pharmacy Boards and monitored by Council. The communication between National Pharmacy Boards and Council is important in this process and one channel of communication is the Council members who are members of National Pharmacy Boards or who attend National Pharmacy Board meetings.

The horizon scanning process and the use of Council Strategy Days for policy discussions identified through the horizon scanning process is recognised as an important means of maintaining a proactive approach to policy development rather than having to react to events.

The development of the new professional body and the General Pharmaceutical Council means that a new governance structure is likely to be developed in the next 12 – 15 months. Both bodies will develop their own processes in regards to policy development and implementation to align with their new structure and purpose.

6. Risk implications

It is important that the Society has a process which enables it to respond to issues effectively.

7. Resource implications

There are no resource implications.

8. Recommendations

It is recommended that

- iii. Council reaffirm its support for the process of policy development, implementation and monitoring set out in this paper
- iv. Council agree that the Policy and Communications Forum keeps the Devolution Protocol under review and brings recommendations to Council if required, but does not undertake a formal review of the devolution protocol.

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Director Policy & Communications

Appendix 1**A Devolution Protocol for the RPSGB****Background**

1. Since the introduction of political devolution in 1999 in the UK, the RPSGB has sought to shape and influence policy relating to pharmacy in three administrations, the UK Parliament, the Scottish Parliament and the Welsh Assembly. Powers that have been transferred away from Westminster have varied, leading to a set of unique relationships between each of the devolved administrations and Westminster. Policy divergence is occurring now, and is expected to increase, particularly if or when different political parties control the various administrations. There are three Departments of Health for England, Wales and Scotland and each has its own strategy for pharmacy.

2. This protocol is intended to provide a framework for co-operation between the RPSGB Council and the English, Scottish and Welsh Pharmacy Boards of the RPSGB and their respective secretariats.

Principles

3. The RPSGB Council affirms its support for reflecting devolved government in the Society's structures and ways of working. The Council wishes to co-operate with the national Pharmacy Boards on all matters relating to the Boards' functions as agreed by the RPSGB Council, these being to:

1. Provide strategic leadership and support for pharmacy practice development in [country].
2. Assist development of Council policy and its implementation in [country], and develop and implement policy specific to [country].
3. Promote the science and practice of pharmacy and its contribution to health.
4. Provide professional advice to government and its agencies, NHS bodies, and other health and social care organisations in [country].
5. Support the Society's Branches in [country].
6. Support pharmacists in their professional roles in [country].

4. The RPSGB needs to ensure that it responds effectively to the challenges and opportunities posed by devolution – both in the way that it responds to outside organisations, and in how business is conducted in the Council and its national Pharmacy Boards. In all cases care must be taken to maintain lines of accountability, and recognise the rights and responsibilities that come from devolution. The Council and its national Pharmacy Boards will seek to work in a mutually supportive manner, with good communication and early involvement of all appropriate groups. This will build on existing working relationships that have already been established with the previous bodies of the Scottish and Welsh Executives and the Society's staff in Scotland and Wales. Timely and effective communications between the Council and the national Pharmacy Boards will be needed to ensure the RPSGB as a whole is stronger and not fragmented as a consequence of devolution.

5. The Council remains the governing body of the RPSGB. It is the major policy-making body of the Society and is accountable for the discharge of all the Society's functions. The Boards are therefore accountable to the Council. The Council and the national Pharmacy Boards will inform each other through their respective secretariats at the earliest opportunity of any matter arising which is likely to be of mutual interest. Some matters relating to the Boards' agreed functions may have a potential resource impact or may constrain policy development elsewhere within the RPSGB. In such cases, the Council will be alerted through its secretariat and views will be sought from those who are potentially affected at the earliest reasonable opportunity. These views will be taken into account in any decisions taken by the relevant Board/s. There will be a responsibility on the Council and the national Pharmacy Boards to respond in a timely and effective manner to any request for views on matters relating to the Boards' agreed functions. If the Council or a national Pharmacy Board is unable to comply with the timeframe for a request for views then this must be notified to the relevant secretariat as soon as possible.

6. A national Pharmacy Board may need to respond to a consultation relating to a matter on which RPSGB policy has not been established. In such a case, if it is impracticable for the Council to determine policy within the required timescale, then the policy as agreed by the Board and notified to the Council will be adopted as the interim policy of the RPSGB until such time as the Council is able to review it. A Board may make new policy as described in response to a consultation when the issues involved affect only that country. The policy developed by the Board will be informed by any other extant Council policy which has a bearing on the issue. The Council reserves the right to amend or revoke the said policy but only after appropriate consultation with the relevant national Pharmacy Board and having fully considered any implications for the Pharmacy Board and the profession in the particular country where the policy was developed.

7. Some of the work that is appropriate for the Boards will have implications for more than one GB country and there may be a need to take account of the relevant countries' policies, legislation and practice in the production of the work. In these cases it will be necessary to agree a process for the identification and handling of such issues. The latter is likely to vary according to the nature of the issue. A Liaison Group will agree the methodology for dealing with and signing off work on issues that are within existing Council policy but affect more than one GB country. This may be on a case by case basis or, more generally, by agreeing the methodology to be used for a certain category of issues.

8. The Council and the national Pharmacy Boards will work closely together to ensure that the pharmacy profession is represented within the context of the public benefit and in an effective and professional manner at all levels of Government.

9. The Council and the national Pharmacy Boards will consult with each other on all issues relating to the Boards' agreed functions that impact on GB-wide interests. When a Board is dealing with an external body, it should be aware of any potential impact on relations between external bodies and other parts of the Society or relations with the Society as an organisation, and should consult as appropriate.

10. The Secretary & Registrar and other Directors of the RPSGB will maintain effective liaison arrangements and consultation procedures with the Directors of the national Pharmacy Boards of the RPSGB. The Directors of the national Pharmacy Boards will provide advice and support to those Boards in discharging their functions. In addition, they will provide advice to the RPSGB Council as appropriate.

Operation

11. This protocol does not create legal obligations or restrictions on any party, though it is the intention that the national Pharmacy Boards of the RPSGB and the RPSGB Council will manage their business with regard to this protocol wherever possible. It is recognised that there may be circumstances where full adherence is impractical. In these cases the national Pharmacy Boards and the Council will act as closely as possible in line with the spirit of this protocol and will seek to rectify any shortfall at the earliest opportunity. The national Pharmacy Boards and the Council will take steps to ensure these exceptions are kept to a minimum.

12. Each Board Chairman will make an annual report to the Council. Minutes of each Board will be circulated to the Council and to the other Boards.

13. Any dispute or problem relating to the Boards which cannot be resolved informally will be brought to the Council for resolution.

Finance

14. The national Pharmacy Boards will, at the earliest opportunity, inform and consult the Resource Management Committee of the Council through its secretary about proposals for new policy initiatives or changes to existing policy that may directly or indirectly have an impact on the finances of the RPSGB.

15. Any additional costs affecting the national Pharmacy Boards arising directly from policy changes to be considered by the Council should be identified and views sought from the relevant national Pharmacy Board/s before the final decision is taken by the RPSGB Council.

Review

16. This protocol will be kept under regular review and will be updated as necessary following joint discussions between the RPSGB Council and the national Pharmacy Boards. There will be a formal review near the end of the first term of office of the Boards, commencing in Autumn 2008. This formal review will be overseen by the Liaison Group and presented to the Council for consideration.

Process Map for routing policy issues

