For stability and continuity, members should say “no” to Charter changes

By Bob Gartside, a pharmacist from Caernarfon, Gwynedd

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rom next week, members of the Royal Pharmaceutical Society will be asked to vote on a proposed amended Royal Charter.

It is worth spending some time considering this because one effect of the amended Charter will be to end direct elections to the Society’s Council; instead, members of the proposed Assembly will be nominated by the national pharmacy boards. Election to one or more of those boards may require the votes of only 300 members (whereas those sitting on the Council generally need to secure around 3,000 votes for election) so this ending of “one pharmacist, one vote” is a serious matter.

A Royal Charter is like a constitution: it sets out what the aims, objects and powers of the body will be and how it is to be organised to achieve them. Every so often the Charter needs reviewing and either amending or renewing. The Society is one of the oldest chartered bodies, its original Charter dating back to 1841. There was a major renewal in 1954 and another major revision just a few years ago in 2004.

Having been subject to major revision so recently, it is worth asking why yet another revision of the Charter is needed. The Royal College of Nursing Charter, for example, has not been altered since 1974 and yet the training of nurses, their qualifications and the nature of nursing work and the way in which it has been organised have changed immensely in the past 35 years — and the Royal College of Nursing has emerged as a powerful and effective trade union.

Clearly, the continued use of an old Charter has not hindered the advancement of the nursing profession.

So why, exactly, does the Society need to undertake the expensive and difficult task of renewing or amending a Charter which was revised only five years ago?

In my view, alterations to the present Charter set out regulation and representation of the profession of pharmacy as the main objects of the Society. An object in a charter is something which the chartered body must do but only, of course, if it is within the reality of the powers of the body. It is possible, given the agreement of the Privy Council, to have the operation of scheduled flights to Mars as an object of the body (and, indeed, Henson and Stringfellow had the operation of flights to India as an object of the Aerial Navigation Company in 1840) but if it is not practicable then the object surely becomes a dead duck — mere verbiage of no practical value.

When regulation is taken from the Society in the near future and transferred by statute to a new regulatory body in the form of the General Pharmaceutical Council, then one of the objects in the Charter will become redundant, mere words filling up the document with no practical use or function. The rest of the Charter will remain intact and fully functioning. Despite this, the Council of the Society will shortly be ballotting members to gain their approval for an amended Charter.

It is taking the opportunity to change the way in which the Society is organised — a change which a number of people who have studied the subject think is ill advised.

Over-riding all other considerations, however, should be the concern that the future of the Society, once shorn of its regulatory powers is unknown. It will no longer be necessary to be a member of the Society to practise as a pharmacist; instead, it will be necessary to be registered with the GPhC. The number of pharmacists who will voluntarily remain members of the Society is unknown.

In these circumstances, ordinary caution surely indicates that other major changes should be delayed until the situation becomes clearer. At the limit, spending a great deal of time and effort changing the Charter under which the Society operates will be a total waste if nobody joins.

No one knows yet what level of membership the new body might be said that it will be in the range between 40 and 40,000. It is also undoubtedly true that the Council is making strenuous efforts to change the organisation (without, let it be noted, any need as yet to change the Charter). Again, I would urge caution: there should be no precipitate action until there is a clearer picture.

It will make no practical difference if any amended Charter is introduced this year, next year or later — except that later would mean that more experience would be built up on our new regulatory and representational arrangements. In that case there would be a better chance of getting the amended Charter right and not have to alter it within five years again.

Another potential problem is that there has to be a general election within the next 12 months. If the election takes place before the General Pharmaceutical Council is established (currently scheduled to be in April 2010) it will delay the separation of the Society’s functions by a few months and the existing Charter will remain in place for that time. There are likely gains from any delay, with more time to find out how many pharmacists will join the professional body, and nothing to gain from precipitate action.

So pharmacists may well wish to consider voting “no” on the proposed changes to the Charter. It may well be that the Society is found to operate perfectly well in the changed circumstance but under the old Charter. Such an outcome seems to have worked well for nursing, which has become a degree profession with prescribing rights.

In summary, there is little downside in the near future to a “no” vote on Charter changes but there is much to gain from a delay while experience is gained. A “no” vote is less risky, less expensive, and less likely to lead to future difficulties than a “yes” vote. It is not a negative vote. It is a vote of cautious confidence in the future of the Society.