Pharmacists need to help shape the Royal Pharmaceutical Society as a member-focused body in the lead-up to it shedding its regulatory functions

In case you haven’t heard the news...

By Gareth Maisin, MRPharmS, and Matthew Wright, MRPharmS

The Royal Pharmaceutical Society is changing. In 2010 it will cease to be a regulator and will relaunch as a “new professional body” for pharmacy.

To you, the reader, perhaps this is old news (this separation of functions was announced in 2007). However, at a joint conference of the United Kingdom Clinical Pharmacy Association and the Guild of Healthcare Pharmacists — attended by Clinical Pharmacist in May — it was suggested that many pharmacists remain in the dark about what is going on at 1 Lambeth High Street, London.

Indeed only about 15% of pharmacists voted in the recent Society Council election — perhaps further indication of the number of pharmacists aware of, and engaging with, the changes taking place.

Among the sentiments expressed at the UKCPA/GHP conference was that our profession could be set back 10 years if it does not have a strong leadership body. It is with this in mind that we have put together this article to help bring readers up to speed — see the adjacent figure and the Box “In a nutshell” (p257), which summarise the what, whys and whens.

Work to develop the new professional body is underway, and the Society is asking for the involvement of pharmacists to make sure the services it offers are relevant and provide maximum benefit.

What’s going on?

Ten workstreams are in motion. Some of these relate to internal restructuring of the Society and external affairs; others are rolling out a range of projects to create new products and services, or develop existing ones, to be offered by the refocused Society. A website explaining this work and encouraging colleagues to share their thoughts on the process was launched in February (www.pharmacyplb.com). There, pharmacists can register to:

- Receive electronic updates
- Attend a workshop or brainstorming session
- Provide expertise
- Test a new product

Contact details for the leaders of the various workstreams can be found in the “About us” section of the website. Below, we take a look at some of the projects.

Local practice forums

Howard Duff, lead for the professional networking workstream, told Clinical Pharmacist that his highest priority was to set up local practice forums (LPFs) in all areas of Great Britain by the end of 2009. LPFs will be groups of pharmacists (from hospitals, primary care and the community) working in the same region who meet or collaborate to share best practice and tackle local healthcare issues (see also Correspondence, p257). Pharmacists wishing to set up or be part of an LPF can email amanda.king@rphgb.org.

Mentoring database

A national mentoring programme for pharmacists is being formed and the Society is looking for potential mentors. It hopes that, over time, recruitment of mentors and those requiring support (mentees) will become the mantra of LPFs (although an appropriate mentor would not need to live near his or her mentee). Pharmacists keen to become mentors through the programme, which is expected to kick off at the end of this year, can email stephen.goundrey-smith@rpsgb.org.
Local leaders: David Pruce, leadership and advocacy workstream lead, says the Society is eager to help LPFs identify and nurture pharmacists who can lead the development of pharmacy services within their local area. He is keen to hear from pharmacists who have influenced changes in local health policy successfully and to learn more about the barriers that have been overcome (email leadershipWS@rpsgb.org). He told Clinical Pharmacist that he also wants to hear what skills pharmacists believe they need to develop to become local leaders, the ultimate aim being to produce tools or training courses that pharmacists can access to build on their leadership skills.

Virtual networks: Another component of the professional networking workstream is the creation of an interactive website, called Virtual Networks. The plan is for pharmacists with common interests (eg, colleagues working within a particular clinical specialty or from the same geographical region) to share ideas or hold “virtual” meetings. The website will include space for blogs, wikis (resource pages that evolve through additions from users), calendars, a contacts database and a document library. The website is currently being piloted. Anyone interested in trying it out is invited to email sadia.khan@rpsgb.org.

Professional support: The Society’s professional advisory service will be enhanced to make it more user-friendly. Cath Savage, professional support workstream lead, explains that this will involve more than just giving advice, but also help for how to implement the advice and find a solution. The accessibility of the Society’s professional support documents is also to be overhauled, making it easier for pharmacists to know what is available and find what they need. Mrs Savage is keen for all pharmacists who have support needs that are unmet, or who would like to be involved with testing these revamped services, to email professionalsupportWS@rpsgb.org.

What is changing?
- The Government has decided that no single body can both regulate and represent a health profession (see “Timeline”, p255).
- This directly affects the Royal Pharmaceutical Society, which took on the statutory role of regulator in 1933 in addition to its leadership functions.

What is happening now?
- The Society is in the process of separating its regulatory functions, which will be taken over by a General Pharmaceutical Council (GPhC) in 2010 (expected April).
- The Society is refocusing itself solely as a professional body and changing its systems to work with “customers” rather than “registrants.”

What will you see in future?
- Registering with the GPhC will be compulsory for those wishing to practise and call themselves a pharmacist.
- The refocused Society will be able to pursue its leadership and advocacy ambitions without conflict as a regulator.
- Membership of the Society as a new professional body will be voluntary.
- Members of the professional body will retain their post-nominals (eg, MRPharmS) and have access to its services.

In a nutshell

What is changing?
- Tiered levels of support for completing CPD (possibly including an informal review of CPD records).
- A UK-wide framework for developing and recognising advanced and specialist practice.
- A national vision for how pharmacists want their profession to develop and how the new body should influence Government policy.

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