

Report of the Independent Inquiry into a Professional Body for Pharmacy – the Clarke Report

Response by the Royal Pharmaceutical Society of Great Britain

5 June 2008

Introduction

The Society commissioned the Clarke Inquiry but it was carried out entirely independently. The Inquiry report was published on 2nd April 2008.¹ Our council has debated the report's recommendations in detail and we are publishing a summary of our response in the Pharmaceutical Journal and the Chemist & Druggist.² Our detailed comments in response to each of the recommendations are set out below. We will continue to hold discussions with other stakeholders, and will consult with our current membership on some key questions.

The purpose and scope of a new professional body (Recommendations 1-6)

Recommendation I

The Professional Body should provide strategic leadership and support for pharmacists, enabling them to meet their professional aspirations and deliver the best possible service to patients and the public. It should speak for the science and practice of pharmacy to the public, policy makers and stakeholders.

We agree with this recommendation. However, at this stage we prefer to talk about strategic leadership and support for "members" so as not to pre-judge the decision on who should be members.

Recommendation II

Consideration of equality and diversity issues should be central to all aspects of the work of the new body. The Transitional Committee (recommended below), should determine how best these issues should be reflected in the structure, processes and ethos of the Professional Body.

The professional body should have a commitment to equality and diversity. Implementation of this recommendation will be part of the work of a transitional committee.

Recommendation III

Those eligible for some form of broadly-defined membership of the Professional Body should be pharmacists registered with the GPhC, registered technicians, students undertaking a pharmacy degree, preregistration trainees, non-practising and retired pharmacists, pharmaceutical scientists, academics in related fields and overseas applicants with relevant qualifications.

¹ <http://www.theclarkeinquiry.com/data/papers/report.pdf>

² <http://www.rpsgb.org/pdfs/newprofbodyguide080509.pdf>

The Society is committed to an early consultation with its members on possible membership categories for the new professional body. A transitional committee should then produce detailed proposals on membership as part of the prospectus for the future professional body, which will be consulted on later in 2008.

The proposals will include eligibility criteria for membership categories and dealing with disputes and challenges where membership is refused.

Recommendation IV

The Professional Body should have clearly-defined separate categories of membership, for instance “pharmacist member”, “student member”, “international member”, “technician member”, “scientist member” etc. Subscription rates and voting rights could differ between categories. Only members with a UK pharmacy degree should have the right to post-nominal letters.

There are two distinct parts to this recommendation:

1. horizontal membership categories, and
2. post-nominal letters.

1. Horizontal membership categories

We think the proposal for horizontal membership categories has merit. We are conscious of the need to incentivise people to join, not deter them by making membership unattractive (e.g. by creating ‘classes’ of membership without good reason). A transitional committee should produce detailed proposals on membership for the prospectus.

2. Post-nominal letters

- A transitional committee should produce detailed proposals on post-nominal (PN) letters for the prospectus.
- PNs for the new professional body could be different to the current MRPharmS. However;
 - i. The recommendation as stated would exclude registered pharmacists who qualified in the UK before pharmacy degrees were introduced, and overseas-qualified pharmacists registered to practise in GB.
 - ii. The recommendation would permit former pharmacists who had been struck off the statutory register for serious professional misconduct to use the future professional body’s post-nominals. Restricting post-nominals to GPhC registrants would avoid this problem, but might be seen as very restrictive.
- Whichever option is chosen, it may be necessary to ‘police’ the system. An automated online confirmation service would enable employers etc. to check entitlement to use PNs.
- A system for removing PNs (e.g. if someone was struck off the register) would be needed. The medical Royal Colleges have the discretion to decide whether doctors disciplined by the GMC can continue to use their Royal College PNs.

Recommendation V

The Professional Body should establish a system of Fellowship on the basis of demonstrated and sustained competences. Those who had already achieved Fellowship status within the last three years should be able to apply for its reinstatement.

A transitional committee should review options for a system of Fellowship and include this in the prospectus.

We propose that existing RPSGB Fellows should automatically become Fellows of the new professional body.

We are looking at a number of models for Fellowship used by other professional bodies and will provide this information for a transitional committee to consider.

Recommendation VI

A Membership Committee should be established to decide upon general principles of membership and applications from individuals whose right to membership involves an element of judgement.

We think the future professional body must be lean in its governance structures and avoid the proliferation of committees if it is to be a responsive and financially viable body. Aside from the need for Boards to reflect devolution, the professional body should not establish committees until it is up and running and has found there is a real need for a committee.

A transitional committee should establish robust principles, eligibility criteria and application processes for membership, and the vast majority of membership applications should be straightforward to deal with as a result.

But there may be a role for an arbitration committee to consider exceptional cases where judgment is required: A transitional committee should consider this once membership systems have been decided on.

Processes for becoming a member and being removed from membership (e.g. after being struck off the GPhC register) should be as simple as possible.

There will be useful lessons to learn from other professional bodies about how they deal with membership 'disputes'.

We think disputes are most likely to arise in relation to membership categories which confer post-nominals and voting rights: for other categories there may be little need for hard-and-fast rules about who can join.

The functions of the new professional body (Recommendations 7-35)

Recommendation VII

The Professional Body must see visible leadership of the Profession as a key responsibility. It should also provide and promote the opportunities for members to develop leadership skills.

We support this recommendation.

Recommendation VIII

The Professional Body should provide a strong single voice and vision for pharmacy. It should see effective communication as a key task, whether to its members or to the public.

We support this recommendation in the context of recommendation I.

There will remain other organisations in pharmacy with interests distinct from the professional body, but the professional body should work closely with them on areas of common interest.

Recommendation IX

The Professional Body must be a trusted and influential source of advice for Government as well as being an effective lobbyist and champion for pharmacy and pharmacists. It must not simply react to the agenda of others but should lead the debate on all issues concerning the safe and effective use of medicines. It must be visibly independent of Government, willing to criticise as well as collaborate.

We agree with this but note the need for the professional body to work with devolved administrations, and with other agencies on areas where they have a leading role e.g. MHRA and NPSA on the safe use of medicines.

The professional body's role should cover future development and use of medicines.

Recommendation X

The Professional Body should seek to widen and deepen relationships with other health professions.

We welcome this recommendation.

Recommendation XI

The Professional Body should explore the possibility of establishing and leading a "Forum of Prescribers".

We support the idea of exploring this proposal for a multi-disciplinary prescribers' forum further. The professional body could lead prescribing development across the non-medical professions.

The timetable for setting up the professional body may mean this is something the professional body itself should consider once it is up and running.

Recommendation XII

The new Professional Body should explore means of providing support for local groups of pharmacists to assist them in discussions with local health bodies about the scope of provision of pharmacy-based solutions to local health problems.

In principle we agree with this recommendation (subject to cost/benefit and sustainability considerations, and recognition of devolved structures and the roles of other organisations)

Areas that need to be explored include: a possible lack of guidance for pharmacists; a possible need for more signposting to the guidance that exists e.g. the Harmonisation of Accreditation Scheme; and support for pharmacists to get involved with their local commissioning bodies/health boards.

Recommendation XIII

The Professional Body must aspire to be the principal voice of the profession to the Regulator, working as necessary with other stakeholders. It must establish early credibility to ensure that its contributions are given due weight.

We recognise that the professional body will need to establish itself as the principal voice of the profession.

Recommendation XIV

The Professional Body should regard its policy function as key to its credibility and reputation and one in which there is a partnership between staff, council and members, each recognising the others' essential but distinct roles.

We agree that the policy function of the professional body should be key, and that it needs to be central to the work of the professional body while at the same time recognising the different political contexts in the devolved administrations and the different interests of the stakeholders in policy outcomes.

Recommendation XV

The Professional Body should, as appropriate, commission research to fill gaps in knowledge; lobby others including the research councils and the relevant departments of Government and the devolved administrations, to undertake specific research; assist and inform the research communities; and ensure that the resulting evidence base underpins all that it does.

We support the proposal for the professional body to encourage funders to give financial support for necessary research, to engage with research communities and ensure that its work is underpinned by evidence.

The professional body should establish partnerships with prospective sponsors to oversee research of relevance to pharmacy practice.

The extent to which the professional body can itself commission and fund research will depend on its finances and what its members are prepared to pay for.

Recommendation XVI

The Professional Body should provide a home for the scientific pharmacy community and provide a bridge between them and other members to ensure that daily practice and advice to patients, is informed by up to date scientific opinion. It should have the capacity to respond quickly as issues requiring informed scientific comment arise.

We endorse the idea that science is an important component of the professional body. The extent to which the professional body can undertake all the activities listed in 3.9 of the Clarke report will depend on costs, what members are prepared to pay for and what external sources of funding the professional body might be able to attract.

Recommendation XVII

XVII It should be an early priority for the Professional Body, when working in "shadow" form, to establish dialogue with the team working to form GPhC so as to establish an understanding of each other's role in the setting of professional and ethical standards. Once established, the Professional Body should seek to ensure that the GPhC has sufficient confidence in it to enable it to play a full role in setting standards at all levels.

We support this recommendation but note the distinction between professional and clinical standards: the former are the responsibility of the regulator (though the professional body and other stakeholders will wish to influence them) and centre on the requirements for gaining and renewing registration. The latter are a matter for professional bodies: other regulators refer enquirers to professional bodies on such matters (see GMC and NMC websites). The lack of a clear distinction between the two in pharmacy probably stems from the RPSGB's integrated role – they have not previously had to be separated. It is important that the professional body states explicitly at an early stage that clinical standards are part of its core role. If it fails to lay claim to this territory, others will occupy it.

Recommendation XVIII

The Professional Body should have sufficient capacity and expertise on educational issues to engage with the higher education sector to ensure that the undergraduate curriculum meets the aspirations of the profession. It should work in partnership with the GPhC on setting educational standards at that level.

We agree that capacity and expertise on educational issues will be important for the new professional body.

Subject to membership agreement, technician education and training should also be given consideration.

Recommendation XIX

The Professional Body should provide practical support for preregistration trainees and their tutors but should also have regard to the need to help trainees prepare themselves for life as health care professionals.

We see support for pre-registration trainees and tutors as a core part of the professional body's membership functions.

The professional body should inform the GPhC on the setting of standards for pre-registration processes, working towards registration.

Recommendation XX

The Professional Body should seek to be a central force for promoting education thinking in pharmacy and should enter into early discussion with key education stakeholders, including CUHoP, NES and the Funding Councils, about how best to make this a practical reality.

We agree that the professional body should work with all the key education stakeholders including those in the devolved administrations and workforce development.

Recommendation XXI

The Professional Body should support all aspects of CPD for its members including the provision of simple systems for recording checks on adequacy and remedial support. Its role in relation to courses and content should be primarily one of accreditation and ensuring that any gaps are filled.

We see support for CPD as a core membership function. Accreditation of courses is something the professional body could do in principle subject to appropriate funding being available. Some direct provision of CPD could be considered (but is recognised to be higher risk because of the significant up-front investment required).

Recommendation XXII

The Professional Body should play a part in developing standards for revalidation in support of GPhC but should have no role in policing the system. Rather it should develop systems (including peer support) and materials to give confidence and assistance to members.

The professional body should seek to influence revalidation standards e.g. by advising GPhC.

We see support for members to meet the regulator's revalidation requirements as a core membership function.

Recommendation XXIII

The Pharmacy Professional Body should do more to provide the necessary leadership to the profession to better understand the contribution that they can make to patient safety.

We support this recommendation.

Recommendation XXIV

The Professional Body should provide a range of services of benefit to members.

We support this recommendation.

Recommendation XXV

The Professional Body should not perform Trade Union functions, including representation of individual members at proceedings against them.

We support this recommendation

Recommendation XXVI

The Professional Body should work closely with the Institute of Pharmacy Management (which might become an integral part of the organisation) to ensure that members have access to high quality management advice.

The professional body should work with various bodies to ensure that members have access to the advice they are seeking.

Some of these may wish to work closely with the professional body while others are likely to remain completely separate, but all of them can have a useful advisory role.

The professional body should make use of wide expertise in this area.

Recommendation XXVII

Decisions on which, if any, commercial services to provide to members should be a matter for the financial judgement of the new body.

Decisions on the professional body's commercial services should be based on professional judgment as to the appropriateness of the service as well as financial considerations.

Recommendation XXVII

The work of the "Benevolent Fund" should continue.

The future work of the Benevolent Fund should take account of the results of the online survey of pharmacists' views on its future direction, which is currently being undertaken by the Society.

Recommendation XXIX

The Professional Body should seek to be a global leader in publishing intensifying current activity, especially in the field of e-publishing.

We support this recommendation

Recommendation XXX

The Professional Body should explore the range of options concerning the availability of the Pharmaceutical Journal.

We support this recommendation

Recommendation XXXI

There should be a cost benefit analysis of the case for retaining the current Library as opposed to focusing on maximising members' access to relevant online resources.

The new professional body should place a high value on the profession's heritage and learning resources.

We see the physical library and online resources as complementary. Focusing on online resources is the library's strategy and is designed to meet increasing demand for electronic information to be accessed remotely.

The recommendation should also be considered in relation to the library in Edinburgh.

Recommendation XXXII

The Professional Body should discuss with UKMI how best to meet the information requirements of members.

The Society is exploring a range of options for future information services for members. The professional body should work with various bodies to ensure that members have access to the advice they are seeking.

Some of these may wish to work closely with the professional body while others are likely to remain completely separate, but all of them can have a useful advisory role.

The professional body should make use of wide expertise in this area.

There needs to be wider engagement to review members' information needs, which are wider than just medicines information.

Recommendation XXXIII

It will be for the Professional Body itself to consult members on the value they place on retaining the archives and museum and their willingness to accept the cost implications.

We support this recommendation, but draw attention to two important considerations:

1. As a collection held in trust, any consideration of the disposal of the archives and museum will need to take into account the terms under which the items were entrusted.

2. The option of donating the collections to a national museum has previously been considered and raises issues of viability, although this could be reassessed.

The recommendation should also apply to the museum in Edinburgh. The Society currently employs two qualified museum curators.

Recommendation XXXIV

The new Professional Body should maintain the work currently done by RPSGB on international matters, particularly in areas of policy influence such as the European Union and in the development of pharmacy practice worldwide

This role will need to be redefined following de-merger. Much of RPSGB's international work, particularly that relating to EU policy, is concerned with regulatory issues and will transfer to GPhC. Practice issues relating to public health, safe use of medicines and education are relevant to the professional body.

RPSGB works with a number of international bodies e.g. FIP, PGEU, Europharm Forum, CPA etc, on professional matters. The costs of these activities and their benefits for members should be assessed as part of overall priority setting for the professional body.

RPSGB has been active in gathering information on pharmacy issues and practice worldwide to inform its policy development e.g. in relation to assisted suicide, prescription charges and prescription medicine advertising, and we would expect this type of approach to be used in the new professional body on high priority issues where the international dimension is highly relevant.

Recommendation XXXV

It is for the new Professional Body to decide upon the level of support to be given to the Commonwealth Pharmacists Association.

In 2007 RPSGB support arrangements for CPA consisted of:

1. a grant payment of £5,845; and
2. a gift in kind for support costs of £60,215.

Representation and governance (Recommendations 36-57)

Recommendation XXXVI

The Professional Body should have National Boards for England, Wales and Scotland with significantly enhanced autonomy. They should be appropriately resourced to take responsibility for determining and carrying forward matters with a local dimension. They should also be charged with handling appropriate issues on behalf of GB. The guiding principle should be "smart subsidiarity", that is devolving issues which can best be decided locally and dealing with other issues on a GB basis.

A transitional committee should review the current powers of the Society's national boards to identify where increased autonomy is needed (e.g. where the boards do not have powers to deal with country-specific matters).

A transitional committee should explore further the practical implications of 'smart subsidiarity'. Clarity must be established to ensure the appropriate level of devolution within a GB structure.

Recommendation XXXVII

The Council of the Professional Body should be broadly representative, including members from the three home nations and from each of the major professional sectors as well as some with more specialist experience. With the exception of lay members (see below) they should be elected.

We agree with this recommendation in principle but emphasise that the Council must be small enough to be both effective and affordable.

Recommendation XXXVIII

The role of the Council should be restricted to ensuring that the broad direction of policy is consistent with the views and aspirations of the profession. This should enable it to meet far less frequently than the present RSPBG Council.

We agree that the Council should concentrate on strategic direction and major policy issues. That should require fewer Council meetings. But the Council should also have other key responsibilities. We said in our submission that the Council's role should include allocation of resources across the whole organisation, coordinate the activities of the devolved structures and make strategic decisions on GB/UK issues.

Recommendation XXXIX

The Professional Body should actively seek the patient and public voice in all aspects of its work. There is no requirement for extensive lay involvement in the governance structure, but Council and some committees can benefit from the wider experience of a few lay members acting in a "non-executive director" capacity.

We support patient and public involvement in the professional body's work.

A transitional committee should be asked to consider this issue as part of work on the governance structures.

Recommendation XL

The National Boards should adopt a consistent structure that ensures that their composition will be broadly representative of the main sectors.

One important role for a transitional committee, as in Recommendation 39, is to address national board structures, but its primary focus must be on development of a compelling package of services for members.

Recommendation XLI

The Professional Body should have a Regional support team for England, with individual team members located close to the areas they serve, whose function is to support local priorities for the functioning of the branch system. The Scottish and Welsh teams should carry out this function in their home countries.

We support a reorganisation of the branches in the context of the findings of an earlier review of external support mechanisms (the *Scoping the profession* report)³. The starting point should be "What are members' support needs and how would they prefer them to be met?" not "How do we reinvigorate the branches?"

³ <http://www.rpsgb.org/pdfs/scopingprofsurveyrept.pdf>

Previous work and our review of the branches has identified some key functions: support for CPD, expanding virtual networking and online support, mentoring, and connecting local support activities with PCTs/health boards and Schools of Pharmacy.

The future professional body must ensure its support mechanisms are relevant to the majority of members, otherwise they won't join.

Recommendation XLII

The Professional Body should consider reorganising the branch structure in England better to reflect NHS boundaries.

We should not prejudge the NHS boundary issue until the role of the branches themselves has been reviewed.

NHS boundaries keep changing so reorganising the branches to fit them could involve regular upheaval – it would be costly and disruptive.

It might be helpful as an interim measure to ensure that branch secretaries can access up-to-date information about local NHS boundaries e.g. from the NHS Confederation or government health department websites.

Recommendation XLIII

The Professional Body should consider how best to involve HEIs with Schools of Pharmacy in support of the branch network.

Schools of Pharmacy, along with other relevant stakeholders, should be invited to engage with the wider review of support mechanisms.

Recommendation XLIV

The governance structure of the Professional Body should allow for representation of sectors. We suggest three sectors - community (including veterinary pharmacists), hospital and PCT and scientists and academia. Technicians should also be represented. Students and preregistration trainees should have representatives with observer status on Council.

A transitional committee should be asked to consider this further. If we try to resolve it before a transitional committee starts its work, the risk is that precious time will be lost.

The 'science and academia' grouping should include industry.

We understand that these groupings are only being suggested for the purpose of electing a Council and boards of manageable size. The needs of specialties would be met in other ways. Membership services should be tailored as far as possible to individuals' development and support needs.

Sectors are breaking down. In a few years a different set of distinctions may be more relevant e.g. urgent and emergency care; long-term conditions, public health, etc. Therefore the groupings used for electoral purposes must be kept under review.

We think some system of reserved places will be necessary because more people work in community pharmacy than all the other sectors/settings put together, and as a result an open election system is likely to leave at least some smaller groupings unrepresented. That could have serious consequences for the new professional body: unrepresented members might feel their interests won't be catered for and not join. The English Pharmacy Board has found reserved places useful in achieving balanced representation.

Electoral participation by members who work outside the main groupings or have combined roles in different sectors needs further consideration. Should they be asked to select one of the main categories (for the purpose of electing the Council)?

The same point applies to people wanting to stand for Council.

Recommendation XLV

A “Committee of Special Interest Groups” should be the guardian of specialist and advanced practice on a GB basis. It should take a lead in encouraging and commissioning research, form the bridge to the Higher Education Institutions and provide the mechanism by which members from all parts of the pharmacy family can demonstrate competences to progress, for instance to advanced, consultant and Fellowship status.

The new professional body should provide a home for advanced and specialist practice. We think a Committee of SIGs would be costly, bureaucratic and probably less productive than a more flexible arrangement. A transitional committee should be asked to consider whether a less bureaucratic vehicle for developing advanced and specialist practice could be devised (e.g. a network or virtual ‘faculty’/‘academy’).

It is also unclear how the CSIG would be formed – would it add another tier to the Council and Boards? Who would be elected/appointed to the CSIG? Is there any weighting/representational factor in the selection of CSIG members?

Recommendation XLVI

The Transitional Committee should undertake further work to specify the jurisdiction and constitution of the Committee of Special Interest Groups.

[See response to Recommendation XLV].

Recommendation XLVII

The Professional Body should encourage specialist organisations to become Special Interest Groups as integral parts of its structure, providing for them a “light touch” level of support commensurate with their needs and affordability.

We propose a network arrangement at least initially for the majority of specialist support groups. Integration through a conventional committee structure could add considerably to the professional body’s costs.

Recommendation XLVIII

The Academy of Pharmaceutical Sciences should be invited to become a Special Interest Group within the Professional Body; it may wish to retain its present title.

APS should be invited to join a network arrangement.

A transitional committee should consider further how external specialist support groups should be linked to the main professional body.

Recommendation XLIX

We strongly support the proposal to establish an Executive Board.

In principle we agree with the proposal but a transitional committee should develop the idea further, including the remit of the executive board.

Recommendation L

We propose for consideration the following governance arrangements based predominantly on elections within a structured framework.

[Not a recommendation as such – an introduction to the following set of recommendations]

Recommendation LI

The three reserved sectors for which express provision should be made within the governance structure would be community, hospital and Primary Care Trusts and science and academia. Members of the Professional Body would need to specify the sector within which they wished to be registered for election purposes (this would not, of course, constrain their freedom to benefit from the full range of membership services). Members would vote as individuals, but branches might wish to arrange discussions of the relative merits of candidates.

A transitional committee's remit should include further work on this (see response to Recommendation XLIV).

The 'science and academia' grouping should be renamed 'science, industry and academia'.

We support the principle of sectoral representation but note that sectors are breaking down. In a few years a different set of distinctions may be more relevant. This needs to be kept under review.

Recommendation LII

National Boards should comprise six members representing community pharmacists (reflecting the scale and diversity of this sector) and two members for each of the other reserved sectors elected by the membership registered to vote for that sector in the relevant country and one technician member elected by the technician membership in that country. There should be no obligation to have a lay member but the Boards should be free to co-opt up to two additional members. The Boards should elect a Chair and Vice-Chair from their members. (See appendix four).

A transitional committee should develop the Board structure further, involving the National Pharmacy Boards in their discussions.

As with the Council, there is a need to ensure board structures will be effective and affordable.

Board composition should reflect membership composition: this won't be known until the professional body is established. A transitional committee should consider the most effective and appropriate mechanisms for lay involvement.

Recommendation LIII

The Council of the Professional Body should comprise the Chair and Vice-Chair of each of the National Boards, four members representing community pharmacy and two members from each of the other reserved sectors elected by the whole of the membership registered to vote in that sector, two representatives nominated by the Committee of Special Interest Groups, one technician member elected by the whole of the technician membership and two lay members recruited by open advertisement. Students / preregistration trainees should have observer status.

A transitional committee should do further work on this. We would favour a smaller Council (see Recommendation 37).

The network/virtual 'faculty'/'academy' rather than the CSIG should elect representative(s) to Council using some form of 'electoral college' arrangement. These representatives would represent the whole network of special interests, not just their particular specialties.

Recommendation LIV

The Council should meet no more than four times a year, with a further day for an annual strategy meeting and focus its attention on broad strategy and policy. Meetings should not last more than a day.

We support this recommendation although further consideration will need to be given to the number of meetings per year.

Recommendation LV

The Council should elect from its members a President, a President Elect and a Treasurer.

A transitional committee should develop this proposal further.

Recommendation LVI

The Council will need to appoint an audit committee and a remuneration committee, both of which should be chaired by lay Council members.

We recognise the need for these committees but as with recommendation 6, we believe it is for the professional body to establish any committees it needs once it is up and running.

Recommendation LVII

The Executive Board should be chaired by the President and should comprise the President Elect, one member nominated by the Council Members who represent the sectors, one member nominated by the Council Members who represent the National Boards, the Chief Executive, the Chief Finance Officer and three senior staff members dealing with policy development, education and member services. Other staff members would attend for individual items as appropriate. (See appendix five).

We support in principle the idea of an executive board. A transitional committee should do further work on the remit and composition of the Executive Board.

Practical implementation (Recommendations 58-64)

Recommendation LVIII

The RPSGB should play a major and integral part in the creation of the new Professional Body which would retain some of its existing functions. It must recognise, however, that the shape and functions of the new organisation must be determined in full partnership with other bodies.

We fully support the need for dialogue and partnership with other pharmacy groups and organisations, and are seeking to work with other bodies in the formation of the new professional body.

We agree that the RPSGB should play “a major and integral part” in the creation of the new professional body – and we believe that the Society is fully up to the task – so a point is likely to come at which its future and that of the new professional body will converge. A transitional committee should be charged with setting up the new professional body, while the RPSGB Council retains full responsibility for the RPSGB until the day of de-merger including the fiduciary duties associated with the Society’s Charter. The Council would have the final say on whether the RPSGB’s future lies with the new professional body framework developed by a transitional committee.

Recommendation LIX

RPSGB should convene a Transitional Committee charged with overseeing the project of preparing for the new Professional Body. This committee should have representatives of the major bodies who have expressed an interest in becoming part of the new Body or working closely with it, with the smaller Waterloo Group members choosing from their number some 3 people to look after their interests. The other major Pharmacy stakeholders such as PSNC, NPA, CCA and PDA should be invited to take part, as should a representative of PRLOG. The Committee should have an Independent Chair and an independent element in the secretariat which would otherwise be provided by RPSGB. The Committee should, in the main, meet in public. The Group as a whole, but the Chair especially, should be charged with ensuring the financial viability of the plans as they emerge, informed by any preparatory work done by RPSGB.

We see a transitional committee as an important mechanism for setting up the new professional body, to bring together the organisations and groups that are essential to its future. It should be independently chaired. Its composition and remit should be the subject of further discussion.

We see a transitional committee as consisting of two complementary groupings: the core group should be composed of bodies that have given a firm undertaking to becoming part of the new professional body. The other group should be a reference group of other bodies which do not wish to join the professional body but would want to have dialogue or work in partnership with it, while retaining their independence.

Appropriate mechanisms for communication between these two groups need to be developed and it may be appropriate to involve some stakeholders from the reference group in some issues being considered by stakeholders in the core group.

RPSGB should be strongly represented on the core group of a transitional committee but should pursue a collaborative approach.

A transitional committee should reflect devolution.

Recommendation LX

The main product of this group should be a Prospectus for the new Professional Body so that potential members can make an informed choice about membership.

A prospectus for the new professional body should be developed and distributed by no later than December 2008.

Recommendation LXI

Six months before the start date of the new body, a shadow Council, with a pharmacist President elect, should be formed reflecting the membership structure we recommend above (recommendation LIII). If, as is likely, it is not possible to have elections in time the posts should be filled by nomination from

those represented on the Transitional Committee (other than the major stakeholder organisations), until such time as elections can be held in the manner set out by the new Body. This Shadow Council should not automatically be populated by existing members of RPSGB Council, though some cross membership would be desirable to give a necessary element of continuity.

We agree with the proposal for a shadow professional body Council.

A Transitional Committee should advise on the timetable and the process for establishment of this shadow Council well ahead of the launch of the new professional body.

Recommendation LXII

The title of the new organisation should be determined by its members.

We think the title of the new organisation should be the subject of wide and full consultation prior to the establishment of the professional body.

There are precedents for organisations being set up without a decided title but this is unsatisfactory and probably unnecessary. The title of the new organisation would be created to attract members: if it doesn't have a settled title that may be a missed opportunity to attract as many members as possible from the start.

Recommendation LXIII

The Professional Body should seek as soon as sensibly practicable to locate itself separately from GPhC. It should develop an accommodation strategy to get best value for money from its assets and efficient working of its structure.

We note this recommendation. However, due to practical and financial considerations, it may not be possible or appropriate to achieve locational separation immediately.

Recommendation LXIV

In setting the level of its fees the new Professional Body will have to strike a careful balance between attracting members by the quality of its services and not deterring them through the high cost of membership. In achieving this balance it will be important to maximise income from other sources and to reduce costs wherever practicable.

We support the need for additional income to be generated from sources other than membership fees in order to provide the most comprehensive service. RPS Publishing will be important to this in terms of its revenue and the intellectual assets that it could bring to the professional body. This is a further reason why we see the RPSGB as providing the foundation of the professional body.