King's Fund | Seminar Report

APRIL 2007

Professional Leadership in Pharmacy

EXPLORING THE CASE FOR A ROYAL COLLEGE FOR THE PHARMACY PROFESSION

King's Fund seminar commissioned by the working party on pharmacy regulation chaired by Lord Carter on 20 March 2007

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Letter to Lord Carter of Coles, Chair of the Working Party on implementing new arrangements for the pharmacy profession, from Niall Dickson, Chief Executive of the King's Fund

From the Chief Executive

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Lord Carter of Coles
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Dear Lord Carter

I attach the report of the seminar held at the King's Fund on 20 March 2007, commissioned by the Department of Health working party on pharmacy regulation which you chair.[1] I hope you and your colleagues will find it useful.

The seminar was convened to consider the future of professional leadership in pharmacy in the light of the government's White Paper on the regulation of the health professions[2] and, in particular, to explore the case for a Royal College for the pharmacy profession.

We were delighted you were able to give a presentation, a summary of which is included in the report, and that so many senior figures in the profession were able to attend at such short notice. I believe this reflects both apprehension and excitement at the prospect of major change in the regulation and governance of pharmacy in the United Kingdom over the next few years. We are also grateful to the presidents of two existing royal colleges who gave us the benefit of their experience and insight, and their contributions are also included in the report.[3]

There was a strong degree of consensus at the seminar and near unanimous support for establishing a Royal College to provide leadership for the pharmacy profession, to promote the highest possible standards of science and practice, to support members in their professional practice and to work closely and effectively with the proposed new regulator, the General Pharmacy Council. This shared vision, already reflected in an agreed statement between some of the leading organisations ('The Waterloo Agreement'[4]), should be a foundation on which to build a new compact for the profession and its relationship with patients and the state. There was also a shared belief that such an organisation could represent the views and aspirations of the entire profession more effectively than the present somewhat fragmented structure.

It was also clear that many of those present were concerned that the new College should not be a re-badged version of the Royal Pharmaceutical Society of Great Britain, albeit without its current regulatory function. This was a view shared by the president of the Society who, while pointing to many changes that his organisation had made, acknowledged that the new body would have to be very different in terms of both its functions and culture. There was concern too that any new Royal College must reflect the

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[1] Department of Health (2007). 'Historic changes for the pharmacy profession' [news release]. Working party on implementing agreed proposals for pharmacy regulation announced 21 February 2007,
[2] Department of Health (2007). *Trust, Assurance and Safety – The regulation of health professionals*. Cm 7013. London: The Stationery Office.
[3] *See* pp 9–14 of this report.
[4] *See* Appendix 1 of this report.

many diverse interests within the profession, should not be dominated by any one section and that membership should be as wide as possible, for example, including pharmaceutical scientists.

One further theme is worth highlighting: if the Royal College is to secure the support of practitioners the idea will have to be discussed throughout the profession and its leaders will have to take the message throughout the country. This is not just about creating a new organisation: it is about widening the consensus.

That means ensuring that the challenges and opportunities facing pharmacists from changing expectations and technology are fully debated and, at the same time, securing support for the new structure from those working on the front line. They will have to be convinced that it will bring real benefits to them and, more importantly, to their patients.

In the course of a one-day seminar it was not possible to explore all the ramifications of a new regulatory and leadership framework, far less map out all the practical steps needed to secure it. Further work will be needed to agree the precise functions of a Royal College, including its role in setting standards, the scope of its membership, and the role of faculties within the college to represent and advance the work of different specialties. It will also be necessary to work out what is needed to ensure the Royal College is founded with a secure financial base. It would seem sensible that there should be some form of project board to oversee the team that takes this work forward and, if the consensus at the seminar is to be maintained, that board will need to reflect the full range of organisations and interests that will come together to create the new Royal College.

It would be a mistake to deny the tensions within the profession or the anxiety in many quarters about the current uncertainty. However, the future is more important than the past, and if the profession can unite behind a shared vision that recognises the huge opportunity that now presents itself, then this generation of pharmacists can create a new institution with the potential to be a centre of excellence, not just in this country but throughout the world.

Yours sincerely

Niall Dickson
Chief Executive
King's Fund

23 March 2007

Contents

Introduction

This is the report of a seminar commissioned by the working party set up by the Department of Health at the end of February 2007 to review the implementation of new arrangements for the regulation of pharmacy in the United Kingdom. The seminar was held at the King's Fund on 20 March 2007 and chaired by the Fund's Chief Executive, Niall Dickson.

This report was submitted to Lord Carter, the Chair of the Working Party, and subsequently posted on the King's Fund website.

The seminar was conducted on the basis that the main speakers agreed to have an account of their papers published, the participants agreed to be named and that the discussion would be recorded, but that individual contributions from the floor would not be identified.

This report has necessarily been compiled at very short notice and, while every effort has been made to ensure its accuracy, it has not been possible in the timescale to check back with speakers or participants. The King's Fund apologises if there are any errors.

The report was compiled by Patsy Westcott with support from Niall Dickson and Tony Harrison.

I REGULATION AND A ROYAL COLLEGE

Lord Carter chairs a short-term Working Party set up by the Department of Health designed to help inform future discussions about regulation and leadership of pharmacy in Great Britain and Northern Ireland, and to make recommendations.

He has a business background and has chaired a number of government reviews including the Legal Aid Procurement Review and the Review of NHS Pathology Services in England.

In his presentation to the seminar Lord Carter set out the background to the impending changes in pharmacy regulation and urged the profession's leaders to grasp the opportunity to create a Royal College fit for the 21st century. This is a summary of the key points in his address.

The White Paper states that: 'The Government will seek legislative time to bring proposals to Parliament to enable it to establish a General Pharmaceutical Council responsible for the regulation of pharmacists and pharmacy technicians, and for the regulation of pharmacy premises.'

It also recognises that there is a need for strong professional and clinical leadership to navigate the increasingly demanding and complex role undertaken by pharmacists.

The terms of reference of the Working Party I chair includes assisting the profession to develop an initial framework for a British or UK professional leadership body, akin to a Royal College, to provide this leadership role.

This is a historic moment for the pharmacy profession. It is not every day that there is the chance to create a vision for a Royal College and it will be important to grasp this opportunity while it is on the table.

The profession encompasses a wide range of specialisms and work environments and this is reflected in the composition of the seminar's audience. It needs strong leadership, particularly at this time in its development, and it is better to have one strong body rather than a fragmented profession.

This is a time of major change in practice. Pharmacy is moving from a product-focused to a clinically focused profession, responsible for providing direct patient care. The importance of this change cannot be understated. At the same time it will be vital that the profession remains underpinned by a strong science base and this must be a key component in a Royal College.

As the seminar is doing today, it will be useful to learn from the values, functions and activities of existing royal colleges and there are many examples that can be used as models, while bearing in mind that a Royal College for pharmacy must reflect the diversity and particular needs of that profession.

However, there are some functions that are common to all royal colleges of health care professions: they seek to champion the values of the profession, improve standards, support practitioners and advance knowledge through scholarship and research.

In considering the role of a new Royal College, nothing should be taken as a given. There is no existing pharmacy body that will meet all of the requirements for this College.

The College will need to reflect the specialisms in practice and offer strong leadership and services that would attract practitioners to join. It should not be constrained by existing models

and ways of working, but should look to harness the members themselves to network and support each other.

It will also be important to consider how the college might relate to the General Pharmaceutical Council, particularly in terms of standard setting, undergraduate and postgraduate education, and pre-registration. The Council and the College are, in many ways, two parts of the same equation, both primarily concerned with patients and the provision of world-class pharmacy practice.

Finally, there is a need to consider the potential role of the Royal College in continuing professional development (CPD) and revalidation and to take account of the UK's devolved administrations. If the college is to play its part in providing sound advice to central and devolved government, its structures and ways of working will need to reflect this.

II THE ROLE OF A ROYAL COLLEGE

There is no single model of a Royal College. Two approaches were described at the seminar looking in particular at:

- the vision, function and objectives of the College
- the number, composition and, if appropriate, levels of membership, including eligibility criteria
- the College's sources and levels of income and how that is changing
- the College's role in setting standards for professional practice and its future role in revalidation
- the difference the College seeks to make on both national policy and individual practice and its impact on patient care.

Perspective 1 Royal College of General Practitioners

Professor Mayur Lakhani, Chairman of the Royal College of General Practitioners, described the role and function of his college and highlighted some important issues for pharmacists to consider in establishing a college of their own.

The Royal College of General Practitioners (RCGP) was established in 1952 and, with more than 27,000 members, is the largest medical Royal College in the United Kingdom. It is a postgraduate body, although more recently it has established medical student forums. It is a registered charity and exists to 'promote the highest possible standards of general medical practice'.

It does this through:

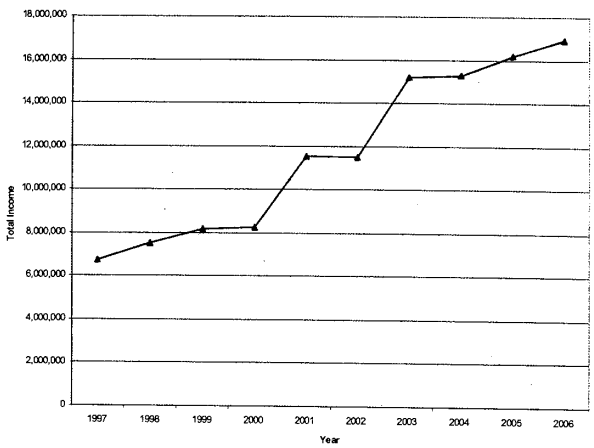
- setting standards for the education and training of general practitioners – entry standards, selection policy, curriculum, assessment and certification
- setting and administering the professional membership examination for the profession (MRCGP – Membership of the Royal College of General Practitioners)
- influencing health policy on matters of quality and standards, and setting standards for practices.

The College is not a trade union or a disciplinary body. It does not maintain a register of GPs licensed to practice – that is the responsibility of the General Medical Council (GMC). However, the recent White Paper on professional regulation includes proposals to give medical royal colleges powers for recertification through delegated authority from the GMC.

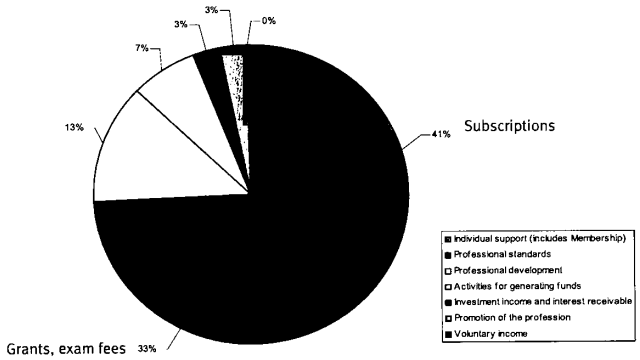
STRUCTURE AND FUNDING

Membership of the RCGP is restricted to qualified doctors registered with the GMC. It is a UK-wide organisation with 33 regional offices and devolved councils in the home countries. It has a turnover of £16 million and is ranked 300 in the top 2,000 charities by income. Most of the income of the College comes from subscriptions, examination fees and external project grants.

RCGP income



RCGP sources of income 2006



MEMBERSHIP

The RCGP is a body for generalists, though it has special interest groups. It was the first royal medical college to have a patient–partnership group.

Lay members are actively involved in assessments and policy development and sit on both the Council and the executive committee. This has been highly successful and has now been put in place in most other royal colleges.

Membership of the College is voluntary except for those who are involved in formal training or holding educational posts. However, membership of the College is rising annually.

ESTABLISHING A NEW ROYAL COLLEGE

Purpose and objectives

It is essential to establish clearly why the organisation exists. This should be something around contributing to the greater good – the college's overall purpose should be to promote better care for patients rather than the interests of its members.

In practice tensions can arise between a commitment to the overall purpose and the needs of a 'membership organisation', which can foster a club mentality. The former must always prevail and the value base that underpins that needs to be set out clearly.

Devolution issues

There is strength in being a UK-wide body, but it also needs to support the devolved arrangements. The principles and standards of a profession are common but their application may vary according to the prevailing health systems.

The RCGP has done this through devolved councils in Scotland, Wales and Northern Ireland and a UK Council that reflects the structure of the Westminster parliament and the UK government. Thus far the college has deliberately decided not to form an English Council.

Corporate governance

It is important to create effective and efficient structures for corporate governance. These should separate out leadership of the profession from governance and trustee obligations if a charity is established.

One possible structure might be to establish:

- a small trustee body responsible for discharging charity law obligations
- a council or conference which is a representative debating chamber that determines policy direction
- a small executive committee.

There will be a need to give careful thought as to how leaders at all levels within the organisation are chosen; in general this will be a combination of selection and election, overseen by a nominations committee.

The functions of the college need to reflect the different stages of the professional's career, perhaps through a three-board model:

- undergraduate
- foundation/registration and certification
- continuing professional development (CPD) and recertification.

Independence and autonomy from vested interests is an important concept.

It is also vital to manage relationships with external bodies effectively. Unity in the profession is essential and processes must be found to collaborate with other relevant bodies. The number of bodies in the profession must be kept to as few as possible.

There are a number of key relationships, for example, with the regulator, the universities and trade unions, and these must be described and codified and a process established for dialogue.

Membership issues

A distinction should be made between the licensing process and membership of the Royal College.

The principle should be that a health care professional on achieving the standard required for licensing by passing the professional assessment becomes *eligible* for membership of that Royal College. The latter would be a voluntary process, although in practice the majority would join.

The College would need to provide a good and responsive set of membership services – especially in the areas of CPD and recertification – so that there are unambiguous reasons for a professional to join.

Standard setting

The core purpose of any royal college must be continually to drive up standards for patients and the public. The best way of doing this is to put in place the best possible education and training for its practitioners, with clear procedures for certification and recertification. Assessment drives up standards.

Perspective 2. Royal College of Speech and Language Therapists

Rosalind Rogers, President of the Royal College of Speech and Language Therapists, described how the college operates and explained the radical alterations in structure and governance that have taken place and how this has changed the focus from regulation to membership.

The Royal College of Speech and Language Therapists (RCSLT) was established as a professional body in 1944. It exists for the benefit of speech and language therapists (SLTs) and support workers. It promotes excellence in practice and seeks to influence health, education and social care policies. Its mission is to promote and develop speech and language therapy.

OVERALL AIM

The overall aim of the College is to engage with speech and language therapists, government, allied health professions and partners in helping to strengthen speech and language therapy as an integral part of health, education and social care.

The college supports the delivery of high-quality services by ensuring SLTs are properly educated and trained, supported by a body of evidence and provided with ongoing opportunities for professional development.

STRATEGIC AIMS

The College's work for 2003–08 was set through consultation with members and is defined in a set of annually reviewed strategic aims.

They include influencing government and public policy; promoting the interests of the SLT workforce and people with communication support needs; ensuring the college is fit-for-purpose and resourced to meet its corporate aims; setting robust professional standards and supporting the profession in meeting them in the interests of service users; and being recognised internationally as a key organisation for SLTs and an organisation with influence.

STRUCTURE

The College has radically restructured in the last two years following a review designed to ensure the best fit between what the organisation had set as the 'way forward' and the organisational structures it needed to get there.

The change was driven by four factors. First, the need to shift from a regulation focus and mindset to a membership focus and mindset as a result of the Health Professions Council (HPC) becoming the regulator. Second, the need to serve all members across regions, clinical areas and stages of the career path and to support all groups of members transparently and efficiently. Third, the need for the college to respond to the increased emphasis from the regulator on managing, quantifying, and recording continuing professional development (CPD), together with the expressed wishes of members for the College to engage in this area. Fourth, a perceived need for the College to have an increased focus on both developing and responding to policy.

The College has a senior management team made up of four non-SLTs responsible to the Chief Executive Officer, who is an SLT. There are also four Country Policy Officers (all SLTs), one for each part of the UK.

MEMBERSHIP

Currently 89 per cent of the total number of SLTs registered with the HPC belong to the Royal College. There is no other professional body. It is important for members to see a tangible benefit in paying professional body fees as well as HPC 'regulator' fees. There is also an issue around balancing services to members, while keeping fees attractive, especially given that the HPC is proposing to increase its fees.

Membership fees

CATEGORY	2007/08 FEES
Practising; Practising overseas; Practising new; 1st year post; MRA; Ireland	£170
Newly Qualified Practitioners; Returners	£105
Charity	£60
Non-practising	£120
Retired	£45
Associate	£60
Student	£35
Subscriber	£75

The principal membership categories are practising/non-practising and UK/overseas. The organisation has a special arrangement with Ireland.

The practising category includes newly qualified practitioners (NQPs), who are registered with the HPC as soon as they get their degree. They have to attain a higher standard before they are awarded certified status. Those returning to practice also have to achieve a standard before gaining certified status.

The College has an overseas mutual recognition of credentials agreement with various countries and is moving to brand RCSLT certified status as a gold standard. The membership also includes around 300 support workers who mainly work as SLT assistants.

FINANCIAL VISION

The Royal College aims to have strong financial and budgetary processes, formal delegated financial approvals, free reserves to cover 12 months of operating costs, an appropriate investment policy and procedures for risk assessment. Most of these have been met. The College is a registered charity and has a trading arm.

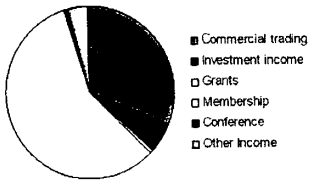
SETTING STANDARDS FOR PROFESSIONAL PRACTICE

The College has a role both in setting standards pre-registration and for CPD. It has re-positioned itself with the HPC as the organisation that sets standards in terms of education, training and the regulation of complaints.

It has been heavily involved with defining CPD and the importance of this for re-registration. It has also started to strengthen its role in supporting and providing CPD to support members with re-registration.

RCSLT summaries of income and expenditure

2005-06 Incoming Resources



2005-06 Outgoing Resources

INFLUENCING NATIONAL POLICY

The College believes influencing national policy, through its own work and in partnership with others, is a key part of its strategic role.

The College seeks to establish and deepen partnership working with key coalition partners. It is part of the Allied Health Professionals Federation, which has regular meetings with Department of Health ministers and provides the public affairs secretariat to this group, enabling the Federation to operate more effectively. The College has also recently established an All Party Parliamentary Group on Speech and Language Difficulties and works closely with senior civil servants; it has strong ongoing relationships with key officials. The four Country Policy Officers work with policy makers in the devolved administration as well as at Westminster.

Revenue streams

EVERY £1 EARNED CAME FROM FOLLOWING SOURCES

	FY2005/06	FY2004/05
Membership	58p	54p
Commercial trading	31p	34p
Grants & Projects	1p	5p
Investments	5p	4p
Other	5p	3p

How RCSLT money was spent

EVERY £1 WAS SPENT ON:

	FY2005/06	FY2004/05
Staff salaries	43p	46p
Membership services	36p	38p
Governance	8p	4p
Overheads (HQ)	13p	12p

INDIVIDUAL PRACTICE AND PATIENT CARE

The College responds to government consultations and takes a lead in responding to major national policy formulation. It has a team of accredited clinical advisers to help with this.

It organises seminars and conferences on policy and patient care issues in order to inform and engage members in this work and develops and produces materials on current issues.

Discussion

Following the presentations from the two royal colleges, a number of issues were raised by seminar participants.

MEMBERSHIP

Membership was of great interest and generated a number of questions.

Key points

- Of the 27,000 members of the RCGP, it was thought that 60 per cent were currently practising GPs. Many of those who were not members of the College are mature doctors who qualified before there was assessment and who, therefore, had not undergone the membership examination.
- Currently 97 per cent of trainee GPs take the RCGP's membership examination (the MRCGP) and most eventually pass.
- The MRCGP is separate from the government's 'summative assessment' that all GP trainees must take to qualify to practice; the MRCGP is regarded as more rigorous and difficult.
- Not all those who pass the MRCGP exam become members: 4,000–5,000 of eligible GPs choose not to do so.
- Professor Lakhani would like to see a situation where the number of GPs on the GMC register was matched by the number of College members. However, he felt that the fact that so many GPs did choose to become members was testimony to the College's commitment to the values of quality and better organisation of care.
- He felt that membership services were key, adding: 'People are asking what are you doing for us? Can we measure it?'
- There are currently two routes on to the Register: via the membership examination of the RCGP; and through the government examination. From next year, however, there will be one single assessment process, known as the Licence to Practice, which will be approved by the Postgraduate Medical Education Training Board.
- There are thought to be 32,000 registered GPs in all. There may be others who are not on the Register, for example, because they are taking a career break.

REGULATION AND VALIDATION

A question was raised as to whether the transfer of powers in relation to revalidation from the regulator to the RCGP would mean that the College was at risk of compromising its independence.

Key points

- It was pointed out that the delegation of authority was from the professional regulator (the General Medical Council), not the state.
- A key issue, though, was whether it was desirable for the Royal College to be a regulator as well. Professor Lakhani did not consider this was the correct model.
- He felt that the role of the RCGP was to set standards for recertification and revalidation. This had to be approved by the regulator, because the regulator was responsible for the Register.
- The regulator would be responsible for 'the framework, the high-level strategy, the principles,' while the Royal College would set standards.
- GPs do not have to be members of the College to access the recertification package. However, to be revalidated they do have to access the tools provided by their professional organisation. To cope with non-members there may be a differential fee structure, although nobody will be penalised.
- The College wants to be inclusive. Professor Lakhani observed that if the focus of all this was around membership and increasing figures and income, then people would think the College was not really about standards but about income generation. He said: 'My job is to offer the

tools to people to meet their legal obligations. How they choose to relate to their colleges is a secondary issue.'

MANAGEMENT OF DEVOLUTION

This was seen to be a crucial issue and one that both the RCGP and the RCSLT had addressed by setting up separate councils for the devolved administrations.

Key points

- The RCGP's separate Country Councils – RCGP Scotland, Wales and Northern Ireland – make their own local decisions. Although regulation has to be UK-wide, how the councils support their members may vary.
- The RCGP Country Councils are part of one organisation (the RCGP) but are elected locally. Each has a budget from London plus a membership budget according to the number of members. They can raise their own income. The system works well but there are issues over matters affecting England.
- Rosalind Rogers added that the RCSLT also has an issue with regard to England: the post to lead the English Council has been vacant for the last year.

SETTING STANDARDS AND CREATING EXCELLENCE

The role of the royal colleges in creating excellence, new knowledge, critical thinking and vision for the profession was also raised.

Key points

- The RCSLT has a network of accredited clinical advisers, which it draws on for advice on direction in terms of excellence.
- The College had held a conference to look at the gaps in the profession's evidence base, followed by a scoping exercise with leading thinkers in the field from across the UK. The resulting paper will drive the work that the College will prioritise in future.
- The RCGP has a higher level 'fellowship by assessment', which involves an intensive visit to the practice – including assessment by a trained lay member. As few as around 150 doctors have done this over 10 years because it is so difficult. Professor Lakhani felt it was important to have this for the 'trail blazers' who want to progress.
- The College also exchanges information and learns extensively by networking with European and North American colleagues.

RELATIONSHIP BETWEEN THE RCGP AND THE BMA

Both leaders of the royal colleges emphasised the importance of working closely with other professional bodies. The British Medical Association (BMA) is the main representative body and trade union for doctors in the UK, and Professor Lakhani was asked about links between his College and the BMA.

Key points

- The two organisations have a robust relationship, which is managed through a liaison committee.
- A key part of the BMA's role is to achieve the best possible terms and conditions for its members. The RCGP's role is to secure the best possible standards for patients. There are inevitably some conflicts.
- General practice is fragmented – there are 62 different national bodies. Leadership and unity are highly important.

- Professor Lakhani felt it was necessary to have a properly established relationship with the negotiators that would allow the College to both assert its independence and work collaboratively.
- It was important that joint working did not mean agreeing to the lowest common denominator and that it should not encourage people to be too 'safe' out of fear of upsetting the other party.

The Royal College and the future of the pharmacy profession – 1

'Support for the individual practitioner must be at the heart of creating an organisation that people want to join.'

Dr Keith Ridge, Chief Pharmaceutical Officer for England, observed that the government's White Paper had come at a time of great change and opportunity for pharmacy. He believed a Royal College should not simply be a reinvention of the RPSGB and hoped that the seminar would herald the dawn of a new era for pharmacy.

KEY POINTS

Authoritative leadership is essential for good, progressive regulation that permits innovation and supports safe service delivery to patients and the public. However, regulation must be clearly separate from leadership.

The profession now admits there is a need for stronger leadership and has accepted that splitting the functions of the Royal Pharmaceutical Society of Great Britain (RPSGB) is desirable.

This is not simply a matter of evolution but of revolution. Only a minority of pharmacists would join the RPSGB now were it not mandatory. Whatever organisation eventually emerges must be and must be seen to be a new organisation.

Lord Carter's Working Party is coming to the view that the new leadership body and the General Pharmaceutical Council should be established simultaneously – possibly in 2010 or 2011, subject to Parliamentary approval. This means that there is not much time to 'get it reasonably right' and to convince pharmacists of the value of a Royal College.

HOW WOULD A ROYAL COLLEGE BE GOVERNED?

The council or board needs to be strategic, representative, manageable and authoritative. This might number only 15–20 members. The new board or council should have lay input. Membership (at least in the transition period) might include guaranteed places for organisations such as the College of Pharmacy Practice and the United Kingdom Clinical Pharmacy Association. The board or council should incorporate academia, science, the pharmaceutical industry and corporate pharmacy as well as independent pharmacy. All members of the council or board will need to embrace and support the full membership of the pharmacy profession.

WHAT WOULD A ROYAL COLLEGE DO?

The College would play a central role in revalidation that is proportionate to the practice of the individual pharmacist. This is likely to encourage membership.

It should be a central point for assessment – from acting on behalf of the regulator in the pre-registration exam to being the gatekeeper for advanced practice.

It would act as a central focus for the body of pharmacy knowledge in order to drive forward patient care. This increasingly includes the development and clinical use of medicines as well as the science underpinning this. Support for the individual practitioner must be at the heart of creating an organisation that people would want to join.

HOW WOULD WE GET THERE?

The profession needs to demonstrate to government and others that it is 'up for it'. This will need strong leadership and may involve risk-taking. The question is whether the different organisations

representing pharmacy are prepared to commit to full integration into a Royal College with all that entails. This does not preclude faculties or special interest groups but it may mean committing resources currently within their organisation – whether or not this helps guarantee a place on the board.

The Royal College must not be seen as a reinvention of the RPSGB – 'It can't be about simply changing the nameplate above the door.' What is needed now is mature discussion – not negotiation – to establish the best way to set up both the Royal College and the General Pharmaceutical Council. It is essential not to waste time in disputes over assets and other arguments.

Above all, commitment and leadership are essential. This was revealed by Lord Carter's Working Party and it needs to be built upon.

For the future, professionalism is the key and this requires individuals with the right values and beliefs and the right knowledge and skills to support safe, good and effective care of the public. A Royal College for pharmacy, informing a regulator, is central to this type of professionalism. If we do not embrace this opportunity as a profession we will be thrown into the wilderness, adrift from other professions.

The Royal College and the future of the pharmacy profession – 2

'When like-minded people thinking in professional terms come together it is possible to move mountains.'

Professor Bill Scott, Chief Pharmaceutical Officer for Scotland, spoke of this one-off chance to shape the future of pharmacy, but stressed that unity was important and that the profession could not afford to prevaricate and end up with what it already has under a different name.

BACKGROUND

This is a time for unprecedented opportunity for pharmacists, building on the successes of those who have gone before us. Before the NHS, when it came to medicines, pharmacists were the first port of call for the public. However, the introduction of the new service saw them relegated to dispensers of medicines.

In spite of this, the vision of leading pharmacists over the years has ensured the development of the intellectual dimension of pharmacy and pharmaceutical sciences.

For 160 years our professional body has been the RPSGB. Membership has been compulsory. In addition, the RPSGB is unique in that it is also the profession's regulator body. Over the years the RPSGB has prided itself on its role as a regulator and has viewed this as a strength. As a result, to some extent its membership and leadership roles have taken a back seat.

THE NATURE OF A PROFESSION

A profession should have certain characteristics and attributes. These include: scholarship; a body of knowledge unique to the particular profession; the intellectual character of its activities; a practical application; specialised intellectual technique; the need for independent judgement and individual responsibility; advancement and research; organised literature; independent judgement; a focus on the needs of patients or clients.

PHARMACY TODAY

Those pharmacists who are practising on the front line, regardless of their work environment or speciality, will have first-hand experience of the revolution taking place in our profession.

Pharmacists practising in the NHS, whether in hospital or community practice, are now regarded as clinicians.

In-hospital clinical pharmacy practice has blossomed over the last 30 years. There is no doubt in my mind that the formation and work of the UK Clinical Pharmacy Association (UKCPA) has been instrumental in the development of clinical pharmacy practice in secondary and tertiary care.

Community and primary care pharmacists together account for over 70 per cent of the practitioners. The new community pharmacy contracts are redefining the role of community pharmacists and they are increasingly being seen as an integral part of the primary care team (PCT). Community pharmacy is now viewed as the first port of call for the treatment of minor ailments, is seen as instrumental in improving health, and is involved in chronic disease management programmes. Practitioners are now prescribers in their own right. In other words we are moving back to our traditional role as a provider of care – but under the umbrella of the NHS family.

All of this progress has been reliant on our academic and research base. It is also underpinned by better use of support staff and new technologies. As a result there has never been a stronger case for leadership in the profession and the need to speak with one professional voice.

THE WHITE PAPER

The recent White Paper sets out the government's intention to establish a General Pharmaceutical Council to oversee regulation and the opportunity for a professional body akin to a royal college. The formation of the General Pharmaceutical Council forces us to think creatively. Some may worry that membership of a professional body would no longer be compulsory. However, the positive side is that the professional body would, as a result, have to reflect the real professional needs of its members. This represents a continued maturing of the profession.

THE ROLE OF A ROYAL COLLEGE

The Royal College would provide professional leadership and vision and it would be the authoritative voice and champion for pharmacists and pharmaceutical scientists. It would have the task of setting standards for all areas of practice and specialisms. For example, the new community pharmacy contracts are changing pharmacy practice in communities. The Royal College should be setting the standards for new services that are being proposed. This has not been the case to date.

At the same time, the college would be able to develop vocational training programmes (for example, in community pharmacy), lead on CPD and revalidation and be a repository of knowledge and expertise as well as a centre for research and development

GOING FORWARD

The RPSGB scoping exercise has identified at least 188 different pharmacy organisations. This will not serve us well in the longer term. We need to integrate our structures in order to form one Royal College with one fee structure.

The UK is already at the leading edge of pharmacy practice. There is an opportunity for a Royal College to lead the advancement of pharmacy in the rest of Europe, with the resulting income

opportunities and political influence within the European Union. We must not be limited by our own imaginations. We must grab this opportunity.

Don't prevaricate! As it says in the Nike advert. Just do it!

Discussion with the two Chief Pharmaceutical Officers

The session following the presentations from the two Chief Pharmaceutical Officers focused on questions around the need for a completely new organisation.

Keith Ridge had indicated that a new Royal College should be established simultaneously with the new regulations around 2010–11. One questioner wanted to know why it could not be formed sooner. Keith Ridge answered that he was sharing a view he had heard in the Carter Working Party but that there was no reason he knew of why it could not happen earlier and that this would give a clear signal to government that pharmacy was 'really up for it'.

Several questioners took up the remarks that it was 'about revolution and not evolution'. Keith Ridge said this was to do with perceptions and the willingness (or lack of it) of people to join the Royal College if it was simply seen to be the RSPGB under another name. Bill Scott said he thought it important not just to throw everything out. But, he said: 'If you look at, for example, the UKCPA, they broke the mould and they got members to join and have grown from strength to strength.'

One participant pointed out that the RSPGB had been constrained because of its dual role. He felt that this was not the Society's fault and that, with clarity, it was possible to reorganise and reposition: 'There is resentment and love.' Bill Scott acknowledged this but said he was dismayed that so far the Society had not come out strongly saying: 'This is the way ahead for the profession, we embrace it and we will call you together to discuss how to make this a reality.'

Another questioner asked what the vision was in terms of how a Royal College might work. Bill Scott said it was for the pharmacy profession to determine what it wanted and that he saw the seminar as an opportunity for it to say how it wanted to position itself.

Keith Ridge pointed out that RPSGB had a strong infrastructure in a whole range of areas that could be used to support a Royal College and spoke of building on the strengths of the Royal Pharmaceutical Society, but bringing in other organisations. He said: 'That strikes me as something worth exploring, but we're not in the game of reinventing the same.'

Another questioner raised the issue of the name of the new college – possibly the Royal College for Pharmacy and Medicines. Keith Ridge answered that the matter of the name was detail, but important. What was needed was a body that would be 'the central facility, component, and centre of expertise around medicines'. An organisation that shows leadership in medicines was in his view badly needed.

Historic decisions: the Waterloo Agreement

Ian Simpson, Chief Executive of the College of Pharmacy Practice, outlined the points of an agreement drawn up at a meeting held in London near Waterloo Station on 15 March 2007 to discuss the White Paper, which suggested there was growing consensus about the way forward.

KEY POINTS

The meeting was attended by 21 people representing 15 organisations. Five other organisations not present subsequently added their support (*see* Appendix 1). They agreed the following.

1. The organisations will work with each other and with the RPSGB and the Pharmaceutical Society of Northern Ireland towards establishing a body akin to a Royal College to provide leadership for the pharmacy profession at national and UK level.

2. The organisations recognise the importance of the RPSGB in terms of its charter, history, infrastructure and assets.

3. The organisations believe that they all have significant contributions to make to the debate and infrastructure of the new body, and that they should therefore participate as equal partners with the UK pharmaceutical societies and others in formative discussions of the aims, objectives and organisational arrangements.

4. Some of the organisations will wish to be an integral part of the Royal College body: others will give support while retaining their independence.

5. In addition to the regulatory role to be carried out by the General Pharmaceutical Council and the professional leadership role to be carried out by the Royal College body, account should be taken of the need for a single, cross-sector trade union function for pharmacists, similar to that offered by the BMA for doctors. It would not be appropriate for this to be carried out by the Royal College body.

6. The Royal College body should have a wider membership than the register of the General Pharmaceutical Council. It should include membership categories for practising, non-practising, retired and overseas pharmacists, pharmacy technicians and others involved in the science and practice of pharmacy.

7. The Royal College body should operate a faculty system to take account of the diverse fields of practice within the pharmacy profession.

8. The Royal College body should recognise different levels of education, expertise and specialisation within its membership structure, by means of peer group accreditation.

9. As a first step in working together, the organisations will draw up a list of the functions that they would wish to see the Royal College body perform.

10. The chief executive of the College of Pharmacy Practice should make a statement on behalf of the organisations to the private seminar held at the King's Fund on 20 March 2007.

Pharmacy in Northern Ireland

'We must seize the opportunity to mould an organisation which is fit for the purpose, future-proof and all-embracing.'

Brendan Kerr, Registrar of the Pharmaceutical Society of Northern Ireland, outlined the strengths of pharmacy in Northern Ireland and highlighted some of the challenges and issues involved in setting up a Royal College.

The Pharmaceutical Society of Northern Ireland has existed for 82 years. It is constituted by the Pharmacy of Northern Ireland Order 1976. This gives it the legal foundation to represent the profession, to promote the science and practice of the profession, and to regulate the profession.

It is vital that any changes in current arrangements do not undermine areas where things currently work well. These include the high level of satisfaction with community services in Northern Ireland, exemplary quality and governance, standards development, codes of ethics and practice,

cross-sector representation on the Society's Council and high standards of both research and innovation and education and training.

Certain political and geographical aspects of Northern Ireland make the practice of pharmacy unique in the province, not least in creating a strong community feel. There are more independent pharmacy owners and fewer multiples, which has a big impact on revalidation. Health and social care policies are linked in the province, which means that change can happen fast.

ISSUES FOR NORTHERN IRELAND

For us there is a potential loss of a strong local identity and it will be dependent on whether pharmacists regard the College as an opportunity to develop the profession or the potential loss of a focus in Northern Ireland affairs. Any UK body must be relevant and representative for all the devolved nations and local devolved administration and in Ireland North/South links must be reflected in the structure of a new organisation. The potential cost of membership will also be an issue.

ISSUES FOR A ROYAL COLLEGE

- Each of the devolved nations must have a local body to facilitate regional issues.
- A Royal College must be set up simultaneously with the General Pharmaceutical Council because they are interlinked and one cannot successfully exist without the other.
- General practice pharmacists must be fully involved and fully integrated.
- It is important to ensure that specialisms are recognised, developed and encouraged – possibly by the development of faculties.
- The College should develop and own the standards for education in the profession.
- The College should take a leading role in revalidation. This needs to be facilitated within a positive developmental and pastoral framework.
- We need to pay attention to the high numbers of independent and local pharmacists; this means employing revalidation will be very difficult.
- The College should take the leading role in setting standards for practice for general and specialist practitioners.
- Membership of the College should be viewed as a requirement to practice by the profession itself. 'It has to be something professionals want to join.'
- The College needs to promote evidence-based practice, be a positive influence on public health and be seen as the leading body for pharmacy by pharmacists, by government and by the public.
- The College would need to include the potential involvement of affiliate members, for technicians and pharmaceutical scientists.

KEY ISSUES

There are therefore a number of key issues to be resolved, including how the organisation will be structured, its governance, financial costs and viability. It must allow devolved nations latitude to extend the boundaries of practice and its relationship with the General Pharmaceutical Council is fundamental to the success of both organisations.
Perhaps the biggest single question to which the College will need a robust answer is 'Why become a member?'.

CONCLUSION

The Pharmaceutical Society of Northern Ireland regards this as an opportunity to position the profession to meet all future roles.

Now is the time to show decisive leadership on behalf of pharmacists and to demonstrate unity to the profession's external stakeholders. There is a significant risk that the General Pharmaceutical Council will be formed *without* a strong Royal College and that this would mean that the General Pharmaceutical Council would provide government with the only option available to regulate options on behalf of the profession.

To miss this opportunity is unthinkable. The principles behind the White Paper are not in question; the issue is how we interpret and implement them. We have the focus and the interest of government, we have a responsibility as pharmacists, and the broader spectrum of pharmacy practice to seize this opportunity and to help mould an organisation that is fit for the purpose, future-proof and all-embracing.

Royal Pharmaceutical Society of Great Britain

'We need you to help us shape a Royal College and to ensure that it functions well.'

Hemant Patel, President of the Royal Pharmaceutical Society of Great Britain, described the changes taking place at the Royal Pharmaceutical Society of Great Britain before outlining the benefits and challenges involved in establishing a Royal College.

The RPSGB held an event for stakeholders to discuss the White Paper in which support for the 'broad direction of travel' was expressed. The society welcomes the Waterloo Agreement, which ties in with the new, inclusive way of working currently being developed by the RPSGB.

The Society must be relevant to the needs of the pharmacists as well as being socially responsible and responsive. According to a recent scoping exercise, many groups want to work with the Society with varying degrees of autonomy. The dialogue is continuing as part of Pharmacy 2020, an initiative to develop a future strategy for pharmacy. Organisations such as the UKCPA have described a clear career path and development of professionalism and specialisation within their areas of practice. An important role for a Royal College would be to develop a similar vision within community pharmacy.

In some quarters the RPSGB is perceived to be irrelevant to the daily needs of pharmacists and is seen as arrogant, remote and uncaring. The Council is taking steps to make the Society fit for purpose, not just as a regulator but also as a valued membership organisation. Unfettered with regulation, more resources would be dedicated to helping the pharmacist.

BENEFITS OF A ROYAL COLLEGE

A Royal College will enable us to develop the profession for the benefit of patients and the public and to maintain a focus of improving the health of the nation. It should provide strong, strategic leadership and seek to support excellence, professionalism and innovation across the breadth of pharmacy and be seen as authoritative both at home and abroad.

The College should support members both tangibly, for example, through support for revalidation and professional development, and intangibly, for example, by influencing policy makers and speaking up for the pharmacy profession. It should be the place where science and practice come together and to be seen as the pre-eminent source of expertise on medicines and prescribing.

Working with other bodies, including the medical colleges, it would develop a multi-disciplinary focus, reflecting how health care is increasingly being delivered. The Royal College will lead the way in multi-disciplinary working and through the branches encourage partnership at local level.

It will have to work closely with the General Pharmaceutical Council providing professional and clinical expertise as well as acting as a 'critical friend'. The General Pharmaceutical Council will value its input on standard setting, curriculum development and revalidation.

Finally, the Royal College would act as an expert source of advice to the Department of Health and other government departments, providing a balanced view of how the profession can benefit patients and the public. The college should develop a strong, clear voice and it will talk about both the science and the practice of pharmacy.

THE ESTABLISHMENT OF A ROYAL COLLEGE

The Society has traditionally taken on the role of a Royal College, combining it with that of regulator. As the only body to represent all pharmacists it is uniquely and strongly placed to fulfil the Royal College role.

During its 165-year history it has built a strong professional leadership role and acquired a reputation as a learned organisation that supports excellence, professionalism and innovation. It also includes developing expertise in revalidation – qualities ascribed to a Royal College in the White Paper.

However, the Society does not want to do this in isolation. It recognises the need to modernise and to work with the other pharmacy organisations. It has already set this process in motion and intends to continue working collaboratively with other pharmacy organisations.

CHALLENGES FOR A ROYAL COLLEGE

A central challenge is the need for a strong, clear and united voice that includes generalists, advanced practitioners and specialists, works across all sectors of pharmacy, takes account of devolution and includes the various pharmacy organisations.

There is work to be done to determine exactly how the Royal College will work with the General Pharmaceutical Council on revalidation, education and standard setting.

There is also a need to develop the role of representation and promotion of the professional interests of pharmacists, while being clear about the distinction between this and the role of a trade union.

CONCLUSION

The White Paper has set a stiff challenge and the Society accepts that it must continue to transform. 'I want the Royal College to be a body that the profession wants to join and support its many activities. The profession should be proud of its College and proud of itself.'

Our ambition is to create a Royal College that stands for excellence, professionalism and innovation across the breadth of pharmacy. It should be the pre-eminent source of expertise on pharmacy, medicines and prescribing and it should work closely with the General Pharmaceutical Council. It should provide national and local support and aim to benefit the profession, the government and the public.

Such a Royal College would be worth setting up and bequeathing to the next generation of pharmacists.

III FEEDBACK FROM SEMINAR GROUPS

During the afternoon participants split into four groups to debate in detail some of the issues raised. They were invited to explore the following:

- **the functions a new Royal College should/could perform**
- **the structure and funding of a Royal College and who would be eligible for membership**
- **the obstacles and potential solutions needed to achieve the establishment of a Royal College**
- **the next steps and who needs to do what to realise them.**

Functions

There was broad general agreement on the need for a Royal College to set and raise standards and promote excellence – in both practice and patient safety – and to support members in achieving this. There was a strong consensus on the need for unity and inclusiveness. One group raised the point that medicine had been good at presenting a unified front, while encompassing a large divergence of opinions behind the scenes. Another said that it was important for there to be a mechanism for ensuring unity: 'The structure is going to be very important so that people feel that there is an angle in it for them, and (for) their particular specific practice.'

The creation and promotion of a strategic vision, together with the adoption of a set of values or principles would be crucial, as would the creation of a strong leadership, widely seen as the number one priority. Under the banner of leadership, advocacy was identified as crucial – on behalf of both pharmacists and patients: 'What's in the interests of the patient is in the interests of the pharmacist.' Nurturing leading-edge practice into general application was another key function that came under leadership.

Support for the profession was widely seen to be important and this included 'giving them the tools to do the job'. The creation of a post-registration career development framework was highlighted.

There was consensus that validation, revalidation and continuing professional development (CPD) ('providing a toolbox for accreditation', as one group put it) were core. The importance of defining the role of a Royal College in this respect and of defining its relationship and links with the General Pharmaceutical Council would be vital. As one group commented: 'A Royal College should have a dynamic equilibrium with the General Pharmaceutical Council. It should set standards, and pass those to the General Pharmaceutical Council to enact.'

The College's potential relationship with government was discussed – both in terms of influencing policy and practice and acting as an adviser. However, there was agreement that a Royal College should able to challenge policy. It was acknowledged that this may be a source of tension in the light of the College's revalidation function but that it could nevertheless be done positively. As one group said: 'It would be saying these are the existing norms. We want to move those forward, we want to advance those, so we want to challenge government policy to get some of these views pushed forward.'

Co-ordination was also extremely important, and membership beyond the General Pharmaceutical Council list. As one group put it: 'There is an awful lot to be gained in inviting and encouraging people who might not be on the General Pharmaceutical Council list to participate in the life of the College and this would truly make the life of the College richer.'

The new College also needs to be the repository of knowledge, including scientific knowledge. It was important to provide a range of materials to enable delivery.

The College should also have a developmental role and in this respect it is important to have a strong practice research base. The College would strive to be a world-class body and also international in its membership. Above all, as another group put it, it was important for the College to be an inspirational organisation.

Structure, funding and eligibility

The appointment of a chief executive with management and leadership skills was felt to be crucial to the success of a Royal College.

One group suggested there was a need for a tie-in with the schools of pharmacy, given the importance to the College of scholarship, excellence and CPD. However, it was observed that this link may not be the same as in medicine, because of the different funding structure of the universities and education in pharmacy.

There was wide discussion around eligibility. Many felt there should be faculties for different groups of pharmacists and that a wide range of people should be eligible for membership, although there were differing opinions on this; for example, some felt that pharmacy technicians should not be included.

There was considerable debate around the need to ensure that the College had a presence at a regional and local level. One group said that the Royal College needed to be a UK body with a devolved structure, which could also handle and deliver its message locally. As one contributor put it: 'We're not just talking England, Scotland, Wales and Ireland; we're talking about regional, we're talking about people having a geographic feel. They can touch this organisation, they can feel it, they can go to its meetings easily.'

Ideally, according to many in the group, there would also be a sectoral element: 'Perhaps if you were a community pharmacist, and there were numbers involved, you would be able to have a meeting in your area. But perhaps if you were a cytoxic reconstitution pharmacist, you might have to go once a year to a larger conference – in the middle of the country, or in London.' All of these different nuances need to be thought through to make sure people had access to the Royal College.

Both start-up and ongoing funding would be needed to establish a Royal College and these might require different solutions. There was a need to ensure sustainability. It was also important to consider staffing issues including retention, the current RPSGB pension deficit, the Transfer of Undertakings (Protection for Employment) (TUPE) implications and the place of staff in other pharmacy organisations.

One group, which discussed structure at length, felt that a wholly and elected council might not be the best way forward and that the profession should consider setting up a committee or council for the new College that had an element of democracy, but that also had appointments by right from different sectors of the profession. There was also support for and discussion about the nature of lay representation.

Obstacles and solutions

The issue of factionalism within the profession was raised repeatedly. Many of the concerns around this seemed to be summed up in the question of how front-line practitioners would react and, in particular, what answer would be given to their legitimate question 'What's in it for us?'.

This was widely discussed both within groups and afterwards in the feedback session.

There was considerable discussion about how to engage community pharmacists and some concern about whether enough community pharmacists would join to make a Royal College financially viable. It was noted that belonging to the College needed to add value so that community pharmacists would want to become members. It was felt that they were more likely to buy into the proposition of a Royal College if they could see benefits in terms of validation and acquiring skills, which would help them become more effective. One participant observed that if they could convert these skills into cash they would sign up.

The comment was made that in many areas currently pharmacists acquire skills that are not subsequently used. If a structure could be found where services were commissioned that made use of that training, this would inspire confidence, and practitioners would engage.

Alongside this concern, though, there was also the strong feeling that the new College should avoid hierarchies and not be dominated by any one part of the profession. One group reported back: 'Contrary to the view that community pharmacists won't join it, the concern was that community pharmacists mustn't overwhelm this Royal College.'

Another worry was that overall workforce numbers could pose an obstacle, especially in the light of a study suggesting that there would be fewer or insufficient pharmacists in the future. One view was that this could be exacerbated if a Royal College placed more barriers in the way of practice and therefore reduced the number of pharmacists in many settings.

The seminar also considered possible tensions between pharmacy and other professions and how this might impact on the new professional and regulatory structure. There was a perception from the members of one group in the seminar that the medical and nursing professions were welcoming to pharmacy until it challenged them. For example, they felt that the nursing profession was very keen to promote prescribing as a key role for nurses and might not welcome pharmacists increasingly taking on this role. They also observed that doctors similarly had mixed views about areas of potential overlap.

Next steps

The importance of going out and selling a Royal College around the country was emphasised and there was discussion of how this might be done. It was suggested that pharmacist development forums, which have been established over the past couple of years by community pharmacists within PCTs, could be an ideal place to start, as well as local pharmaceutical committees.

There was lively discussion about the issue of ownership. It was felt that the RPSGB should not/could not take forward the establishment of a Royal College exclusively and that other key stakeholders should be included such as the Academy of Pharmaceutical Scientists and the Pharmaceutical Society of Northern Ireland, to mention but two.

There was agreement that the process of setting up a Royal College needed to be project managed through to completion. One group, which had discussed this at length, suggested appointing a project manager with change management experience and a project board representing key stakeholders with a clear remit. The buy-in of key stakeholders could be managed through the project board. This would also provide an opportunity to consider the sacrifices that all may have to make as well as the opportunities in bringing everyone together.

There was agreement that the new arrangements would work only if there were appropriate resources to establish both the General Pharmaceutical Council and a Royal College. It was felt there would need to be some initial 'pump-priming' funds to support the process. Sources of

funding were discussed, including contributions from the Department of Health and key stakeholder organisations. It was recognised that in some cases support could be in a form other than monetary.

There was discussion on the need to manage the transition from the current set-up and recognition that this is an important aspect of the working group under Lord Carter.

Among the issues discussed was the transfer of the skills and functions in regulation currently within the RPSGB to the General Pharmaceutical Council and the potential to move the new committees that have been set up to meet the requirements of Section 60. It was important to consider sensitivities around this, including employment for RPSGB staff and staff in other stakeholder organisations.

However, there was also recognition that the transfer of these regulatory functions to the General Pharmaceutical Council made it easier to consider a Royal College with a relatively clean sheet.

It was important to cement the vision, and communicate the vision to the wider workforce as well as to identify which organisations could contribute activity and leadership. One suggestion was to establish 'shadow structures' as an initial step towards the final position.

The participants also considered that it was necessary to address aspects of governance in the transition period. These included the precise status of the Royal College and implications for the publishing arm of the RPSGB. It was also suggested that it might be useful to draw on models from other countries such as New Zealand, which has separated its professional and regulatory functions.

Final thoughts

PRESENTED BY PROFESSOR BILL SCOTT, CHIEF PHARMACEUTICAL OFFICER FOR SCOTLAND

This morning was extremely valuable, hearing what the general practitioners and speech therapists have achieved. What did we learn from it? That any College we have must have good governance. That is most important. We have to have a council that is representative of the bodies that constitute the College. We also need high-level, high-calibre members to be on that council.

Anyone who is interested in bidding for a Royal College has to convince members that they're focused on delivery, that they're hungry for success, and that they're going to achieve and support the professional ambitions of their members. And, of course, they have to be cost-effective and have a shared vision that members can sign up to.

This seminar has been fantastic. It has brought many ideas, many frustrations to the surface, and I think we can build on that.

I wasn't around, and Keith certainly wasn't around, at the foundation of the Royal Pharmaceutical Society in a teashop 165 years ago. But I am sure in that wee teashop they had discussions in Olde English similar to the ones we have had today. And probably there was someone there saying, 'What's in it for us?'

But I think that in a way that is the wrong question. I think it is wrong – because the models of practice and the future of pharmacy are changing very rapidly. And that will continue. There will be new models and things that we hold dear and precious to our hearts such as purchasing medicines will not be the same. We have therefore to pitch ourselves at the intellectual cognitive skills that pharmacists offer to patients, because there's a real need out there for that.

And we therefore need a College that will produce the support to help us prepare for those services. The real answer, then, to 'What's in it for me?' is 'There is a future in it for you'.

We need to work together to form this new professional body. And perhaps the way to start this is by creating a virtual College or a website to begin to generate enthusiasm, and even some papers and thoughts to help bring that together.

Pharmacists have continually taken on challenges and achieved. We know that we make a difference to patients' lives. We know that there are challenges out there that we are up for. We see it in the contract, and all our constituent parts; we have one thing that drives us, and that is the best interests of the patients.

We need a professional body that gives us that leadership and helps us do our job better. And therefore, we're not at the end of the journey by concluding this seminar, we're only just starting. We're at the beginning of another 165 years of success.

Appendix: the Waterloo Agreement

Organisations represented at the meeting on 15 March 2007

Association of Pharmacy Technicians UK
British Oncology Pharmacy Association
College of Mental Health Pharmacists
College of Pharmacy Practice
Faculty of Neonatal and Paediatric Pharmacy
Faculty of Prescribing and Medicine Management
Guild of Healthcare Pharmacists
Institute of Pharmacy Management
Neonatal and Paediatric Pharmacists' Group
Primary and Community Care Pharmacy Network
Primary Care Pharmacists' Association
Pharmacy Law and Ethics Association
UK Clinical Pharmacy Association
UK Medicines Information
UK Psychiatric Pharmacy Group

Organisations not represented at the meeting who have agreed to support the Agreement

NHS Pharmaceutical Aseptic Services Group
NHS Pharmaceutical Production Committee
NHS Pharmaceutical QA Committee
Technical Specialists Education and Training Committee
UK Radiopharmacy Group