

Specialist Societies and the RCP

Society views on how to maintain and improve working relationships

1. To what extent do you agree with the following statement?

The British Pharmacological Society's needs and expectations from its relationship with RCP are appropriately addressed through current working arrangements and partnerships.

Neither agree or disagree

2. Please add any comments to support the above answer and suggest any changes or alternatives that could be considered.

The Joint Specialty Committee on Clinical Pharmacology & Therapeutics (JSC CPT) meets regularly with RCP officers – the President and/or the Registrar attends its meetings – and provides a conduit through which our specialty can communicate British Pharmacological Society issues to the RCP, and conversely allows the RCP to communicate to the British Pharmacological Society (the JSC chair is co-opted onto the clinical committee of the British Pharmacological Society and sits on the Medical Specialties Board).

However, it would be good if a mechanism could be worked out to integrate British Pharmacological Society representation more fully into the RCP structure outside these JSC CPT meetings, as therapeutics is integral to so much of the work of physicians.

3. To what extent do you agree with the following statement?

The specialty is sufficiently involved in the core structure of the RCP.

Disagree

4. Please add any comments to support the above answer and suggest any changes or alternatives that could be considered.

Therapeutics is a core activity of all physicians. Its importance is disproportionate to the number of specialists. It would be if the RCP recognised the need to involve clinical members of the British Pharmacological Society in relevant national strategy and decisions.

We therefore think the suggestion to include all specialties in a proportion of RCP Council meetings per year (and this to replace the Medical Specialties Board) is a good one, although we are not clear why the RCP could not allow all specialties to be included in all Council meetings; this would seem to be a preferable option.

Currently, larger specialties have a seat on RCP Council and both larger and smaller specialties have a seat on the Medical Specialties Board. This might feel like duplication to the larger specialties and a less clear route to RCP Council for the smaller specialties.

RCP Council currently meets six times per annum. It has been suggested that two of these six meetings per annum could be extended into afternoon sessions of Council to include an all specialty presence. These extended Council meetings would replace the Medical Specialties Board. (Appendix 1)

5. Please comment on the above suggestion for a future model for RCP Council. Feel free to make alternative suggestions.

As suggested in our response to 4, We feel all specialties and affiliated Societies should be involved in RCP Council meetings either by inclusion in all Council meeting or by the suggested changes proposed by Appendix 1.

6. In general do you think that...

	Yes	No	Unsure
...the separate and joint strengths of the organisations Are used appropriately?			Unsure.
...duplication is an issue in any areas?	Yes.		

7. Please add any comments to support the above answers.

There are many elements of RCP activities to which the British Pharmacological Society could usefully add strength. These include Health Informatics, Education and Training, and Patient Safety. Closer collaboration would strengthen the position of both organisations.

The area of particular duplication that springs to mind is responses to consultations. Quite often the very same consultations will go to both British Pharmacological Society and RCP (and in medicines-related matters, the JSC CPT will be asked to respond – many of whose members may therefore be asked for responses to the same consultations from the two separate organisations). It would be good to link this process up in a more seamless way, so that the two organisations can consult members in a unified and more joined up fashion, and also to ensure that the two organisations present responses which are entirely concordant.

8. Please consider and comment on the attached document (Appendix 2) as a possible model for consultation issues (the NatSAS). Feel free to make alternative suggestions.

It would be good to have an umbrella body overseeing all NHS consultations such as that suggested by the NatSAS, Appendix 2. Currently some consultations are best dealt with by JSC CPT members and many of these are also dealt with by British Pharmacological Society. We currently run an 'unwritten' system whereby JSC CPT and the British Pharmacological Society have an ad hoc coordination process whereby one party can endorse the response of the other. I think we ought to formalise this procedure so that the consultations feed through to the team that has the most expertise, and can lead the drafting of the response. This would remove duplication and reduce workload.

The British Pharmacological Society would need to be appropriately recognised by such a system so as to maintain an ability to influence NHS stakeholders and report outcomes to members. The British Pharmacological Society would also maintain a policy team for wider pharmacology matters outside the remit of the NHS.

9. Are current communication arrangements between our organisations fit for purpose?

Yes

No

10. Please add any comments to support the above answer and suggest any improvements.

Clinical Pharmacology is a small specialty with close links among its members, so debate in one forum is informed by debate in the other. Closer collaboration is to be encouraged which should minimise duplication.

11. Are current administrative processes, including frequency, type, format of meetings and documentation (e.g. minutes) fit for purpose?

Yes

No

12. Please add any comments to support the above answer and suggest any improvements.

The JSC CPT is well supported by administration from the College. The British Pharmacological Society now has a manager dedicated to clinical education, training and policy, a role that will enhance communication with the RCP.

13. Please add any feedback on any other issues or wish to suggest alternatives beyond the current working arrangements.

N/A

14. Please indicate who has been consulted in returning your society views, please select all that apply.

1. Society officers, executive, committees or similar
2. Society staff
3. Joint committee or equivalent between the society and RCP
4. Other