

Sometime later, in April of that year, relationships on Council came very close to being shredded. This was a consequence of the infamous email affair. It lasted for over a year and interrupted the normal flow of business. Rather than bore you with the details, suffice it to say, the whole affair was complicated and contrived. The Executive sought to control and shape the outcome of events, regardless of some very uncomfortable facts. What emerged during this period of turmoil was the crystallising of a complex set of relationships in the Council room.

Normal relations gradually improved as these episodes receded. Central control, however, never diminished. The structure of Council meetings facilitates the Executive grip on proceedings: mountains of information and jammed agendas, with no attempt to prioritise for efficiency and effectiveness. Space for debate and discussion contracted before our eyes. Subcommittees are now the fulcrum around which policy is advanced and developed and Council is morphing into a rubber stamp.

It is reasonable to ask whether this control undermines the quality of what the PSI does. July 2016 saw an item on the private agenda that was openly critical of the process associated with Fitness to Practise. The complainant was the former chairperson of Fitness to Practise in the PSI. Again, to cut a long story short, suffice to say, the issue was buried, despite the pedigree of the

complainant. The PSI is in denial; it fails to recognise and accept that Fitness to Practise is not a process where one size fits all. A footnote to the handling of this agenda item was the putting to one side of the issues surrounding conflict of interest.

Contrast this with the way the Future of Pharmacy project was dealt with; dark and light. This was an updating, but in essence a bells and whistles version of a document called *Pharmacy 2020*. Such was the eagerness to progress the project, no regard was given to why *Pharmacy 2020* failed to achieve any of its goals. Without reflecting on the failure of the old document to impact on health policy, what are the chances for success with the new project? However, for the PSI, there is a cachet to be associated with producing such a well-resourced paper on pharmacy practice. It was hard to escape the sense that image appeared more relevant than substance.

Image also looms large in consideration of Fitness to Practise. The process in place is time-consuming, costly, stressful and often disproportionate as a consequence. However, the resulting enquiries attract the media and, through this lens, the PSI hopes to be seen as a tough robust entity, stoutly defending the public interest. Yet, uniquely among health regulators, the PSI has the capacity to comply with the instruction of the Supreme Court Justice, the late Mr Justice Hardiman. In his judgement on the Corbally

case, he asked regulators to seek less adversarial methods for resolving Fitness to Practise issues. In section 40 of the 2007 Pharmacy Act, the first option is mediation. It has been used once in 10 years and even then there was an ulterior motive. Mediation can achieve the same remedial outcomes at a fraction of the cost, in a fraction of the time. Much waffle and wind has been expended explaining to Council members why it is not used. The original excuse was that it is not in the right part of the legislation; the ultimate excuse was just plain "Shut up". There was a four-year gap between the two, with many opaque explanations in between. A suspicion lingers that mediation is where it is because it would not be an attractive option for the media. It lacks the 'gravitas', or maybe 'drama' is a more accurate word, of a court setting. The upshot of this for the PSI is that the less adversarial approach provides no lens for the public to appreciate their sterling work.

In being critical of the PSI, it is only fair to outline the space it occupies and the environment it operates in. The PSI's remit is to protect the public interest, having responsibility for registration, education and inspection. The PSI is funded by the profession and is accountable to the Minister for Health. This is the relationship that has priority.

On the plus side, however, there are signs of change as was evidenced by the creation of the Nominations Committee following a recommendation from a

governance report. This is a positive development as membership of subcommittees will be more focused on required skillsets in the future. It is now on the public record that mediation can be used in "Certain Fitness to Practise cases". This emerged from a report by a subcommittee set up in July of last year, again on the back of the governance report. There is, at the moment, one case being dealt with by mediation. That, finally, is progress.

It needs to be said as well that pharmacists' attitude to the PSI, "keep the head down and hope they go away", is not helpful. For such an organisation to work effectively, there needs to be a productive tension with its stakeholders. That is not the case at the moment. Significant funding from pharmacists and pharmacies makes its way into Fenian Street every year – €7.3 million last year. We, as a profession, do the Regulator no favours by our apparent passivity. If we don't ask the hard questions, no one else will.

One final reflection: could it be that the culture of control among the Executive also reflects a lack of confidence in their ability to sustain their own views in a more open and combative forum? Now wouldn't that be ironic.

There is new leadership in Fenian Street. It's to be hoped that a greater self-belief will take root, bringing the organisation out of the dark and into the light.

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