



# YOUR SOCIETY

## The Prospectus is here! It's a landmark moment for pharmacy

The Prospectus for the new Professional Body for Pharmacy has been published by the Transitional Committee (TransCom), marking a landmark moment for the pharmacy profession.

The Prospectus responds to some of the most significant changes that the pharmacy profession is facing.

At present the Society is responsible for both regulation and professional leadership but, from 2010, a new body — the General Pharmaceutical Council — will regulate the profession and a new professional body will be established.

The Prospectus details the key components of the new professional body and the services it will provide (see p4). It reflects a comprehensive consultation process, involving wide representation from across the profession.

Nigel Clarke, chairman of TransCom, comments: "The Prospectus is a distillation of everything that pharmacists have told us that they want from their new professional body. We have undertaken a thorough, independent inquiry, taking evidence from organisations and individuals, and holding public meetings and evidence sessions. . . . The Prospectus incorporates our findings, and sets out the framework for the future.

"I am confident that the professional body heralded by the Prospectus will meet and even exceed members' expectations."

When the Society's Council agreed to the publication of the Prospectus, President Steve Churton said: "During the past 15 months, the responses and thoughts from thousands of pharmacists across different sectors have been taken on board. We now have a Prospectus for a new body that is focused on supporting its members and providing services that closely match members' needs."

### The New Professional Body for Pharmacy

The Prospectus



"A landmark moment for pharmacy".

The Prospectus heralds significant changes to the profession

#### Comments please

All members should now have received a copy of the Prospectus and are being asked to feed back any additional suggestions or comments by 9 January 2009.

The Freepost feedback form is enclosed at the back of the Prospectus, but you can also comment online at [www.transitionalcommittee.com](http://www.transitionalcommittee.com). Responses will be collated and assessed by Nigel Clarke and then shared with the Society. This will lead to any final refinements needed to deliver the Prospectus.

There will then be a consultation and a membership ballot during 2009 in which members will be asked to approve a new Charter for the professional body. A two thirds

majority in favour of the proposal will open the way to the establishment of a new professional body focused on providing a strong clear voice for pharmacy and a portfolio of services that address the present and future needs of its members.

*The Society commissioned an independent inquiry to establish members' opinions on the future structure, roles and responsibilities of the new professional body. In April 2008, the Clarke Inquiry made 64 recommendations — among which was the establishment of TransCom.*

*With wide representation across the profession, TransCom undertook a comprehensive consultative process culminating in the publication of the Prospectus.*

NOTES FROM JEREMY HOLMES CHIEF EXECUTIVE

# The prospect before us



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The publication of the Transitional Committee's Prospectus for the new Professional Body has been widely hailed as a moment for us to take charge of our professional future.

A historic event like this won't come around again for a very long time — I can't believe my luck at being involved.

And yet . . . "how I wish that all men would take sunrise for their slogan and leave the shadow of sunset behind". That was said by Helen Keller, who was both deaf and blind, so she could see neither sunrise nor sunset herself — but she knew how vital it is to look forwards not backwards at times of change. Whatever our past, and I include the Society's past, we cannot afford to let it constrain our future.

I believe there are three key aspects to the prospect of a new Professional Body:

- It will only have authority (within pharmacy, with government, with the media and the public) if it gives voice to the whole of pharmacy. Pharmacists from all sectors of pharmacy and at every stage of their careers will be at its core. The inclusion of pharmaceutical scientists who develop the medicines we use and the academics who teach our future pharmacists can only add to that authority.

- Membership of the new body will stand for something very important to all stakeholders — quality. The designatory letters (so-called "post-nominals") which will result from membership (not from registration with the General Pharmaceutical Council) will be a key signal of an individual's commitment to that quality.

- Individual members will get the support they need, both to meet the requirements set by the new regulator and to fulfil their own career ambitions. But to get that support they will need to join!

The current consultation on CPD ([www.rpsgb.org/pdfs/cpdconsultationdoc.pdf](http://www.rpsgb.org/pdfs/cpdconsultationdoc.pdf)) will be another important "future driver", paving the way for revalidation, in which the professional body will provide accessible, relevant support for pharmacists.

And the workstreams that have now started, to develop the local networks, information channels and other services outlined in the Prospectus, are learning from the past, but are clearly focused on the future — a future shaped by the profession itself. Having said that, I'm not actually a pharmacist. Without wishing to sound either presumptuous or melodramatic, I can't help thinking of what Barack Obama said recently: "I'm asking you to believe. Not just in my ability to bring about real change. . . I'm asking you to believe in yours."

So I would urge everyone to read the Prospectus and provide their feedback by completing the form at the back of the Prospectus or commenting online at [www.transitionalcommittee.com](http://www.transitionalcommittee.com) by 9 January 2009.

My sense is there are more and more of us ready to make the most of the sunrise!

**"I'M ASKING YOU TO BELIEVE.  
NOT JUST IN MY ABILITY TO BRING  
ABOUT REAL CHANGE. . . I'M ASKING  
YOU TO BELIEVE IN YOURS."**

## NEWSROUND

## Society teams up with cricket legend for men's health

Community pharmacy could hold the key to saving the lives of 40,000 men every year. New research published by the Society could shed light on the reasons behind the poor state of men's health in Britain.

The study revealed that 59 per cent of men are reluctant to ask for help and only seek medical advice if they are "very ill or in great pain".

This is compounded by their commitment to looking macho and could contribute towards reducing their life expectancy by up to five years.

To help men change attitude and snap out of the "big boys don't cry" mind-set and start taking health problems seriously, Hannah Stretton,

pharmacist and one of the four winners of the Society's RX Factor initiative, teamed up with former England cricketer Phil "Tuffers" Tufnell, in a campaign launched on 13 November.

The campaign, encouraging men to look after themselves better and visit their pharmacy for convenient advice from a health professional, achieved wide ranging coverage including GMTV, Sky News, Sky Radio, TalkSport, BBC 6 Music and Setanta Sport News.

To review all the coverage, visit the Society's virtual press office at [www.digitalnewsagency.com](http://www.digitalnewsagency.com) (username and password, rpsgb1).



Phil Tufnell and Hannah Stretton

## Student exam for the Society



Huddersfield first-year MPharm students visit the Society

First year MPharm students from Huddersfield and King's College London were introduced to the full range of Society services and activities during an orientation visit.

The students heard a range of speakers covering a wide range of areas, from the library to the inspectorate, and a session on the British Pharmaceutical Students' Association, a live demonstration of Medicines

Complete, a museum quiz, and a chance to chat informally with Society staff. Feedback suggests that this pilot event was very well received by the students.

One Huddersfield student commented: "I had a fantastic time and learnt a lot from the visit. It was most definitely encouraging and motivated me even more to work hard towards becoming a pharmacist."

## Get involved in Your Society

*Your Society* is changing in 2009 and the editorial team is keen to get feedback from you about any additions and/or changes you would like to see in the magazine next year.

You can get involved by e-mailing [yseditor@rpsgb.org](mailto:yseditor@rpsgb.org)

### OOPS!

Last month's edition of *Your Society* incorrectly identified Heather Maddin in a photograph on p6. The woman in that photo was not Heather (the Society's museum audience development officer, pictured right). We apologise for the error.



## FOCUS ON THE NEW PROFESSIONAL BODY

# The TransCom Pros

## Prospectus content summarised

The pharmacy profession in England, Scotland and Wales is about to undergo a profound change. This provides a tremendous opportunity to create a new Professional Body that will respond to the needs of pharmacy in the future.

At present, the Royal Pharmaceutical Society is responsible for both regulatory and professional leadership functions but, from 2010, a new body — to be known as the General Pharmaceutical Council — will be responsible for regulating the profession, and a new Professional Body will be established. Faced with this fundamental change, the Society commissioned an independent inquiry to establish members' opinions on its future structure, roles and responsibilities. In its April 2008 Report, the Clarke Inquiry made 64 recommendations, amongst which was the establishment of a Transitional Committee (TransCom).

TransCom, with wide representation from across the profession, undertook a comprehensive consultative process, culminating in the publication of a Prospectus for the new Professional Body.

The proposed roles and services of the new Professional Body include:

- **Leadership, representation and advocacy**, supported by relevant policy analysis and research, to ensure pharmacy's voice is heard in the media and by policy makers in all three countries of Great Britain
- **Professional development and education**, including support for continuing professional development, advanced and specialist practice and careers support
- **Professional support**, including practice guidance and a range of easily accessible information services
- **Professional networking**, including the development of local practice forums and effective use of web technology
- **Professional publications**, including continuing support for existing respected journals and reference sources and exploring new services and channels for communication with members

- **Valuable additional services**, ranging from the museum to benevolent support for members in difficulties to member-specific privileges from third party suppliers

The Prospectus also describes the new Professional Body's structure. It will have an Assembly, and National Boards for England, Scotland and Wales. Local Practice Forums will be developed to work in collaboration with local providers to ensure that education and training programmes are "joined up".

It is proposed that the cost of membership, plus the cost of registration with the new regulator, will be no more than pharmacists currently pay through their annual retention fee to the Society, after allowing for inflation.

Once the profession's views have been considered, the Society's Charter will have to be amended to enable all these changes to occur.

In 2009, members will therefore be consulted and asked to vote on the proposed Charter changes.

## Frequently asked questions

### **What is the new Professional Body going to do for me?**

The new Professional Body will offer a range of core services: leadership, representation and advocacy, professional development and education, professional support, professional networking, publications and a range of other services, including support for those in difficult times and privileged benefits (such as discounts) on events and other products and services. The common factor to all of the services offered to members is that they are all focused on helping members realise their professional and career aspirations.

### **Who developed this Prospectus?**

The Society appointed a cross-sector, independent group of experts to form a

Transitional Committee (TransCom). Its role was to implement a consultative process, to listen to the membership's needs and to develop a Prospectus which defines the blueprint of a new Professional Body for pharmacy.

### **When will the new Professional Body be launched?**

The new Professional Body will come into operation in 2010 at the same time as the General Pharmaceutical Council.

### **Who will regulate pharmacists?**

The General Pharmaceutical Council (GPhC) will be the regulator for pharmacy. It will operate independently from the new Professional Body and will also be established in the 2010

### **To practise as a pharmacist, must you belong to the new Professional Body?**

No. Pharmacists must be on the register of the GPhC. They will not, however, have to belong to the new Professional Body. Naturally we hope that all our members will want to join the new Professional Body.

### **Will it cost more to belong to the regulatory body as well as the new Professional Body?**

The annual total cost of membership to both the new Professional Body and the GPhC is intended to be no more than the current cost of membership of the Royal Pharmaceutical Society, after allowing for inflation.

# Prospectus explained

## Who will be responsible for awarding letters/post-nominals?

Members of the new Professional Body will be able to use post-nominal letters (eg, MRPharmS), sending an important signal to the public and other professionals. Registration with the new General Pharmaceutical Council will almost certainly not entitle professionals to any post-nominals.

## What role will the new Professional Body play in public policy?

The new Professional Body will seek to influence government at all levels — Westminster, Welsh Assembly Government, Scottish Parliament and Brussels. The ambition is to be seen as an influential, high level and publicly recognised body that must be consulted on all matters to do with medicines, pharmacy and wider health policy.

## Will continuing professional development be compulsory?

Yes. The new regulator, the GPhC, will require pharmacists to engage with CPD and to be able to demonstrate that this engagement has taken place. The new Professional Body will support its members in meeting these requirements.

## How does the advent of revalidation affect pharmacists?

It is likely that pharmacists will have to undertake revalidation in the future. While no one knows exactly what form revalidation will take, it is clear that CPD will be a part of the process. The new Professional Body will support its members to meet the requirements of revalidation whatever these finally look like.

## How will the new structure accommodate the needs of England, Scotland and Wales?

The new Professional Body will cover all of Great Britain with national boards for England, Scotland and Wales. These boards



will form the backbone of the new Professional Body and ensure that the organisation remains close to its members and reflects differences appropriately. The local structure will bring together the many professional channels and networks available, to provide grassroots contact and the provision of services in the most effective way.

## What is a local practice forum?

The local practice forums' prime function will be working with other local organisations to ensure that education and training arrangements are "joined up". They will implement and deliver the professional curricula to help pharmacists improve and advance their practice.

They will also be responsible for confirming the credentials for specific practice qualifications, harmonising accreditation and enabling practitioner development support.

They will be overseen by the three national boards whose responsibilities will include allocating the organisation's resources at a local level

## How will the new Professional Body influence healthcare policy?

The new Professional Body will be free of the need to regulate the profession. This will allow it to focus on the issues that are of prime value and interest to its members and make a step-change in the way those members are represented on important healthcare policy issues.

## When must members comment on the proposed changes?

The opportunity to comment on the Prospectus, an outcome of 15 months' consultation with members and key stakeholders, is now open to all members so they can help shape the future of the profession. All feedback is very important. The closing date for comments is 9 January 2009.

## How should members register their comments?

The Prospectus contains a Freepost feedback form and invites members to send comments back directly or via the website version at [www.transitionalcommittee.com](http://www.transitionalcommittee.com).

## How will the Society's Charter be amended?

In 2009, once the pharmacy profession has commented on the Prospectus, members will be consulted on proposed changes to the Society's Charter before being asked to vote on the changes.

The vote on Charter changes is a formal stage in order to establish the new Professional Body. It will formalise the vote for a new governing body for pharmacy, focused on providing a robust voice for the profession, and a portfolio of member services that accurately addresses the present and future needs of members.

## SUPPORTING THE PROFESSION

# How medicines were made — on DVD

The Society's museum's film, "How medicines were made", is now available on DVD. First produced in 2001, the film shows retired community pharmacist Peter Homan demonstrating various techniques, including pill-making, producing cachets and using a Brockedon press to make tablets.

Briony Hudson, keeper of the museum collections, said: "Seeing some of the techniques involved in dispensing really brings the history of pharmacy to life. The film is on permanent display in our reception area, and has been very popular in video format since it was made available for sale in 2004. The film works well as part of lectures, alongside exhibitions, or for an individual to find out more about historical pharmacy equipment."

The 15-minute, subtitled film is priced at £12.50 including postage. To obtain a copy, contact the museum on 020 7572 2210 or e-mail [museum@rpsgb.org](mailto:museum@rpsgb.org). It is also possible for members to borrow a copy of the film from the Society's library.

# Out and about with Jonathan Mason



Jonathan Mason with Anne Adams, the Society's head of professional leadership

Jonathan Mason, newly appointed Department of Health clinical director for community and primary care pharmacy, spent time talking to Anne Adams, the Society's head of professional leadership, at the "Leading across boundaries" stand at the NHS Alliance conference.

Jonathan was on his way to speak at a joint Society and National Pharmacy Association session on self care as part of the overall "Vision into action — primary care delivering change" theme.

For further information about the "Leading across boundaries" programme, contact Anne Adams at [anne.adams@rpsgb.org](mailto:anne.adams@rpsgb.org) or on 0115 939 6465.

## "Responsible pharmacist" update

The regulations relating to the "responsible pharmacist" were laid down on 29 October 2008, and are due to come into effect on 1 October 2009. To get more information, visit the Society's website, at: [www.rpsgb.org/worldofpharmacy/currentdevelopments/inpharmacy/skillmix/](http://www.rpsgb.org/worldofpharmacy/currentdevelopments/inpharmacy/skillmix/).

## ETHICAL DILEMMAS



Last month's ethical dilemma was about a regular customer at your pharmacy who requests a human Pharmacy (P) medicine, for his pet dog. Do you:

- A. Supply the human licensed medicine as requested.
- B. Refuse to supply the medicine.
- C. Refer the pet owner back to the vet for a prescription.

There were not as many participants as usual to this dilemma. However, most of you (83 per cent) chose option C. Ten per cent chose A and 7 per cent B.

Last month, I asked you to send suggestions of ethical dilemmas to me at [priya.sejpal@rpsgb.org](mailto:priya.sejpal@rpsgb.org). I am pleased to say that some of you have sent in ideas, that I am currently working on. But, I'm sure there are more of you who have ideas, so please keep them coming.

This week's dilemma is relating to a new piece of law that came into effect on 3 November 2008. In preparation for this, we produced some practical guidance and an article in the *PJ*.

Before considering the dilemma below, you might want to have a look at the guidance which can be accessed at [www.rpsgb.org](http://www.rpsgb.org) — "practice guidance" on the right hand toolbar, then "Dispensing EEA and Swiss Prescriptions".

To get involved in ethical dilemmas, visit myRPSGB on the Society website, at: [www.rpsgb.org](http://www.rpsgb.org).

From the home page, click the grey panel on the right hand side, entitled "myRPSGB". From here, enter your registration number or retention fee form number to set up an account. The members of the Society registration team would be happy to help you if you need any assistance. Telephone 020 7572 2532, or email: [registration@rpsgb.org](mailto:registration@rpsgb.org).

*Priya Sejpal, head of ethics*

### ETHICAL DILEMMA 8

A patient presents a prescription written by a French doctor for insulin. The prescription directions are all written in French. Do you:

- A. Supply the insulin in accordance with the prescription.
- B. Refuse to supply the medicine.
- C. Refer the patient to a local surgery for another prescription.

So, what do you need to think about before deciding whether to make the supply?

## HOSPITAL PHARMACISTS GROUP

# What has the HPG committee achieved and where is it going?

The mission of the Hospital Pharmacists Group committee is to provide a unified, credible voice, such that hospital pharmacy issues are properly represented within and by the Society. It fulfils this through a number of key aims including:

- Maintaining and developing the profile of hospital pharmacy within the Society and with external stakeholders
- Providing advice actively and responsively to the national pharmacy boards and Council on a range of issues
- Informing the national pharmacy boards and Council of hospital pharmacy practice issues
- Supporting the development of practice guidance for the profession as a whole

The committee has 14 members, comprising nine elected members (seven from England, one from Scotland and one from Wales), two Council members, one member of Society staff and three nominated members (one each from the Guild of Hospital Pharmacists [GHP], the UK Clinical Pharmacy Association and the Association of Pharmacy Technicians UK).

The committee has been particularly active in recent years, reflecting the changing medicines and pharmacy landscape. Key activities can be divided into four main workstreams: producing and supporting good practice guidance; responding to consultations; lobbying on issues specific to hospital pharmacy; and contributing to and hosting conferences.

### Producing practice guidance

The committee has been involved in several major pieces of work including:

- The update of the hospital pharmacy records retention guidance published in *Hospital Pharmacist* (2008;15:254-6)
- The joint Society and Department of Health guidance "The safer management of Controlled Drugs: a guide to good practice in secondary care", published in 2007 (we are also working on the revision of documentation for recording CDs in hospitals.)
- The revision of the Duthie Report ("Safe and secure handling of medicines

in hospital — a team approach"), published by the Society in 2005

### Responding to consultations

With its wide ranging expertise in secondary care, the committee is regularly asked to respond to consultations from stakeholders, such as the Department of Health, the Medicines and Healthcare products Regulatory Agency, the National Patient Safety Agency. This year these included:

- The Society's practice framework
- New professional body
- Responsible pharmacist
- The "Pharmacy in England, building on strengths, delivering the future" White Paper
- Review of unlicensed medicines (MHRA)
- Rapid response reviews (NPSA)

We are currently working with the National Clinical Assessment Service, whose remit has recently been extended to cover pharmacists in all sectors.

### Lobbying

The HPG has successfully raised the profile of hospital pharmacy as a sector, making a significant contribution to the development of practice, which impacts on the whole profession. In particular, we have lobbied hard on the lack of pharmaceutical advice to new strategic health authorities (SHAs). This resulted in a letter from the President to chief executives of all the SHAs in England, supporting the need for strong pharmaceutical advice and leadership. We are continuing to work to keep up the pressure on SHAs and government ministers. This is especially pertinent with the recent appointment of a national director for hospital pharmacy at the DoH.

The HPG has lobbied internally and externally about the low number of preregistration placements in hospital, particularly in view of the increased number of graduates and the demise of mandatory cross sector training. It is joining forces with the committee of the National Education and Development Group to progress this.

The HPG continues to work with the Society on the development of myRPSGB, which could be an effective tool for communicating directly with hospital pharmacists and the wider profession.

### Supporting conferences

In collaboration with the GHP, the HPG has developed hospital pharmacy sessions at the British Pharmaceutical Conference. We also work with the GHP and *Hospital Pharmacist* on the programme for the annual hospital pharmacist conference.

In February 2008, the HPG held a joint conference with the Pharmaceutical Aseptic Services Group on improving aseptic services. Another joint conference is scheduled for 9 March 2009. The programme will cover tendering and contracting, regulation of unlicensed medicines, labelling, barcoding, marketing services and marketing authorisations.

### Workstreams for 2009

With the demerger of the Society just over 12 months away, it is vital that the HPG continues to maintain the profile of hospital pharmacy. Clearly, we will scrutinise the proposed prospectus for the new leadership body. Similarly we will continue to input to the development of the responsible pharmacist regulations. We will also be looking at strategies to encourage undergraduates to consider hospital pharmacy as a career. We will establish links with the new national director for hospital pharmacy, since there are clearly benefits in working together over a range of issues. We will continue to press for increased pharmaceutical advice at SHA level and increased numbers of hospital preregistration placements. Finally, we will work with partner organisations and education colleagues on supporting the formalised development of the pharmacy workforce to meet the needs of the increasingly challenging medicines management agenda.

If you would like to input into any of the items raised above, or have any other issues, please contact the administrator (e-mail [lorraine.fearon@rpsgb.org](mailto:lorraine.fearon@rpsgb.org)).

**Meghna Joshi,**  
Secretary, Hospital Pharmacists Group

## NEWS

# Research Summit sets the scene for nationwide pharmacy practice research

Chief pharmaceutical officers, leading academics plus Society and pharmacy organisations from across the UK came together at a summit to discuss the future of pharmacy practice research.

Hosted by the Pharmacy Practice Research Trust, the summit was opened by Lord Newton of Braintree, a trustee, who called for the profession to come together across sector, country and institution to ensure that a strategic view of research for the profession is developed.

Charlie Benrimoj, from the University of Sydney, presented the Australian perspective, particularly the national Community Pharmacy Agreement R&D Grants Programme, established through collaboration between the Pharmacy Guild of Australia and the Australian Government. Professor Benrimoj said pharmacy practice research plays an important role in the future of national healthcare practice delivery in Australia and provides a positive return on investment.

Workshops considered research areas with a view to identifying priority areas

around building research capacity, identifying specific practice research and integrating the evidence into practice. The outcomes of these workshops together with the contributions of wider stakeholder groups who could not be present will form the backbone of a first draft strategic perspective of pharmacy practice research. Next steps will include consultation with participants in the summit and a representative reference group to help develop a final strategy.

Trust chairman, Marshall Davies, said: "The weight and expertise of academics and practitioners behind a collective strategy is crucial to the leverage of funds and a co-ordinated research effort for pharmacy. A strategic view will require



Marshall Davies (left), chairman of the Pharmacy Practice Research Trust with Charlie Benrimoj, professor of pharmacy and Pro-vice Chancellor, University of Sydney

looking at a broader perspective for influential research, including consideration of multi-professional collaboration and the breaking down of academic and practice silos, research across sectors and the support networks and resources required to make this happen."

## Home Secretary in pharmacy visit



Jacqui Smith pictured with Lloydspharmacy staff during her visit

Home Secretary the Rt Hon Jacqui Smith MP recently visited a Lloydspharmacy in her constituency of Redditch.

Ms Smith visited the pharmacy to see how the sector is expanding its care offering to further help the local community. Open for 100 hours per week, the pharmacy is close to three GP practices and offers diabetes, blood pressure and cholesterol checks for the 80,000 residents in its catchment area, raising awareness of hidden conditions and helping people take control of their health. The pharmacy also offers tailored services such as smoking cessation support, medicines management of long-term conditions, and health and lifestyle advice.

Andy Murdock, pharmacy director at Lloydspharmacy, commented: "We are delighted to have the honour of the Rt Hon Jacqui Smith visiting our Redditch pharmacy and have the opportunity to demonstrate our commitment to supporting local people and helping them to look after their health."