

Royal Pharmaceutical Society of  
Great Britain  
Report of the Council on resolutions passed  
at the Branch Representatives' Meeting  
May 2004

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# **Report of the Council on resolutions passed at the Branch Representatives' Meeting May 2004**

## **Birmingham and District Branch**

### **A. Proposed motion**

*“That it is the opinion of this meeting that the Agencies responsible for the safety, quality and efficacy of authorised medicinal products, which are the Medicines and Healthcare products Regulatory Agency and the Veterinary Medicines Directorate should be supported in their action to help the public to recognise and benefit from being more able to distinguish medicinal products which are authorised from products which are not.”*

### **Explanatory paragraph from the Branch**

At present authorised medicinal products are identifiable by the discreet small print of a unique marketing authorisation number on their labels, but the significance is unlikely to be understood by many members of the public. At best the number, if seen, may be thought to be just part of the batch record.

The Society is concerned that the authorisation of medicines, which is intended to ensure their quality, safety and efficacy, whether for human or animal use, and their consequent benefit, is less well understood than it should be by the general public and by medicine users. The need for anyone to be easily able to distinguish products, which are not authorised, from those which are authorised, deserves reappraisal. We would wish to encourage/support the Government Agencies responsible for authorised medicinal products in their endeavours to make marketing authorisation details on medicinal products more self-evident in such a way as to better reflect the benefit of the authorisation to and for the patient and user.

The Veterinary Medicines Directorate (VMD) has already decided to take action to address these issues and it has been indicated that they would welcome support from professional bodies. It is hoped that the recently restructured Medicines and Healthcare products Regulatory Agency (MHRA) formerly the Medicines Control Agency (MCA) will soon consider taking joint action to meet this need.

We are all aware of the way in which many unauthorised products are promoted to give the impression that they will effectively help restore or improve health but have not been subject to proper testing in order to justify the claims. At present, the situation is aggravated by the fact that many claims made on the internet are apparently outside the control of the Advertising Standards Agency.

### **Council response**

In the regular meetings between the Society and these agencies, both presentation and licensing issues have been and will continue to be actively pursued. The Society will continue to emphasise to the MHRA the importance of effective communication with the public on the value of the medicines licensing system supported by the expertise of health professionals.

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As part of its own public relations work, the Society regularly highlights to the public key messages about medicines, their safe and effective use and pharmacists' wide knowledge of them. The "safety, quality, efficacy" basis of marketing authorisation and the importance of understanding the implications of different categories of medicine, particularly the added value of the "Pharmacy" category, are recurring themes in this work. The Society's awareness messages about complementary therapies and their potential interactions with allopathic medicines are also carry this message. The Society's policy on herbal medicines emphasises that, by choosing a licensed product, people can ensure that their pharmacist has access to useful data and information about their product. The Society's "Scientist in the high street" initiative also gives the opportunity to promote the scientific basis of medicines and the importance of the pharmacist's advice as part of the safeguards in place for people using medicines. The recent Government announcement focusing on children's medicine gives a further opportunity to bring such messages home to the public.

#### **Update on motion reported at BRSM in October 2004**

The Society has taken part in discussions with the Department of Health over raising awareness amongst the public of safe medicine use. Discussions are ongoing: a report will be given on progress.

The Society is a supporter of Ask About Medicines Week for 2004. The 2003 "Know your medicines" leaflet was distributed to pharmacies & veterinary practices. For 2004 the Society is producing a leaflet highlighting pharmacists expertise on safe use of antibiotics.

#### **Update April 2005**

The discussions with the Department of Health over raising awareness amongst the public of safe medicine use are still continuing and are progressing well.

The "Ask about Medicines Week 2004" was very successful and plans are already being formed about "Ask about Medicines Week 2005". The Society is planning to continue its support for "Ask about Medicines Week". The Launch of the Society's "Ask about Antibiotics" leaflet was co-ordinated with Ask About Medicines Week – the leaflet was launched by Health Minister Rose Winterton MP on Wednesday 3 November. Requests for the Society's leaflet led to the ordering of an additional print run and a total of over 150,000 leaflets were distributed to pharmacies over the duration of the campaign (2003: 40,000).

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## **British Pharmaceutical Students' Association**

### **B. Proposed motion**

*"That it is the opinion of this meeting that the Society should consult the BPSA with regard to student issues within the profession for an official student opinion."*

### **Explanatory paragraph from the Branch**

Recently there have been a number of matters which directly affect students, and which students feel that they should be consulted on. The BPSA believes that the Society should be more pro-active in approaching and consulting the BPSA on issues, which affect students; this is particularly relevant regarding current subjects such as tuition fees and the impact this will have on the study of pharmacy in the UK. The BPSA could also be asked to provide input for articles relating to students in *The Pharmaceutical Journal*.

The BPSA has access to student opinion, and should be invited to voice this, in view of its status as the official student branch of the Society.

### **Council response**

The Council values the input of the BPSA into the life of the Society. Regular liaison meetings are held between the BPSA Executive and the Society's Officers and staff which give the opportunity for two-way dialogue on a wide range of issues. Following the most recent liaison meeting, two review groups have been established to review the constitution of the BPSA and to work with the BPSA on governance arrangements.

The BPSA is invited each year to nominate a student member of the Society's Education Committee. It is mainly within the Education Committee that the kinds of issue referred to in the motion are considered. For example, in the recent past, the Education Committee considered the White Paper *The Future of Higher Education*, which carried the proposal for variable tuition fees.

The input of the BPSA into the life of the Society is further supported by its right to submit motions to the Branch Representatives' Meeting; to attend the Branch and Regional Secretaries' Meeting and to send delegates to the British Pharmaceutical Conference.

### **Update on motion reported at BRSM in October 2004**

The next liaison meeting is planned for 23 November 2004. The BPSA is very happy with the way the process has been made and have sent a letter of thanks to the President of the Royal Pharmaceutical Society of Great Britain.

The BPSA had a high profile at BPC this year. The BPSA's magazine *Graduate Link* is now distributed by the Society.

### **Update April 2005**

Over the course of 2004, BPSA President James Wood has been invited to join the steering group of two Society research projects - 'Pharmacy undergraduate students: career choices and expectations across a four year degree programme' and 'Survey of teaching, learning and assessment approaches in Schools of Pharmacy' - that specifically address student-related issues. Both projects are being conducted by the

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University of Aston. The engagement of BPSA has been of specific value in encouraging participation among the student body in relation to questionnaires disseminated under both project titles.

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## Brighton and District Branch

### C. Proposed motion

*“That it is the opinion of this meeting that all prescriptions for medicines should carry clear and complete dosage instructions.”*

### Explanatory paragraph from the Branch

Many patients are unable to remember verbal instructions for longer than a few seconds, do not always understand their medication and cannot recall the advice received from the prescriber to tell the pharmacist, in order that this can be written on the label and re-enforced by the pharmacist’s counseling.

Additionally the recent government report published by the department of Health *“Building a safer NHS: improving medication safety”* states that the instruction “as directed” should never be used on a prescription. Also that all prescriptions should be “clear unambiguous and leave no doubt as to the prescriber’s intentions”.

### Council response

The Council agrees that all prescriptions for medicines should carry clear and complete dosage instructions and will press for this principle to be enshrined in legislation and be built into the specifications for electronic prescribing in the NHS IT Programme. These matters are under discussion with a number of stakeholders, including doctors, nurses and other health professionals, as part of the work to implement the Society’s policy that pharmacists should have access to appropriate patient information.

### Update on motion reported at BRSM in October 2004

The Society continues to have discussions with the NHS IT programme (NPFIT) over this issue. The Society is feeding into the programme at a number of levels.

### Update April 2005

We are continuing to pursue this issue. Our longer term aim will be to have this principle built into the prescribing systems that will be a part of the NHS IT programme. We will actively pursue this issue with the various professions that now have prescribing rights. The Society will be developing guidance around prescribing for pharmacist prescribers. We will look at making it a professional obligation that pharmacist prescribers must include clear and complete dosage instructions on every prescription that they write.

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## Cheltenham and Gloucester Branch

### D. Proposed motion

*“That it is the opinion of this meeting that the Council should issue specific guidance to the owners of pharmacies to ensure that provision is made for appropriate breaks to be taken by staff when working long shifts.”*

### Explanatory paragraph from the Branch

The code of ethics P2 A2 refers to the responsibility of pharmacist owners to ensure that they do not impose conditions on pharmacists that may affect their ability to comply with their professional and legal duties. Despite this there are owners, both individuals and multiples, who do expect employees and locum pharmacists to work excessive hours without a break. Paras A1 (a) and (d) advise pharmacists that they should not accept employment where they do not have the fitness to practise or where the conditions do not allow them to comply with their responsibilities and this is interpreted as covering meal breaks. However complying with this can pose a particular problem for locums working in a pharmacy for a short period to assert their professional authority when the normal full time pharmacist has acquiesced with a lower standard than should apply. It would be helpful in order to secure compliance with the code if owners of pharmacies were reminded in a no uncertain manner of their professional obligations.

### Council response

The Code of Ethics requires owners of pharmacy businesses not to seek to impose conditions on pharmacists that may adversely affect their ability to comply with their professional and legal duties. Also, the Code requires pharmacists only to accept work where they are fit for the task to be performed. It is up to the individual pharmacist to make a professional decision whether or not to accept employment at a particular pharmacy. The pharmacist would have to consider their individual expertise and the services provided by the pharmacy, the volume of dispensing, the number of trained support staff, and any arrangements for rest breaks. Employers and employees ought to take note of the intention of the Working Time Directive 1998 when agreeing breaks to be taken during the working day. This states that, if a worker is required to work for more than six hours at a stretch, he or she is entitled to a rest break of 20 minutes. The break should be taken during the six-hour period, rather than at the beginning or the end, but the exact time the breaks are taken is up to the discretion of the employer. Employers are responsible for making sure that workers *can* take their rest, but are not required to make sure they *do* take their rest. However, the right to rest breaks do not apply where the job require round-the-clock staffing as in hospitals.

### Update on motion reported at BRSM in October 2004

The Law and Ethics Committee will consider this motion further in November 2004.

### Update April 2005

The item remains an outstanding matter on the Law and Ethics Committee agenda and is also being considered as part work being undertaken to address work pressures on community pharmacists.

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## Hull and District Branch

### E. Proposed motion

*“That it is the opinion of this meeting that the Society support the members by re-instating the funding of special interest group magazines.”*

### Explanatory paragraph from the Branch

In an effort to move funding from membership support to pay for enhanced registration activities and to save costs, the Society has reduced monies available for services to the special interest groups and stopped funding the newsletters for the Industrial Pharmacist Group and the Veterinary and Agriculture Group.

This reinforces the impression of many that the Society is not interested in the support of the non-community pharmacist members.

The Industrial Pharmacist Group has temporarily kept its newsletter by sponsorship from individual committee member's companies; however, this support is now coming to an end. *The Industrial Pharmacist* magazine is the only tangible benefit that the most industrial pharmacists get from the Society. As most industrial pharmacists do not have to be registered to be able to do their work, the loss of the magazine is likely to increase the numbers of those who decide not to renew their membership.

Industrial pharmacists are committed to the Society and contribute to the knowledge base of the profession. However if they are cast adrift by the Society then we believe that the loss will be everybody's.

### Council response

The Council values its special interest membership and in principle is supportive of special interest group newsletters as a means of establishing two way dialogue between the members and the Society. It is noted that the preferred option by the Industrial Pharmacists Group is for their newsletter is to be produced as a hard copy. The options for the production and funding for the newsletter for all the practice special interest groups are in the process of being reassessed by the Practice Committee. The future options for the Industrial Pharmacists Group newsletter are actively under consideration, with the input of industrial pharmacists, over the period of this autumn with the aim of sending a recommendation to the Council by the end of the year. The Council will then make the decision on what is the most appropriate way to support these publications.

### Update on motion reported at BRSM in October 2004

The issue of special interest group newsletters was discussed by the Practice Committee at its last meeting. Each special interest group is refining what it needs in terms of a newsletter and these proposals will then be costed.

### Update April 2005

The Special interest Groups have agreed how they would like to publish their newsletters. The Community Pharmacists Group; Industrial Pharmacists Group and Veterinary Pharmacists Group have all published their newsletters as four page “pull outs” in *The Pharmaceutical Journal*. The newsletters will continue to be published by *The Pharmaceutical Journal* at regular intervals. The Hospital Pharmacists Group is

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continuing with its previous arrangements for publishing its newsletter with the Hospital Pharmacist journal.

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## Oxfordshire Branch

### F. Proposed motion

*“That it is the opinion of this meeting that the Society sets up and maintains an electronic register of its members with e-mail addresses for Branch mailing purposes using the annual subscription form to collect data.”*

### Explanatory paragraph from the Branch

- Branch Secretaries currently request addressed adhesive mailing labels from IT services which are used to inform Branch members of meetings via the postal system.
- An electronic register of members e-mail addresses would facilitate the distribution of newsletters to Branch members, save Branch secretaries' time and valuable Branch funds.
- Some Branches are already using electronic mailing organised at Branch level, however it would be useful if this facility was organised centrally from headquarters.

### Council response

The Society recognises that email addresses are a useful means of communication with members and is actively exploring ways to optimise use of new technology, including email, in communications with the membership.

Some practical difficulties prevail. The principal obstacle is how to maintain a database of email addresses in a way that would satisfy the data protection requirement of keeping such addresses up to date. The administration and maintenance of this data would require considerable additional resources and evidence suggests that people frequently change their email address or have several email addresses. The Society currently has to deal with over 250 changes of postal addresses per week, which already consumes considerable resources. The maintenance of email addresses would have even greater resource implications. Also, it should be borne in mind that there are some people who do not have access to email.

Use of email is being developed at Branch level. A number of Branch Secretaries collect and use their members' email addresses for Branch mailings. To comply with data protection legislation, Branch Secretaries must ask for their members' permission to use their email address for bona fide Branch purposes and should send mailings by “blind cc” to avoid email addresses being transmitted to all on recipients of the mailing. Branch members should be asked to give explicit consent for such use and assurances that their details will only be used for Branch purposes and not be passed to third parties.

### Update on motion reported at BRSM in October 2004

Members at the meeting called for the Society to collect emails centrally to enable Branches to make use of new technology in their mailings. Andy Langler, Head of Information Management and Technology spoke personally to those who raised concerns. It was agreed to review the current situation and to try and find a practical way of moving forward.

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**Update April 2005**

In response to requests from the Branch and Regional Secretaries, the Society is now actively investigating a suitable method for the collection of members' e-mail addresses to enable these to be used to improve communications.

The method which is currently being developed involves creating a members' page on the Society's web site where members are able to submit their e-mail address. The system, which is currently being tested, will require members to enter their name and registration number and validate this information by adding their date of birth.

A number of operational issues remain to be resolved. However, assuming all testing progresses smoothly, it is anticipated that the system will be available for use by the end of June.

Once e-mail addresses start to be collected, a suitable mechanism will be put in place to provide these to Branch Secretaries and facilitate the more widespread use of this method of communication.

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## South Cheshire Branch

### G. Proposed motion

*“That it is the opinion of this meeting that the Society should review the scale of annual fees payable by members. It should include a fee for non-working members below retirement age, which is more commensurate with that payable by those over retirement age.”*

### Explanatory paragraph from the Branch

Non-working members do not necessarily have any income, but if below retirement age are required to pay an annual fee of £116. Those over retirement age, and therefore assumed to be in receipt of a pension, pay a fee of £22. If members in either group plan to work occasionally as locums then currently a fee of £116 is payable.

### Council response

A review of the entire retention fee structure has just been undertaken to address a number of anomalies and inconsistencies in the fee structure. The concerns expressed in this motion and the views of other members on this and related issues were taken into account and formed an important part of the Council’s debate on this issue.

The Society’s fee structure is detailed in the Byelaws and members are able to comment on any proposed amendment.

### Update on motion reported at BRSM in October 2004

Council have proposed an amended fee structure for practising and non-practising pharmacists. The consultation period ends on 13 October 2004, at which point Privy Council will consider the proposal.

### Update April 2005

In August 2004, the Council had agreed a two-tier structure of practising and non-practising categories and an increase to the level of fees. The Byelaw change instituting the new fee structure and level was gazetted, submitted to the Privy Council and approved. After the 2005 retention fee collection had begun, there were concerns about the effect of these changes on part-time and retired members. The Officers had considered options to ameliorate the potential effect of the fee changes for these members.

The Council was of the view that the proposals should be considered by the Resource Management Committee and brought back to the Council in 2005 for consideration with full financial information on the possible effects of implementation of the options.

The following statement from the President was published in *The Pharmaceutical Journal* on 12 February 2005: “At the Council meeting in February 2005, the Council reconsidered the issue of the level of the non-practising fee. In the light of the concerns that have been voiced, the Council has now agreed to review its policy on the level of the non-practising fee. In agreeing to review this previous policy, we particularly want to encourage pharmacists who are not practising to stay on the non-practising register,

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which means that they can continue to be called pharmacists and, where applicable, continue to be designated as fellows.”

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## **South Staffordshire Branch**

### **H. Proposed motion**

*"That it is the opinion of this meeting that each community pharmacy should have a nominated local contact, ideally a pharmacist, to develop effective working relationships with other health professionals and their local community."*

### **Explanatory paragraph from the Branch**

This motion has arisen from the need for other health professionals and Primary Care organisations to have a local pharmacist contact for each community pharmacy where the pharmacist in charge varies from day to day and where a local issue is unlikely to require escalation to the overall responsible pharmacist, for example the Pharmacy Superintendent.

### **Council response**

The Society recognises that excellent communication is key to developing effective working relationships in every area of practice. In community pharmacy, it is important in fully integrating pharmacists into the health and social care team, successfully providing new and existing services and ensuring that each patient receives the best possible care. The Society agrees that a pharmacist or other regular member of staff should be nominated as key contact for each community pharmacy and will raise this with superintendent pharmacists and encourage them to address this issue.

### **Update on motion reported at BRSM in October 2004**

There was nothing to report back.

### **Update April 2005**

The new community pharmacy contract in England and Wales requires each pharmacy to identify a clinical governance lead for the pharmacy. The Primary Care Trust/Local Health Board will liaise with the nominated clinical governance lead over all clinical governance matters. We would suggest that the clinical governance lead would be in the ideal place to fulfil the role described by the Branch.

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## **British Pharmaceutical Students' Association**

### **I. Proposed motion**

*“That it is the opinion of this meeting that there should be a formal national reporting system for pharmacy related medication errors.”*

### **Explanatory paragraph from the Branch**

Each year thousands of pounds are spent caring for, and recompensing, patients who have been adversely affected by medication errors; draining resources from other areas of patient-care.

An anonymous, confidential reporting system, similar to the “Yellow Card” scheme should be developed to assist in the identification of common errors. With an overall aim to improve the quality of dispensing practice in line with the ideals of clinical governance, it would allow all pharmacy staff to learn from one another and develop strategies to minimise errors. Many hospitals and community pharmacies already have such a system in place, extending it to a national level can only benefit the profession.

### **Council response**

The National reporting and Learning Scheme launched by the National Patient Safety Agency encourages the reporting of all errors that occur in the NHS in England and Wales. The scheme includes medication errors and plans are underway to ensure that all hospital and community pharmacies are able to report errors to the NPSA. The learning from this scheme will be shared nationally and will be fed back to the profession and the NHS. We hope that Scotland will either adopt the NPSA's scheme or develop a similar error reporting and learning scheme of its own. The Council feels that this scheme meets the concerns of the BPSA and would encourage all pharmacists to report errors to this scheme.

### **Update on motion reported at BRSM in October 2004**

The scheme has been launched by NPSA and is likely to feature in the new contract for England and Wales. A similar scheme would be likely to be developed in Scotland.

### **Update April 2005**

The National Reporting and Learning Scheme went live in November 2004. Community Pharmacists in England & Wales are able to report anonymously either directly to the NPSA through the NPSA website or some will be able to report through their Head Office error reporting schemes. Pharmacists working for multiples would need to check whether their Head Office shares reports directly with the NPSA. Hospital pharmacists are able to report into the scheme through their Trusts.

The Society is liaising closely with the NPSA over this scheme and we encourage all pharmacists to report into the scheme.

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## **Brighton and District Branch**

### **J. Proposed motion**

*“That it is the opinion of this meeting that all prescriptions should provide the age of the patient. This will ensure that the pharmacist is able to check the suitability of the dose and that the advice given about the medication is tailored to the individual and so will improve concordance.”*

### **Explanatory paragraph from the Branch**

For the pharmacist to impart relevant and current information on the medicines prescribed, all necessary information should be given on the prescription to ensure this is as accurate and pertinent as possible.

### **Council response**

The Council would like to see pharmacists having access to a far greater range of information about patients to ensure that pharmacists can maximise their contribution to patient care. This is a key issue that the RPSGB is discussing with the appropriate GP and nursing bodies as well as other stakeholders, including patient groups. Council believes that this information should include the age of the patient but would wish to see pharmacists having access to all relevant parts of the patient's medical records, with suitable patient consent. We recognise that this will require appropriate electronic links to be made and we are working with the NHS IT programmes to ensure that pharmacists have access to all the information that they need.

For information: in Scotland, each prescription includes a ten digit number identifying the patient, the first six letters of which are the relevant DD/MM/YY.

### **Update on motion reported at BRSM in October 2004**

*See response to motion C.* The Society continues to have discussions with the NHS IT programme (NPFIT) over this issue. The Society is feeding into the programme at a number of levels.

### **Update April 2005**

We are continuing to pursue this issue. This information will be available once the NHS IT Programme is fully established. We are discussing with the programme the stage at which this information will be available and whether it can be implemented as part of the work on the electronic transfer of prescriptions.

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## West Metropolitan Branch and Oxfordshire Branch

### K. Proposed motion

*“That it is the opinion of this meeting that, in the interests of patient safety, the registration requirements for European pharmacists wishing to work in Britain should include an assessment of competency in English, in law and in ethics, and that the Society should lobby for a change in European legislation to allow this to be done.”*

### Explanatory paragraph from the Branch

- Currently, pharmacists who are nationals of a member state of the European Economic Area, have a degree in pharmacy from a member state of the EEA which complies with training directive 85/432/EEC; and are in good standing with their professional authority in their member state, are eligible to register with the Society without any further testing.
- This contrasts with non-European overseas pharmacists who are required to be tested in the International English Language Testing System (listening, reading, writing and speaking) and gain a score of 7 in each test parameter.
- Training directive 85/432/EEC ensures that European pharmacists are well trained as pharmacists, but unless they have a good comprehensive grasp of the English language and its nuances, as well as of pharmacy law and ethics as they apply in this country, patient safety will be compromised.

### Council response

An EEA national with a pharmacy qualification which complies with the relevant Directives and which is listed in the Schedule to the Pharmacy Act as amended by SI 2003 No. 3148 and the Act of Accession of the 10 new Member States, is entitled to automatic recognition of that qualification and registration with the Society and cannot be tested prior to registration on language or any other knowledge.

This is anomalous for language and a new EU Directive on Recognition of Professional Qualifications 2002/0061 is currently being negotiated and is likely to be adopted in 2005. The purpose of this Directive is to consolidate existing Directives, take account of EU enlargement and promote greater mobility of workers and services. Under Article 49 it is proposed that EEA nationals who move to another Member State to practise a profession ‘should have a knowledge of languages necessary for practising the profession in the host Member State’.

As stated it is not yet possible to language test EEA nationals prior to registration at this stage. In HSC 1999/137: “Employment of EEA nationals” provides guidance to NHS employers in England. This guidance reminds employers that evidence of registration of EEA nationals does not of itself guarantee linguistic competence. It advises employers to assess competence to communicate in English, to the standard required by the post concerned, of all job applicants, regardless of their nationality. Under the Code of Ethics pharmacist proprietors, superintendent pharmacists and pharmacist managers in hospitals must ensure that pharmacists employed by them are sufficiently competent in English. Before registration, all applicants must sign an affirmation confirming that they

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will adhere to the Society's Code of Ethics at all times and keep their professional knowledge up-to-date by undertaking continual professional development. Once on the register all applicants are bound by the Society's Code of Ethics and standards.

**Update on motion reported at BRSM in October 2004**

There has been no change to the Code of Ethics since and the response stands. It was reported that the Society was active in lobbying on this and other aspects of the EU Directive on Recognition of Professional Qualifications.

**Update April 2005**

The Society as part of AURE (the Alliance of UK Healthcare Regulators in Europe) continues to lobby for language testing to be included in the proposed Directive on the Recognition of Professional Qualifications. At this stage an amendment to the Council's Common Position specifying that '*persons benefiting from the recognition of professional qualifications shall have the knowledge of languages necessary for practising the profession in the host Member State*' has been proposed.

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## **South Cheshire Branch**

### **L. Proposed motion**

*“That it is the opinion of this meeting that the Society should amend the Data Protection Act registration, enabling other non-profit making organisations to access membership lists for educational and joint working purposes.”*

### **Explanatory paragraph from the Branch**

The Society has accepted that CPD is a necessary part of practicing as a pharmacist. At BPC 2003 it was reported that 50% of pharmacists work as locum and as such are not necessarily tied to one employer. It is the responsibility of the individual to maintain and/or update their skills, but organisations offering local educational courses e.g. PCTs, are denied free access to local membership details. Currently pharmacists can only be contacted via their workplace. Access to localised lists could target pharmacists in employment, on long-term leave or taking career breaks, thus encouraging a stronger local network, encourage return to work following career breaks and building bridges between various local organisations.

### **Council response**

The Society’s current notification entry on the Information Commissioner’s register of data controllers does not explicitly preclude any particular use or disclosure of data. The Society’s privacy policy (available on the website) allows disclosure to third parties “where this is in pursuance of the Society’s aims and objectives”.

If it is decided to disclose to a particular recipient group, the Society is responsible for ensuring, insofar as it can, that the data is correctly handled and only used for the purposes agreed.

There is a protocol for processing all data disclosure requests and these are judged against the policy. Where a request from a Branch for a mailing list to be used by a third party has been agreed, it will become the Branch’s responsibility to ensure, insofar as they can, that the data is used solely for the specified purpose. This would usually be achieved by some form of written agreement between the Branch and the third party.

### **Update on motion reported at BRSM in October 2004**

There was nothing to report back.

### **Update April 2005**

The declaration on the Society’s retention fee form continues to state: “The Society makes use of data gathered by means of this form to support its work on the regulatory and professional body for pharmacists. Data may be shared with third parties in pursuance of the Society’s aims and objectives and the Society may recover costs involved. The Society does not share this data on a commercial basis with any third party.”

This declaration does not rule out the purpose in question in the motion but the Society must be mindful of the limits of its use.

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