

# BRM 2008 PROGRESS REPORT ON MOTIONS

## Motion carried

### A. South East Metropolitan Branch

#### Motion

*"It is the opinion of this meeting that the maintenance of a thriving local Branch structure will be essential to the success of a future professional leadership body for pharmacy."*

#### Explanatory paragraph from the Branch

The current Branch system is the envy of many professions and is admirably supported by the Membership Unit. However, the standard and quality of Branches (and we are no exception) is inconsistent across the country because of dependence on the availability and dedication of local volunteers and the support of local members.

It will be essential for a local single-tier organisation to be directly connected to the new professional body to ensure engagement with members at grass roots level on matters of importance to the profession. This would also render the new body tangible and relevant to its members and encourage the development of new leaders, and would surely help to guarantee success for the new body.

We propose that early steps be taken to build on and consolidate the best organisational practices within the existing Branch structure, currently being captured by Members of the Council and the Society, by continuing to formulate guidance that can be extended to all Branches – a particular opportunity is to harness innovative IT solutions to reach out to, and receive communications from the membership. It is necessary to raise awareness of the value of Branches to members and key opinion leaders as well as to address the issues of volunteerism, the administrative burden, and funding.

The Society should consider it a priority to carry out the necessary formal consultation and take action to implement a new local structure before 2010, to anticipate the launch of, and work with, the new professional body.

#### Background information (as agreed by Council – April 2008)

One of the remits of the devolved national Pharmacy Boards is to: "Support the Society's Branches in [country]." As part of this work, the English Pharmacy Board (EPB) will be holding an engagement event during April 2008, where Secretaries in English Regions will be invited to join members of the EPB for discussions on what the Branches and Regions think is the way forward in a new professional body.

The Scottish Pharmacy Board is looking at ways of supporting the Branch network in Scotland, and costed proposals and resource implications will follow.

The Welsh Pharmacy Board has developed a contact programme with Branches in Wales to facilitate two way communication with members. This work is ongoing and Board Members have been aligned to a Branch and are currently engaging with them.

#### Council response to the motion

The Council agrees that the creation and maintenance of membership networks and local support are an important role for a new professional body.

At the BRM following the discussion of this motion, a session was facilitated by John Gentle,

Member of Council and sponsor of the Branch and Regional network, who led a debate on support networks for the future professional body. The responses from the attendees from the Branches are being used to explore what support networks may be required. Work has also been undertaken by the pharmacy Boards in each country to engage with members on this topic.

An internal meeting was held in July with staff responsible for the Branch and Regional network, with senior input from England, Scotland and Wales, and the Vice-Chairman of the EPB to explore this further and to look at the strengths and weaknesses of the current network.

A review is being commissioned of support networks provided by other professional bodies to ascertain best practice in this important area.

The intention is to build on the strengths of the current network to build local support that meets the needs of the members. The Council recognises the hard work of the volunteers who make up the Branch committees and their dedication that keeps the current network alive. These are challenging and historic times as the organisation prepares for the demerger. The Council asks for the continued support of Branch and Branch Committee members to find ways of meeting the networking needs of members at grassroots level. It is recognised that the network is potential training ground for future leaders of the profession. Future membership networks and local support will look to better harness IT and increase its relevancy to the membership of the new professional body.

Members' ideas for future membership services have been sought and fed into TransCom via the Membership Services Working Group, to help with the development of the prospectus for the new professional body.

**Other related policies/positions**

None at present.

**This motion constitutes part of the Society's remit/object/scope**

Yes.

**Status of motion**

**Update - April 2009**

**The New Professional Body for Pharmacy The Prospectus** states that local structure will bring together the many professional channels and networks available to provide grass roots contact and the supply of services in the most effective manner possible. Local Practice Forums will be developed to work in collaboration with CPD providers (Centre for Pharmacy Postgraduate Education, Welsh Centre of Pharmacy Professional Education, NHS Education for Scotland, universities and employers), PCTs, Health boards, branches (where thriving and valued) and Local Pharmaceutical Committees – to ensure that education and training arrangements are joined up.

The Huddersfield and District Branch recently hosted over 40 pharmacists to discuss modelling the first Local Practice Forum (LPF) in West Yorkshire. Those attending came from a variety of sectors - from generalist to specialist, front-line pharmacists to senior managers, various employers, education providers and undergraduate and preregistration trainees - to see how an LPF could be developed to support members' in Yorkshire. Plans are now in place with all interested parties to turn the blueprint of the Prospectus for a new professional leadership body into a reality. The project team at the Society, managed by Amanda King, is actively encouraging Branches that are working successfully to develop local networks towards becoming an LPF

The new professional leadership body will be looking for new ways for pharmacists to come together, for example virtual communities will be created through web-based technology, to enable pharmacists to exchange experience and knowledge.

**Resources implications**

Uncosted – cost of maintaining and supporting membership support networks.

**Other related information**

None.

**Committee/Council**

N/A

**Minute of the Committee meeting (appropriate item included)**

N/A

**Further action required**

None at present.

**Website**

# BRM 2008 PROGRESS REPORT ON MOTIONS

## Motion carried

### B. BPSA 1

#### Motion

*"It is the opinion of this meeting that the Society should ensure that any new professional body continues to support the BPSA in the form of an academy for British pharmaceutical students."*

#### Explanatory paragraph from the Branch

This motion was passed at the 65th BPSA Annual Conference in Manchester.

Founded in 1942, the British Pharmaceutical Students' Association (BPSA) is in its 66th year and is the only national body that represents pharmacy students and preregistration trainees. The BPSA aim to promote the interests and welfare of pharmacy students and is a section of the Royal Pharmaceutical Society of Great Britain.

As the Society moves towards a demerger, the interests of pharmacy students need to be recognised. The BPSA is the future of the profession and thus needs to play a key role in being part of the future professional leadership body. By being part of the future professional leadership body, pharmacy students will continue to play an active role in developing and leading the profession as well as recognising the important changes that are taking place.

The new professional leadership body may be made up of academies and is likely to have a similar structure to the current Branch structure that the Society has. By recognising the BPSA as an academy, pharmacy students can be an integral part of the new professional leadership body. This will be a similar system and structure to the current position of the BPSA and the Society and Branches.

The BPSA academy and the role of BPSA President should be a paid officer role, funded and supported by the professional leadership body. The BPSA President should work at the headquarters of the professional leadership body and ensure that students are being consulted.

The BPSA Executive 2008/09 will work with the new professional leadership body to ensure all the necessary provisions are in place to enable the BPSA Executive 2009/2010 to be a functioning part of and recognised by the professional leadership body. These provisions should include the BPSA having an advisory team of people or contact person at the headquarters, which will look after the interests of the BPSA.

Over the years, the Society and the BPSA's relationship has gone from strength to strength. The Society recognises the relevance and importance of pharmacy students' views and should endeavour to ensure the mutual respect is continued with the new body.

The BPSA is well established and has many members who recognise and trust the reputation and name that the BPSA has created over the past 66 years. BPSA members are amongst the most pro-active of pharmacy students and care passionately about the profession. Many

members of the BPSA Executive go on to become leading figures in the pharmacy world. This is why it is important that the BPSA is an integral part of the future professional leadership body.

**Background information (as agreed by Council – April 2008)**

In its submission to the Clarke Inquiry, the Society stated that pharmacy students (encompassing MPharm students and preregistration trainees) are the future practitioners and there is an opportunity for the professional body to draw them in from an early stage in their studies. This will have benefits for the profession as a whole in fostering professional identity and aspirations, as well as providing valuable services for students themselves.

The Society also proposed that the professional body should adopt a “cradle to grave” approach, reaching out to potential members of the profession from the earliest stage (e.g. by providing careers advice for schools).

The Society also stated that the professional body needs to encourage student membership; of undergraduates through the British Pharmaceutical Students’ Association (BPSA) or through some other student body overseen by the professional body and by providing a form of membership to pharmacy students and preregistration trainees.

There may be advantages in enabling smaller groups to communicate and share information on issues of common interest (etc), probably in some form of network or ‘virtual academy’. Creating an ‘academy’ inside the professional body along the lines of the Society’s current standing committees or SIGs could be more bureaucratic and costly. A ‘virtual academy’ would use modern ICT for communication and information sharing: it would be flexible, responsive to changing needs and cost-effective.

**Council response to the motion**

The Society believes that pharmacy students (encompassing MPharm students and preregistration trainees) are the future practitioners and there is an opportunity for the professional body to draw them in from an early stage in their studies.

In its response to the Clarke report, the Society stated that students undertaking a pharmacy degree and preregistration trainees were noted as those eligible for some form of broadly-defined membership of the professional body. A category might be “student member”. The professional body should provide practical support for preregistration trainees and their tutors but should also have regard for the need to help trainees prepare themselves for life as health care professionals.

Students should be proactively made aware of the Society (or new professional body) and the roles that it performs to support students from day one of their MPharm degree. This will support the “cradle to grave” ideal of a new professional body.

The professional body needs to encourage student membership of undergraduates through the British Pharmaceutical Students’ Association (BPSA) or through some other student body overseen by the professional body and by providing a form of membership to pharmacy students and preregistration trainees.

Another recommendation is that students/preregistration trainees should have observer status on the Council of the professional body, thus emphasising the importance of this group.

The Society is currently undertaking a survey with its members on possible membership categories for the new professional body. TransCom should then produce detailed proposals on membership as part of the prospectus for the future professional body, which will be consulted on later in 2008. The proposals will include eligibility criteria for membership categories.

**Other related policies/positions**

None.

**This motion constitutes part of the Society's remit/object/scope**

Yes.

**Status of motion**

**Update - April 2009**

The TransCom prospectus, published in November 2008, confirms that students should be welcomed into the new professional body. Membership categories for students and preregistration trainees will be the subject of special resolutions to be put to the initial membership of the new body as early as possible after its formation.

Meanwhile, the Transitional Working Group, charged by Council with overseeing the development of the new body, has established a workstream on third party negotiations, led by the Chief Executive and Registrar. This workstream encompasses ongoing discussions with the BPSA regarding its future relationship with the new professional body.

**Resources implications**

Uncosted.

**Other related information**

None.

**Committee/Council**

N/A

**Minute of the Committee meeting (appropriate item included)**

N/A

**Further action required**

None at present.

**Website**

# BRM 2008 PROGRESS REPORT ON MOTIONS

## Motion carried

### C. BPSA 2

#### Motion

*"It is the opinion of this meeting that the Society should seek to encourage preregistration training providers to increase the opportunity for preregistration trainees to undertake cross-sector placements."*

#### Explanatory paragraph from the Branch

This motion was passed at the 65<sup>th</sup> BPSA annual conference in Manchester.

It was reported (PJ, 26 June 2004) that from 2005/06, it will be mandatory for all preregistration trainees to have some experience in both hospital and community pharmacy.

This was revoked in February 2006 (PJ, 4 July 2006), when the Council of the Society dropped its long-standing commitment to make cross-sector experience (CSE) a mandatory part of preregistration training.

The Council concluded this based on a working group that suggested that there was not enough capacity within the provision of preregistration training to ensure that every trainee would be able to experience both hospital and community pharmacy.

This decision by the Council has guided several of the large multiple providers to actively discourage preregistration trainees from undertaking any form of cross-sector experience; despite the Council complimenting the profession on the strength and value of the CSE scheme and of alternate sector experience.

Some of the large multiple providers actively discourage preregistration trainees from taking part in cross-sector placements. There are many places where students can experience the many sectors of pharmacy, not just in NHS hospitals. Students are being actively pushed away from venturing out of more than one or two stores within the same company.

The objectives of cross-sector experience, as defined by the Society, are to enable preregistration students to gain an appreciation of the complete patient experience across primary, secondary and tertiary care boundaries and identify the impact and importance of the pharmacist's role. It is difficult to see how this can be achieved in a single sector.

The BPSA would like to see the Society ensure that all preregistration trainees who wish to undertake a CSE are able to do so, and that the preregistration providers are encouraged to make these opportunities available for students. The Society should do this by lobbying both the large multiples and the NHS to significantly increase the number of cross-sector opportunities within both PCTs and hospitals by 2010.

This motion is mainly aimed at preregistration trainees from England and Wales, as the National Education for Scotland program already addressed these issues as the 2008/9 cohort

of trainees onwards, will have the organisation, administration and funding of preregistration placements in both community and hospital practice by NHS Education for Scotland (NES).

The new arrangements in Scotland; known as the NHS Preregistration Pharmacist Scheme (PRSP), will ensure that every preregistration trainee funded by NHS Scotland receives the same high quality training opportunity, support and experience, regardless of the practice setting.

Ideally, all preregistration trainees should undertake this cross-sector experience, but we understand that feasibly this may not be possible; however, we feel that students should not be actively discouraged. The preregistration year should act as a bridge between the undergraduate years and professional employment. It is not just a year to groom a future store manager, and we want the Council to show support of this view.

**Background information (as agreed by Council – April 2008)**

The Council still expects cross-sector experience (CSE) to be undertaken. The purpose of the CSE placement is for all preregistration trainee pharmacists (trainees) to have an understanding of community and hospital pharmacy as a minimum. The objective is not to provide experience of every sector of practice, but to ensure that pharmacists are equipped with an understanding of patient care across care boundaries.

The CSE placement is a minimum expectation and does not preclude tutors sending trainees to other sectors of practice as part of their approved training plan.

The Byelaws do allow for trainees to spend up to one week in an unapproved training site without prior approval. They also allow trainees to spend up to four weeks in an approved training site without prior approval.

It should be noted that Schools of Pharmacy do send students to a range of practice settings (primarily hospital and community) for a variety of periods of time during their MPharm. This was scoped as part of the CSE paper to Council, but could not be recognised as part of the CSE requirement due to the variety in the periods and outcomes achieved by the Schools of Pharmacy.

Whilst the Society would like all trainees to undertake a CSE placement, there are still issues of capacity. Hospital trainees account for approximately one third of all trainees and community two thirds. If 1:1 swaps were achieved then there would still be a short fall of placements for one third of trainees. Although some hospitals have traditionally taken more than one trainee for every hospital one sent into community, the pressure on trainers in the hospital sector has reached such a limit that this can no longer be relied upon. This is due in part to the added burden of taking more undergraduate students. If undertaking a CSE placement were to become compulsory then this would have financial implications. Money would need to be provided to hospitals to increase the number of community trainees that they could take, to allow them to provide a coordinator and in-house trainer for the trainees.

In Scotland, where NHS Education for Scotland (Pharmacy) has control of the contract with all preregistration training sites and the training grant to be paid to those sites, CSE is an explicit contractual requirement of those providing training.

The motion is correct in the sense that trainees should all undertake a CSE placement and this was discussed as part of the Council's decision in February 2006. The motion is also correct in

that the preregistration year is not a period of grooming trainees to specific roles in the pharmacy, but to all roles of being a pharmacist. The period is one whereby trainees progress from the application of knowledge (as students) through to the demonstration of skills, knowledge and attitudes in practice to become an independent practitioner.

**Council response to the motion**

The Council welcomes this motion. It agrees that ideally all preregistration trainee pharmacists (trainees) should undertake Cross Sector Experience (CSE) and it notes that the BPSA realises that it is not possible to provide CSE placements for all. Some employers' active discouragement of CSE has meant that trainees are assessing where they undertake their training period and the options available to them. The Council believes that employers should allow CSE, however notes that there are insufficient placements for all. Achieving the objectives of CSE through a training event goes some way to achieving the objectives of CSE, but this cannot replace experience.

The Society is currently undertaking an education reform programme. Phase one (the principles of pharmacy education) has been completed and phase two (revising the education of prospective pharmacists) is now underway. The education and training needs to prepare registrants for practise in a variety of sectors, including hospital, community and industry, hence the ability to understand and work across sectors is important. Once a draft version of the standards has been agreed, this will be sent out for consultation. Everybody will have an opportunity to comment on the standards through this written consultation and regional stakeholder meetings. After this round of consultation, a second version will be produced for consideration by the Society's Education Committee and Council. Finally it will be agreed by the Society's Council and disseminated.

The Council believes that the preregistration training year is the period whereby a student progresses to an independent practitioner and gains all of the attributes required to join The Register and practise.

**Other related policies/positions**

In February 2006, the Council agreed the following statements:

The Council believed that there were clear benefits to be derived from the CSE programme and that the learning outcomes of CSE should become mandatory. However, the Council also recognised that there might be specific circumstances in which undertaking CSE through placements in both the hospital and community sectors might not be possible. The circumstances should be identified and ways of meeting the competencies required should also be clearly identified.

and

That CSE should not be mandatory but that it should be an expectation that it continue to be part of preregistration training.

<http://www.rpsgb.org/pdfs/coun0602-C-04.pdf> (agenda and papers)

<http://www.rpsgb.org/pdfs/counagen0602open.pdf> (minutes)

**This motion constitutes part of the Society's remit/object/scope**

Yes.

**Status of motion**

Discussed at October 2008 Council. Response agreed by Council.

**Update - April 2009**

As of February 2009 the Preregistration Division still provides support for the management of

the CSE placement scheme. This is undertaken by the Society's Preregistration Training Facilitators. The Division is currently considering working towards the CSE placements being available online such that trainees can select their preferred choice.

CSE still remains an expectation and study days are being provided by employers; these cover aspects of CSE, but employers recognise that these cannot compensate for experience. There has been no change in policy by those employers, who decided to provide a study day rather than a two week placement to revert to allowing trainees to undertake a CSE placement.

Phase two (revising the education of prospective pharmacists) of the education reform programme is still underway and therefore issues relating to CSE have not been agreed. It is anticipated that education standards resulting from this phase will be consulted on during 2009. A paper presented to Council in December agreed the way forward on the timeframes for the consultation and adoption of these standards.

The Byelaws continue to provide the flexibility for trainees to undertake time in another sector of practice providing this is agreed by the tutor and specified learning outcomes (Performance Standards) are identified to be achieved during this period.

#### **Resources implications**

There are no contractual agreements between the Society and employers to deliver the Preregistration Scheme. The training grant (a contribution to the training and employment of a trainee – listed in the Drug Tariff) is paid to community pharmacy through the Primary Care Trusts. The NHS covers employment costs in the hospital sector. The Society has provided resources by way of the Preregistration Training Facilitators to manage the CSE scheme, however employers cannot be made to undertake CSE when this is not mandatory. The CSE working party identified that CSE for all would not be possible based on 1:1 swaps due to the imbalance in trainee numbers between the hospital and community sectors (1/3:2/3 respectively).

A communications strategy suggesting that employers be involved in CSE may be possible, but would probably have minimal impact.

If the Council were to change their policy decision then more resource would need to be available, especially in the hospital sector to provide this training.

#### **Other related information**

Nil.

#### **Committee/Council**

This motion has not been discussed with other committees.

#### **Minute of the Committee meeting (appropriate item included)**

N/A

#### **Further action required**

The issue of CSE will be revisited in the new MPharm/Prereg education and training standards.

#### **Website**

# BRM 2008 PROGRESS REPORT ON MOTIONS

## Motion carried

### D. Birmingham and District Branch

#### Motion

*"It is the opinion of this meeting that there must be a choice of method of payment of the Society's fees available to its members; including the facility to pay by cheque."*

#### Explanatory paragraph from the Branch

Members should be able to pay their fees by whatever method they feel most comfortable with. The withdrawal of the possibility to pay by cheque can be also seen as being discriminatory towards older members (i.e. those who do no longer practise and/or do not have easy access to computer and internet). Most of these members do not see the telephone banking method as an alternative they would like to use.

The Branch members are aware of the letter and response by the Society's President that appeared recently in the PJ.

If this motion is carried, the Branch would expect that the cheque payment facility be re-instated by December 2008.

#### Background information (as agreed by Council – April 2008)

The Society has been considering its use of cheques for a number of years.

Historically, due to the nature of the Society's business activities, a large volume of cheques were being received within a short space of time together with ongoing cheques throughout the year. Keeping track of cheques was difficult, delays in processing occurred due to the volume, a significant number of staff were required to process the cheques and unnecessary hidden administration costs were evident. In addition, there were a number of cheques that were being subject to fraud, which required costly investigation by external advisors. The Society's internal auditors requested that a review of financial processes be undertaken to avoid cheques being intercepted.

With this in mind, the Society's financial controller put together a financial strategy in 2005, which focussed on preventing fraud, reducing costs within the retention fee process and other areas across the Society. The strategy particularly looked at weighing "required processing times" versus "costs to meet requirements", which meant alternative payment methods were required.

Although a radical approach at the time, it was recommended and agreed that the Society should encourage the removal of its use of cheques. It was agreed that a three year plan should be put in place to ensure members were fully aware, well in advance, of the strategy. Over the last three years, there have been a number of communications on the removal of cheques, the retention fee form included a statement that it was the Society's intention for the removal of cheques in 2008 and statements/presentations have been given at the Branch Representatives' Meeting (BRM) and the Branch and Regional Secretaries' Meeting (BRSM).

The Society is not alone with moving towards the removal of cheque payments, many organisations have already made the move towards not accepting cheques, and in fact, it is becoming increasingly difficult to have a cheque accepted across many sectors that previously offered the facility.

Since the financial strategy was agreed, alternative payment methods have been initiated. The introduction of internet payments has been successful year-on-year with more members preferring to pay online. The current retention fee process had over 28,000 members paying online (2007 process: 23,000 members). 61% of the membership is now paying online. We have also encouraged those members who don't have access to the internet to consider paying their fees by direct debit. We are not seeing a decrease in direct debit payments, which again is encouraging.

Finally, to again consider those members who don't have access to the internet, we are in the process of setting up a new telephone payment system which will allow members to make their professional declaration and pay their fees by debit or credit card. We will be communicating to members how to use this service in due course.

**Council response to the motion**

The Council welcomes this motion. It recognises the issues the motion has raised and of course, listened carefully to the debate at the BRM.

The Council recognises that payment by cheque is an established method, however, understands that the facility is being removed across the wider business arena. Many organisations are phasing out the processing of cheques.

The Society did not take the decision lightly and has actively promoted the removal of cheques over the last three years. However, it has recognised that alternative payment options should be made available to members to ensure ease of payment continues.

The Officers of the Council have recently approved a small working group, made up of different age groups and backgrounds, to discuss payment methods and highlight to the membership through a series of articles, promotions and Branch meetings the other payment methods including direct debits and telephone banking as an alternative to cheque payments. This is currently being put together and will be chaired by Mr John E Balmford, Past President. Further communication will be issued to members shortly.

**Other related policies/positions**

None.

**This motion constitutes part of the Society's remit/object/scope**

Yes – to ensure the organisations cost structure is minimised to the benefit of members.

**Status of motion**

Discussed at October 2008 Council. Response agreed by Council.

**Update - April 2009**

Alternative payment methods have been set-up and has been successful in being used by the membership. Cheques are slowly disappearing and hopefully by the end of 2009, this will be achieved.

**Resources implications**

There is a small cost for the setting up of the working group to hold meetings. This should be

no more than £3k.
<b>Other related information</b> None.
<b>Committee/Council</b> The motion has previously been highlighted at Resource Management Committee.
<b>Minute of the Committee meeting (appropriate item included)</b> N/A
<b>Further action required</b> Communications from the working group to be undertaken during the project.
<b>Website</b>

# BRM 2008 PROGRESS REPORT ON MOTIONS

## Substantive motion carried

### E. Harrow and Hillingdon Branch 1

#### Motion

*"It is the opinion of this meeting that the Society investigate methods for helping pharmacists carry out MURs in a more professional manner, not driven by targets and cost, so that the patient can genuinely gain from the experience and the doctors can better appreciate the value of pharmacists in the overall care of the patient."*

#### Explanatory paragraph from the Branch

MURs were supposed to help patients take their medications correctly, gain some understanding of what they were taking, to formalise and improve the lines of communication between pharmacist and doctor, and increase the standing of the pharmacist with his or her patients.

But since they are just seen by some of the multiples as a direct income replacement for monies lost from other sources (such as Oxygen, Category M, etc) they are now trying to force their pharmacists to carry these out irrespective of need, ability, skill or time and without regards to their wider effects. Staff are demoralised, patients are rushed through the questions, and doctors are certainly not fans of the paperwork or the often hurried manner of their completion. The whole purpose has been shifted away from cognitive benefit, to profit and loss and MURs now appear to lack their expected professionalism.

We understand that these reviews help to bring additional income into pharmacy, but they should be carried out by professionals with the aim of aiding their patients in gaining a better understanding of their drug regimens, as well as to enhance the pharmacist's professional standing with their patients and local surgeries. To do this properly requires the pharmacist to choose how many reviews should be done, in what time frame, and to determine which patients will benefit from their expertise. Pharmacists that have a special interest in, for example, their diabetic or asthmatic patients should be able to focus on these groups, and not feel the need to target anybody walking into their pharmacy with a polypharmacy prescription. Let the pharmacist be the judge of his or her own skills, and be the decision maker as to when those skills should be utilised most effectively.

#### Background information (as agreed by Council – April 2008)

The first advanced service within the NHS community pharmacy contract is the Medicines Use Review (MUR) and Prescription Intervention Service. This service is available from accredited pharmacists working in accredited pharmacies in England and Wales as part of the community pharmacy contract. It is not part of the pharmacy contract in Scotland.

The service consists of accredited pharmacists undertaking structured concordance centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. The MUR process attempts to establish a picture of the patient's use of their medicines; both prescribed and non-prescribed. The review will help patients

understand their therapy and it will identify any problems they are experiencing along with possible solutions. A report of the review will be provided to the patient and to their GP. In order to address local priorities, PCTs in England may recommend that MURs are targeted at certain patient groups. It is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively.

The MUR involves the pharmacist reviewing the patient's use of their medication, ensuring they understand how their medicines should be used and why they have to take them, identifying any problems and then providing feedback to the prescriber via the NHS MUR form. The patient also receives a copy of this form. An MUR is not usually conducted more than once a year.

The Prescription Intervention Service is actually an MUR that is triggered by a significant problem with a patient's prescription, which would be over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service.

It is very important that pharmacists remember that the MUR focuses on the use of medicines; it is not a clinical medication review.

Data relating to the number of MURs that have been carried out is available on the Pharmaceutical Services Negotiating Committee's (PSNC) website at: <http://www.psnc.org.uk/index.php?type=page&pid=72&k=3#MUR%20Statistics>. Between April 2006 and March 2007 a total of 557,359 MURs were completed.

So, it is not always the pharmacist who chooses which patients to target for an MUR. Under the pharmacy contract a PCT in England can determine who the pharmacist should target so they could say that all MURs should be focused on asthma patients etc.

#### **Council response to the motion**

The motion raises concerns about the use of targets in driving MURs. The Society recognises these concerns and the Professional Services Directorate has published an article on MURs that takes into account the Code of Ethics and the issues of MUR targets.

The Council also agrees; *".....that the society should investigate methods of helping pharmacists carry out MURs..."* and that *"...doctors can better appreciate the value of pharmacists..."* This will be assisted by a multidisciplinary MUR audit tool developed by the Society's practice team and should be available by the end of the year.

The most recent research; *The Pharmaceutical Journal* 2008:281:163-167 (Aug 9) [http://www.pjonline.com/news/what\\_do\\_pharmacists\\_think\\_of\\_murs\\_and\\_do\\_they\\_change\\_prescribed\\_medication](http://www.pjonline.com/news/what_do_pharmacists_think_of_murs_and_do_they_change_prescribed_medication) shows that while there are *"perceived constraints on pharmacists, their confidence in undertaking MURs, educating patients on medicines use, and impact of MURs on pharmacist/prescriber relations"* these are not driven by worries of targets and cost. More positively the research also stated that: *"Quantitative analysis indicated that 56 per cent of the pharmacists' recommendations had been actioned. Advice to review medication was the most common recommendation"*. While there is anecdotal evidence of prescribers being unhappy with MURs this is clearly not universal.

It is clearly shown in the contractual framework that MURs can be directed towards particular patient groups by PCTs. The Society does not agree that pharmacists should **only** carry out MURs on patients whose diseases are of interest to them. This would leave

some patients unable to receive such a valuable service and potentially hinder health improvement.
<b>Other related policies/positions</b> The Code of Ethics.
<b>This motion constitutes part of the Society's remit/object/scope</b> Yes.
<b>Status of motion</b>  <b>Update - April 2009</b> The MUR audit pilot was carried out in the week commencing 23 <sup>rd</sup> February. The data is currently being collated and will be analysed. 3 PCTs and a pharmacy chain participated in the audit. Data was collected from patients, pharmacists, GP practices and PCTs.  The finalised audit will be available nationally and the aggregated national data will demonstrate the quality and benefit of MURs to patients.
<b>Resources implications</b> Nil additional.
<b>Other related information</b> N/A
<b>Committee/Council</b> Law and Ethics Committee, English Pharmacy Board and Welsh Pharmacy Board.
<b>Minute of the Committee meeting (appropriate item included)</b> To follow after discussion.
<b>Further action required</b> None at present.
<b>Website</b>

# BRM 2008 PROGRESS REPORT ON MOTIONS

## Motion carried

### F. Harrow and Hillingdon Branch 2

#### Motion

*"It is the opinion of this meeting that all non-UK-registered pharmacists should be required to prove their ability to speak, read, write and understand spoken English, by sitting the IELTS or iBT TOEFL test (or similar) prior to being allowed to practise pharmacy in the UK."*

#### Explanatory paragraph from the Branch

In the UK, where we are governed by EEA law, the Society is currently not allowed to test European Nationals or people who hold the right to be treated as a European National, who are qualified as pharmacists in their own country and hold an EEA qualification or work experience complying with the minimum European standards, as to whether they can speak, read, write and understand spoken English to any standard. Pharmacists wishing to register with the Society who have qualified outside Europe and do not have European nationality or rights, are language tested by having to provide an 'International English Language Testing System' (IELTS) test result form with an achievement of a minimum of 7 in every category of the academic test

Any non-American wishing to take up a University place, or apply for a professional visa or to practise pharmacy in the USA must prove their ability to read, write and speak English by passing, to a sufficient standard, the online test of English known as the iBT TOEFL (Test of English as a foreign language). This is such a basic requirement for ALL foreigners to the USA, that it isn't even questioned. The result is that the US universities, employers, or pharmacy boards can feel confident that each student, employee or pharmacist has the necessary communication skills to be able to carry out the work they seek to accomplish. Similarly, the Harrow and Hillingdon Branch believe that the Society should press the European legislature for changes to current legislation within 12 months. In order to register with the Society and practise as a pharmacist in the UK, this Branch moves that all pharmacists, irrespective of membership of the EEA must prove their level of language skills.

Currently, the only limitation to an EEA-registered pharmacist practising in the UK who understands no English whatsoever is an onus on owners and superintendents of pharmacies to ensure that they employ pharmacists who can comply with all aspects of the Code of Ethics, which includes the ability to communicate clearly with the public. However, the Branch feels that this reliance is misplaced, and that the Society should have the authority to determine for itself, prior to registration, the communication abilities of all non-UK pharmacists, for the benefit and safety of the public at large.

#### Background information (as agreed by Council – April 2008)

Directive EC2005/36 is what gives Europeans their right to 'automatic registration'. Under the terms of this Directive there is no requirement for proof of language skills. Therefore providing the applicant meets all the other requirements under the terms of the Directive, the Society cannot request a language test for registration purposes. This position is reflected in the Pharmacists and Pharmacy Technicians Order 2007 (P&PTO).

It is likely that the European Commission would consider this requirement to be burdensome to the applicant and therefore would not support it as it would be against the ethos of freedom of movement and recognition of qualifications throughout Europe.

The financial implications would be negligible to the Society as, if the applicants were to be required to provide evidence of having passed such a test they would have to pay for taking the test. There may be a financial effect in that it could reduce the number of European applicants being admitted to The Register.

Were the Society to introduce language testing for EEA nationals, this would be contrary to the policies of other UK healthcare regulators and contrary to Treaty rights on free movement.

**Council response to the motion**

The Council is supportive of the motion and notes the letter clarifying the position of language testing of European nationals from the Chief Executive and Registrar of the Pharmaceutical Society of Ireland, which was published in *The Pharmaceutical Journal* on 5 July 2008.

Council would like to see the blanket restriction on language testing of European nationals removed. We would like to see this included in the S60 Order establishing the General Pharmaceutical Council. However, if this does not occur we will continue to press Government to take action.

Also, the publication of the draft Directive on patient rights in cross border healthcare will give the Society in collaboration with the Alliance of Health Regulators on Europe (AURE) an opportunity to lobby in Europe for the inclusion of the ability of regulators to language test EEA practitioners.

**Other related policies/positions**

Directive 2005/36/EC and the draft directive on patient rights in cross border healthcare, The Society's Code of Ethics and Professional Standards in particular paragraph 7.1

**This motion constitutes part of the Society's remit/object/scope**

Yes, to promote and maintain public and patient safety.

**Status of motion**

**Update - April 2009**

The motion has Council's continued support. The draft GPhC Order contains a similar prohibition on ensuring language competency of EEA applicants as contained in the Pharmacists and Pharmacy Technicians Order. In its response to the DH consultation on the draft Order Council has called for removal of the prohibition and emphasised again that in the interests of public and patient safety it is important for the regulator to be able to ascertain the language competency of an EEA applicant following 'recognition' of their pharmacy qualification but prior to 'registration' with the Society.

**Resources implications**

Staff time and resources for liaison with DH and AURE.

**Other related information**

EEA applicants are reminded of the need for language competency in guidance notes attached to the application for registration form.

**Committee/Council**

No.

**Minute of the Committee meeting (appropriate item included)**

N/A
<b>Further action required</b> N/A
<b>Website</b>

# BRM 2008 PROGRESS REPORT ON MOTIONS

## Substantive motion carried

### G. Nottingham Branch 1

#### Motion

*"It is the opinion of this meeting that the Society should engage fully in supporting the process of harmonisation of accreditation of PCO-funded extended practice with the aim of ensuring that certificated training gained in one PCO applies in any other PCO adopting that scheme, and especially within the boundaries of the host Strategic Health Authority in England, and the equivalent bodies in Wales, Scotland, the Isle of Man and the Channel Islands."*

#### Explanatory paragraph from the Branch

Currently, PCT-funded developments in practice, which require certificated training (emergency hormonal contraception (EHC), smoking cessation, minor ailments) can only be available within the PCT certifying and funding that training.

The Society should give its full support through its contacts with national and other influential bodies, e.g. Strategic Health Authorities, for such training to be widely valid. The English Pharmacy Board has this matter as a work stream and the North West is running a conference on the topic in February. Achieving such a change is vital to ensure the spread of advanced practice.

Progress by the end of the 2008-9 financial year would be desirable. The Nottingham Branch considers this matter needs wide discussion and concerted action, hence this motion.

#### Background information (as agreed by Council – April 2008)

In England, a number of PCTs commission similar extended services from community pharmacy as part of the community pharmacy contractual framework. However, each PCT develops slightly different criteria for accreditation of pharmacists to provide these services. This makes it difficult for pharmacists to provide the same service in different PCTs, which is worst for locum pharmacists. It would make sense for there to be a standard set of criteria for accreditation of pharmacists to deliver extended services.

The Harmonisation of Accreditation Group (HAG) in the North West has achieved a good level of harmonisation of the requirements for accreditation of extended services. This enables pharmacists to be accredited in one PCT and to take this accreditation with them to other PCTs, which are part of the scheme. The English Pharmacy Board has agreed to make the national roll-out of this scheme a priority for 2008.

#### Council response to the motion

The roll-out of the work of HAG supports the Society's leadership and setting standards agenda. Harmonising accreditation for enhanced services will enable:

- More local commissioning and uptake of enhanced services
- National standards with clear quality assurance and governance procedures
- Flexibility for pharmacists to move across commissioning borders
- Reduction in duplication of effort and costs by PCTs and pharmacists

- Improvement in the quality of care and service delivery.

The English Pharmacy Board is committed to supporting HAG and has established a working group to take this forward. It has made this a priority for 2008. In Wales, the Welsh Committee for the Professional Development of Pharmacy (WCPDP) has taken some of the outputs from HAG to develop and implement a system across Wales. The work is not relevant in Scotland as the contractual framework for community pharmacy is different.

**Other related policies/positions**

No related policies.

**This motion constitutes part of the Society's remit/object/scope**

Yes.

**Status of motion**

Discussed at October 2008 Council. Response agreed by Council.

**Update - April 2009**

During 2008, it was agreed that the national accreditation scheme would be re-named as Harmonisation of Accreditation Group in England (HAGE). The HAGE management board, costings and procedures were defined and agreed by the EPB working group, in conjunction with members from HAG. To facilitate roll-out of the programme across England, a series of discussions were held with NHS Employers and the Department of Health, and we are awaiting outcomes from these meetings.

We hope to be able to report on any further developments where relevant, to the next Branch Representatives meeting.

**Resources implications**

The costs to the Society will be:

- Administration costs for Society staff:
  - 1 Pharmacist – project manager x 0.2 Full time equivalent
  - 1 Administrator – project support x 0.2 Full time equivalent
  - 1 Director level pharmacist – project sponsor x as required at no cost
- Expenses for meetings to set up the national group and liaise with stakeholders
- Expenses for promoting national accreditation e.g. a session at the British Pharmaceutical Conference
- Costs associated with setting up the website – see 'Deliverables' section.

**Other related information**

The English Pharmacy Board (EPB) has set up a working group to take this work forward and implement. The group consists of HAG, the Society and EPB representatives.

**Committee/Council**

The English Pharmacy Board has agreed to make the national roll-out of this scheme a priority for 2008.

**Minute of the Committee meeting (appropriate item included)**

*Minute from the English Pharmacy Board Meeting 02.07.08:*

**08/43.1**

**Harmonisation of Accreditation Group (HAG) to National Accreditation Group (NAG) Action Plan**

The Chair introduced paper 08.07/EPB/26 which had been circulated and invited Gail Thomas to update the Board.

Gail Thomas advised that there would be a detailed meeting held with Society staff, Clive Moss-Barclay, Secretary to the NW HAG, in order to

address how to continue the roll-out of the national programme.

Gail Thomas advised that she had attended a meeting at the NPC on 19 June and was due to present at West Midlands SHA on the HAG. The view from across the country was overwhelmingly positive and it was important that practical measures were now taken to increase the uptake of the scheme.

The HAG also had a breakfast slot on Monday at BPC and it would be excellent publicity to be able to announce dramatic uptake of the programme during this event.

The Chair stated that it was important that it was understood that the HAG to NAG programme was about commissioning and clinical issues, not just about contractual issues. There could be confusion about remits of organisations if this was not communicated effectively.

Steve Wicks advised that this issue was also about the Board getting behind individual pharmacists who did not always have as much access to PCTs as contractors and recognising this as an important concern.

The Chair thanked Gail Thomas for her work to date and advised that the success of this objective was one of the main priorities for the Board.

English Pharmacy Board

**agreed**

- i. that a meeting be held of Gail Thomas, Meghna Joshi, Clive Moss-Barclay, Howard Duff, Martyn Schofield and one other Board member to discuss practical ways to ensure the roll out of the national programme;
- ii. that an announcement be made at BPC 2008 about the success of the programme;
- iii. that in the communication of HAG into NAG it is made clear that this is about commissioning and clinical issues as well as contractual issues; and
- iv. that the programme emphasised that HAG to NAG was also about supporting individual pharmacists who may have less access to PCTs than contractors.

**Further action required**

To implement the HAG to NAG action plan.

**Website**

# BRM 2008 PROGRESS REPORT ON MOTIONS

## Motion carried

### H. Brighton and District Branch 1

#### Motion

*“It is the opinion of this meeting that the Society should as soon as possible bring pressure to bear on the MHRA and pharmaceutical manufacturers to package all medicines intended for patients who have problems with manual dexterity such as those with Parkinson’s Disease or arthritis, should be presented in such a way that these medicines can easily be accessed by these patients.”*

#### Explanatory paragraph from the Branch

Every pharmacy will have a number of patients who experience great difficulty in opening normal packaging; be it in foil blisters or tubs or bottles with child resistant closures (CRC’s). Pharmacists spend valuable time sourcing containers that can be managed by people who have trouble trying to open their medicine every time they need to take it.

How much simpler it would be if medicines were already in easy open containers, which had closures that could be replaced by CRCs when needed. The direction that the request for non-CRC must come from the patient would still be viable and the legend “store out of the reach of children” could be made much more prominent on this particular packaging.

#### Background information (as agreed by Council – April 2008)

The Society’s Professional Standards and Guidance for the Sale and Supply of Medicines under the Code of Ethics currently says:

All solid dose and all oral and external liquid preparations are dispensed in suitable re-closable child resistant containers unless:

- the medicine is in an original pack or patient pack such as to make this inadvisable;
- the patient has difficulty in opening a child resistant container;
- a specific request is made by the patient, their carer or representative that the product is not dispensed in a child resistant container;
- no suitable child resistant container exists for a particular liquid preparation, or
- the patient has been assessed as requiring a compliance aid.

This is accepted as good practice for good patient safety reasons. Any changes proposed would need to ensure that patient safety would not be adversely affected overall.

The Society has regular meetings with the Medicines and Healthcare products Regulatory Agency (MHRA), at which these discussions could take place.

The National Patient Safety Agency (NPSA) should also be involved in any discussions about the changes to packaging to ensure that the discussions take account of the patient safety aspects of both changing packaging and of making no change to packaging.

The Society has previously issued a Law and Ethics Bulletin concerning child resistant packaging (12 May 2007: <http://www.rpsgb.org.uk/pdfs/LEBcrpackaging.pdf>) that makes reference to the Code of Ethics and also refers to the requirements of The Medicines (Child Safety) Regulations 2003 – setting out legal requirements relating to the packaging of medicinal products consisting of or containing aspirin, paracetamol or more than 24mg of elemental iron.

**Council response to the motion**

The Council understands the issues raised and will request that discussions will take place on this matter. Such discussions will be carried out with the MHRA and the NPSA, both organisations that have a clear role in the area and with whom we need to work in partnership.

**Other related policies/positions**

N/A

**This motion constitutes part of the Society's remit/object/scope**

Yes.

**Status of motion**

Waiting for April 2009 update

**Resources implications**

There will be a small time commitment from the practice team who will organise and attend the meetings.

**Other related information**

The RPSGB has a Memorandum of Understanding with the NPSA and with the MHRA.

**Committee/Council**

N/A

**Minute of the Committee meeting (appropriate item included)**

N/A

**Further action required**

To discuss with the MHRA and NPSA.

**Website**

Yes.

# BRM 2008 PROGRESS REPORT ON MOTIONS

**Substantive motion carried**

## **I. Brighton and District Branch 2**

### **Motion**

*“It is the opinion of this meeting that when the RPSGB is divested of its regulatory function, then full membership of the proposed body akin to a Royal College should only be for pharmacists who are or have been in pharmacy related employment.”*

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

Members of the proposed body akin to a Royal College will want to feel that they have some ownership and feel proud to belong to a body that acknowledges the time, effort and dedication that it takes to become qualified and work as a pharmacist.

We would consider that retired and non-practising pharmacists would also be eligible for full membership as their expertise, knowledge and experience will not be lost and will greatly enrich the work of the future body.

By including the phrase “are working/have worked”, full membership will be available to those of our colleagues who are academic or industrial pharmacists rather than primary or secondary care pharmacists. Again, this will benefit the College and recognise their particular contribution to the profession.

A level of membership such as associate could be created for technicians whose role is not as searching and demanding as that of a pharmacist. Associate membership could also be available to other healthcare professionals who have an interest in pharmacy.

### **Background information (as agreed by Council – April 2008)**

The Clarke Inquiry addressed the question of which categories of person should be a member (either full or other) of the new professional body. The report of the Clarke Inquiry will be published after the Council has discussed it at its April meeting and the provisional publication date is 3 April 2008.

The Royal Charter specifies that the membership of the Society shall consist of registered pharmacists in Great Britain. It further requires that any resolution by the Council to create an additional membership category (such as associate members) would be classed as a Special Resolution, and so would need to be confirmed by a two-thirds majority membership vote and approved by the Privy Council.

### **Council response to the motion**

The Clarke Report recommended separate membership categories for pharmacists, students, technicians, scientists etc, and restriction of post-nominal letters to members with a UK pharmacy degree (Recommendation IV).

In its response to the Clarke Report, the Society said that TransCom should produce detailed proposals on membership and post-nominals as part of the prospectus it is drawing up for the new professional body.

The Society is currently undertaking a survey with its members on possible membership categories for the new professional body. This has been communicated via the PJ; the final results were presented to the Council on 4<sup>th</sup> September 2008 and fed into TransCom.

TransCom has set up a Membership Working Group to look at these issues.

The proposals in the prospectus, and any changes to the Society's Charter which would be required, will be consulted on in early 2009.

**Other related policies/positions**

RPSGB response to the Clarke Report.

**This motion constitutes part of the Society's remit/object/scope**

Yes.

**Status of motion**

Waiting for April 2009 update.

**Resources implications**

Uncosted.

**Other related information**

None.

**Committee/Council**

Council.

**Minute of the Committee meeting (appropriate item included)**

N/A

**Further action required**

None at present.

**Website**

Yes.

# BRM 2008 PROGRESS REPORT ON MOTIONS

## Motion carried

### J. Nottingham Branch 2

#### Motion

*"It is the opinion of this meeting that in light of the impending split (2010) of the Society's functions and the controversy regarding recent large increases in retention fees, Council should give early consideration to the fees likely to be payable to two bodies in the future, so that potential members of a new professional body are not deterred from joining by the cost."*

#### Explanatory paragraph from the Branch

The recent drastic increases in retention fees have made many members very sceptical about the value for money of the Society as a professional body. In that it is fair to assume that while a retention fee will be payable (to the GPhC), following the split of functions in 2010, membership of the remaining professional body/Royal College is unlikely to be mandatory. The fee payable to the new professional body should be given early consideration to avoid fees becoming an impediment to membership.

#### Background information (as agreed by Council – April 2008)

It is the ambition of the Society for the combined fees of the GPhC and the professional body to be no greater than the current Society retention fee after adjustment for inflation. However, we have no control over the actual level of the GPhC fees as that will be for the new management and Council of the GPhC to decide.

The Society is currently conducting comprehensive market research to determine what services are most wanted by pharmacy professionals for the future professional body, and what level of fees would represent good value in terms of membership. The Society wants the professional body to be inclusive and therefore is looking to position the fees at an attractive and affordable level.

#### Council response to the motion

It is the ambition of the Society for the combined fees of the GPhC and the professional body to be no greater than the current Society retention fee after adjustment for inflation. However, we have no control over the actual level of the GPhC fees as that will be for the new management and Council of the GPhC to decide.

The Society is currently conducting comprehensive market research to determine what services are most wanted by pharmacy professionals for the future professional body, and what level of fees would represent good value in terms of membership. The Society wants the professional body to be inclusive and therefore is looking to position the fees at an attractive and affordable level.

TransCom has now been established under the independent chairmanship of Nigel Clarke and as part of its remit will consider the question of membership fees for the new professional body.

#### Other related policies/positions

None.

**This motion constitutes part of the Society's remit/object/scope**

No.

**Status of motion**

Discussed at October 2008 Council. Response agreed by Council.

**Update - April 2009**

TransCom did not specifically address the issue of fees, but this is being examined through the business planning process for both the professional body and GPhC and will be considered by Council in due course.

**Resources implications**

None.

**Other related information**

None.

**Committee/Council**

No.

**Minute of the Committee meeting (appropriate item included)**

N/A

**Further action required**

None.

**Website**