

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

A. South Cheshire Branch

Motion

"It is the opinion of this meeting that the Society should lobby the appropriate bodies including Government, the MHRA and NPSA to ensure that all generic brands of the same medicinal product are similar in appearance."

Explanatory paragraph from the Branch

Pharmacists are aware of the benefits offered by generic medicines in gaining value for money from the NHS medicines budget. However, the current situation, where different brands of the same generic medicine differ widely in appearance, does not serve patients' best interest.

Spending time and effort reassuring patients over a change in the appearance of their regular medication is a familiar and unwelcome aspect of most pharmacists' work. The differences cause confusion, uncertainty and anxiety amongst patients and a lack of confidence not only in the medicines themselves but also in the pharmacists who supply them. Patients who are led to expect, or who have become accustomed to changes in the appearance of their medication may not spot dispensing errors when they occur. Furthermore, we as pharmacists can do our jobs more effectively if we can recognise products by appearance.

Contrast this with the situation of branded products, which have the advantage of a consistent, recognisable appearance that becomes familiar to the patient and the pharmacist.

Our Code of Ethics obliges us to be satisfied as to the integrity and quality of products to be supplied to patients (Principle 1.7); to consider and, where possible, take steps to address factors that may prevent or deter individuals from obtaining or taking their treatment (Principle 4.6). As pharmacists, we would be failing if we did not take steps to improve the situation.

Background information (as agreed by Council – April 2009)

This is an important safety issue and would certainly be worth pursuing with MHRA and NPSA. Further thought needs to be given to several aspects. Staff members have meetings coming up with MHRA and NPSA on the implementation of the medicines safety report and this issue could be raised.

There is no current policy on this specific aspect of generic medicines, but the Society has been involved in initiatives with MHRA etc about the packaging and appearance of medicines (probably more focussed on the container than the medicine itself, and looking at the issue from the health professional's perspective rather than patients and carers').

The Society may wish to clarify what is meant by appearance, as this may relate to the actual dosage form (including size, colour and marking) or the packaging. Some generic houses currently take pride in their corporate identity and many have taken steps to use colour in the product container to minimise picking errors. The overly-consistent design of different branded medicines produced by the same company may also lead to dispensing errors. The balance of risk should be considered.

Trademarking and restrictions of trade may also be considerations.

The issue about generic medicines is a very real problem – e.g. there was a disciplinary case taken by the Society against a pharmacist who had dispensed the wrong drug: the patient's husband/carer noticed it looked different and had a slightly different name but assumed (presumably because of experience of previous generic switches) that it was a generic form of the usual drug. The medicine actually dispensed was a drug for diabetes and the patient (non-diabetic) died.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council

Minute of the Committee meeting (appropriate item included)

Further action required

Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion lost

B. Slough and District Branch 1

Motion

"It is the opinion of this meeting that the Society should produce a position statement stating that registration as a pharmacist and practice as a homoeopath are not compatible, and that premises registered with the Society should not be used for the promotion of homoeopathy."

Explanatory paragraph from the Branch

The concept of homoeopathy does not fit with our professional healthcare role. It raises both ethical and legal issues. If we are to be relied upon by the public for providing evidence based practice we cannot also be seen to be involved in any way in homoeopathy. Involvement with homoeopathy brings the profession into disrepute.

Background information (as agreed by Council – April 2009)

Homoeopathy is a system of complementary medicine in which disease is treated by minute doses of substances that in large quantities would produce symptoms of the disease. Homoeopathy is a recognised system of medicine across the European Union. Homoeopathic remedies are licensed by MHRA in accordance with UK and EC legislation (MHRA: 2009, 2003). Further information on the licensing of homoeopathic remedies is available at: <http://www.mhra.gov.uk/Howweregulate/Medicines/Herbalandhomoeopathicmedicines/Homoeopathicmedicines/index.htm>

The UK market for homoeopathy has been growing annually and is expected to continue increasing. Community pharmacy remains the largest distribution channel with over 50% of sales, but its market share is declining while internet sales are increasing.

Homoeopathic remedies are sold as licensed OTC products from the majority of pharmacies. In larger multiple stores they may be placed outside the registered area of the pharmacy, alongside a wide range of other 'health and well-being' products such as other complementary therapies and dietary supplements. Community pharmacies may receive prescriptions for homoeopathic medicines for dispensing. Customers may seek the pharmacist's advice on homoeopathic products as they would for other medicinal products sold or dispensed in pharmacies.

There are also pharmacists who practise as specialist homoeopathic practitioners and those who provide training courses on homoeopathy for pharmacists. Pharmacists are also involved in the manufacturing and wholesaling of homoeopathic products.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

C. Slough and District Branch 2

Motion

"It is the opinion of this meeting that the Society should enter into discussions with the Department of Health to change the waste medicines guidance so that it states that empty medicines containers that have held liquids do not have to be disposed of as waste medicines."

Explanatory paragraph from the Branch

The current guidance in the Health Technical Memorandum 07-06: Disposal of pharmaceutical waste in community pharmacies, states that "Empty medicine containers that have held liquids must be disposed of as waste medicines for incineration, as it is not possible to ensure that the contents have been completely removed (containers cannot be rinsed into the sewerage system). If residues of liquid controlled drugs are present, these should be emptied, so far as possible, and denatured before the container is placed in the waste container". This is both impractical and illogical. For example, are we also meant to dispose of all glass measures which also contain residual liquids?

Background information (as agreed by Council – April 2009)

The Society's published guidance on waste includes the following documents:

- The Hazardous Waste (England and Wales) Regulations 2005 - Interim Guidance for Community Pharmacists for England and Wales and Information for Scotland: www.rpsgb.org/pdfs/hazwastecommpguid.pdf. Page 4 of which contains a section on the segregation of medicines into solids, liquids and aerosols.
- The Hazardous Waste (England and Wales) Regulations 2005 - Interim Guidance for the NHS Hospital Sector for England and Wales and Information for Scotland: www.rpsgb.org/pdfs/hazwastehospguid.pdf. Page 3 of which contains a section on the segregation of medicines.

With regards to controlled drugs waste the Society has published:

- Guidance for Pharmacists on the safe destruction of Controlled Drugs England, Scotland and Wales: www.rpsgb.org/pdfs/cdsafedestructionguid.pdf. Page 6 of which contains a section on the destruction of liquid dose formulations.

However, the Society has not published any guidance on the disposal of medicines containers themselves.

When the Society has been asked similar questions regarding the disposal of containers for medicinal products which are not controlled drugs the Society has directed them to the Department of Health has issued a document entitled "Environment and sustainability Health Technical Memorandum 07-06: Disposal of pharmaceutical waste in community pharmacies", which gives guidance on the disposal of pharmaceutical waste produced in community pharmacies in England and Wales (www.nelm.nhs.uk/en/NeLM-Area/News/492891/492970/492984/). Section 7 for this document gives guidance on Hazardous waste medicines and states the following in section 7.16:

“7.16 Empty medicine containers that have held liquids must be disposed of as waste medicines for incineration, as it is not possible to ensure that the contents have been completely removed (containers cannot be rinsed into the sewerage system). If residues of liquid controlled drugs are present, these should be emptied, so far as possible, and denatured before the container is placed in the waste container.”

This is the guidance which community pharmacies would need to follow with regards to the disposal of empty medicines containers.

Where the medicinal product is also a controlled drug the following guidance would be issued:

Stock CD waste

When a bottle containing stock CDs is empty the pharmacist may rinse the bottle. These rinsing should be denatured i.e. put in the CD denaturing kit. In theory, the residue left in the bottle (and in the water used to rinse the bottles) would contain “stock” CDs and as you know this would require an authorised witness. However, we cannot have a situation where every time a pharmacist finishes a bottle of methadone they call the AO or Inspector to get an authorised witness.

The Society would advise pharmacists who rinse their bottles to put any of the resulting water/liquid in the CD denaturing kit. The actual bottle should be disposed of as per the Department of Health guidance given below.

Patient return controlled drug waste

Within a registered pharmacy an authorised witness is not required for the destruction of patient returned CD's. It would be the Society's understanding that the CD residue in for example a bottle returned by a patient to the pharmacist after supervised consumption of methadone, would be considered as patient returned CD's and should be disposed of as such. The actual bottle should be disposed of as per the Department of Health guidance given below.

It is the Society's understanding that this would be a matter for the Environment Agency. The Environment Agency can be contacted by telephone on 08708 506 506 or via their website: www.environment-agency.gov.uk.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council

Minute of the Committee meeting (appropriate item included)

Further action required
Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

D. BPSA 1

Motion

“It is the opinion of this meeting that the Society or new professional body should support all pharmacists to undergo child protection awareness by 2012.”

Explanatory paragraph from the Branch

We all too well know the tragedy that was Baby P who hit the headlines in late 2008. However, this motion came from the BPSA Annual Conference in Manchester in 2007. It was prior to this tragedy that pharmacy students recognised that child protection was of great importance to students and pharmacists alike.

At the time of the Baby P tragedy, Christine Gilbert, OFSTED’s chief inspector, pointed out that all professionals who come into contact with children, such as teachers and health visitors should be aware of the warning signs of abuse so that appropriate action can be taken. Although the Society published guidance on child protection in August 2007, we as students do not feel that this goes far enough.

The Children Act 1989 and the Children (Scotland) Act 1995 stipulate that local authorities must work together to safeguard and support the welfare of children in need. The Children Act of 2004 laid out a statutory framework for this local co-operation to protect children in England and Wales. All organisations with responsibility for services to children, including healthcare organisations, must make arrangements to ensure that in discharging their functions they safeguard and promote the welfare of children.

It needs to be recognised that pharmacists are important healthcare professionals who work closely with members of their local community on a daily basis and that in this transitional period the membership need a professional leader to implement robust training programs to ensure that all pharmacists are competent in this area.

The Society, as a demonstration of its professional leadership, should make provisions to ensure that all pharmacists, regardless of sector, should meet at least the minimum of Level 1 Child Protection Awareness training.

The changing nature of pharmacy practice makes meeting such child protection cases more likely to occur in the future. Pharmacists could well have an increased role to play in child protection. Already hospital pharmacists and pharmacists offering services such as EHC should have undergone some degree of training, so therefore to expand this to all members would not be unreasonable.

Professionals in the PCT, NHS Trust or Health Board are a source of information about local child protection guidelines, training programmes and contact details of key personnel with expertise in child protection. The Society should work with these organisations to ensure that all pharmacists obtain this.

Pharmacists should be made aware of key documents and websites such as www.everychildmatters.gov.uk which is the Government website for all matters pertaining to children. This site includes many documents such as Lord Laming’s Victoria Climbié Inquiry report and the Government’s response to it.

The National Service Framework for Children, Young people and Maternity Services (2004) states the importance of medicines to children. It states, "Access to medicines is improved through health professionals being familiar with the use of medicines in children, having good information and using evidence-based guidelines, and services working collaboratively, with good multi-agency policies in place". The Society needs to recognise this and ensure that pharmacists are able to provide this to children.

The document also states that we should "Promote and safeguard the welfare of children and ensure all staff are suitably trained and aware of action to take if they have concerns about a child's welfare". This is an area we feel the Society should take the lead.

The Society needs to recognise the importance of child protection and support pharmacists in their practice by offering them sufficient training and ensuring that this is achieved.

References

National Service Framework for Children, Young People and Maternity Services. Department of Health and Department for Education and Skills (2004) London. (DH-40496) www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en

Every child matters. HM Government. London. (2009) www.everychildmatters.gov.uk/publications/

Summary of the Children's Act 2004. Stationary Office. London. (2004) www.hmsso.gov.uk/acts.htm.

Background information (as agreed by Council – April 2009)

The Society recognises that pharmacists are members of a multidisciplinary team and as such should be working with all agencies. The education and training of pharmacists does ensure that those registering have an understanding of various patient groups and that pharmacists are part of a multidisciplinary team providing care across healthcare boundaries. Healthcare does include the provision of social care.

Preregistration

With reference to preregistration training, preregistration trainee pharmacists are expected to demonstrate competence in a range of Performance Standards by the end of their 52-week period. Several of the Performance Standards require trainees to work with/for those who are vulnerable and elicit help for them, whether that be through medication or other means. The Performance Standards are divided into three units: Personal Effectiveness, Interpersonal skills, Medicines and Health and are written such that they provide better care for all patients and not a specific group. The excerpts of standards below cover aspects of training that should be observed in practice when ensuring care for those who are vulnerable and identifies that pharmacists should be working as part of a multidisciplinary team, which includes those in social care teams:

Performance Standards B1 - Communicate Effectively

B1.3 Sensitively approach people who need or who may need assistance

B1.11 Provide information and advice appropriate to the needs of the recipient(s)

B1 Assessment requirements

You must meet the performance indicators for any person or group with whom you have contact. In particular:

- ...patients, carers and patients' representatives
- members of the public...

The knowledge represented by Sections 2 and 3 of the registration examination syllabus is needed to underpin standard B1.11.

In addition, you must show that you have a working knowledge of, and can apply, the following:

- ...Roles of healthcare professionals...'

Performance Standard B2 - Work effectively with others

You must contribute positively to any team or group with which you are associated, so that targets and goals are achieved...

Unit C - Medicines and health

These standards encompass aspects of performance and behaviour that are specific to pharmacy practice.

You must demonstrate your ability to provide an effective pharmaceutical service.

Development of the following characteristics will underpin your future role as a provider of pharmaceutical care:

- identifying health needs and understanding the opportunities for health promotion as well as treatment and care
- working with patients and carers, to manage their medicines and ensure that they can play an active part in the decisions and choices affecting their treatment or care
- understanding and making the most of the whole health and social care system - for the benefit of patients

C 1 Manage the Dispensing Process - Knowledge Requirements

Most of the knowledge represented by the whole registration examination syllabus is needed to underpin these standards.

In addition, you must show that you have a working knowledge of, and can apply, the following:

- ... Meaning and principles of seamless care ...

Performance Standard C2 - Provide additional clinical and pharmaceutical services

Overall: You must demonstrate the application of your clinical and pharmaceutical knowledge.

You must show that this knowledge is up-to-date. It must be used effectively in the following areas:

- ...the provision of advice and support to patients and other healthcare professionals...

C2.11 Refer, or direct the person, to a more suitable source* of help or information, when necessary

For example: support groups, GP, hospital A&E dept

C2 Knowledge requirements

Most of the knowledge represented by the whole registration examination syllabus is needed to underpin these standards.

In addition, you must show that you have a working knowledge of, and can apply, the following:

- ...
- Referral agencies in emergency or for provision of further advice
- Roles of healthcare professionals
- ...'

The Registration Examination syllabus also covers aspects of pharmacists working in a multidisciplinary team and understanding of roles: You must be able to demonstrate an understanding of the roles commonly undertaken by healthcare staff in their support of pharmacy services.

Once registered, pharmacists have a duty of care through the Code of Ethics for all patients that they meet within their roles. Principle 1: Make the care of patients your first concern states

that even if a pharmacist/pharmacy technician does not have a direct contact with patients then their actions or behaviour can still impact on the patient's care or safety. The Code provides the professional framework for all pharmacists or pharmacy technicians to be involved in the care of patients and ensure the best health outcomes whether that be working as an individual or part of a multidisciplinary team.

Post Registration

The Society provides information to registrants in a number of ways including:

- Policies
- Guidance
- Articles
- Advice

In relation to policy, the Society does have a policy on children and medicines, but it currently does not have a policy regarding child protection. Whether or not another policy specific to this area is needed should be decided.

To date the Society has produced some specific guidance for pharmacists on their responsibilities under child protection legislation (2007)

<http://www.rpsgb.org/pdfs/childprotectguid.pdf>

In light of the Baby P case David Pruce, the Society's Director of Policy and Communications wrote an article for the Pharmaceutical Journal (24 January 2009, Vol 282, page 75) on 'The lessons of Baby P for pharmacy'. This article provided advice for pharmacists on child protection.

The Society also supports pharmacists with the Legal and Ethical Advice service in relation to issues raised by registrants.

Financial Impact

There is not a financial impact to this work. The Society expects that pharmacists and pharmacy technicians already have a duty of care for all patients and to this end should be involved in the multidisciplinary healthcare team. Information on social care networks could be provided as a link from the Society's website and this should be cost neutral.

Recent Developments

Healthy lives, brighter futures - The strategy for children and young people's health has just been published (12 February 2009) by the Department of Health and this calls for organisations and healthcare professionals including pharmacists to support local safeguarding children's boards, which have been set up to strengthen local accountability for children's health. This document can be found at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400

Should the Society wish to lead in this area then a strategy for its involvement including the costing of such a project should be addressed.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

E. BPSA 2

Motion

"It is the opinion of this meeting that by 2012, the UK pharmacy profession should play a bigger role on the international forum by financially and logistically supporting pharmacists and students to practice and educate across the globe."

Explanatory paragraph from the Branch

This motion was passed at the 66th BPSA Annual Conference in Kingston-upon-Thames in March 2008.

There are multiple opportunities for collaboration, development, education, research, learning, teaching and representation on an international level.

As students and young graduates of pharmacy in the UK, we are uniquely placed to expand our horizons into the EU and the international communities alike.

European and international organisations to collaborate could include the International Pharmaceutical Students' Federation (IPSF), the Federation of International Pharmacists (FiP), the European Pharmaceutical Students' Association (EPSA), EuroPharmForum, the European Commission (EC), Pharmaciens Sans Frontiers (PSF-CI,) Médecéens Sans Frontiers (MSF), the WHO and other NATO organisations.

Provision of both financial and logistical support from the GPhC, NPB, Schools of Pharmacy and the profession generally would allow UK pharmacy students graduates & to participate in educational initiatives such as Erasmus & Erasmus Mundus, International Student Exchange Project (ISEP) and master's level study.

Teaching and research could be supported by support for PhD projects, post-doc positions, short-term exchanges and Erasmus Gruntvik initiatives.

Provision of support for practice based activities could include internships, the IPSF Student Exchange Project (SEP), the EPSA Individual Mobility Project (IMP) & TWINNET exchanges and industrial graduate schemes.

With more logistical and financial support from the profession, UK pharmacy students and graduates could continue developing the profession in an increasingly international community.

Without continued, further, and additional financial support such as grants, bursaries and sponsorship, students who are paying higher tuition fees and an increasing cost of living would miss out on such opportunities, perhaps to the detriment of our profession here in the UK and abroad alike, especially when considering how influential the UK pharmacy profession has been, and still could be.

Similarly, without continued, further and additional logistical support such as placements, internships, development of new initiatives and existing projects alike, UK students and graduates may not be able to participate and contribute to many of the exciting opportunities

and developments that pharmacy students and graduates all over the world are taking advantage of.

Background information (as agreed by Council – April 2009)

We welcome the motion. The Society is a member of a number of international pharmacy organisations such as the Pharmaceutical Group of the European Union (PGEU) and the International Pharmaceutical Federation (FIP) and recognises that the pharmacy profession could play a bigger role in supporting the education of pharmacists whether that be logistically or financially.

Logistical support

Currently the Society indeed does provide support to students via a number of different mechanisms. These include:

- Accreditation of MPharm programmes that include Erasmus exchanges
- Support from the Pre-registration Division in developing a European pre-reg training programme
- Opportunity to present at Education Committee to discuss further European and international strategies

Undergraduate opportunities already exist for students in a number of schools of pharmacy (such as the School of Pharmacy University of London, Nottingham University, the University of Bath and Kingston University and possibly others) to participate in Erasmus/Socrates and other European education initiatives. Most students spend a term or a semester abroad and the Society welcomes this. As part of the accreditation process we make sure that the host institution is quality assured and that the student experience is linked to specific learning outcomes.

Support from the Pre-registration Division in developing a European pre-reg training programme

The head of pre-registration division has met with the European Pharmaceutical Students Association (EPSA) representative on a number of occasions to support the development of a European Pre-reg training programme under Byelaw Section XX paragraph 18A (see below). This is in the context of the EPSA Individual Mobility Project which is a scheme to facilitate students/graduates to undertake part of their 'practice element' of their training in a foreign country. The EPSA representative has met with a number of pre-registration training employers to move this agenda forward and the Society continues to provide support in this area.

Byelaw Section XX paragraph 18A provides that:

'With the prior approval of the Council, up to 13 weeks of the total period of preregistration training may be undertaken in a pharmacy establishment in another member state of the European Union, provided the placement overseas is continuous, takes place within or for the duration of the period between the 13th and 26th week of the total period and is an integral part of a complete programme which meets the Council's requirements and includes a single placement of at least six months' duration in a community or hospital pharmacy in Great Britain.'

This provision has been in the byelaws for many years but to date no one has chosen this path.

Opportunity to present at Education Committee to discuss further European and international strategies

The BPSA is due to come and speak at the next Education Committee meeting scheduled for 6 May 2009 on the European preregistration programme and other European and international strategies.

Support for pharmacists

The Society provides advice to registrants on the authorities to contact if they wish to register and work abroad and on request can provide a registrant with a letter confirming their registration and 'current professional status' (also known as a certificate of good standing). This enables the registrant to seek registration with the relevant overseas regulatory authority and once registered to work in that country. In 2008 the Society issued 554 such certificates.

Financial support

The Pharmacy Practice Research Trust currently provides research training bursaries to successful applicants. Further information can be obtained from the Trust's website www.pprrt.org.uk

Additionally Erasmus and other European action programmes are well funded and students wishing to study for a term/semester at a European university will need to make arrangements for financial support through their institution in the first instance.

Money is also available for exchanges through the British Council, the International Pharmaceutical Students Federation (IPSF) and others.

Council response to the motion**Other related policies/positions****This motion constitutes part of the Society's remit/object/scope****Status of motion****Resources implications****Other related information****Committee/Council****Minute of the Committee meeting (appropriate item included)****Further action required****Website**

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

F. Northamptonshire Branch

Motion

“It is the opinion of this meeting that the Society should lobby Government to provide funding for a second pharmacist to be present to cover absences of the responsible pharmacist.”

Explanatory paragraph from the Branch

The Responsible Pharmacist regulations that come into force on the 1 October 2009 will bring into effect proposed changes to the supervision requirements for the operation of a pharmacy and this will include the ability of the responsible pharmacist to be absent from the pharmacy for a maximum of two hours in any 24 hour period. During this time it is proposed that the responsible pharmacist can delegate tasks to suitably trained, registered support staff while they are absent, with the intention that pharmacists can then carry out more clinical roles. The regulations require that the responsible pharmacist should be able to return to the pharmacy with reasonable promptness and remain contactable or if they cannot they must arrange for another pharmacist to provide advice. We propose that the presence of another pharmacist to cover such absences should be the norm rather than the exception. It has always been a unique selling point of pharmacy that members of the public can seek expert advice about medicines and healthcare without the need for an appointment. Indeed the Society in their response to the content of the Responsible Pharmacist regulations said that they would be concerned if this important quality service were to be lost. While we applaud the acknowledgment that pharmacists should be incorporated into the wider healthcare team and take on more clinical roles this should not be at the expense of public safety and the only way to ensure this is to make sure that there is always a pharmacist present in a retail pharmacy. Dispensing technicians and counter staff are not going to take on wider roles and more responsibility without an increase in their remuneration. We feel this money would be better spent on a second pharmacist who after all has gone through years of training to be able to provide expert advice. This would allow us to maintain the public's confidence in the pharmaceutical services they obtain.

Background information (as agreed by Council – April 2009)

The Responsible Pharmacist regulations, which come into effect on 1 October 2009, do not amend the supervision requirements of the Medicines Act 1968. The requirements for the sale and supply of P and POM to be supervised by a pharmacist continue, and will not be amended until public consultation has taken place.

The term responsible pharmacist replaces the concept of personal control. Instead of requiring a pharmacist in personal control, every registered pharmacy will be required to have a responsible pharmacist.

In the absence of the responsible pharmacist, the only medicines that will be able to be sold in the pharmacy are GSL medicines – unless a second pharmacist is present.

The wider tasks that may be able to be delegated in the future, in relation to P and POMs is still to be discussed, and the consultation process has not yet begun.

Council response to the motion

Other related policies/positions
This motion constitutes part of the Society's remit/object/scope
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

G. Reading and District Branch

Motion

"It is the opinion of this meeting that the Society should review and modify the website used for recording CPD. It is the general opinion that the website as a whole is not user-friendly."

Explanatory paragraph from the Branch

As CPD will be mandatory from 1 March 2009, we feel it is important to have a system in place which effectively supports the professional standard. It is appreciated that all pharmacists regardless of sector should partake in regular CPD to ensure that they are up to date and practising safely. However, the current system of recording CPD does not fulfil the needs of the membership. Many pharmacists have limited time available to record their CPD so therefore need a system which is fit for purpose, efficient and user friendly. Specifically, the drops down menus are repetitive and the section of advantages and disadvantages section is irrelevant at the point of recording the CPD. Pharmacists have encountered problems with the current website in terms of storing their CPD. The website is not felt to be stable and reliable with many members losing information after they have exited. Members of the branch are concerned that the review and feedback arrangements of CPD are not effective.

Background information (as agreed by Council – April 2009)

The Society is aware of the views on the complexity of the recording system and this is being addressed in time for the start of call and review in summer 2009. The Society is also working on the most user-friendly interface that will enable the members of the new professional body to submit their CPD records to the GPhC.

The Society receives reports of all occasions on which the web site is unavailable to users and The Society is confident that stability is comparable with the 'industry standard'. If users are losing data after exiting this may be due to failure to save when data entry when is complete although tests of the recording system fail to replicate this.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council

Minute of the Committee meeting (appropriate item included)

Further action required
Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

H. Leeds and District Branch

Motion

“It is the opinion of this meeting that the local Branches should receive an increase in funding to enable them to provide appropriate high quality, professional, educational meetings in equal partnership with other groups which include PCTs, LPCs, Hospital trusts, Universities and CPPE.”

Explanatory paragraph from the Branch

This extra funding will be used to support programme development enabling the branches to be an equal partner in collaborating with other groups which include PCTs, LPCs, Hospital Trusts, Universities & CPPE as outlined in the prospectus. This will enable the Branches to ensure that local CPD provision and training arrangements are 'joined up', relevant and can demonstrate changes in practice and improvements in services to patients. We have run three very successful meetings in Leeds in collaboration with other organisations as well as four 'standard' Branch meetings in the last 15 months. However funding for these meetings is always a struggle. We have 923 members in our Branch and we receive £1520.00 in core funding, which is £1.64 per member. This sum is inadequate for the numbers willing to attend such meetings, even though all speakers and organisers provide their expertise and skills voluntarily. With 150 members attending the cost of just one collaborative meeting far exceeds our core funding. At a recent meeting exploring issues around methotrexate, 77% stated it was 'very beneficial and worthwhile', and 49% stated they had made changes to their practice. The next meeting, which considered anti-coagulation 80% of participants, said it was relevant to their practice and 76% said it contributed to their CPD.

Background information (as agreed by Council – April 2009)

The Society greatly values the voluntary work of Branch and Regional Secretaries and their committees. The TransCom prospectus provides a clear steer towards a local PLB entity through which member services will be accessed. The decisions about how the future PLB will fund and support local groups is being addressed through the Transitional Working Group activity on professional networks and business planning.

Core funding

Branches are offered core funding in January to cover costs for running the Branch within the calendar year. The funding is paid on receipt of all relevant paperwork (funding applications forms, copies of bank statements and Branch Report of Activities form). The amount of core funding payable is based on the number of members, fellows and preregistration students recorded on the Society's membership database as being resident within the Branch area as at 1 January.

The calculation for 2009 is:

First 0 – 50 members @ £4.00 per member; then subsequently

next 51– 250 @ £3.00 p/m

next 251 – 350 @ £2.00 p/m

any number higher than 351 @ £1.00 p/m

Extra funding

Branches can also apply for extra funding to support specific activities. The extra funding

available can be used to cover the cost of items such as speakers' expenses; other costs associated with meetings such as room hire, refreshments, equipment hire and/or activities that may not exclusively involve meetings such as local PR campaigns.

Applications for extra funding must be supported by a brief description of the planned activity together with the objectives the Branch expects to meet. These should also reflect the Society's remit as a regulatory and professional body. Applications are judged against quality criteria by a panel including Branch Secretaries, Members of the Council and Society staff, who will determine the amount of extra funding to be awarded.

Sponsorship

Branches may wish to accept sponsorship from commercial companies in the healthcare sector, who are prepared to support a Branch meeting in exchange for an opportunity to promote their name, products or services. A guidance was issued in December 2007 to help those Branches who use commercial sponsorship to support their Branch programme.

Branch meetings statistics

In 2007, there was a reported 16,086 Branch meeting attendances (seats filled) and a total of 556 meetings held.

Leeds & District funding in 2008

Core funding paid: £1520

Extra funding: £567

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council

Minute of the Committee meeting (appropriate item included)

Further action required

Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

I. Harrow and Hillingdon Branch 1

Motion

“It is the opinion of this meeting that pharmacists should pay only nominal charges for day conferences held at the Society therefore encouraging more pharmacists to attend such events.”

Explanatory paragraph from the Branch

Day conferences are held at the Society on subjects that are important and of interest to majority of pharmacists e.g. counterfeit medicines, ABPI updates, IT Developments, Travel Medicines and are charged at usual conference rates. This means that independent pharmacists, locums and employee pharmacists have to take a day's holiday, book a locum, lose a day's income and pay a full day conference rate. Only a select number of pharmacists who work in hospital/industry/academia/PCTs can get some support towards the cost of such events AND only when it is of relevance to their work. This means that pharmacists have limited choice of CPD and reduced access to choice of information. To help with the progress of the profession and the professional development of a wide range of pharmacists can we utilize the resources provided by telecommunication technology? Is this an opportunity for the new body to consider options such as using the branch network to organise meetings or events locally on these subjects to give an opportunity to all pharmacists to attend at a lower cost? Can these presentations be made available as webinars, tele-calls so that pharmacists can pay a small fee to participate from their own location? Also can the presentations be made available on the Society website for those who cannot attend? Is this a cost-effective way for the Society to continue with interesting events but reach out to the whole spectrum of pharmacists?

Background information (as agreed by Council – April 2009)

Historically, Society events have been run for a variety of reasons:

- to inform about the latest developments in a subject
- to act as a networking event
- regular/historic events
- as part of planned activity
- as a response to external stimuli or ad-hoc
- intended to generate income

These events are attended by a mixture of members and non-members from across the sectors including academia, industry, hospital, community, veterinary, regulatory affairs and pharmaceutical science.

In 2008 the Society ran 18 events for 576 delegates, which include annual and ad-hoc residential courses, one, two and three-day conferences plus the annual British Pharmaceutical Conference (BPC), which received 1100 unique registrations in 2008.

1. The Control of Infectious Diseases – Virulence, Antibiotics and Bacteria Infection
2. Stability Testing of Pharmaceuticals
3. Cannabinoid Medicines
4. The Pivotal Role of Particle and Powder Technologies in Dosage Form Manufacture

5. Faster and Smarter Analysis (JPAG)
6. Biologically Active Compounds in Food and Drink (RPS & APS)
7. Pharmacodynamic Data Analysis: A Hands on Course Using WinNonlin
8. Pharmacogenetics in Context
9. Combating Counterfeit Medicines (JPAG)
10. Ophthalmic Drug Delivery
11. British Pharmaceutical Conference
12. Biointernational 2008
13. Education 2008
14. Tableting Technology for the Pharmaceutical Industry
15. The Code at the Coal Face (IPG)
16. Making IT Happen for Pharmacy
17. Faster and Smarter Analysis (JPAG)
18. The Current State of Dissolution Testing (JPAG)

The majority of the science programme events are held with joint venture partners, namely, the Academy of Pharmaceutical Science (APS), the International Pharmaceutical Federation (FIP), the American Association of Pharmaceutical Scientists (AAPS) and the Swedish Academy of Pharmaceutical Sciences (SAPS). The Society also runs events through the Practice team and special interest groups.

Confirmed events (& event slots) for 2009 so far are as follows:

1. Stability testing of pharmaceuticals
2. Formulating better medicines for children
3. JPAG Clinical Trials
4. Traditional herbal medicines
5. Unlicensed medicines (HPG)
6. Travel medicines
7. Combating counterfeiting (IPG)
8. JPAG ICH directive
9. Veterinary medicines
10. PKPD
11. JPAG

Events and meetings are also organised by the Branches, throughout the country, on a topic and at a time of their choosing.

All events are attended by both members and non-members although only a small proportion of the total membership makes use of these products currently. It should be noted that this is true for many Societies as a high proportion of members do not deem it necessary to attend meetings; they can however become a useful revenue stream for the organisation. A large proportion of the audience at science programme events are non-members.

All Society events are offered at a discounted rate of 30% to 40% to members and further discounts are also available through the 'early bird' booking option.

Historically events have effectively been subsidised by the Society to provide low ticket prices leading to a break even philosophy. The surpluses for some events are negligible and when staff time is included many of the events that have been run historically would not be viable within a new professional body.

The Society is currently undertaking a full review of member services, including events, to ensure maximum engagement with and value for members. Feedback is being invited via a quarterly membership survey and the event delegate evaluation forms. As part of the review

the events team has been re-structured and the strategy now is for all events to make a profit, which will be used to develop further events and/or products and services for the membership. This revenue stream will be one of the success measures of the new professional body. In 2009 all events to date have made a surplus.

In 2008 a Head of Marketing & Membership Services and a Marketing Manager were appointed and as a result a marketing strategy is being developed and rolled out across the organisation. This has included improved marketing and targeting of Society events as well as the introduction of new templates and promotional tools. This has resulted in a 5% increase in open rates compared to the non-targeted events newsletter. This Society is also able to track click through rates to identify those people interested in a particular event. These “leads” were sent a follow up email, achieving an average 50% open rate (compared to normal open rate of 30%) leading to additional bookings on the event. In 2009 all events to date have exceeded the break even number for delegate attendance.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council

Minute of the Committee meeting (appropriate item included)

Further action required

Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Substantive motion carried

J. Harrow and Hillingdon Branch 2

Motion

"It is the opinion of this meeting that the Society and the new regulatory body should give guidance on the mandatory minimum number of staff and appropriate skill mix to ensure patient safety and safe working conditions in the pharmacy."

Explanatory paragraph from the Branch

Pharmacists are under pressure of a huge workload for providing services in accordance to the new pharmacy contract. Locums and employee pharmacists are finding that in the current economic climate many pharmacy groups are cutting back on staff. Pharmacists that have a preregistration student have to utilise the preregistration student as a full-time member of staff and cannot retain a medicines counter assistant or a full-time dispenser as well. This can mean that the pharmacist is stretched not only on resources but puts himself/herself at a risk of errors, inadequate service provision and stress. This also affects the quality of supervision of the preregistration student. When the student attends a training day the pharmacist is down by one person and this puts pressure on the team. By cutting down on man hours to lower overheads there is an increased risk of professional liability on the pharmacist. There is an increase in the risk of serious errors and dissatisfaction of service to the patient. At the end of every month when prescription forms are submitted to the PPA there is a requirement of providing the total number of hours per week worked by pharmacists and dispensing technicians in relation to the number of prescription items dispensed. This detail is listed on page 30 of the Drug Tariff. Can this data be utilised to assess the minimum level of staff required to be made mandatory for the running of the pharmacy.

Background information (as agreed by Council - April 2009)

The focus of the inspectorate is on inspecting and monitoring registered premises and investigating issues around fitness to practice. Whilst the problem of inadequate staffing levels and excessive work loads do feature in investigations, the inspectorate do not routinely monitor these.

There are currently no specific standards covering these issues and matters are considered on a case by case basis under the Code of Ethics. If the issue of staffing level, stress, inadequate supervision and work load is relevant to an investigation, either as an aggravating or a mitigating factor then that information is included in the report so that it may be taken into account.

The Society is currently running a 'Workplace Pressures' campaign. This is looking at the issues that cause pressure and stress at work and how they can be addressed.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

K. Brighton & District Branch 1

Motion

“It is the opinion of this meeting that when a pharmacist resigns from the Society’s Register through ill health, particularly if it is before the accepted normal retirement age, then a more sympathetic letter should be sent in acknowledgement rather than the curt two liner letter sent at present. Additionally, Branch Secretaries should be notified of these resignations.”

Explanatory paragraph from the Branch

For a person to come to the decision that owing to ill health they are unable to continue to practise in the profession they have worked in all their life must be truly traumatic.

They therefore should be treated in a sensitive and sympathetic manner and this should be reflected in the letter of acknowledgement sent from the Society they have served all through their working life. It would also demonstrate that the Society is a thoughtful caring one that is concerned with the welfare of its members.

If Branch Secretaries, who may know the particular pharmacist well, are advised of such resignations, they can then write additionally to that pharmacist in a much more personal way.

Feedback shows that personal letters sent to members who have achieved noteworthy lengths of service are really appreciated and this is reflected in the positive correspondence received in return. It should be the same for those who resign though ill health.

Background information (as agreed by Council – May 2009)

Pharmacists wishing to resign from the Register whether for reasons of ill health or otherwise must complete an ‘Application for Voluntary Removal’ form which is available on the Society’s website <http://www.rpsgb.org/pdfs/regvolremovalform.pdf>.

Once received by the Society, the applications are processed according to the procedure for voluntary removal from the Register set out in The Pharmacists and Pharmacy Technicians Order 2007 and the RPSGB (Registration Rules) Order of Council 2007.

If the registrant has declared on the Application for Voluntary Removal form that there are no ongoing investigations or outstanding proceedings relating to their fitness to practise, and this is confirmed against the Society’s records, the application for voluntary removal is granted.

The letter sent to the former registrant confirming removal advises them as to the action they need to take in relation to their certificate of registration, the procedure to follow should they wish to seek restoration to the register in the future and thanks them for the contribution they have made to the pharmacy profession.

In cases where there are ongoing investigations or outstanding proceedings relating to the registrant’s fitness to practise the application for voluntary removal will be assessed as to whether the application can be granted as an exceptional case. In cases where the Registrar considers that the public interest is best served by granting the application for voluntary

removal the letter sent to the former registrant confirming removal will advise them as to the action they need to take in relation to their certificate of registration and inform them that should they wish to apply for restoration to the register then the Society may need to further consider the matters which had precipitated their application for voluntary removal.

The list of members voluntarily retired from the register each month is published on the Society's website at <http://www.rpsgb.org/pdfs/retiredmembers.pdf> and a notice should also appear in the Pharmaceutical Journal.

In the majority of cases the Society has no indication from the registrant as to why they have chosen to retire from the register. Even if the Society were made aware of the reasons for an early retirement it would not be a matter which the Society could disclose to others. To do so would breach the registrant's confidentiality and also data protection legislation.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council

Minute of the Committee meeting (appropriate item included)

Further action required

Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

L. Brighton & District Branch 2

Motion

"It is the opinion of this meeting that the Society should seek a dispensation for registered hospital pharmacies to The Responsible Pharmacist regulations due to be implemented in October 2009."

Explanatory paragraph from the Branch

As written, the changes to the Medicines Act do not facilitate the provision of ward based clinical pharmacy, participation in Trust-wide management activities and the best use of skill-mix in registered hospital pharmacies. Whilst there will always be at least one pharmacist in the dispensary at any time, one of whom could be designated as the responsible person, it is not in present times usual practice for any one pharmacist to be dispensary bound throughout the whole of the working day, only being absent for two hours inclusive of meal breaks. The dispensary work is most often pharmacy technician-led with pharmacists present on a rota basis throughout the day to provide the clinical support and the legal supervision. Also, the 24-hour cycle of this requirement makes it very difficult to legally operate rota based out of hours on-call services.

Implementation of the new Regulations as they stand within the hospital sector will have a detrimental effect not only on the present provision and development of hospital pharmacy services, but also on the contributions they are expected to make to the development of clinical pharmacy as a whole as outlined in the *Pharmacy in England White Paper*.

The main reason that the majority of hospital pharmacies are registered with the Society is to enable them to make supplies to third party organisations that are not within the same legal entity as their Trusts, under service level agreements (SLA). As this is not their core business, many of these pharmacies will decide to deregister and give notice on their SLAs. This will result in a loss of income to the Society and create gaps in services, which may not, because of their speciality, be able to be filled by community pharmacies.

Background information (as agreed by Council – May 2009)

The responsible pharmacist changes will affect all registered premises, including those premises that are registered within the hospital setting. There is no separate category of registration specific to hospital pharmacy. It is not mandatory for hospital pharmacies to register with the Society. They do so for a variety of reasons one of which is the wholesale activity described above which takes advantage of the exemption under section 10 of the Medicines Act. As an alternative to registration with the Society, organisations can obtain a license to wholesale by the MHRA.

The Society is currently liaising with the Department of Health, and hospital pharmacy colleagues, including the Guild of Healthcare Pharmacists (GHP) to consider the implications of the changes.

Some of the difficulties for the hospital sector arise because of a lack of clarity around the meaning of the 'course of the business of a hospital', a statement used in the Medicines Act that is separate to the responsible pharmacist regulations.

The Society is due to meet with the Department of Health in the coming month.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Motion carried

M. Glasgow & West of Scotland Branch 1

Motion

“It is the opinion of this meeting that the Society must exercise its representation role and seek a timely solution to the criminalisation of pharmacists who make dispensing errors.”

Explanatory paragraph from the Branch

A recent case has highlighted the need for an urgent review of the current legislation. Whilst the need to protect the public is paramount, this was a disproportionate response to what was a genuine error by a well regarded professional. Other professionals make mistakes and do not receive similar treatment.

Background information (as agreed by Council – May 2009)

According to the NHS Information Centre 796 million prescription items¹ were dispensed in 2007. While the vast majority of these would have been dispensed safely and effectively, most pharmacists have made or will make a dispensing error at some point in their career.

Under current legislation, pharmacists commit a criminal offence each time they make a dispensing error or a labelling error – no matter how simple the error or what the affect of the error was.

While the Society has regulatory policies in place regarding dispensing errors, other enforcement agencies such as the police and the MHRA have powers to take action under the Medicines Act 1968. The police may also prosecute more serious offences which could be linked to dispensing errors such as gross negligence manslaughter. The Crown Prosecution Service prosecutes cases on behalf of the police.

While there are instances where police involvement is warranted, there needs to be a greater risk based approach to errors that distinguishes between those errors which are serious and should properly call the pharmacist's registration into question and those that do not.

RPSGB Policy

Members of the Council considered the issue of dispensing errors in December 2006 and fully supported the decriminalisation of dispensing errors and agreed that a change to the legislation which would have the effect of decriminalising errors be sought.

Members of the Council agreed in March 2007 that subject to certain criteria single dispensing errors which were not likely to amount to professional misconduct should not be referred to the Society's Investigating Committee.

The Medicines Act 1968 needs modernising and this has been recognised by the MHRA as they are currently undertaking a project to consolidate and review the legislation. The Society has submitted a concept paper to the MHRA as part of their review project which is publicly available on the website (<http://www.rpsgb.org/pdfs/consdoc1754.pdf>)

¹ NHS Information Centre [http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions/prescriptions-dispensed-in-the-community-1997--2007-\[ns\]](http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions/prescriptions-dispensed-in-the-community-1997--2007-[ns])

In this submission the Society has urged the MHRA to specifically review Section 64 of the Medicines Act with a view to exclude dispensing errors made by pharmacists.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council

Minute of the Committee meeting (appropriate item included)

Further action required

Website

BRM 2009 PROGRESS REPORT ON MOTIONS

Substantive motion carried

N. Glasgow & West of Scotland Branch 2

Motion

“It is the opinion of this meeting that the Society should seek to provide guidance to pharmacists with regard to the provision of medicines for physician assisted suicide in such circumstances as are legalised by any future Governments.”

Explanatory paragraph from the Branch

The Northern Territory in Australia has recently legalised physician assisted suicide. Yet a prominent Australian doctor and advocate of this practice was detained by British immigration authorities for nine hours and questioned before he was admitted into the country. This Branch feels that it is time to admit that many people would rather choose the time and manner of their death rather than linger in pain with little or no dignity. Suitable safeguards must, however, be in place to protect the public. Pharmacists have an important role to play in palliative care.

Background information (as agreed by Council – May 2009)

Currently, physician assisted suicide is illegal. However, if physician assisted suicide were to become legal there would be a number of implications for pharmacists. These might include whether pharmacists would have to dispense prescriptions for fatal doses of medicines to be used in assisted suicide; the ability of pharmacists to exercise a conscientious objection. The Law & Ethics Committee looked at a number of these issues when there was a prospect of legislation being introduced to legalise physician assisted suicide. The Society does not currently have a policy position about physician assisted suicide. However, it was recognised that pharmacists would need professional guidance about the issue of physician assisted suicide were the law to change.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council

Minute of the Committee meeting (appropriate item included)

Further action required

Website