The first PDA Conference hailed a huge success.

Delegates came from many distant parts of the UK and in the comments section, contained in the post conference assessment, one delegate wrote “I now truly feel in touch with the PDA”.

The event witnessed the launch of the PDA’s very first Policy initiative on Violence in Pharmacy. It saw delegates involved in focus group work on the PDA policy on Staffing Levels and Workload and it allowed members to get their concerns ‘off their chest’ in a special members session.

Delegates were provided with risk management information on how best to handle dispensing errors and many delegates took advantage of the unique employment ‘contract clinic’ which was staffed throughout the day by PDA lawyers.

In a first Annual Report presentation, PDA Director Mark Koziol explained how the disproportionate influence of the employers via their employer organisations would need to be counterbalanced by equally well-organised and well-presented arguments reflecting the individual pharmacist agenda. He suggested that with the opportunities presented by the New Contract – there had never been a better time to do this. He also explained that the vast majority of employers are genuine in their ambitions to run a decent pharmacy operation and that the PDA would want to work with them to create ‘Win-Win’ scenarios for both employers and employees/locums. However, the PDA would not tolerate the small minority of employers who operated questionable employment policies.

The first PDA members conference was held at the International Convention Centre in Birmingham on Sunday 27th of February. This landmark event was attended by almost 150 delegates.
**SHOCKING RESULTS IN LARGE-SCALE PHARMACIST SURVEY**

A survey undertaken by PDA of more than 1600 community pharmacists has indicated that pharmacists have serious concerns that poor staffing levels and excessive workloads in community pharmacy are putting patient safety at risk.

Furthermore, a large majority of pharmacists feel that they are required to take professional responsibility for matters over which they have no control and also that their views are not taken into consideration when changes to professional matters are proposed by employers.

The findings which were analysed by M.E.L. Research in Birmingham have indicated that:

- 95% felt that the standard of their work was affected by workload, of these
- 84% felt that because of excessive workload, patient safety had been put at risk
- 67% felt that patient safety had been put at risk because of working for extended periods without breaks
- 81% felt that they had worked in situations where the quality or the availability of support staff had put patient safety at risk, of these almost 25% felt that this situation occurred frequently

**PDA LAUNCHES ITS FIRST POLICY INITIATIVE: VIOLENCE IN PHARMACY**

PDA has been busy developing a policy agenda which is designed to articulate and deal with issues that are more specifically of importance to the individual employee or locum pharmacist.

In 2004, informed by large-scale questionnaires which produced several thousand responses, the PDA chose to initially tackle three issues which were deemed to be a priority by the PDA membership:

- Staffing levels in community pharmacies.
- Workload.
- Violence in pharmacy.

PDA policy is created using a structured process which first involves gathering all relevant existing literature on a particular subject, a small working group of PDA Advisory Board members then gathers to decide a way forward. Then there follows a series of both qualitative and quantitative surveys of pharmacists. Groups of pharmacists are convened and a series of focus groups are held. Finally, once a draft policy is created, this is then circulated so as to gain further comment from relevant parties following on from which, the creation of the policy itself occurs.

This ponderous process takes time, however, in attempting to heighten the agenda of the individual pharmacist, it would be self-defeating if arguments were developed in a flimsy, vacuous fashion. After many years of neglect, raising the individual pharmacist agenda will not be everyone’s idea of progress, but by following a solid and rigorous process, it at least can be said that the policy of the PDA is built on solid foundations.

The first completed policy exercise is on violence in pharmacy. It takes as its main premise that whilst employers will be concerned about violence in the pharmacy, apart from the dwindling number of owner managers, it will mainly be the employee and locum pharmacists who will face violence at the coal-face.

**PDA TO PRODUCE NEWSLETTER FOR PHARMACISTS LEAVING THE REGISTER.**

It is widely felt that the RPSGB’s much criticised approach to mandatory CPD and the new retention fee structure is responsible for several thousand pharmacists choosing to cancel their membership of the Society altogether at this years annual retention exercise.

Amongst their number are many experienced pharmacists and also some very well known pharmacists who have served their profession voluntarily for years gone by. Moreover, the policy has been highly criticised in the pharmaceutical press about the inadequate working environments found in some community pharmacies. However, the results of this large-scale survey have produced some undeniable and shocking statistics about the extent of the problem. Pharmacists should not be allowed to work under conditions which they deem to put patient safety at risk and PDA will now work to ensure that such practices in pharmacy are outlawed. We have been developing what we feel is a workable foundation to unravelling the damage caused by the previous policy. However, this may take some time and may not really be able to take effect in any large scale until the 2006 retention exercise at the earliest.

In an attempt to keep pharmacists who may have rescinded their membership in 2005 in touch with the affairs of their profession, PDA will be producing a quarterly newsletter which will distribute free of charge to all recently resigned UK domiciled pharmacists. It is anticipated that the RPSGB will ultimately have to change its stance, at which point it will then be possible for those employers to rejoin the RPSGB for a more realistic membership fee and without the onerous CPD requirements that are currently in place. Consequently, PDA intends to open this free service for a period of two years.

The view of the PDA is that a civilised profession is one, which looks after its weakest members, in pharmacy’s case these are the Part-time, retired and student members. Many pharmacists believe that the RPSGB has been particularly harsh to many of these members. Pharmacists who receive this copy of insight who have either resigned recently, or who know colleagues who have, should invite them to notify PDA that they wish to subscribe to their FREE PDA Newsletter and they will receive a copy in due course.

**PDA Launches its First Policy Initiative: Violence in pharmacy**

The PDA believes that, for a long time, the professional agenda has very effectively been influenced by the employers through their representative organisations; primarily through the National Pharmaceutical Association and the Company Chemists Association. Consequently, PDA has been busy developing a policy agenda, which is designed to articulate and deal with issues that are more specifically of importance to the individual employee or locum pharmacist.

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THE POLICY OF THE PDA: VIOLENCE IN PHARMACY.

Despite discussions held between pharmacy bodies and the government, research has shown that violent attacks and aggression in the pharmacy continue to increase.

In defence of this PDA member, the PDA is providing support ahead of the Infringements Committee meeting. Furthermore, for the benefit of members, PDA has now written to the Society to seek further clarification on many of the questions raised. In the belief of the PDA that this approach is disproportionate and unnecessary, a synopsis of the response will be sent to all PDA members in due course.

The Policy of the PDA is designed to ensure that real action is taken to prevent violent attacks in the pharmacy. The resource pack will enable employers to identify any special risk employees. The PDA will lobby the RPSGB so as to ensure that the next Code of Ethics places a greater emphasis on the safety of all staff working in a pharmacy who may be at risk of being violently attacked by a patient.
Despite snowy conditions and motorway closures, almost 150 delegates attended the very first conference of the PDA. Judging by the delegate surveys returned at the end of the day, the event was an overwhelming success.

WHERE ARE WE GOING?

Setting the scene for the day Conference Chairman John Murphy explained to delegates that the two main objectives of the PDA were to assist individual pharmacists who were finding that their professional lives were becoming risk prone in this increasingly litigious and regulated Society and also to redress the imbalance of the very strong employer lobby within the profession of pharmacy by articulating the concerns of individual pharmacists.

John explained that 100 years ago virtually all pharmacists were owners of pharmacies and consequently, the various pharmacy bodies set up at that time were very representative of the broad constituency of pharmacists. However, in the years that followed, things changed dramatically to the extent that today only about 10% of pharmacists are owners because the rest are either employees or self-employed individuals. Unfortunately though, for this large majority of pharmacists, the work of PDA, Mark Kaziol said; “The mainly employer led inertia within pharmacy has taken more than 100 years to establish itself, so the approach that we use to wake up the individual pharmacists agenda will need to be effective. The development of PDA Policy is an extremely important part of that work. It is a process which involves literature searches, brainstorming sessions, wide-scale surveys, focus group meetings and consultations. Whilst this process can be slow, it does ensure that the Policy of the PDA once it is announced, is built on firm foundations and will allow PDA to argue the corner for individual pharmacists effectively and decisively.”

Mark indicated that large-scale surveys of pharmacists that had been analysed by research institution MEL in Birmingham had shown that 81% of pharmacists felt that the quality and availability of support staff were putting patient safety at risk. Furthermore 72% of pharmacists feel that they are expected to take professional responsibility for matters that are outside their personal control. “These are matters that the PDA will be addressing and we know that by pursuing the patient safety argument, it will be very difficult for any detractors to argue against staffing level improvements.” He said.

There were plenty of words spoken at the PDA conference and a commitment was given to turn them into action…

Pharmacy bodies are still performing the task of looking after the employers interests and this means that it is the small minority interest within the profession that dominates the professional agenda.

Talking about the Policy development immediate short-term issues facing the PDA were; • Opportunities provided by the new NHS contract for all community pharmacies. • The roll out of PDA membership services to the Hospital Pharmacy sector. • The establishment and training of network of PDA representatives to assist with internal disciplinary meetings. • The launch of a more balanced ‘contract for services’ document to be used by locums. • The need for a legal test case to allow the courts to establish the appropriate balance of liability facing a pharmacist and his employer in the event that a dispensing error is made. This would go a long way in resolving the question that has still to be answered between PDA and the NPA over who is responsible for what when an error occurs. • Taking on more office based pharmacist staff so as to meet the growing needs of the members.

VIOLENCE IN PHARMACY

PDA Advisory Board member Shennaz Patel, launched the first official policy of the PDA which was on Violence in Pharmacies. “More than 50% of pharmacists have been subjected to violence, the threat of violence or abuse and almost 50% of them felt that measures subsequently taken by employers were insufficient”. said Shennaz.

Mark Kaziol (standing) and John Murphy, setting out the future direction of the PDA.

“IT HAPPENED TO ME”

Workload

In a session which allowed PDA members to get matters ‘off their chest’ two pharmacists described what scenarios they had recently experienced in the workplace.

Bob Gartside described an important principle that relates to work, he said; “Any job should be so designed and structured that it can be handled on an average day by average personnel with average equipment. You shouldn’t need Michael Schumacher to drive the bus or Ellen MacArthur to sail the ferry.” And yet, said Bob Gartside, the work situation in pharmacy could rarely be described as average. Bob provided some useful statistics and research references which all indicated that pharmacist workloads in the UK were far too high. He concluded that “Nothing except more staff can bring workloads down to acceptable levels for patient safety.”

Termination of locum contract

Richard Schmidt described how he worked for a small multiple and over a period of time had developed a fairly comprehensive role within the organisation. He described how he began to develop SOP’s, how he had been involved in securing staff buy-in, how he had helped to improve the IT systems and how he even turned up to one branch on a weekend to fix the plumbing because a reliable plumber could not be found! However, as a result of what Richard felt were a series of inappropriate management state- services. This, felt Richard, demonstrated perfectly the vulnerability of the individual pharmacist in trying to wrestle with the standards agenda.

THE ROLE OF THE SOCIETY ON PHARMACY REGULATION

“Music played in a dispensary area is not conducive to the delivery of high quality patient care” said Mandie Lavin, the Society’s Fitness to Practice and Legal Affairs Director as she addressed the PDA Conference.

Mandie also indicated that since starting in her role she had noticed that what is different from her previous nursing roles was the dominance of the ‘big players’ in pharmacy. Mandie Lavin came to the conference to describe the new regulatory realities at the Society. As she delivered her presentation it became clear why there had been such a huge increase in the number of disciplinary cases heard against pharmacists, its regulatory role. Mandie felt that the existing arrangements for discipline in pharmacy meant that the Statutory Committee had few remedies at its disposal. It could effectively rebuke a pharmacist or it could order a striking off.

“...surveys of pharmacists that had been analysed, by research institution MEL, had shown that 51% of pharmacists felt that the quality and availability of support staff were putting patient safety at risk.”
Dear PDA

Recently my area manager has informed me that I can have a 1 hour break, for which I will not be paid, but she wants me to be available in the event there is an immediate or urgent request for my services. If I am called upon to provide a service she will pay me for the full hour.

Name Supplied (Yorkshire)

The Future of the PDA National Conferences…

A survey of delegates gave the event an overall 90.2% approval rating and one delegate wrote anonymously “This meeting brought the PDA alive for me today – Thank You.” The overwhelming message from delegates was that it’s about time someone addressed the uncomfortable issues in pharmacy. The next PDA Conference is already being organised. Members will be notified.

The Pharmacists’ Defence Association, The Old Fire Station, 69 Albion Street, Birmingham, B1 3EA or email info@the-pda.org

Three syndicate sessions were held and these dealt with:

• How to deal with the aftermath of a dispensing error to prevent it from occurring in an official complaint.
• Employment law cases.
• PDA policy focus group, which was used to help underpin the PDA Policy work on Staffing levels.

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• How to deal with the aftermath of a dispensing error to prevent it from occurring in an official complaint.
• Employment law cases.
• PDA policy focus group, which was used to help underpin the PDA Policy work on Staffing levels.

Although the Council of the RPSGB is made up of mainly elected members of the profession who are very sympathetic to pharmacist concerns, most of the day to day activities are led by the employed staff at Lambeth and they are all keen on regulation, was the sentiment expressed by Martin Astbury an RPSGB Council member. Indicating that these were his personal view and not those of the Council. Martin went on to say that the outcome of this year’s Council election would be very important in as many ways it would determine whether the newly elected Council will have the will to handle some of the issues at Lambeth.

Martin Astbury was joined on the Ques-time Panel by Professor of Law and Ethics Joy Wingfield and PDA Director Mark Kozlki. Mark Kozlki felt that the presentation made by Mandie Lavin set out the reasons why regulation would be the primary objective of the Society, irrespective of the will of the membership, however, he did agree with Martin and urged all pharmacists to read the election statement closely as candidates in this years elections very carefully.

The matter of Standard Operating Procedures was a big issue discussed and the question of whether pharmacists would face an additional risk if they chose not to observe the SOP laid down by employers was addressed. Joy Wingfield explained that it was for pharmacists to decide whether the SOP at any particular pharmacy where they were in sole charge was up to the job, in her experience, most employers would try to ensure that such SOP’s would be appropriate. However if pharmacists felt that it was not, then they were entitled to add, subtract or replace with a more suitable one.

Alan Nathan, a past member of the RPSGB’s Ethics Infringements committee was concerned about this case because, in his experience, in such serious cases the Company and Superintendent had always been subjected to some form of disciplinary action. He also mentioned that the case was perfunctory and was an obvious conflict of interest. The presentation was very well received by the audience.

Mark Kozlki felt that the Peppermint Water case showed very clearly why it was important not to rely on an employers insurer when trying to defend your reputation and it was crucial to have your own independent insurance protection.

This was the sentiment of interest by the NPA in their attempt to provide PI insurance to both the employers and individual pharmacists was the subject of a passionate concern expressed on behalf of a pharmacist who said, had they taken out individual pharmacist PI insurance with the NPA, subsequently he had an accident which involved a dispute with an employer. He explained that when he contacted the NPA for assistance they told him that they could not assist, because the employer involved was one of their largest members and contributed a significant sum to their annual income.

The Question Time event concluded with a question on whether the Society could truly be both a regulator and a membership body. The general feeling was that eventually the government would decide to take all healthcare regulation away from the various healthcare regulators and that the Society would return to what it was when it started in the 1800’s – a membership body for pharmacists. The Future of the PDA National Conferences…

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The PDA is a membership organisation which, through its branches, is responsible for representing the interests of individual pharmacists. The PDA works with the National Pharmacy Association (NPA) to provide its members with a full range of services and support.

Unfortunately, the PDA is not able to provide legal advice, or insurance to individual pharmacists. However, our members can be supported by the NPA, which provides insurance, and other services. We also have a confidential helpline for members who need advice, or support, on any issues, including legal issues.

Despite the fact that the PDA is not able to provide legal advice, or insurance to individual pharmacists, we are committed to supporting our members in any way we can. We have a confidential helpline for members who need advice, or support, on any issues, including legal issues. Our helpline is manned by experienced pharmacists who can provide advice, or support, on a wide range of issues. Our helpline is available to all our members, and is free of charge.

The PDA is committed to supporting its members, and we are always happy to provide advice, or support, on any issues that our members may have. We are also committed to providing a confidential helpline, and to supporting our members in any way we can.

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**IT’S A WHOLE NEW WORLD...**

The New Contract brings opportunities to employee and locum pharmacists.

By Alastair Buxton
Head of NHS Services, PSNC

The 1st of April 2005 is a watershed date for community pharmacy and all who work within the sector in England and Wales. The new community pharmacy contract will start to operate from that date, however full implementation will take a little while longer in many pharmacies.

PSNC has spent the last 2 years negotiating the new contract with the Department of Health (DH) and the NHS Confederation (the body which represents Primary Care Trusts). The result is a framework that contains three levels of service provision which will significantly increase the healthcare role which community pharmacy plays within the NHS. The contract does this by focusing on four key NHS priority areas; support for self-care, management of long-term conditions, public health and increasing access to healthcare.

Two of the service levels – Essential and Advanced – form the national contract. The third, Enhanced services, will be commissioned locally by PCTs. The Essential Services are obligatory for all contractors. Enhanced services can be provided by all contractors once they have met the accreditation requirements and they have met the requirements of the Essential services.

**The Essential Services:**

**DISPENSING OF MEDICINES.**

Pharmacists will be required to maintain records of all medicines dispensed, and also keep records of all advice given and interventions made which they judge to be significant.

Pharmacists will also have to provide compliance support to patients who need help with taking their medicines and are classed as disabled under the definition of the Disability Discrimination Act 1995.

Eventually Electronic Transfer of Prescriptions (ETP) will be introduced to many pharmacies to help the process of dispensing.

**REPEAT DISPENSING**

Pharmacies will dispense repeat dispensing prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and will try to ascertain that there is no reason why the patient should be referred back to their General Practitioner.

**PUBLIC HEALTH: HEALTH PROMOTION**

Each year pharmacists will participate in 6 health promotion campaigns at the request of the PCT. These campaigns may target local issues, or may focus on the current national public health priorities such as stopping smoking, obesity and sexual health.

In addition pharmacists will undertake prescriber linked interventions on major areas of public health concern. This will involve giving brief lifestyle advice to people who present prescriptions who may be at risk of CHD, have hypertension or diabetics and those who smoke or are overweight.

**SIGNPOSTING**

PCTs will provide pharmacists with list of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of health or social care support.

Support for Self Care Pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct.

**DISPOSAL OF UNWANTED MEDICINES**

Pharmacies will be obliged to accept back unwanted medicines from patients. PCTs will make arrangements to collect the medicines from pharmacies at regular intervals.

**CLINICAL GOVERNANCE**

The new Essential service includes Clinical Governance requirements, to ensure that service quality is monitored and improved wherever possible.

Pharmacies will need to participate in clinical audit of their services and have arrangements in place to verify the quality of advice provided to patients. They must have procedures for providing information to patients, obtaining views and dealing with complaints from patients. They must also implement relevant risk management measures.

Pharmacies must have staff management, training and development procedures in place for their staff, and ensure handling of all data, including patient data, meets confidentiality and data protection requirements.

Patients will have the opportunity to feedback on their level of satisfaction with their local pharmacy service by completing a patient satisfaction survey.

Contractors will be required to co-operate with local Patient and Public Involvement Forum visits and consider the advice recommended by any report produced.

Contractors will also be required to ensure that there are confidentiality policies in place for all staff and that they are appropriately trained. This includes the requirement for induction training for all staff, including locums.

In the future, as part of ‘fitness to practise’ requirements, all pharmacists who work within the NHS will have to register with a PCT so they are included in a ‘Supplementary’ list. These lists will sit alongside ‘Main’ lists which will detail pharmacies in contract with the NHS and details of their directors. This regulatory structure has already been rolled out for GPs and dentists and subject to the laying of Regulations is likely to be implemented for employee pharmacists and locums later in 2005.

**The Advanced Services**

**MEDICINES USE REVIEW (MUR) & PRESCRIPTIONIssuing (PwSI)**

Pharmacists will undertake a structured, concordance centre review with patients receiving medicines for long term conditions, to establish a picture of their use of the medicines – both prescribed and non-prescribed. The review will help patients to understand the therapy, identify side-effects and changes that may be beneficial. A report of the review will be provided to the patient and their GP.

**MURs will be carried out on a regular basis, whereas Prescription Interventions will be prompted by a significant problem with a patient regimen which cannot be solved without a full review. Pharmacists and pharmacies will need to be accredited to provide both the advanced services.**

Pharmacists will have to successfully undertake a competency assessment prior to them being able to provide Advanced services. This requirement will be carried out by Higher Education Institutions assessing against the nationally agreed competency framework which can be viewed on the PSNC website (www.psn.org.uk/contract). Some pharmacists may wish to update their skills before they undertake a competency assessment. A Medway School of Pharmacy distance learning programme (Skills for the Future), incorporating a competency assessment, began in the spring. Drugstore in June 2004 and can be browsed on the website www.dotchpharmacy.com. Other programmes and competency assessment options are being developed and details are available on the PSNC website.

The pharmacy premises will also need to meet standards to ensure the review takes place in a confidential and suitable environment, i.e., a private consultation area.

**ENHANCED SERVICES**

Service specifications for services that PCTs may wish to commission locally are being developed, using experience from locally negotiated services. LPCs and contractors will be able to negotiate to provide services in accordance with these specifications where a local need for the service is determined. National benchmark prices will be agreed for these services which will help to guide local funding discussions. Alternatively LPCs, contractors or the PCT will be free to develop their own local services in response to identified needs.

The list of service specifications will grow, but the initial list includes:

- Minor Ailments services
- Stop Smoking services
- Supervised Administration of Prescribed Medication
- Needle and Syringe Exchange Schemes
- Anticoagulant Monitoring
- Care home support
- Patient Group Direction service
- Full Clinical Medication Review

It is hoped that the national service specifications will help to develop standardisation in the way these services are provided across the country. This should help to reduce the variability in training and accreditation requirements that PCTs set for locally commissioned services – this has got to be good news for pharmacists who practise across a number of PCT areas.

WHAT DOES IT MEAN FOR EMPLOYEE AND SELF-EMPLOYED PHARMACISTS? Any pharmacist who spends time working in community pharmacy or primary care will need to ensure that they understand the detail of the new services (full service specifications are available on the PSNC website).

Employee pharmacists and locums will play a pivotal role in delivering the new contract services and it is important that they understand the detail of the new services. These are exciting times for all pharmacists, particularly those working as locums.

As the contract develops over time we will see new, more clinically focussed Enhanced services being implemented which will inevitably allow individual pharmacists to develop special interests in specific disease areas. These Pharmacists with a Special Interest (PwSI), similar to Consultant Pharmacists in hospitals and GPs with a Special Interest, will be able to provide new disease management services within the community, perhaps utilising supplementary or independent prescribing rights to further enhance patient care.

...
SIX FOLD INCREASE IN RPSGB DISCIPLINARY HEARINGS.

DON'T FACE PROBLEMS ALONE.

The number of RPSGB Infringement committee hearings in 1993 was 56, in 2003 it was 333.

who's defending your reputation?

When a complaint about a pharmacist is made to the RPSGB, the Society is duty bound to act in the public interest. An increasingly litigious culture produces many more complaints, consequently, RPSGB inspectors spend much more time investigating and acting upon them.

These days, the inspectors no longer have the flexibility that they used to and normally, they can no longer issue a local written warning to a pharmacist. Instead, increasingly, pharmacists are receiving formal written warnings from the infringements committee or worse. This can leave pharmacists feeling bewildered and frustrated.

At the Pharmacists' Defence Association we have extensive experience of supporting pharmacists in these situations. We always work tirelessly to ensure that the rights of pharmacists are protected during an RPSGB disciplinary enquiry and in the more serious cases, we will send a PDA representative to accompany the pharmacist. We provide legal defence costs support, should the case go to a Statutory Committee hearing.

You might call it defending your reputation; we would have to agree.

£250,000 worth of Legal Defence Costs Insurance.
Pharmacy employment specialists available.
On-line employment advice centre.

Find out how membership can benefit you;
Visit our website: www.the-pda.org
Call us: 0121 694 7000