

# insight



The magazine of the  
Pharmacists' Defence Association

Spring 2020



## SHAPING THE FUTURE:

Overcoming the Challenges  
to Seize the Opportunities

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# Letter from the Chairman



**Ever since 2010 when the PDA's Pharmacy Road Map Strategy was discussed, the PDA has argued for a long term professionally fulfilling future for pharmacists, revolving around pharmacists developing clinical relationships with patients.**

For ten years, we have been unambiguously calling for the professional expertise and skills of the individual pharmacist to be more recognised by the Health Service. In the early years, some scoffed and few could see how it could ever come to fruition; especially because powerful commercial vested interests were wedded to the supply function for

pharmacy.

The individual pharmacist agenda has now arrived. In truth, this has largely occurred because the pressures being placed upon the NHS and the shortage of GPs has become so critical, that the government has no alternative other than to allow pharmacists on a wide scale to take a much more active role. This crisis has led to thousands of pharmacists moving into GP Practice work and also to the transformation of the Community Pharmacy contractual framework across the whole of the UK.

If plugging a capacity gap in GP surgery provision is behind the new direction for pharmacy, it is a matter of some strategic concern, it may feel exciting but it is driven by only a short-term vision. The focus on pharmacist involvement must not be purely about the legal right to independently prescribe. If it is, then we will become just another white coat alongside the nurse and anyone else who can sign prescriptions. All we will achieve is propping up the current broken system for a little longer with some extra personnel. We must instead use the open door into this more clinical space to exploit the much more useful and unique skill that pharmacists have around medicines and pharmaceutical care as well as the physical presence provided by the Community Pharmacy – the most accessible healthcare facility.

The new system requires GPs to waste their valuable patient-facing time, establishing and then managing the affairs of their local administrations away from the surgery. Across the country, GPs are holding meetings to plan the work of their Federation or their PCN. These structures are maintaining the existing system, their thought processes are still largely in GP surgery mode but now with a little extra cash and some pharmacists thrown in.

The system clearly wants to transform rapidly, but the thinking must become more joined up. The new GP Practice based roles are being filled by pharmacists, but the training is inadequate. Many are coming from Community Pharmacy, denuding personnel at a time when the sector is being asked to deliver more clinically orientated services. In England a whole new clinically-orientated contract has been launched at a time of deep cuts in remuneration. Pharmacists are being asked to do much more for patients in Community Pharmacy at a time when a rogue remote supervision programme seeks to remove them from this setting.

What is really needed is an entire re-engineering of the healthcare system, creating a new joined up system that vastly improves the patient's journey. A place where tribal or silo working is a thing of the past, a place where unique skills are used to best effect; where doctors can diagnose and pharmacists can prescribe within a pharmaceutical care framework, where nurses can provide nursing care and where all of the wider elements of system are joined up and working in a collaborative way.

Sounds ambitious? Of course it does, but no more ambitious when in 2010 we started to campaign for the greater recognition of the individual pharmacist.

We urge all pharmacists to take a look at our Wider than Medicines Strategy ([www.the-pda.org/widerthanmedicines](http://www.the-pda.org/widerthanmedicines)) and join us on this important journey.

The kindest regards

**Mark Koziol**  
M.R.Pharm.S

# The PDA Annual Conference

## Shaping the Future: Overcoming the challenges to seize the opportunities

**This year's PDA Annual conference in Birmingham will give pharmacists a chance to reflect upon the radically changing landscape of pharmacy practice. It gives them a detailed understanding of some of the emerging opportunities and the challenges that need to be overcome to ensure success.**

That many pharmacists are still concerned about their future is often because poor leadership has failed to identify the emerging opportunities and has not exploited them in an optimal way, or even at all. There are also the challenges that must be identified and then overcome.

Come and find out what can be done to stop the plan for remote supervision.

Find out how community pharmacists can break free from the practicalities of assembling the medicines in the dispensary so as to deliver a wide range of new patient facing services in a Community Pharmacy.

Learn what is being done to halt the concept of pharmacists being trained through an apprenticeship route.

Discover how the benefits of the new diversity groups of the PDA, the first of which is the National Association of Women Pharmacists can help to deliver equality in pharmacy.

Understand how the organisation of pharmacists through unionisation can deliver benefits for both pharmacists and their employers.

The conference also explores other important questions;

What can be done to stop locums losing their self-employed status?

How can large numbers of pharmacists transfer over to a GP Practice based roles if their training is not fit for purpose and their employers have unrealistic early expectations?

How can GP Practice based pharmacists work more collaboratively with other pharmacists across the system?

What happens when something goes wrong and a patient is harmed?

Why is it some parts of the UK seem to be far more ambitious than other in terms of the practice of pharmacy?

This two-day event will consider these issues in detail enabling pharmacists to consider how best to overcome some of the emerging challenges. They will hear about some of the PDAs most extraordinary defence cases. Most importantly of all,

## PDA National Conference Birmingham, 28-29 March



### SHAPING THE FUTURE

### Overcoming the Challenges to Seize the Opportunities

Secure your place at what will be another high calibre two-day conference, bringing together some of the most influential people in pharmacy from both the UK and overseas.

#### Sessions include:

- PDAs proposed changes to supervision
- The Pharmacist Apprenticeship proposal
- What happens when things go wrong – Learning from mistakes
- A special session for locum pharmacists
- First meeting of the new NAWP

to name but a few...

Book your place today at:

[www.the-pda.org/ncinsight](http://www.the-pda.org/ncinsight)

#PDAConf20

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First in professional development

**pharmacy** magazine

*Have you secured your place yet?*

this event gives pharmacists a chance to fashion the PDAs policies and direction of its strategy.

### Who should attend?

1. Community pharmacists seeking a deeper clinical relationship with their patients.
2. CCG, HB and PCN pharmacists who may wish to influence the GP Practice based agenda.
3. Hospital pharmacists who would like to improve the primary/ secondary care interface or learn more about new wider roles.
4. Newly qualified pharmacists who are wondering where best to use the skills they have acquired during their five-year training course.
5. Any pharmacists who would like to find out about and/or support any of the PDAs current campaigns.

# Supporting Pharmacy Students

The PDA has a proud history of supporting pharmacy undergraduates and is one of the most significant supporters of the BPSA providing joint training and sponsoring several large-scale events. The PDA also supports individual undergraduates in University Fitness to practice and/or employment issues and would like to see more students benefiting from this support. As part



## Winners of the Student Leadership Awards:

Top: Georgina Leason (Wales)

Middle: Eimear Cassidy (NI)

Bottom: Erin Gilmour (Scotland)

of its commitment to protect those members of the profession who most need support, student membership of the PDA is FREE and now also allows FREE membership of NAWP and the other PDA diversity networks.

[www.the-pda.org/join/](http://www.the-pda.org/join/)

Pharmacy students are obviously the future of the profession, but they are also very much part of the pharmacy community today, with their own views, issues and interests which PDA represents. When Fitness to practice proceedings occur at student level it causes them extreme stress and bewilderment; but its frequency is surprising. In such situations, support for the students is critical, but it is only a very small part of what PDA does for this population.

As students come to qualify, the PDA is always needing to build its student network and is constantly seeking PDA student representatives in pharmacy schools across the UK. Student representatives are funded to participate in additional personal development training. Their main role is to help ensure that the voice of students at their school is heard by the PDA. Pharmacy students interested in finding out about becoming a student representative at their pharmacy school should contact the PDA.

Student network representatives can apply to attend the young members development weekend at the PDAs HQ or the special Student Leadership stream at the PDA National Conference. They also attend personal developmental sessions provided by the General Federation of Trade Unions, of which PDA is a member. One student delegate attending in 2019 reported that:

*"It was a great opportunity to network with people outside of pharmacy and I have made very important connections. The event was also geared towards climate change which was eye-opening towards the serious issues we often ignore."*

To nurture pharmacy leadership, the PDA sponsors the annual Student Leadership awards in Northern Ireland, Scotland and Wales.

This year, one of the PDAs training events for Pre-reg's which helps them make a success of their Pre reg year (Finishing First, pictured right) will be held alongside the main PDA national conference in March. Full details of that and other events are here: [www.the-pda.org/events](http://www.the-pda.org/events). Pre-regs are urged to book their space as seats are filling fast.



# Pharmacists at GP Federations in Northern Ireland

The vast majority of pharmacists employed by GP federations in Northern Ireland are PDA members and keen on union recognition so that the PDA Union can negotiate their terms and conditions and collectively discuss their working arrangements with federation management.

The Federations are operated by GP practices, with the support of the central NHS Federation Support Unit (FSU). Their boards that have representation from the GP practices in the area.

Having had informal discussions on the subject with the central FSU over the last year, now, at the request of PDA members, the PDA Union submitted a formal application for recognition at the Newry and Mourne Federation in August, with an intention of following on with similar applications at other federations in due course. Once successful this process will secure consultation & negotiation rights for the PDA Union as the representative of the pharmacists, similar to the arrangement PDAU has secured nationally at Boots. The response from the employers, and the outcome of face to face meetings has been positive. It is hoped that a formal recognition agreement will be in place in due course.

Differences in NHS pay in Northern Ireland compared to Great Britain is a hot topic with several other health unions taking industrial action over this issue in recent months. PDA hopes to work positively with GP federation employers to secure agreements without dispute. The PDA approach is to resolve matters early, locally and together and it is intended that these discussions lead to a positive working relationship and a Win-Win for all concerned. If you are a pharmacist working for a group of GP Practices or a Federation and would be interested in either union representation or becoming a trained union rep, then please contact the PDA.

# PDA supporting charity

**Launched in 2017, the PDA created a major charity initiative partnership with Pharmacist Support, the charity that supports pharmacists and their families across Great Britain.** Each year the PDA donates £1 for each individual in membership, including pharmacy student and pre-registration trainee members. PDA members are also invited to top-up their PDA membership fee with an optional donation to Pharmacist Support as part of the joining and renewal processes.

Over the last two years those two initiatives have resulted in donations totalling over £70,000 to the charity making PDA members the largest source of donations. Pharmacist Support and PDA will be announcing a joint initiative relating to mental health at the PDA conference.

During 2019, PDA also took the opportunity of the second recognition ballot at Boots to create additional positive outcomes from the campaign

by donating £1 to charity for each vote cast, irrespective of what they voted for. A similar initiative after the first ballot in 2018 resulted in a donation of over £3,000 to Macmillan Cancer Support, chosen at the request of Boots pharmacists. From the second ballot a total of £3,500 was divided between two further charities, they deal with issues which sometimes affect pharmacists.

- **The National Autistic Society** is the UK's leading charity for autistic people and their families. The goal of the charity is to help transform lives, change attitudes and create a society that works for autistic people.
- **Mind** provide advice and support to empower anyone experiencing a mental health problem.



They campaign to improve services, raise awareness and promote understanding.

Unfortunately, discrimination against individuals with autism and issues involving poor mental health are both among factors which feature in PDA casework. As a pharmacist organisation, the PDA recognises that prevention is better than cure and though PDA is often able to resolve difficulties for members, the work of charities such as these can help prevent issues arising in the first place.

## PDA negotiate hourly pay increases for pre-registration trainees



**Alongside the pay negotiations which agreed a pay deal for Boots Pharmacists, Pre-registration pharmacists in England, Northern Ireland and Wales employed by Boots have benefitted by a reduction in their required contractual hours which has increased their hourly pay by over 6.5% thanks to pay negotiations by the PDAU network at the company.**

The contractual working hours for pre-registration pharmacists at Boots is now harmonised across the UK at 37.5 hours per week, whereas those outside of Scotland had

previously been required to work 40 hours per week. This change to hours, with no loss of pay, means a reduction of 2.5 hours per week for those who work in England, Wales or Northern Ireland and that means pay per hour has increased.

Employers of pre-registration pharmacists receive government funding for trainees and they are there to learn and prepare to become pharmacists. It is hoped that the extra hours now available to these individuals will allow them more time for study or well-deserved rest.

Though pre-registration pharmacists are eligible for FREE membership of the PDA, the PDA is still working in their interests and values their membership equally with other members. The PDA also includes pre-registration (and student) members when donating £1 for each member to Pharmacist Support each year. This significant increase in hourly pay rate for those at Boots is a practical example of how PDA can make a tangible difference not just for pharmacists but also for pre-registration pharmacists.

As with all PDA members, pre-registration pharmacists can contact PDA office for help with matters relating to their employment or practice and have access to the PDA Plus range of discounts and offers. **Pre-registration pharmacists who are not yet members of the PDA are encouraged to join FREE, here: [www.the-pda.org/join](http://www.the-pda.org/join)**

# £200,000 record breaking pay-out secured for PDA member badly treated by senior NHS pharmacists

**A hospital pharmacist discriminated against by a large NHS Trust has recently been awarded more than £200,000 in compensation after years trying to establish their rights through the internal processes and then through a lengthy court battle.**

The PDA supported the pharmacist from the start of the discriminatory behaviour, providing knowledgeable union representation, specialist PDA lawyers and senior legal Counsel to fight for the member's interests in an Employment Tribunal.

After 8 days in the employment tribunal, where the PDA barrister cross examined key members of the hospital's senior management team, including the Chief Pharmacist, the panel agreed that the disabled pharmacist had been unfairly dismissed and had suffered discrimination by the Trust. Hospital management constructed a campaign

of discrimination in order to avoid putting in measures to support the pharmacist at work with the aim of dismissal being the outcome.

Even though the member won the Employment Tribunal case, Trust representatives refused to accept the PDA legal team's calculation as to the appropriate level of compensation for this campaign of discrimination. This meant a further Employment Tribunal hearing was necessary, and the Chief Pharmacist continued his discriminatory stance against our member with a view to greatly reducing the level of compensation to be awarded, after the pharmacist had lost significant sums of wages and benefits for many years arising from the poor treatment. This time a senior PDA executive gave expert evidence in support of our member's compensation claim. The tribunal overwhelmingly preferred the PDAs



evidence and awarded in excess of £200,000 after rejecting evidence from the Chief Pharmacist. A further hearing is due in relation to further elements of financial compensation.

Mark Pitt, Director of Defence Services commented "This member was treated appallingly by senior Trust pharmacists, including the Chief Pharmacist who presided over and condoned the poor treatment of one of his disabled employees. We hope that after securing this substantial award, the pharmacist can now rebuild their life and fully recover from their ordeal "

**More details about this shocking case will be shared over the coming months.**

## Pharmacy being sold - You've been TUPE-ed

**The current pharmacy funding model has led to a spate of pharmacy sales by some pharmacy multiples in addition to reviews of contracts to provide hospital pharmacy services which are reaching the end of the agreement.**

For example, in October 2017 Lloydspharmacy announced plans to sell up to 200 branches and Walgreens Alliance Boots are currently exiting from some hospital pharmacy contracts as they expire. Primary care pharmacists can also find themselves being transferred from one organisation to another as part of the changing NHS landscape following the introduction of PCNs in England.

When a pharmacy business is sold or a relevant transfer occurs, the staff become subject to the

Transfer of Undertakings (Protection of Employment) Regulations 2006 or TUPE. These regulations are designed to protect the employment rights of the worker when a new employer takes over. However, these regulations are complex, and the PDA routinely supports affected members who believe they are being treated badly by the new employer.

Some examples of poor treatment include attempts to lower job grades, reducing pay/benefits and not honouring arrangements from the previous employer such as sick pay. Members can call upon the expertise of the PDA employment lawyers to help tackle such unlawful behaviour and the PDA has an excellent track record of helping to resolve disputes and where necessary securing significant amounts of compensation for members when the employment relationship irretrievably breaks down.

The PDAU has a recognition

agreement with Walgreens Boots Alliance, the largest pharmacy employer in the UK and this relationship brings enhanced protection and benefits for groups of pharmacists who are transferred to a new employer. In such cases the employer is required to formally consult with the PDA Union and the Boots recognition agreement transfers with the pharmacists to the new employer. This means that the pay bargaining benefits of the collective agreement are retained along with certain policies and procedures which stay with the pharmacists as they transfer to a new employer.

### Advice to Members

**If PDA members become aware that their pharmacy is being sold off or that they are at risk of being transferred to a new employer, they should contact the PDA at the earliest opportunity to get legal advice on protecting their position.**

# Pitfalls of pharmacy in General Practice

**PDA members may have noticed the statements which the PDA published in the autumn regarding competency and the need for honest reflection when taking on new activities or moving to different sectors.**

The PDA Defence Team is now starting to identify trends from member cases – all are interwoven with competency in some respect and some have resulted in regulatory and even police investigations. Some of these themes are particularly prescient given the current drive to significantly increase the number of pharmacists working in general practice across the whole of the UK.

In some parts of the UK, Primary Care Networks will potentially be set huge targets for offering Structured Medication Reviews and follow-up to a long list of patient cohorts. This requirement may result in relatively new general practice pharmacists who have yet to complete the training pathway or may only just have obtained their IP qualification, being pressured into taking on the complex reviews.

Here are some emerging trends:

- Pharmacists who may be new to general practice taking on duties such as 'walk-in' minor ailment clinics, triage or unfamiliar specialist prescribing as a result of failing to appreciate the risks involved.
- Pharmacists subjected to pressure from their employers to take on inappropriate duties despite expressing reluctance.
- Pharmacists with significant experience at senior levels in other sectors moving to general practice and being



involved in significant errors.

- Employers with little or no experience of practice pharmacy having inappropriate expectations about what they could or should be asking pharmacists to undertake. For example:
  - A group of practices covering a population of 50,000 patients expecting one pharmacist to sign all repeat prescriptions for all practices.
  - A practice trying to compel a pharmacist to make a significant drug switch on the basis of operational considerations, without giving patients any choice and including patients excluded from switching in local and national guidance.

In England in particular, the NHS England plans for implementation of the first two sections of the Primary Care Network DES specifications run the risk of making the situation worse with inexperienced pharmacists expected to undertake Structured Medication Review in complex patients.

**Come along to the PDA conference on 28th and 29th March to hear more about PDA cases including a session dedicated to cases linked to general practice pharmacy.**

## Pre-Regs beware!

The pre reg year can be the most stressful time in the journey to become a registered pharmacist with regular appraisals, challenging situations and complex clinical issues to overcome; most feared is the dreaded "Registration Assessment". This single day of knowledge testing is by far the biggest source of stress reported to the PDA by pharmacy graduate members. The PDA recognises that pre regs are a vulnerable group at the start of their pharmacy career who are highly dependent on securing a supportive tutor and good working environment. Therefore, PDA resources and support are targeted at this group to help ensure as smooth a journey into professional registration as possible.



**The PDA provides a number of conferences specifically designed to help pre regs pass the registration assessment [www.the-pda.org/events](http://www.the-pda.org/events)**

The registration assessment is strictly regulated but despite this some students can inadvertently transgress these rules. Such is the state of panic that entering the assessment centre can create that rational thinking sometimes goes out of the window. The PDA provides support for students who find themselves accused of misconduct during the assessment, such as

forgetting to leave their mobile phone outside the assessment room.

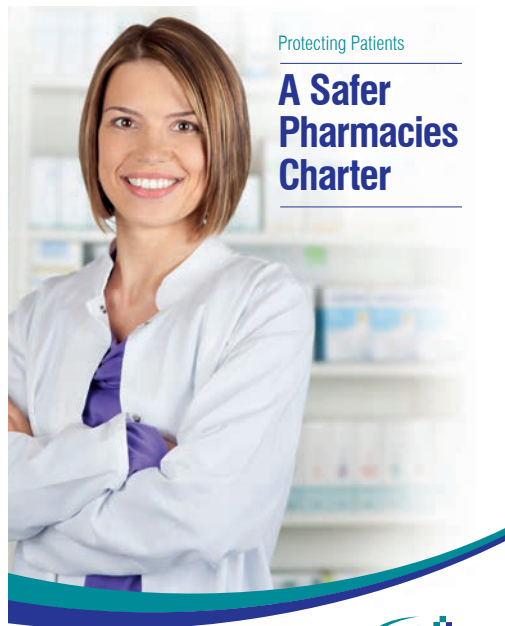
In 2019, the GPhC introduced a new process for dealing with allegations of misconduct during the registration assessment. Pre regs accused of misconduct are invited to a misconduct hearing at the GPhC where a three-member panel, considers the case against the Pre-Reg. These meetings are held in private in the style of an employment disciplinary meeting and no legal representation is permitted.

**As part of its comprehensive package of support for pre-regs, the PDA has a team of experienced non-legal representatives available to support members through GPhC Pre Reg misconduct hearings.**

# A Safer Pharmacies Charter

Protecting Patients

## A Safer Pharmacies Charter



| representing your interests |



### Community Pharmacy

The pressures being placed upon the provision of healthcare generally are already intense and this is constantly getting worse. Whether it is stories about patients being left on trolleys in hospital corridors, or dispensing errors leading to members of the public being harmed, the National Media will continue to draw attention to these matters and this is only to be expected by the public. We all know that no healthcare professional goes to work with the intention of causing harm. At the PDA however, we deal with many situations where pharmacists have ended up in an inadvertent error situation. This is often frustrating because many of these situations are entirely avoidable and are caused primarily by a failure in the system. This takes a pharmacist who is working in woefully inadequate circumstances down a route of trying to make the best of a bad job and in so doing making an error highly likely.

Understanding the root causes of errors, routinely handled by the PDA enables us to learn lessons which can be used to reduce the risks of error incidents in the future; this is the essence of risk management.

The PDA launched its first Safer Pharmacies Charter in 2018

([www.the-pda.org/watch-the-charter-launch-event](http://www.the-pda.org/watch-the-charter-launch-event)). Designed to make the Community Pharmacy a safer place, since its launch, the PDA has been lobbying employers and other stakeholder organisations, meeting regularly to discuss this issue with both the GPhC and the PSNI as well as undertaking annual safety surveys. The results of last years patient safety survey will be revealed at the PDA Annual Conference in March. In this edition of Insight, we circulate this Safer Pharmacies Charter to all of our Community Pharmacy members as well as every single Community Pharmacy in the UK. We have also attached a Campaign decal, which pharmacies that are prepared to sign up to the additional safety standards will be able to affix and display in their front windows demonstrating their commitment to this important initiative. Already several pharmacy companies have agreed to commit to the principles of the Safer Pharmacies Charter as well as display the decal in their windows.



**“Having attended the launch of this initiative in Parliament, I am delighted to be able to display this decal in my pharmacy window to publicly show that my pharmacy supports the principles of patient safety that this initiative advocates”**  
**Olutayo Arikawe - Priory Pharmacy, Dudley, West Midlands**



**“Right Medicine Pharmacy are delighted to sign up to an initiative that celebrates the fact that patient safety must be at the very heart of the Community Pharmacy service.”**  
**Noel Wicks - Right Medicine Pharmacy Group, Scotland**

### Safer Hospital Pharmacies Charter

There are those pharmacists who feel that concerns over safer working environments may be a feature restricted to the hard pressed Community Pharmacy sector. The PDAs experiences of defending pharmacists in critical situations shows that this is not at all the case. The concerns about working environments being expressed by hospital pharmacists and the number of cases handled by the PDA show that deficits in environmental conditions related to hospital pharmacy practice are also increasingly putting coal face hospital pharmacists into difficult situations, often requiring them to work in sub optimal conditions.

In an initiative led by Hospital Pharmacists from PDA Union committees and supported by coal face practitioner hospital pharmacists, the PDA is also able to announce the publication of the Safer Hospital Pharmacies Charter.

This is being circulated alongside this edition of Insight to all PDA members working in the hospital sector as well as to every single hospital pharmacy department in the UK.

The PDA will release its Safer GP Practices initiative at the PDA Conference in March.



# PDA Union recognition led to pay increases at Boots, but what is the wider impact?

**For over eight years senior management at Boots tried to prevent its employees from having the union of their choice represent them in employee relations and be recognised to negotiate on their behalf. PDA fought tirelessly and eventually made trade union history as the first workplace population ever to win two ballots and remove a “sweetheart” union arrangement.**

The lead up to this was painful, but after the company was ordered to recognise the PDA Union, talks between the two parties produced a constructive recognition agreement and a structure enabling pharmacists to have their say at work. This includes a network of 17 representatives (‘the network’) who are Boots employee pharmacists but trained and supported by the union. They are paid to work by Boots both as pharmacists, and also as union representatives. During work time, they engage in union related activity. Their mantra is to try and resolve pharmacists’ concerns “Earlier, more locally and together” this approach benefits both pharmacists and the company. As part of the recognition arrangements, as well as pay negotiations, quarterly Joint Consultative Committee (JCC) meetings are also agreed, enabling employee representatives supported by the PDA to consider more substantive issues.

The network have been involved with many issues of concern to pharmacists including representation for those pharmacists being transferred out of the company to new employers at hospital outpatient pharmacies and individual advice based on specific employment issues.

Staffing levels, pharmacist’s wellbeing and a stress survey are all issues being raised with management. A stress survey following Health & Safety Executive (HSE) best practice will soon be open. The company declined the union’s invitation to participate in this survey, despite this, the company is aware that the issue will be pursued independently by the PDA. This demonstrates why a well-resourced and independent union is so needed in pharmacy.

## Pay negotiations

The first pay negotiations at Boots began the week after signing the recognition agreement and members of the network, supported by PDA officials, met multiple times with senior management to secure a pay settlement which was announced in November. Many new things were agreed and clarified; a subsequent survey of members at Boots showed that the most popular elements of the pay settlement agreed were;



1. Company assigned training would now be undertaken in paid working hours,
2. The pay increases agreed; and
3. Greater transparency in pay ranges.

One consequence of a greater focus upon pay, came in December when the company agreed to give newly qualified pharmacists two pay increases over a period of just seven months in 2020.

Over 70% of survey respondents said that they feel more positive about the employer’s approach to their pay now that the PDA Union can negotiate on their behalf. Improving how pharmacists feel about the employer is another Win-Win aspect that comes from union recognition.

While the outcome of the pay settlement is applied to pharmacists irrespective of whether they are a PDA union member, other aspects of the network’s activity, such as representing members in disciplinary or similar processes are only available to union members. Any pharmacists who are not yet PDA members are encouraged to join as soon as possible: [www.the-pda.org/join/](http://www.the-pda.org/join/)

## How will this impact on other community pharmacists?

It was always the PDAs strategy to start with recognition at Boots because this is the largest group of employee pharmacists in the UK. This one arrangement enables the PDA to directly negotiate the pay for over 10% of the UK’s pharmacists. The scale of the outcome of these annual pay negotiations and changes in employment practice will undoubtedly influence the competitive employment market conditions elsewhere, so this is not only of benefit to Boots pharmacists.

Much more importantly, recognition with other employers is already being pursued and will inevitably follow. PDA members interested in establishing similar arrangements at their employer should contact the PDA office.

**For those interested in finding out more, two members of the PDAU network at Boots will be speaking about their experience in representing their colleagues at work as part of the PDA National conference in Birmingham at the end of March.**

# PDA National Conference: Birmingham

## Shaping The Future: Overcoming the Challenges to Seize the Opportunities

**For a variety of reasons, but largely because the pressures being placed upon the NHS are now extreme, there is no doubt that pharmacists as individual clinical practitioners are now being recognised far more than ever before.**

The previously small, exciting and much more clinically orientated GP Practice based activity within the profession has now become the most rapidly emerging sector of pharmacy practice and this is to be welcomed. That Community Pharmacy is moving from supply to services is well overdue. That pharmacy education is constantly being reviewed is another by product of this professional development. That there is now a much greater requirement for pharmacists in secondary care to work more collaboratively with colleagues in primary care is a fact that most will understand.

However, with all change comes re-organisation and if this is not carefully planned, properly resourced and well led, then chaos can result bringing with it problems and an impact upon patients.

### Being the Architects of our own future

Whilst we continue to push and campaign for progress, we do not simply want to become the victims of a poorly designed future, instead we constantly seek to ensure that pharmacists are involved in its architecture. In helping to shape

the future, we will need to be able to overcome the challenges so that we can seize the opportunities. Throughout this process it is vital that understanding how the proposals for change may be impacting upon our members is at the heart of what we do; this makes connecting with our members such a vital component of our work.

We hold many focus groups, undertake surveys and organise conferences for our members, enabling us to continue to feed our policy work with ideas and feedback of members.

In this edition of Insight, we highlight the forthcoming National PDA Conference in Birmingham on 28th and 29th March. Entitled Shaping the Future, we invite you to book your place and come and join us. **The event is free of charge to all members** and will be an unmissable opportunity to connect with peers, hear from national and international speakers on topics relevant to you and have your say on what is happening in pharmacy currently as well as how we can work together to change our future.

**PDA National Conference 2020**  
Birmingham, 28-29 March

For more information and to book your place visit:  
[www.the-pda.org/ncinsight](http://www.the-pda.org/ncinsight)

#PDAconf20

In association with  
**pharmacy**

### Here are just some of the speakers at the Conference...



**ANDREW EVANS**  
Chief Pharmaceutical Officer for Wales.  
Andrew sets out his vision for pharmacy



**DUNCAN JENKINS**  
MD of Morph Consultancy and PDA Senior advisory Board member  
Duncan leads the conference stream for GP Practice based pharmacists



**REGAN MCCAHILL**  
President of the BPSA  
Regan joins the PDAs Question Time Panel



**PAUL NOWAK**  
Deputy General Secretary of the TUC.  
Paul shares his views on the benefits of unionisation and the progress of the PDA.

## A selection of some of the issues being dealt with at this event

### Pharmacists working in GP Practices

Seen as the great new career direction hundreds of pharmacists are now heading towards this exciting new proposition. Because of this, an entire day by way of a GP Practice based stream is being made available.

Organised in conjunction with our PDA Plus Partner, we ask how can large numbers of pharmacists safely transfer over to a GP Practice based role if their training is not fit for purpose and their employers have unrealistic early expectations? We consider ways in which GP Practice based pharmacists can work more safely and also more collaboratively with other pharmacists across the system. We examine some of the episodes of harm being handled by the PDA Defence team so that the experiences of the few can be turned into the lessons of the many.

### Stopping Remote Supervision

This most toxic of government proposals has not gone away. There can be no doubt however, that the current rules on Supervision in Community Pharmacy must be reformed. We explore and pressure test new proposals that the PDA has

been working on. Ones which provide pharmacists with a new framework for Supervision, one that makes them far more accessible to the public in a Community Pharmacy.

### Pharmacist Apprenticeships

Few issues have shot so meteorically to the fore than the issue of pharmacist apprenticeships. In a Call to Action campaign, more than 6,000 members participated in a consultation which resulted in stalling progress. However, this issue has not gone away and the trailblazer group of employers are still seeking ways in which to proceed.

We are joined by the Association of Optometrists and together we describe what else we are doing to halt this idea.

### Unionisation in Pharmacy

Whist the unionisation of pharmacists in the UK, through the PDAs recognition agreement with Boots has only recently started to significantly progress, pharmacist unionisation in other parts of the world has been around for many years. Come and find out how unionisation in your workplace can provide benefits for

both pharmacists and their employers. We are joined at this Conference by the Chief Exec of the Norwegian Pharmacists Union and, by the Deputy General Secretary of the TUC.

### The new Diversity Groups of the PDA

Discover how the benefits of the new diversity groups of the PDA, the first of which is the National Association of Women Pharmacists, can help to deliver equality in pharmacy. Find out what you can do to establish a group of your own, with the support of the PDA.

### Locum Pharmacists

A separate conference stream for locum pharmacists is available. Find out how IR35 issues are causing problems for the self-employed work force and what can be done about it.

### Pharmacy Student Leadership Programme

Pharmacy is desperately in need of good leaders and the PDA supports a leadership programme for pharmacy students. A Separate conference stream will provide insights for the future leaders of the profession.



**TAIWO OWATEMI**

**Member of Parliament for Coventry North West.**

Taiwo describes her early experiences of moving from pharmacist to being an MP.



**DUNCAN RUDKIN**

**Chief Executive of the GPhC**

Duncan discusses a range of regulatory issues which affect the lives of working pharmacists



**GRETA TORBERGSEN**

**Chief Executive of the Norwegian Pharmacists Union**

Greta describes how industrial action by Norwegian Pharmacists was narrowly averted.



**WANDA WYPORSKA**

**Executive Director, The Equality Trust**

Wanda will address the National Association of Women Pharmacists conference stream

# It's time to kill off the Remote Supervision concept

## Remote Supervision – the plan to operate a pharmacy in the absence of a pharmacist

### The History

**In the late 90s, everyone agreed that the rules on supervision in Community Pharmacy needed to be reviewed as the practice of pharmacy was changing. The real shock came however, when in 2006 the government proposed the concept of 'Remote Supervision' which would enable the operation of a pharmacy in the absence of a pharmacist.**

Their argument was that the pharmacist had to be released from the Community Pharmacy so that important jobs elsewhere could be undertaken. The government argued that through remote supervision, the pharmacist could work somewhere else other than in the pharmacy to ease the pressures in the primary care system, whilst simultaneously being held responsible for anything that happened in the pharmacy in their absence.

This is both an astonishing and dangerous idea.

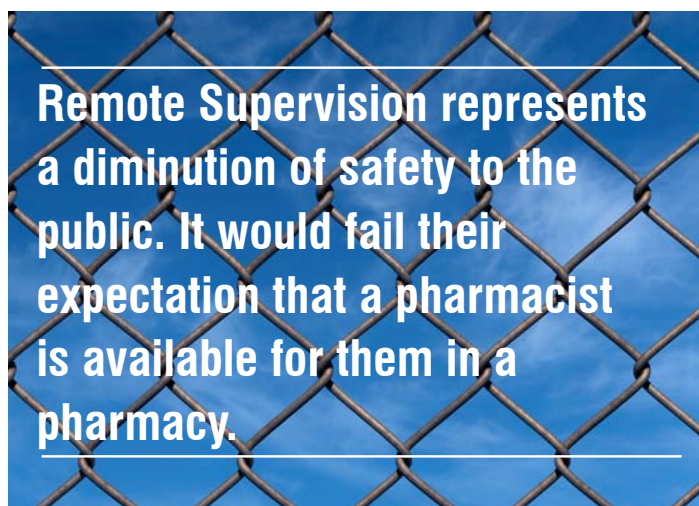
When the PDA asked the government through lobbying in parliament, who the public attending a Community Pharmacy could expect to turn to with their urgent and unplanned medicines related queries, in the absence of a pharmacist, we were told by a government spokesperson that pharmacists would be able to delegate activities to suitably trained healthcare professionals such as pharmacy technicians. We were subsequently told that pharmacists operating remotely would have to make themselves contactable so that members of staff could always call them in the event of any major problems. These were extra-ordinarily shocking and dangerous developments. At that time, the pharmacy technicians register had not even been formally created, however, in a few brief words the long term government strategy for Community Pharmacy had been unveiled causing lasting resentment and disquiet within the profession and one of the unfortunate consequences was that it created tensions in the relationship between pharmacists and pharmacy technicians. Right from the start, the position of the PDA was clear; A Pharmacy without a pharmacist was never going to be



as safe as a pharmacy with a pharmacist and the future being described by the government was not one that the PDA could ever support.

The list of reasons to resist this proposal is a very long one indeed, but here are just a few;

It would represent a diminution of safety to the public, it would fail the public expectation that a pharmacist is available for them in a pharmacy to consult and in a strategic sense, it was a proposal that lamentably lacked ambition about how best to use one of the nation's greatest healthcare assets, the Community Pharmacy being the most accessible healthcare facility in the whole of the UK.



It therefore represented a professional disinvestment in Community Pharmacy and this would ultimately lead also to a financial disinvestment.

Many pharmacists will recall that over the years since 2006, the PDA has always been at the forefront of resisting this poorly thought out and dangerous idea and initially, it was the only pharmacy organisation that did. Over the years the PDA has organised many meetings, conferences,

focus groups, and surveys to gauge opinions and to mobilise the membership. The PDA has not just been busy resisting the ill-conceived proposals, it has also been trying to find ways in which reforms on supervision could make the pharmacist more available to the public in the Community Pharmacy than is currently possible; the opposite effect of the governments remote supervision proposal. These have been revealed over the years in strategy documents such as PDA Road Map (2012) and more recently in Wider than Medicines (2017) - [www.the-pda.org/widerthanmedicines](http://www.the-pda.org/widerthanmedicines)

By 2010, it was apparent that the government planners were in trouble, the proposals were receiving a very hostile

reception and this was getting steadily louder. The Responsible Pharmacist regulations that the government had launched in 2009 in preparation for remote supervision had been slammed in an independent report and needed to be overhauled. The two-hour absence that the RP regulations had been permitted to enable pharmacists to develop healthcare services was simply being used by some employers to reduce their costs by allowing dispensing to start at 7.00 am. two hours before the pharmacist had arrived. The idea that RPs would have a few years of experience before they could aspire to this higher level of responsibility, the extra training and annotation on the register that RPs were supposed to enjoy as recognition of the extra responsibility never materialised.

When lobbied, MPs from every party could simply not understand why this was even being contemplated.

### The Rebalancing Committee

Unable to make any progress, not just because of hostile resistance but maybe because the idea was just of such poor quality, by 2012, the government decided to handover this poisoned chalice and created a Rebalancing Medicines and Pharmacy Regulations Board (Rebalancing Committee). Comprised of individuals handpicked by government officials, with meetings held in relative secrecy with confidential papers and brief minutes only released months after meetings were held, two of its main objectives included to deal with supervision and also to establish the role of the pharmacy technician. No surprise perhaps that the PDA was not invited to join this committee.

### Shocking Revelations

**In 2017 a highly secretive supervision sub-committee of this board which according to an article in the Chemist and Druggist was led by a senior government pharmacist came up with an idea that was even more alarming than Remote Supervision - they would simply allow pharmacy technicians to take responsibility for supervising the sale and supply of medicines from a Community Pharmacy.** So shocking was this secretive proposal that it was evidently leaked to the press in what can only be described as a quasi 'whistleblowing' action by an unknown Rebalancing Committee member. This report was so

toxic, that the Minister of Health had to distance himself from it stating that it was not government policy.

The PDA has been vigilant and active on the defence of this matter since 2006 and over the decades has watched how several pharmacy bodies who initially were supportive of these proposals, perhaps because they could see that their operational costs may reduce as they would no longer need to incur the full time cost of a pharmacist have moved their positions so there is now a general consensus on the vagaries of these proposals. With the Community Pharmacy Contractual Frameworks across all four countries radically changing to make them far more service orientated, the government is yet again considering supervision.

It is the PDAs view that rather than become the victims of their proposals, we must now become the architects of our future and the time is now right for us to propose sensible

## “The government is yet again considering supervision”

and desirable changes on supervision in a proactive way. At the PDA we seek professionally fulfilling and sustainable roles for our members, we want patients to see a wider range of services being delivered by community pharmacists in community pharmacies; at the very heart of primary care. We want to see pharmacists developing more comprehensive clinical relationships with their patients. We believe that we have several draft proposals on changes to supervision that would enable all these things, a plan which does not involve a pharmacy operating in the absence of a pharmacist. However, no changes are ever without risk and it is important to pressure test the concepts and assess any emerging scenarios that they may create. Consequently, throughout the Spring of 2020, the PDA is engaging members throughout the UK. Focus Group meetings have already been held and a survey is being issued to more than 30,000 members. Discussions with the GPhC and other pharmacy bodies have been held and efforts to gauge the support of Pharmacy Technicians to these draft proposals are also being made. **Once a firmer picture has emerged, the forthcoming PDA conference will provide members an opportunity to discuss some of these proposals.**

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# Outrage over comments about Pharmacists in ITV 'This Morning' programme – But what next?



**Though they were intended to be light-hearted, the recent ill-informed comments about the role of community pharmacists that were broadcast on ITV's This Morning programme prompted our profession to come together and act.**

Our complaint to OFCOM was one of more than 2,000, which included other pharmacy bodies, pharmacists and almost certainly members of the public. Initiatives like [#whatwedoinpharmacy](#) produced by Pharmacy in Practice, supported by the PDA and the Pharmacists Cooperative and the approach direct to ITV by the RPS go to show, just as when thousands acted to oppose the inappropriate apprenticeship proposals last Spring, that our profession can achieve more when we work in union and support each other.

Faced with a united profession, ITV apologised within days. That's a good outcome to this particular instance, but the real and more worrying issue is that too many people are still ignorant about what we really do in pharmacy and this is a situation that we must resolve.

Resolving this is a must as it is now abundantly clear that the profession has an ambition, that the government has an expectation and that the public has a need for the profession to develop and take charge of medicines and the nation's pharmaceutical care

programme. but these objectives will be hampered if the public perception of pharmacy, particularly as seen most visibly in the Community Pharmacy setting, is not radically changed.

The draft standard produced by the National Institute for Health and Care

Excellence (NICE) the same week as the 'This Morning' comments stated that *"Community pharmacists could "play a greater role in health promotion, prevention and recognition of ill health"*, however the document also stated that *"lack of awareness of their skills"* among the

public and healthcare professionals, combined with the *"long-held view"* that they are *"responsible mainly for dispensing medicines"*, presents a barrier to them *"fulfilling their full potential"*.

So, who is responsible for changing

the public's perception about what we do? On the face of it, this seems like a mountain to climb, but it need not be, as most of the biggest and most complex challenges faced by society have been tackled in small bite sized chunks.

Firstly, we each can do this in our direct interactions with patients and to a great extent this is already being done as the hundreds of thousands of interventions that we make in pharmacy every day are an opportunity to evidence the value we bring. Supportive contractual frameworks which ensure that pharmacists are actually paid for direct care are already being put in place.

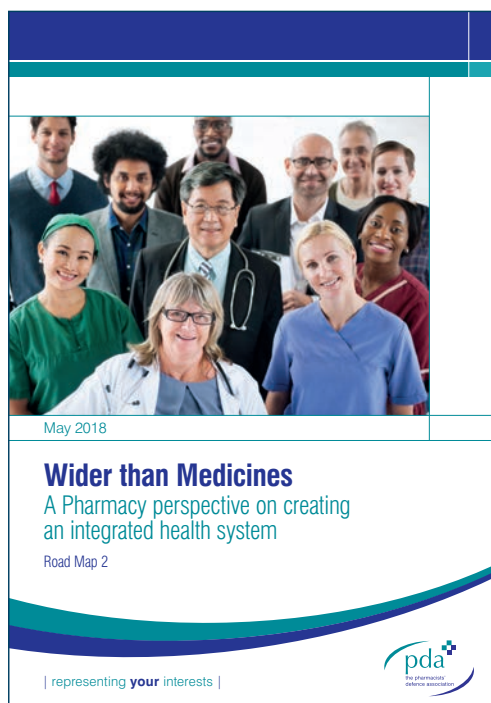
Secondly, we must not only enable pharmacists to develop those clinical relationships with patients in the Community Pharmacy setting, we must also create strong referral pathways enabling pharmacists across all sectors to work in a joined up and collaborative

way. This will require government intervention and changes to supervision rules enabling pharmacists to delegate the mechanics of medicines assembly to pharmacy technicians.

Thirdly, and once the foundations are in place and we can do what we say on the tin, we need to actively seek to change the perception of

the public through a concerted media campaign.

The PDAs role as the largest pharmacist organisation and trade union is to defend the reputation and represent the interests of individual pharmacists. Other organisations in pharmacy have



different, but no less important roles; already there is a considerable degree of collaboration but going forward, together we must work out who exactly does what to deliver on the plans.

## Changing the perception of the public.

The PDAs strategic vision, described in Road Map and Wider than Medicines ([www.the-pda.org/widerthanmedicines](http://www.the-pda.org/widerthanmedicines)) is significantly underway, as part of that (and long before the ITV programme) we have described the need for an advertising campaign to change the public's perception. We already have the draft adverts designed and although these are still to be amended if necessary by being subjected to Focus Group scrutiny, we are readying ourselves to pilot these on bus shelters, advertising hoardings, local newspapers and social media in a small geographical area and evaluate their success.

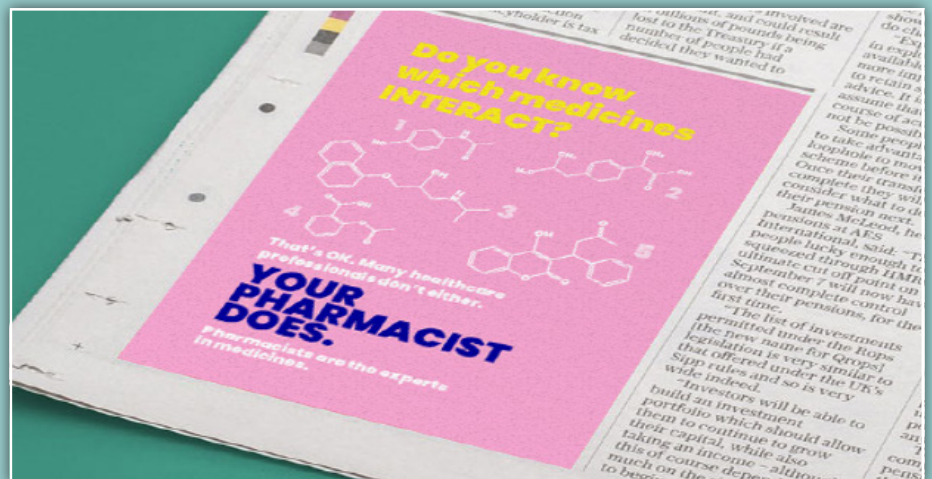
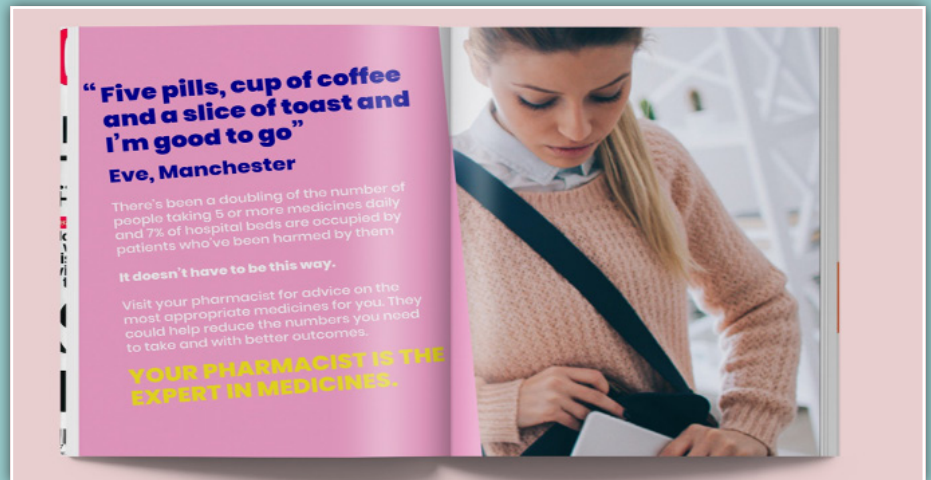
In light of the ITV programme, we have written to the Pharmacy Minister in Westminster to ask for support. We have also arranged for some formal questions to be asked in Parliament and are awaiting a response. In February, we are also meeting to discuss these issues with government officials in Scotland, Wales and Northern Ireland. We believe that if the government aims to rely upon pharmacy to help with the crisis facing the NHS, then it will be in their interests also to support an educational campaign to change the public's perception of pharmacists.

The written questions that have been put to the government in Parliament are;

- *What assessment have they made of the recent comments on the 'This Morning' programme about the role of pharmacists?*
- *What plans do they have to promote the role and value of Community Pharmacy services?*

We await the responses, but more importantly we seek some commitment to supporting our educational campaign. We will keep members informed of any progress.

## Draft advertising concepts



# National Association of Women Pharmacists starts its 115th year as part of PDA

**On 1 January this year, the National Association of Women Pharmacists (NAWP) became the PDAs first member diversity network. In 2019 NAWP had announced that due to dwindling numbers it would wind up after over a century of activity. The PDA had a track record of supporting NAWP, allowing them to use the PDAs offices for meetings. When the PDA reached out to NAWP it resulted in a jointly developed proposal for NAWP's future which has now been implemented.**

NAWP is now a semi-autonomous network, supported by the resources and organisation of the PDA, it will continue with its original mission *"To enable all women pharmacists to realise their full potential and raise their profile by being educationally, socially and politically active"*.

The timing was serendipitous as the PDA had been developing plans to introduce diversity networks for members and these circumstances fast-tracked the introduction of the women's network. Other networks will be announced, as originally scheduled, at the 2020 national conference in March.



The status of women in society has changed significantly since NAWP was founded in 1905. The profession is now approximately two thirds women, but women are still disadvantaged and remain under-represented in positions of influence. This year is the 50th anniversary of the Equal Pay Act yet the gender pay gap continues to exist and there is still not a proportionate presence of women pharmacists in senior roles across the sector. There is still a powerful need for NAWP to champion the interests and rights of women pharmacists.

That the PDA was already addressing these issues is demonstrated by its support for 'Women in Pharmacy Leadership' sessions at events like the Pharmacy Show, in its casework supporting women experiencing discrimination at work, and in the PDAs efforts to improve the equality of treatment at work for all. Another example is the commitment to reviewing equality in pay secured by PDA as part of the first negotiated pay settlement at Boots. Bringing PDA and NAWP together will greatly enhance campaigning for the interests of women pharmacists.



NAWP will continue to be a network for women pharmacists, to meet and discuss issues affecting women pharmacists. Members of NAWP have also been engaged with the annual European Women's Pharmacist Meeting and it is expected that this activity may be enhanced through PDAs membership of EPhEU (Employed Pharmacists of the European Union). The NAWP network can also be the vehicle through which the voice of women pharmacists is promoted in pharmacy and through the PDAs connections, the voice of women pharmacists can now be heard in wider women's campaigns, such as on equality legislation.

Membership is available to PDA members at the reduced rate of just £10 per year and also remains available to non-PDA members at the original costs of NAWP membership of £30 per year. Membership is free for pharmacy students and Pre-Regs. The more members that join the more activity that will be undertaken. Pharmacists and pharmacy undergraduate students can join online here: [www.the-pda.org/join/nawp/](http://www.the-pda.org/join/nawp/)

## The first NAWP member event

Since the relaunch of NAWP as a PDA Diversity group, the membership numbers grew by 160 in just the first three weeks of January with several new members asking how they could take on a leadership role within the organisation. Consequently, a session for NAWP members is being held alongside the PDAs National Conference in March. Dr Wanda Wyporska FRSA, the Executive Director at The Equality Trust, (the national charity that campaigns to reduce social and economic inequality) has been invited to address the meeting. She will present; *Inequality at work: What it means for pharmacists and what you can do about it*

## Further new networks coming

Rights of gender equality are safeguarded in law as part of the Equality Act 2010 alongside other protected characteristics and just as PDA now has a network for Women Pharmacists, further networks are currently being established. These will cover other protected characteristics following the same operating model as NAWP within the PDA. **Pharmacists will be able to join any or all these networks and together we will work for a fairer more equal and engaged profession.**



# Apprenticeships – the unexpected controversy

**It was April 2019, when PDA became aware of attempts by an anonymous group of pharmacy employers to develop an apprenticeship scheme for pharmacists in England. Although unexpected, it turned out to be one of the most significant issues faced by pharmacists in the last 12 months with over 6,000 responded to the official consultation when PDA called for members to do so. After several meetings and some intense campaigning, the original proposal was eventually abandoned in May after it failed to pass the first formal appraisal step in the process.**

However, a meeting hosted by Skills for Health in July was followed by a statement in October that a new proposal was being progressed, this time with the identity of all ten employers involved made public, along with the identities of organisations that are advising them. In response, PDA issued a joint statement with the Guild of Healthcare Pharmacists raising shared concerns about this initiative.

Later in November, the PDA was approached by the Association of Optometrists who now face similar proposals and have been encouraged by the pharmacy profession's successful response.

Health professionals, such as pharmacists and optometrists, know the reality of working conditions in high streets, where retail profit priorities often compete with the focus on patient care. Organisations that represent such individuals can also see from the experience of their existing members the lack of suitability for that type of workplace to be a learning environment for the equivalent of a four-year master's degree course.

The PDA cannot support the apprenticeship proposal unless and until there are realistic assurances that apprentices will enjoy robust, well rounded and effective education and study which meets the GPhC requirements for an MPharm course. This is just a start, additionally, such training would need to allow apprentices adequate time for revision, self-directed learning and rest; and most importantly produce registrants who whilst being at no material disadvantage compared to registrants educated via the traditional route would not threaten the status, resilience and viability of the profession as a whole. Put simply, this is so unlikely given what is known about working conditions for pharmacists in a retail setting, as to be undeliverable.

There have also been wider concerns on the way apprenticeships are being developed in England of which the pharmacist apprenticeship seems to be a further example.

The Institute for Apprenticeships and Technical Education is an employer led crown Non-Departmental Public Body. The Institute for Apprenticeships and TECHNICAL Education (IfATE) is creating an environment where apprenticeship schemes are being applied to PROFESSIONAL roles and many believe that this is a controversial move.

OFSTED reports on how approved apprenticeship schemes have and are being managed are public documents and from these it can be seen that even for technical apprenticeships, many of these schemes need improvement.

The "Runaway Training" report by the EDSK 'think tank' published in January 2020 reveals many of the overriding concerns about the development of what they call "Fake apprenticeships" which include those that have been created



for Bachelor's degrees and Master's-level programmes. Along with low skilled generic roles and being used as an alternative source of funding for existing management development, the report highlights how the funds collected through the apprenticeship levy are now being used for purposes for which they were not originally intended. The levy is, in effect, a tax of 0.5 per cent on the pay bill of any UK employers with an annual wage bill of £3 million+. Those employers pay their levy and can then 'spend' their contributions on approved apprenticeships delivered by registered training providers, so it can be understood how those employers would want to use that funding.

Currently the proposals are paused, but this is not yet over. Safeguarding the standards and reputation of the pharmacy profession is important and this issue must be resolved.

**The Association of Optometrists will be joining a session which explores our concerns at the PDA National Conference in March. Working together will undoubtedly improve our chances of success and members will have an opportunity to put their views.**

# Indemnity Matters – Clinical Negligence Scheme for General Practice (CNSGP).



**GP Practice based pharmacists work with the greatest exposure to the clinical and diagnostic environment in primary care, an area most accustomed to large civil claims for compensation.**

Following several years of significant increases in medical defence organisation membership costs for GPs (which were ultimately funded by the government), a state-backed indemnity scheme for general practices in England and Wales was introduced by the government on 1st April 2019.

Because wider protection is excluded and this scheme solely covers claims for compensation payments made by patients for harm caused due to clinical negligence, this has reduced the cost of the indemnity. This is in contrast to defence association membership which is designed to defend the reputation of healthcare professionals and support them in wider proceedings which may occur as a result of errors or omissions made whilst working.

Whilst the CNSGP cover is free, it is very basic, covering claims for compensation in clinical negligence. It does not meet the defence requirements of individual practitioners in the wider aspects of their role.

For this reason the NHS recommends that GP practice-based staff should continue to be in membership of their

respective Defence Associations so that they can be protected in situations where the CNSGP provides no protection.

## The NHS recommends that GP practice-based staff should continue to be in membership of their respective Defence Associations

### CNSGP does NOT cover:

- GPhC proceedings
- Criminal investigations, related to professional practice
- Coroner's Inquests or Fatal Accident Inquiries
- Patient complaints
- CCG, CQC, Health Board and/or NHS investigations
- Disputes with their employer involving investigations, disciplinaries, grievances, whistleblowing or performance management.
- Claims for breach of confidentiality, libel, slander, public liability,
- non-NHS work in a GP practice or any work not in or for a GP practice
- Claims related to incidents which occurred before 1st April 2019.

There are PDA membership schemes which cover all of the above.

One extra concern that pharmacists have about the CNSGP is that its rules state that because it is operated by a public body, it has a duty to act in the public interest. The NHS has made clear that in handling a claim it may report a pharmacist involved in an incident to a regulator or to those managing the NHS performers list.

### PDA indemnity cover

By contrast to NHS Resolution, the PDA is not a public interest body, and will always put the members' interests at the forefront of its thinking. If a regulator is involved, the PDA will seek to defend the pharmacist. The PDA believes that pharmacists are best served by maintaining their full comprehensive GP Practice based membership as this avoids having to rely upon the CNSGP at all. However, the PDA fully recognises that many pharmacists will find the costs of the full comprehensive scheme more difficult to fund (unless they can persuade a GP practice to support their Indemnity costs). Consequently, the PDA has been able to launch a new scheme which takes advantage of the availability of NHS provided indemnity for the benefit of pharmacists and which is called the CNSGP 'wrap around' membership scheme.

The CNSGP excludes claims which might be made as a result of incidents that occurred in a GP practice prior to April 1st 2019, but which do not emerge as claims until some time after that date. This potentially leaves pharmacists unable to make the required declarations when renewing GPhC registration, as they cannot declare that they have appropriate indemnity in place to protect patients they have treated in the past. To ensure that patients are protected from the 'historical liabilities' of pharmacists who worked in a GP Practice in England and Wales prior to April 1st, 2019, the NHS required

pharmacists to take out a 'Run Off' policy and asked the PDA to arrange such a scheme for pharmacists.

For this reason the PDA now offers the following 3 schemes to pharmacists working in general practice:

- Full comprehensive membership (for pharmacists not wishing to rely on the CNSGP) - from £925
- CNSGP 'Wrap around' membership (for pharmacists who started working in general practice after 1st April 2019) - from £249
- CNSGP 'Wrap around' with 'Run Off' cover (for pharmacists who started working in general practice before 1st April 2019, thus requiring Run Off cover) - from £559

The main benefits for the wrap-around scheme are:

- Providing a much smaller indemnity limit of £250,000 for claims emanating for GP practice-based work, this enables the PDAs claims team to handle any new claims and (most importantly) to determine the initial defence strategy. This ensures that the pharmacists' reputation is put at the heart of any defence effort. This would enable any more expensive indemnity claims to be handled by the NHS, once their costs exceeded £250,000.
- Providing £500,000 of Legal Defence costs insurance to

enable the PDAs legal team to handle any of the medico-legal issues that are not covered by the CNSGP, whether this is from GP Practice or non-GP Practice-based activity.

- Providing £5 or £10million option of indemnity for any non-GP Practice-based pharmacy portfolio career activity; such as work in a care home, locum work, hospital pharmacy etc.

**Every level of PDA membership includes Professional Indemnity, Public Liability and Legal Defence Cost Insurance (arranged by The Pharmacy Insurance Agency).**

## Contingent Medical Malpractice cover (CMM)



**Pharmacists will often take advice from highly accomplished, well known clinical expert pharmacists, or those sitting on committees to decide how best to handle practice situations.**

It is therefore painful to see how some leaders occasionally take it upon themselves to also offer advice on subjects that they know very little about. The world of indemnity insurance is complex and yet some well-known pharmacists occasionally take it upon themselves to offer advice on the benefits of one type of indemnity insurance over another. When their advice is inaccurate it could cause others to make decisions which they could well regret.

Some leaders have spoken about the benefits of Contingent Medical Malpractice insurance (CMM). Whilst

those with CMM do get an indemnity insurance certificate, that's about as far as the similarities go with those who take out instead their own personal full indemnity insurance policy.

CMM, "Contingent cover" or "fall back cover" is not front-line indemnity cover, it will not defend a pharmacist from a claim if the employer has a policy of indemnity insurance already in place. It is designed to insure the employers' indemnity policy against the possibility of failure because it has gone into administration, is closed by a regulator or is rendered inoperable in some other way. This is unheard of and the likelihood of something like this happening, especially for anyone working in the NHS is negligible.

Neither will it operate if an employer has cancelled or forgotten to renew their policy (this does occur).

Anyone who takes out a CMM insurance policy, is also leaving themselves wedded to the prospect of allowing the employer to control the defence strategy of the pharmacist in the event of an error or omission.

**The advantages of this type of cover are:**

- **At around £15 per year, premiums feel cheap – this is a risk that is unlikely to ever happen.**
- **It provides peace of mind to those who worry that their employers indemnity will go into administration or other form of cessation.**
- **The application involves very little form filling.**

**The disadvantages are:**

- **It will not provide an independent form of protection if an employers approach to defending a case is unsatisfactory as it can't operate if an employers indemnity insurance is in place.**
- **Generally does not cover self-employed work.**
- **Since this insurance is unlikely to ever result in a payout, it is one that underwriters find to be very profitable.**

# WHY JOIN THE PDA?

- ✓ We defend our members when they are faced with a conflict
- ✓ We proactively lobby the individual pharmacist's agenda
- ✓ We challenge employers, regulators and government on behalf of our members
- ✓ We arrange insurance cover to safeguard and defend our members' reputations
- ✓ We offer free optional PDA Union membership as standard

**Become  
a member  
of the PDA today!**

*30,000 of your  
colleagues  
already have!*

## What our members say about us...

"I want to thank you for all your help and advice. Without it, I do not think I would have felt able to stand up for myself and my rights."

"I would like to thank you for your help and support from last year. It was an extremely difficult period for me."

"I'm not sure what I would have done without the help of the PDA."

"A final heartfelt thank-you to the PDA. I do not know what I would have done without all your help."

"I shall just say a BIG thank you from the bottom of my heart.. truly for your excellent advice and opinion."

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