insight

The magazine of the
Pharmacists' Defence Association

pda
the pharmacists' defence association

Summer 2022

A SHORTFALL OF PHARMACISTS?

CONFUSED PATIENTS

BURNED-OUT PHARMACISTS

REPUTATION OF COMMUNITY PHARMACY

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A shortfall of pharmacists?

Mark Koziol

Recently the CCA Chief Executive wrote in the Telegraph that the vacancy rates in his members' pharmacies had doubled. He claimed that because of a shortfall of 3,000 pharmacists almost 20% of his members' pharmacies will be forced to reduce their hours, limiting patient access to medicines. He argued that unless the government produces a new workforce plan, patients will face long waiting times and pharmacy closures.

If worrying vacancy rates are the symptoms, then surely we should address the causes.

There are more pharmacists on the register than ever before, 60,641 in 2021 compared to 43,500 in 2011, a period during which the number of community pharmacies has broadly stayed static. During the last four years however, there has been a reduction of around 38% in support staff.

Nearly two thirds of pharmacists surveyed by the PDA do not believe there is a shortage. However, what 54% of those pharmacists surveyed who work for multiples in England have told us is that they simply cannot continue and must change their working patterns. 17% to become locums, 23% to move into another sector, 11% to retire and a staggering 27% to leave pharmacy altogether to retrain in another career.

Pharmacists are fleeing community pharmacy (particularly the multiples), some taking pay cuts to work with professional fulfilment in other sectors, many, to preserve their wellbeing have chosen to work part time. **Some are choosing to leave the profession altogether, surely, there can be very little that is more damaging to the interests of the profession.**

Some of the largest community pharmacy employers in the UK are currently closing or divesting hundreds of their pharmacies or cutting their hours to reduce costs. Members report that whilst pharmacies across the UK are sporadically closing on the grounds that they could not find pharmacist cover, often locum cover was available, but area managers have refused to pay their rates.

The CCA has not only been trying to persuade policymakers that there is a pharmacist shortage, but also that the regulations should be changed. Might this be around supervision, changes which could reduce the demand for pharmacists and also operational costs?

Based on our assessment of the evidence, we don't believe it points to a quantitative shortage of pharmacists, instead these are qualitative issues.

It is clear to me that pharmacists are being broken by this relentless drive to cut costs. The PDA will never support an increase in the numbers of pharmacists, or a reduction in the need for them to be in a pharmacy at all, just so that we can continue to damage more pharmacists and prop up a broken system. Patients across the UK are already suffering from the effects of a reduced service.

The problems in England are even affecting other parts of the UK that have good global sum settlements as they appear to be run along England centric lines. In July of 2021 there were 338 reported pharmacy closures across Scotland, 331 (98%) were those operated by the multiples.

CCA representatives should not argue that their members are the victims of a national pharmacist shortage. Knee jerk reactions or potentially disastrous changes to regulations could do significant damage to community pharmacy's long term strategic interests.

CCA members must ensure safe working environments are in place for pharmacists and their staff and that as NHS contract holders they have suitably resourced services available for patients.

We urge the CCA members to focus upon the causes of the problem which is a series of global sum cuts in England. We have told them that we would support them in this more productive endeavour.

If the Westminster government wishes to transform the way pharmacies operate, where they are located and what services pharmacists provide, then it should stop using a long-drawn-out death by attrition process and start a conversation about the brave new world.

Mark Koziol M.R.Pharm.S.
PDA Chairman

Blacklists, and identical maximum rates – the PDA is carefully watching the behaviour of community pharmacy employers

The PDA believes all parties should honour agreements they enter. Whether a pharmacy's commitment to the NHS to open at set times to provide pharmaceutical services to patients or their commitments to treat employed and locum pharmacists fairly and in accordance with their contracts. We also expect individual pharmacists who have obligations to work at times and rates they have agreed to keep those promises.

However, the PDA is seriously concerned about recent public admissions on social media that some pharmacy businesses are talking privately about "sharing intelligence and collectively blacklisting pharmacists". Trade Union blacklists are unlawful, and any sort of list would need to comply with data protection legislation including an individual's rights to what information is stored about them and what is happening with that data.

The motivation regarding the current talk of creating a blacklist seems intrinsically tied to hourly rates. Although there are isolated anecdotal reports on social media of alleged incidents of locums seeking higher rates than already agreed, these are far outstripped by reports of pharmacy businesses unwilling to negotiate and who do not want to pay the necessary rate to engage a locum. Instead, they have set capped or fixed rates and will even close a pharmacy rather than pay more.

Following locum member feedback that some unrelated pharmacy businesses in the same geographical areas seem to have decided the same maximum locum rate, the PDA is already on record that if there was evidence to support a finding that two or more pharmacy businesses had colluded together to set a maximum rate they will pay locums, the union will report such a situation to the Competition and Markets Authority (CMA) requesting they launch an investigation.

The CMA is an independent non-ministerial department that works to ensure that consumers get a good deal when buying goods and services, and that businesses operate within the law. The CMA can investigate entire markets if they think there are competition or consumer problems and act against businesses and individuals that take part in cartels or anti-competitive behaviour.

PDA members who are concerned about being blacklisted, or who have evidence of two or more pharmacy businesses acting in anti-competitive ways are advised to contact the PDA in confidence.

Who decides your pay?

If you are employed, your contract contains details of how much you get paid. You may have discussed pay before you first agreed to accept your job, but since then, it is likely that you learn about any changes when management tell you what they have unilaterally decided.

Where employees secure recognition for their trade union this situation changes dramatically, and employees get a say through pay negotiations. Employers negotiating with a union are obliged to disclose certain information about their situation and have any of their proposals scrutinised. At the very least the pay negotiations force the employer to be transparent about their pay, which in turn reduces the risk of unfairness and inequality.

With the requirement to obtain agreement on any settlement it is also likely that employers will end up paying more. Research undertaken for the TUC in 2017 found that "**the recent evidence indicates that union members in Britain earn around 5 per cent more than equivalent non-members on average**".

Boots settlement

The 2021 settlement at Boots was a seven-point agreement which included individual increases, increases to some minimum rates, non-consolidated payments, temporary changes to on call allowance, improvements to holiday

booking arrangements and career conversation processes and more. Overall, the costs of this agreed package was 3.9%, which compares to the 2% given to those other Boots employees who do not have a union negotiating their pay.

More recently the PDA Union and Boots agreed 18 months compensation for reduced contractual hours and at a hospital outpatient pharmacy company, an agreement of combined increase and lump sum payment which was worth 6.5%.

It is a constant cycle

Pay negotiations typically follow annual cycles which occur at different times of the year at various employers, hence PDA union negotiators are constantly researching, developing and negotiating pay claims for pharmacists. PDA members whose pay is negotiated are kept up to date with negotiations through union communications, another reason to ensure that your employment details registered with the PDA are kept up to date: **www.the-pda.org/details/**

Boots Reps Network, making a difference and making history

On 11 July 2019 the PDA Union and Boots signed their historic recognition agreement which made an immediate difference for Boots pharmacists and created the first formally recognised network of PDA Union workplace representatives at any employer. So started a new phase in the evolution of the PDA.

Three years on and the network can already look back on the thousands of pharmacists that they have individually and collectively helped over a period which, while dominated by the pandemic, has seen other significant challenges. Current major issues include the impact of Boots' "**New Pharmacy Operating Model (NPOM)**" which has reduced overall opening hours by 6% across the company estate. National representatives are also preparing for the 2022 pay negotiations that will start in Summer.

Naturally, some of the original seventeen PDA Union representatives have moved on due to retirement or moving to other employers, but new members replace them and they receive training and development. They build their experience and knowledge as trade union representatives.

Pharmacists at other employers that have since become PDA Union representatives, such as at Lloyds Pharmacy, were able to learn from their Boots colleagues, however the original network at Boots entered the unknown. They can now look back on how they have represented individuals at grievance and disciplinary hearings, supported members through consultations as the company have closed or TUPE transferred employee's or made redundancies, and provided individual advice to members who faced specific issues at work.

The role of the representative is not just about dealing with the bad times. It involves proactively making positive changes, such as sitting across the table from senior Directors to negotiate better pay, supporting initiatives that improve the diversity, equality and inclusion of the employment environment, and being able to discuss health & safety, training and other aspects of the working environment to collectively make things better.

Gordon Finlayson is a relief pharmacist in Scotland and was one of the signatories to the legal application that resulted in recognition. He became one of the original network and is still a National Representative. Gordon said:

"No other type of arrangement can match the benefits of the recognition of an independent trade union, as we pharmacists now have at Boots. Unlike any management-led alternatives, we have the full resources of the PDA Union supporting us. That means, for example, that we can discuss situations with union lawyers, gather responses from members via confidential surveys, publish our own statements and communications, and are entitled to facilities time away from our normal role without detriment to undertake our union roles. I think Pharmacists would be better off if the PDA Union had been recognised years earlier."

PDA Education Update

The PDA provides specific initiatives when it identifies risks for members, either because no existing educational initiatives are available or where the materials available are unsatisfactory and could even lead to problems. The PDA either works alone to deliver face to face or online learning based on its case work, where it supports around 5,000 members each year in work or study related incidents, or in partnership with GFTU, ICTU, MORPh, Pharmacist Support and the STUC.

The PDA has historically supported students in relation to leadership and Fitness to Practise issues and trainee pharmacists with their preparation for their registration exams.

Additionally, the PDA provides initiatives for GP Practice based pharmacists; an area where poor leadership and a misunderstanding by their employers of the role of pharmacists in GP practices is a concern.

At the beginning of 2022 the first all-member induction and skills programmes on the online Education Hub was launched and received positive feedback.

PDA member Valerie Shaw said, ***"I am a volunteer mentor for a professional body and also facilitate leadership courses for pharmacy professionals where the specialist trainers teach mentoring and coaching skills, but I found this short course really invaluable with tips to help me become a better mentor."***

The PDA has also delivered several live events and courses to help develop the skills and knowledge of PDA workplace Representatives to include the first online Health and Safety course in January 2022.

PDA National Representative at LloydsPharmacy Anjlee Shah, who attended said, ***"The training was invaluable and gave us an understanding of employer's duties in relation to Health, Safety and Wellbeing. Exploring our thoughts during case studies in small groups was particularly useful as we went through a systematic way to help support members."***

A revision programme for the GPhC and PSNI online assessment is provided for trainee pharmacist members eligible to sit the June 2022 exam.

So, you say it's better up in Scotland

By Maurice Hickey
PDA Head of Policy for Scotland

It's so progressive, ahead on independent prescribing, cash for training, treatment of UTI's and skin infection. Shingles, who needs a doctor? EHC, free in pharmacies, influenza, we'll inject and protect, there's nothing pharmacists can't treat?

Patients pay nothing at the point of need, it's funded through extra income tax levied in Scotland only. "Fandabidozi" as the Krankies chirrup.

But all that extra work and services and somehow pharmacist wages remain stagnant, how does that work?

£36,000 a year per pharmacy given to business owners by the government to employ an Independent Prescriber for 25 hours per week, should cover a second pharmacist, except it doesn't. If you don't write a prescription the money is still paid, the contractor just needs your body. Some pharmacists get an honorarium, many don't and still work single-handed, struggling to finish their 'normal' work within contracted hours.

Money for training? £5,000 a year per pharmacy given to business owners by the government, few pharmacists see any of it. Often pharmacists are told that training must be done in their own time; told that it's mandatory CPD. Lieu time? Sorry, unaffordable!

£80 per patient for smoking cessation, £30 each EHC supply, £100 a month for feeding the gluten intolerant, a minimum of £15,000 per year for Pharmacy First, £30 for bridging contraception, £14 for a flu jab, and there are no arrangements in place to ensure an equitable distribution for overworked staff at the coal face.

What about the person with the skills and knowledge to deliver this, the one who takes the risk from the regulator or face a claim for compensation or even a criminal prosecution if they get it wrong; what do they get? The same as 14 years ago if they're lucky. The career framework in community pharmacy is very limited and there's little chance of ever owning a pharmacy. With 1250 pharmacies in Scotland, only a few dozen are left that have not been consolidated into chains.

Yes, everyone knows pharmacy is better in Scotland, it is, but only if you're a contractor; the value of pharmacies has never been so high.

The time has come for pharmacists, who are increasingly making a professional and intellectual investment by dint of their CPD and IP qualifications and are taking on greater responsibility and risk for the services that they are providing to get more respect from the system. The time has come for them to be more directly recognised by the remuneration structures in Scotland. The practice in Scotland is seen as leading edge, but it could be better still, and this is why a PDA team is now on the ground in Scotland and is already working on behalf of pharmacists to redress the imbalance, making it a more beneficial arrangement for pharmacists, patients, and the NHS.

We will keep you updated.

Health Minister for Wales is urged to act

The new Health Minister in Wales is being urged to follow through on agreements for Tri-partite meetings between them, the PDA and business owners.

Historically, contractual negotiations for community pharmacy have been undertaken exclusively between government and pharmacy businesses. Whilst the business owners commit finances and take on the risk to open a pharmacy require a satisfactory return on their investment, it is the Responsible Pharmacists who are held statutorily responsible for the safe and effective delivery of these services in a pharmacy and it is they who provide any new services directly to patients. Under current arrangements, unlike the business owners, employees and locums have had little or no say in any contract development work and they discover the implications of agreements reached only once finalised.

Going forward, pharmacists will be expected to invest heavily by developing new skills (such as independent prescribing qualifications) and will take on new and added risks in terms of exposure to liability and regulatory sanction.

It is vital that the practical concerns of the workforce at the coalface are taken into consideration when agreeing any contractual specifications.

Eluned Morgan MS - Health Minister for Wales

With the support of the then Health Minister in Wales, in 2020 it was agreed that Tri-partite meetings involving the government, business owners (Community Pharmacy Wales) and the PDA would be convened as these would be highly beneficial from a service development, industrial relations and benefits to patients' perspective. However, these tri-partite meetings did not eventuate, and the new Minister has not yet delivered this policy.

The PDA is currently pressing the new Health Minister for Wales to follow through on this policy.

PDA continues to tackle vaccine hesitancy

Despite the general success of the COVID-19 vaccination programme with around 141m doses given in the UK, there are still 25% of the population that are not fully vaccinated. The PDA continues to support the COVID-19 vaccination programme with its #GetVaccinated campaign.

The PDA's campaign began in February 2021 with pharmacists from across the UK that had received the vaccine encouraging others to stay safe by getting vaccinated too though social media.

At that time there were significant concerns that fewer people from black, Asian and minority ethnic backgrounds were choosing to get the COVID-19 vaccine.

A study from Stirling University concluded that targeted public health messaging was needed in areas where uptake was low, and that the NHS and health professionals were among the three most trusted sources of information around the vaccine.

Speaking about the study, Martine Stead, Deputy Director of ISMH, who led the study said: ***"Our research provides a new and important insight into vaccine hesitancy – and this is a vital issue because it can threaten comprehensive vaccination in populations.***

"We considered vaccine intentions of almost 5,000 UK adults in the early stages of the vaccine roll-out and explored important issues, such as the factors behind acceptance and trust in information sources. The results indicate that targeted engagement is required to address vaccine hesitancy in non-white British ethnic groups, in younger adults, and among those with lower education, greater financial hardship and unconfirmed past infection.

"Healthcare professionals and scientific advisors should play a central role in communications – as they are regarded as the most trusted – and tailored messaging is needed for hesitant groups. Work is also needed to rebuild trust in government information."

In the PDA campaign pharmacists, being recognised and trusted members of the community were encouraged to post videos in a range of languages to engage local populations and help dispel the COVID-19 vaccine myths. There are now 38 videos available in languages including Hindi, Arabic, Irish, Bengali, Twi, Spanish, Gujarati, Igbo, Urdu, Yoruba and Cantonese to view at PDA #GetVaccinated campaign - YouTube.

Most recently, the #GetVaccinated campaign has seen the deployment of over 2500 posters to settings where pharmacists work, with the intention of reaching those areas that the NHS might have found it otherwise hard to get to.

As part of a special edition of Insight magazine, the posters featured links to the PDA member videos in a range of languages advocating for members of the public yet to have a vaccine, or a booster to book an appointment through the appropriate NHS channels in Scotland.

The campaign hashtags are #PDAbame and #GetVaccinated and you can download a copy of the PDA resources by scanning this QR code.

Welsh Parliament pharmacy drop in meetings for members of the Senedd.

The PDA is stepping up its engagement with members of the Welsh Parliament - the Senedd – through a drop in session, which we plan to make a regular activity.

First up will be the crisis related to pharmacies that are closing across Wales. PDA representatives will discuss how these commercially driven decisions to close a (usually multiple) pharmacy rather than (as often is the case) to pay for a locum to attend are disadvantaging the public. The PDA will argue that the Welsh government must take more decisive measures to ensure that the consequences of such actions are commensurate with the harm being caused to the public.

Secondly, the PDA will be discussing the need for the Department of Health and Social Care to ensure that when discussing pharmacy contractual matters with pharmacy owners, that as the union for pharmacists in Wales, the PDA is also represented at these meetings.

PDA membership numbers top 34,000

Whilst the PDA is a membership body which is exclusively for pharmacists, some pharmacists, such as business owners, employers, directors or those in positions of senior authority within large employers are excluded from membership. The PDA has always held that other organisations exist that are better placed to represent their interests and such an exclusion also helps to ensure that the PDA avoids potential conflicts of policy or representation between employee's and employers. The PDA does not have any specific goals or targets related to membership numbers, however, as this edition of Insight goes to press, membership numbers are in excess of 34,000 an increase of more than 5% from the same time last year.

Examples that show the shocking realities of community pharmacy practice

Dear Locum,

Thank you for your long letter setting out your concerns for patient safety.

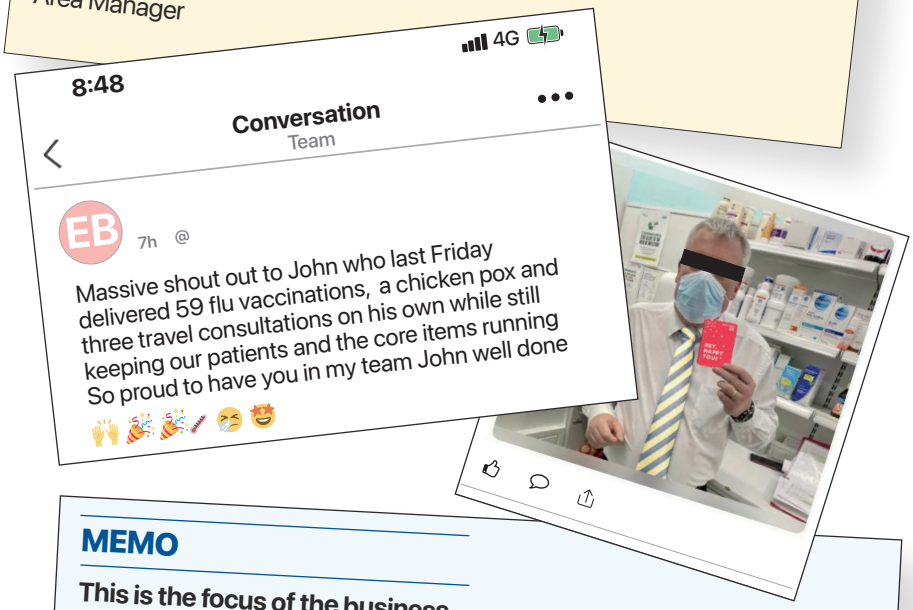
I appreciate it is difficult for a pharmacist to work on their own in a busy pharmacy without any support staff, I still maintain closing the Pharmacy for safety purposes was the wrong decision, the business may incur a fine.

I believe the best decision for all parties is for all of your future shifts to be cancelled since I cannot promise you won't be in a situation where you are required to work in a pharmacy without support staff again.

I wish you the very best for the future.

Kind Regards

Area Manager



MEMO

This is the focus of the business

The business is at significant risk if we do not deliver on our flu plans, but we have the opportunity over the next six weeks to avoid this scenario if we focus together and all play our part

1. The target is twelve vaccinations per hour.
2. Be clear on your numbers understand your targets
3. Understand how many appointments need to planned in advance.
4. Use management information and be proactive
5. Take action two to three weeks in advance
6. Use walk ins to support shortfalls if not reaching your target.
7. Backfill any no show appointments using walking's to pull back the daily target.
8. If you miss your daily target, then plan into next day's target
9. Prioritise remaining workload within the pharmacy and free up time to focus on flu vaccinations
10. Use the whole team of customer advisors to ask every customer in store if they have had a flu vaccination if no book an appointment for them or do it straight away.
11. Understand what you can do at all times and capture customers walking in to achieve any shortfall
12. Shout out Flu in the store to create additional capacity everyday
13. Have a clear flu plan in your store and if off track understand the key actions to get back on track.
14. You may receive a flu call if you are off track.
15. **This is our single largest services opportunity.**

Reminder: Membership fees are tax deductible

In April 2021, the Pharmacists Defence Association was added to the list of professional association and learned societies of which members can reclaim all or part of their membership subscriptions.

The HMRC decision takes effect from the 2018-19 tax year and therefore pharmacists who were already PDA members during previous tax years, and who have not already obtained tax relief against those payments, can claim retrospective relief against their membership fees for those years, subject to HMRC time limits.

Read More by scaning the QR Code

Climate emergency statement

Like many other public, private and not-for-profit organisations across wider society and in the health sector, the PDA recognises the climate emergency and the importance of supporting a transition to a fully de-carbonised economy.

Climate change impacts all of us; pharmacists, our practice, our patients, our families, and our planet. Though the causes and solutions to this issue are not exclusively within the boundaries of pharmacy or of the workplace, the PDA believes it is the responsibility of every organisation and individual to play their part in recognising and taking effective action on the issue. The sum of each local action, no matter how small, can add up to make a global difference.

The National Executive Committee formally supported a declaration of a climate emergency at their meeting in January 2022.

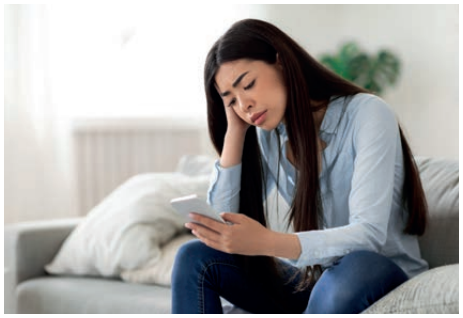
Read More by scaning the QR Code.

Pharmacists On Call: What are the impacts?

On-call is a service provided mainly by our members working in NHS Trusts and is often seen as being one of the challenges of the role as a hospital pharmacist. The PDA's recent workforce survey highlighted 'unsatisfactory pay and working conditions' as the most prominent reason that hospital members were looking to change their role or employment status. This is not necessarily exclusive to issues around on-call but following feedback from PDA hospital representatives, we know that on-call is at the fore given the difficulties in maintaining a healthy work/life balance and the disruption it can cause.

Over the coming months, the PDA will be releasing a new series of articles written by the representatives around their experiences of working in hospital, including being on-call. Although there are many hospital pharmacist cases that the PDA has supported over the years, a member survey will be undertaken to better understand some of the post COVID-19 issues that individual members may be facing. The PDA has previously spoken about the issue of out of hours arrangements at a local level, which showed many disparities across the country and difficulties for pharmacists to fully understand the scope of on-call and negotiate reasonable approaches to providing around the clock access to a pharmacist.

Most recently and during the COVID-19 pandemic, these issues have brought different pressures on the NHS with an immense backlog and an increase on ward workload. All these factors impact on our members' working conditions and ability to practise safely. The PDA would like to



remind members that their Union is here to help with these matters, with experts in the pharmacy, legal and employment field that can assist in understanding local on-call terms and conditions and where relevant, aid in any discussions around arrangements.

The PDA wants to hear from members working in NHS Trusts about what arrangements are in place to cover the pharmacy department out-of-hours, such as rota or on-call policies.

If you are interested in advocating for better conditions, by becoming a workplace representative, the PDA provides formal union representation training. For more information, please contact the PDA on 0121 694 7000.

PDA's support for students, trainees and provisional registrants during pandemic

Because of the peppermint water case, the PDA has always supported those new to the profession. In 2020 Following the GPhC decision to cancel the assessment examinations because of the pandemic, the PDA actively supported those cohorts of pre-reg and pharmacy students who were impacted. The support from the PDA team included:

- **Providing individual advice**
  Where members were experiencing specific problems.
- **Creating Support networks**
  Creating and facilitating peer support groups.
- **Liaising with the GPhC, pharmacy schools, employers and others**
  In situations where problematic themes were developing that needed to be addressed and resolved.
- **Creating a new membership category; for Provisionally Registered pharmacists**
  This and the accompanying indemnity arrangements were developed and opened for members in record time.
- **Webinars and other communications**
  Delivered to ensure that all members were kept up to date with the latest proceedings in what turned out to be a relatively fast moving situation.

The PDA Education Hub

This PDA initiative was the first to deliver an online revision programme and mock examinations to help prepare for the first online registration examinations as well as supporting those who were resitting their exams. PDA also supported members in securing reasonable adjustments, to nullify or to appeal their result when appropriate.

Employment rights

Pre-registration trainees are employees in their own right and, as a trade union, the PDA supported individuals faced with unfair treatment by their employers, either by way of a lack of support for exam preparation or in how they were treated once the exam results were released.

On-line exams

The provisional register closed in January 2022, but online exams are now permanently established. Following much member feedback, the PDA lobbied for the replacement of Pearson Vue (the initial exam provider). We were delighted when the GPhC made the decision to appoint an alternative provider.

PDA membership is free for students and trainee pharmacists. https://www.the-pda.org/join/

DISMISSAL AND RE-ENGAGEMENT "FIRE AND RE-HIRE"

Some of the larger pharmacist companies, and also other employers in different sectors, are proposing to implement processes that are short of redundancy to reduce their operating costs or simply to reorganise their operations. In some cases, this will result in reduced pay and hours in the contracts of employment, although the workload may not reduce accordingly.

If negotiations break down and the employee refuses to agree to the proposed renegotiated contract, the employer is likely to move to dismissing and re-engaging on new terms and conditions. They will give the employee a period in which to accept the offer and if they refuse, the employer will terminate their existing contract, dismissing the employee at the end of the process. This is commonly known as **"fire and re-hire".**

In such situations, the employee will have the right to bring a claim in the Employment Tribunal, but success will depend on the fairness of the process followed and the terms of the new contract.

If you find that you are facing a similar situation, you should consider the following before making a decision to accept or reject the offer:

a. **Is the change contractual or is it a variation to policies and handbooks that do not have a direct contractual effect on your employment?** An example would be a change to the payment date due to a new computer system, and where you would be recompensed for the disruption period. However, if there is a change to an enhanced redundancy package to your immediate detriment, this may be different.
b. **Where there is a variation clause in the original contract which enables the employer to change the contract.** This will very much depend on the effect of the change and will be discrete to each individual. For this reason, any proposed change will need to be discussed with you and allow you to make representations regarding the impact it will have on your individual circumstances.
c. **If you have parental or dependant responsibilities, or a disability** which would mean that the proposed change to your contract would have a greater effect than it would to someone without any of these, you may be able to show that the change would be unreasonable.

d. **If there is a collective agreement incorporated into your contract**, you will be bound by any change negotiated and you need not be a union member or even be aware of the collective agreement to be bound by it.
e. **Are there business reasons for doing so**, have you been fully consulted, and have you been given a reasonable opportunity to consider the offer. If you have not been consulted, it is more likely to be unfair.

What should you do if your contract is terminated?

If your employer imposes a new term or dismisses you for refusing to accept the change, you may respond in the following ways, but you should consult the PDA before taking any actions:

- Stay and work **'under protest'** and bring a claim for unlawful deductions or breach of contract.
- In the case of a fundamental breach of contract, consider resignation and a claim for constructive dismissal.
- If the employer has introduced a new contract which fundamentally changes the job, you can continue to work under the new contract and claim unfair dismissal in relation to the old one.
- Refuse to work under the new terms if, for instance, they involve different duties or hours this may result in dismissal which may or may not be unfair depending on the circumstances.
- Consider whether you have been treated unreasonably due to a disability, or for caring responsibilities or another reason that may fall within the Equality Act.

If your employer is taking any action that looks unfair, you should speak to the PDA immediately.

Defending members in Northern Ireland

Recently two members in Northern Ireland working at opposite ends of their professional careers were subject to questionable treatment by their (different) employers and came to the PDA for help. The PDA legal team advised that they should bring claims for discrimination through the Industrial Tribunals and acted on their behalf to do so. After robust negotiations between PDA legal representatives and the employers, both members accepted substantial five figure compensation payments to settle their claims. The terms of the settlement are confidential so we cannot share information about which employers these are.

One member said, ***"I'm so grateful for all that you did in order to reach the best outcome and remedy possible"***

I'll never forget that knock on the door

A True Life experience written by an anonymised PDA member

I was fast asleep. My wife came bursting through the bedroom door "the police are here and they have a search warrant". I could tell from the tears, panic and shock in her face that this wasn't a joke. The local police couldn't have been kinder; we dressed casually and drove in unmarked cars so the neighbours won't know what's happening. The NHS Police ("NHS Protect" at the time, now "NHS CFA") had a rather different approach; as I sat there in an absolute daze watching all of mine and my wife's computers, phones, laptops being bagged up, I said to one of the NHS CFA officers that this must be upsetting for them also; the reply was "this is the fun part of the job". After 3 hours they left and that's when the real stress started.

Reputational, family and health consequences

I lost count of how many times over the next 6 years I thought I was actually having a heart attack and should head to A&E straight away – it was only mine and my wife's medical backgrounds that told me the tachycardia (150+ BPM), the chest tightness and shortness of breath were all symptoms of severe stress.

Up until that day in 2016 I had a successful career as a pharmacist including many years in the NHS. I had a good reputation both within and outside the NHS. My health and that of my family was good. People may not realise that when you are charged with a criminal offence the local and national papers put your picture on the front pages; you have no idea of what's going to happen to you and what your chances of success are; people think "**there's no smoke without fire – he must have done something to deserve this**"; you think you are going to lose your house and your savings; you think (correctly) that your children will live with the stigma of having their surname plastered all over Google followed by "criminal trial" for eternity. The only thing I did know for certain was that I could be imprisoned for up to 10 years; the whole process dramatically affected my family; my reputation and career were ruined for ever.

But three good things happened

I don't mind admitting that I had some very dark thoughts. However, three very good things did happen during those 6 years.

1. My family and friends were, almost without exception, supportive and loving. There was a tiny minority of people whom I had thought of as friends who did a runner faster than a student in a restaurant in the 1970's but everyone else I thought of as family or close friends were brilliant.
2. Fortunately, I was a longstanding member of the PDA. The emotional and practical support were first rate. Those first phone calls to the PDA Solicitor, a lady who had a

background as a criminal lawyer, were immensely helpful. I knew that there was always someone on the end of the phone who was on my side.

3. My legal team appointed by the PDA were absolutely top notch, a partner in a London firm of Solicitors that specialised in medical cases and a QC Barrister that specialised in financial crime. The PDA helped not only with legal fees but also made their network of Pharmacists and Pharmaceutical legal experts/advisors available to work with my Solicitor and Barrister.

Not Guilty verdict

The end result was a not guilty verdict for me and my co-defendants in Crown Court; at the end of the prosecution case and following a prosecution review the Crown offered no evidence; the defence cases never actually started. The Prosecution also announced that internal reviews by the CPS and NHS CFA would try to ascertain what went wrong (and whether or not the defendants should have been charged in the first place).

Life going forward

Life today is hugely different to six and a half years ago. Even though I was found not guilty it will be difficult (no, impossible) to continue with the work I was doing. However, I do not wake up with the hairs on my neck standing up; I know (health allowing) what will happen to me and my family for the next 15 years, I do not have to sell my house (although finances will be tight). In fact, I have never felt happier in my entire life. It is only because a friend of mine advised me twenty odd years ago to get independent professional defence that I can say that; this was quite simply the best advice I ever received in my 35 years working as a pharmacist. If you will allow me to offer some advice, I respectively suggest the following:

If you do not have membership of the PDA, join TODAY. You may feel you don't need it because your employer will look after you but that will not help if, as happened with three of my NHS co-defendants, it is your employer that takes action against you.

If you have PDA membership consider is it broad enough to cover your worst-case work-related scenario? Access to defence benefits, pharmacist specialists and belonging to a trade union all underpinned by insurance is unbeatable; I know of no one working in healthcare who can readily afford a £400,000 legal bill.

Advise your friends in health care not to consider independent professional representation but to actually get it – this could be the best advice they will ever receive in their professional lives.

One final thought

One final thought – life is good. I'm jealous of those that wake up to this early on without requiring the trigger of a catastrophic life event.

Declaration of interest: whilst the author is a member of the PDA he has no financial interest in the PDA, neither is he receiving any honorarium for writing this article.

PDA writes to the new Chief Pharmacist for England

A new Chief pharmacist does not come along very often, so when this happens, it offers an opportunity to address some of the outstanding problems of the past. Enclosed is an abridged version of a letter recently sent by the PDA to the new Chief Pharmacist for England.

David Webb
Chief Pharmacist
NHS England

Opportunities for the new Chief Pharmacist

Dear David,

Welcome to your new job and when you told us that you intend to work towards an invigorated future of pharmacy I was relieved. When there is a change of Chief Pharmacist it offers an opportunity to move the profession forwards towards a brighter future by addressing some of the outstanding problems of the past.

As a Defence Association with 34, 000 members, when we support them in more than 5,000 incidents per year we see the issues and this provides us with a very rich vein of information on what goes wrong and what the causes are. We support safe practice and we ensure that this learning informs our policy. To that end, the list that I have enclosed is one that has emerged through our case work and also via membership surveys and detailed focus group work.

We are keen to work with you on resolving these and moving forward to a promising future for pharmacy.

Rehabilitating the title of "Pharmaceutical Care" in England

Reduce confusion and bring England back into line with the rest of the world.

Supporting a vision for community pharmacy and repairing the financial attrition facing the sector in England

England has lacked strategic vision and leadership in community pharmacy, additionally a decimation of the workforce has followed the financial disinvestment by the government of £100's of millions. This crisis of confidence must be resolved as a matter of urgency.

Abandon the narrative around Remote Supervision

It is time to rebuild confidence amongst the workforce and make the pharmacist more available to the public in the community pharmacy.

Getting the right balance on skill mix and pharmacy technicians in community pharmacy

A sensible way forward must be found enabling pharmacists and pharmacy technicians to work together to secure a more ambitious community pharmacy service.

Appreciating the limitations of the Association of Pharmacy Technicians UK Limited (APTUK) in discussions about the future of pharmacy

With a small membership, a reliance solely on APTUK, is not likely to be able to deliver a meaningful contribution to the much-needed skill mix debate in community pharmacy. There is a need to engage the wider body of pharmacy technicians from community pharmacy if the skill mix issue is to succeed.

Delivering de-criminalisation of dispensing errors

We do not believe that the work around de-criminalisation of dispensing errors has delivered a satisfactory solution and pharmacists are still exposed to this manifestly unfair piece of legislation. This concern must yet be resolved.

Provide leadership so as to make a success of the GP practice-based role

GP Practice-based pharmacists are facing claims as well as fitness to practise disciplinary hearings because many have been swept up in the hubris and believing that they can work as mini GPs. Ending up working beyond their competencies, some cause harm to patients. The service is stumbling because there has been a lack of leadership and not enough focus upon the unique skills of pharmacists which are around pharmaceutical care.

FY1 but what about FY2 for new independent prescribing pharmacists?

Upon qualifying as prescribers, GPs undertake nearly three years of supervised training in teaching hospitals and GP practices.

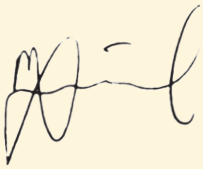
So why is the proposal for pharmacists that they only undertake an FY1 experience? The formation of pharmacist prescribers must resemble the style and nature of the quality systems prescribing training enjoyed by doctors. This issue must be addressed if the future of pharmacist prescribing is to flourish.

Giving pharmacists working in Primary Care Organisations more confidence about their future

Mixed signals about the future and the role of primary care organisations in England and the launch of the Primary Care Networks have caused policy confusion and operational conflict. It is difficult for the pharmacist workforce to work out where they should best fit in to the future operation. Embedding of pharmacists in a single, carefully thought through joined up and integrated primary care command structure within the localities must replace the current arrangements.

We are delighted to hear that you are setting up an integration initiative and we look forward to bringing our expertise to support you in this important work.

Yours sincerely,
Mark Koziol
PDA Chairman



How the funding cuts in England have impacted across the whole of the UK

Delivered just before Christmas 2015, the letter from the then Chief Pharmacist for England announced that the global sum for community pharmacy contractors would be cut by 6%. Undoubtedly, this was going to threaten the viability of community pharmacy in England.

The then Minister for pharmacy mentioned that the cuts would likely lead to 3,000 pharmacy closures. Whilst the advice on closures may have been provided by civil servants, it was quickly realised that the government had to hastily retreat on the closure message.

In this way, community pharmacy in England sustained a significant body blow.

Sometimes seen as a shop or as an expensive distribution network

Over the years, senior government figures have demonstrated their ignorance about community pharmacy. Some stating that it is a very expensive distribution channel for medicines; Amazon could do the job cheaper, others that it is a private business which should not be subsidised by the tax payer. But why are pharmacies seen differently to GP practices, which are in effect privately owned businesses? GPs secure many financial incentives to provide services; e.g. they have access to the NHS pension scheme whereas community pharmacists do not. Community pharmacy must do more to be seen and be recognised as a healthcare facility and not as a shop. Selling cosmetics may be profitable, but it undermines the image of pharmacy.

The impact of the cuts on the network

The closure of 3,000 pharmacies never materialised and by 2021 there were only 313 fewer pharmacies in England than in 2016. However, what is happening qualitatively instead is perhaps even worse.

By 2021, the closures have accelerated to around four per week, with pharmacies in the most deprived areas closing at the fastest rate. Back in 2016, the independents were expected to close first but they have clung on perilously, with owners often taking pay cuts. In 2021 it looks primarily like the multiples are closing, as they seek to protect their overall margins; Boots and Lloyds are divesting or closing hundreds of pharmacies.

A cut of 6% in hours

As the multiples try to shore up their profits, a new twist on cost savings has been introduced. Rather than just close the unprofitable pharmacies, at least one large multiple has additionally chosen to protect its margins by cutting unprofitable supplementary hours and is seeking a 6% cut in overheads. This cut however if delivered in 60% of its pharmacies, becomes nearer 10% in an average affected pharmacy with more if it is at the top end of the average.

This has drastically impacted upon the workforce and reduced the service to the public. Quieter less profitable supplementary hours could be when a care home chooses to discuss its medicines related needs with the pharmacist on a Sunday, but the Sunday may now be cut.

The overall weekly workload of the pharmacy can often not be squeezed into fewer days or hours as many pharmacists were already too busy in the hours which they continue to remain open for. Such a move also impacts upon the workload of other pharmacies.

This overflows to other UK countries where cuts have not occurred

In contrast, other parts of the UK have enjoyed some ambitious NHS leadership with routine global sum increases for pharmacy based pharmaceutical care services.

However, many of the England based multiples appear to be making the same cuts in these other nations, this suggests they follow a single financial model across the UK despite health being a devolved matter.

When PDA officials recently met with a senior government representative in Wales, they told us that the pharmacy in their village was being decimated by low morale, because cuts were causing staff to leave.

At this current time, pharmacies in England continue to face a five year below inflation funding freeze. Ironically, the requirement for them to invest in the establishment of new services could be the last straw.

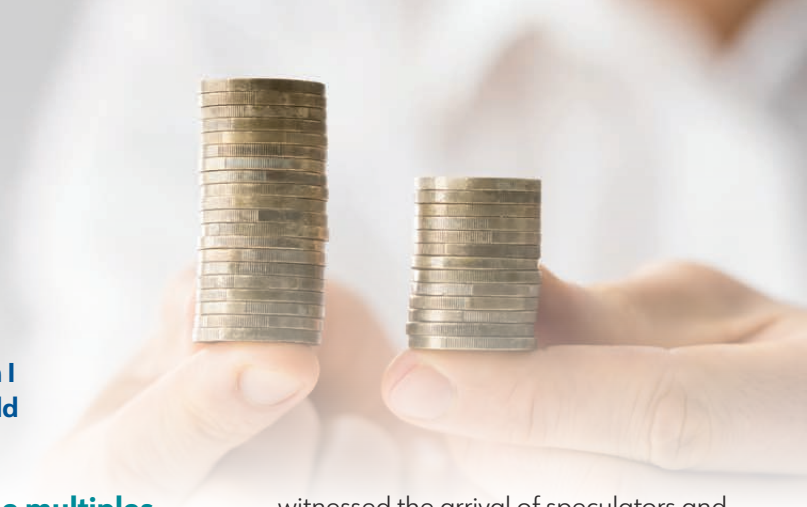
A lack of confidence and investment

The surveys PDA uses to measure the pharmacy environment are at the lowest point ever (pages 16-17). This cannot be allowed to continue.

The cuts which were imposed in 2016 in England have seriously damaged community pharmacy and the interests of patients.

If the Westminster government intends to transform how pharmacies operate, where they are located and what services they could provide, then it should stop using this long painful drawn-out death by attrition and start the conversation about the brave new world.

The History of Pay Rates



By PDA Chairman Mark Koziol M.R.Pharm.S

Luck and circumstance play an important part in the development of our careers and I was fortunate that when I left Boots in 1985, I decided to locum for a while until I could get myself a permanent job.

£4.50 per hour in 1985

Back then, it was unusual for young pharmacists to work as locums. The locum rate was **£4.50 per hour**. In 1985, 85% of community pharmacies were in the hands of independents, however, all that was set to change.

PPLS locum agency in 1986

In 1986 I decided to establish a locum agency called PPLS. To quickly recruit pharmacists I advertised a rate of **£6.50 per hour**. The hourly rate was much higher than average, so those prepared to pay were proprietors from areas with local shortages, such as East Anglia or the South West of England.

£1 per hour increases

From the outset, the supply of pharmacists that we had was outstripped by the demand and it was necessary to recruit more locums. By 1987, we increased our hourly rates to **£7.50 per hour** and in 1988 to **£8.50 per hour.**

The laws of Supply and Demand.

Unexpectedly, in 1988 the law was changing and new pharmacies would have to be more than one kilometre away from the nearest established pharmacy. This was bad news for young pharmacists who would find it much more difficult to own their own pharmacy. A legal challenge delayed the implementation by a year, during which time around 1,100 pharmacies opened. This meant that PPLS found itself in the right place at the right time.

The forces of supply and demand are easy to understand, for every pharmacist that worked for PPLS, we could give them a choice of 5 of 6 locations. To maintain the service it was necessary to increase the supply of pharmacists and soon the hourly rate was increased to **£9.50 per hour.**

The march of the multiples

" Hello Mr Koziol, I own 15 pharmacies in the midlands area, but I have a plan to expand to 200 and we'll need locums."

By the end of 1989, numerous pharmacies had big expansion plans. Their plan was to take over a regular five and a half days a week pharmacy with a lunchbreak and turn it into a seven day a week, 10 hour a day operation; for which two pharmacists were needed. This march of the multiples created new supply and demand forces. Those PDA members older than 45 years old will likely remember that PPLS increased the locum rates by at least £1 per year every year and by 1999, the rates had increased to more than **£20 per hour**. This also had a knock-on effect on pharmacist salaries.

Pressure from the employers

Each year in May, when we put the rates up, area managers and business owners boycotted PPLS. However, the boycotts generally only lasted for around two weeks and with the supply of locums always being outstripped by the demand, things normalised quickly.

Then came the fallow year

By the late 90's, we had around 5,000 locums, but an increase of the pharmacy course to five years, meant that there would be a year with no newly qualifying pharmacists. During **'The fallow year'** we increased the hourly rate to around **£26.00 per hour**. A 577% increase over 15 years.

It's a rough and tumble world

Whilst the expansion of the multiples had led to an increase in hourly rates, in just a couple of decades the nature of community pharmacy was altered. During my time as the owner of PPLS I witnessed the arrival of speculators and I saw their effect on the workforce and in some cases in my view it resulted in reduced professionalism and a focus upon the hard-nosed pursuit of profit for shareholders. Many seemingly felt that locums disrupted their internal reward structures. The machismo behaviour of some area managers in certain organisations towards the locum population was worn by them as a badge of honour; a legacy that I believe continues today.

In 2003, it was time to put PPLS up for sale as it was necessary to establish the PDA. It was evident to me that something had to be done to protect the broader interests of the individual pharmacists.

£29.00 per hour in 2003

By the time PPLS was up for sale in 2003, the hourly rate that we were securing was **£29.00 per hour**. So why is it then, that by 2019, the hourly rate had fallen to around **£18 per hour**?

The impact of a proliferation of Schools of Pharmacy

In 2002, there were 17 schools of pharmacy producing 1,600 graduates per year. However, the number of schools started to increase and I recall that in 2012, PDA organised conferences around the UK to consider the oversupply crisis. The request to have the numbers capped however, was rejected by the Universities Minister.

PDAs response was to seek out new working opportunities; this was reflected in the PDAs 2012 Road Map and 2018 Wider than Medicines strategy. In the meantime, the employers responded to the new supply and demand realities and reduced hourly rates to £18 - £20. This was £10.00 per hour less than in 2003 and the supply and demand forces were

now working in a way as to hurt the workforce.

The impact of the GP Practice based scheme

In 2016, the government announced that it would seek large numbers of pharmacists to work in GP practices and this saw many pharmacists moving to this new sector.

Cut in the global sum

The cut in the global sum for contractors in England meant that the businesses initiated savage cuts to the staffing levels. Surveys undertaken by Health Education England have shown that the support staff in community pharmacy has been cut by around 40% between 2017 and 2021. This has resulted in a devastating increase to work-related stress. Many pharmacists are now working part time, others have moved to the GP practice-based roles.

The Covid crisis

During the lockdowns, the community pharmacy workforce was directly available to the public. Pharmacy teams endured long periods of unrelenting demand from an increasingly frustrated public. Staffing shortages due to illness existed as did shortages of PPE. Unsurprisingly, the community pharmacy workforce was exhausted and many have subsequently reduced their working hours.

The impact upon the workforce

Within just three years, the new GP practice-based role has attracted several thousands of pharmacists with more than 75% coming from the community pharmacy sector.

By 2022, there are now 30 schools of pharmacy producing around 4,400 graduates per year. Despite this however, for all the reasons described above, the supply and demand forces are on the side of the pharmacists and currently the locum rates are in the range of **£25 - £45 per hour** or more depending on area.

2022 – Altering the rules of supply and demand ?

In all my 38 years of practice, I have never yet seen a situation where in a systematic way, some of the largest employers in the UK have closed pharmacies rather than pay the going rates for locum pharmacists.

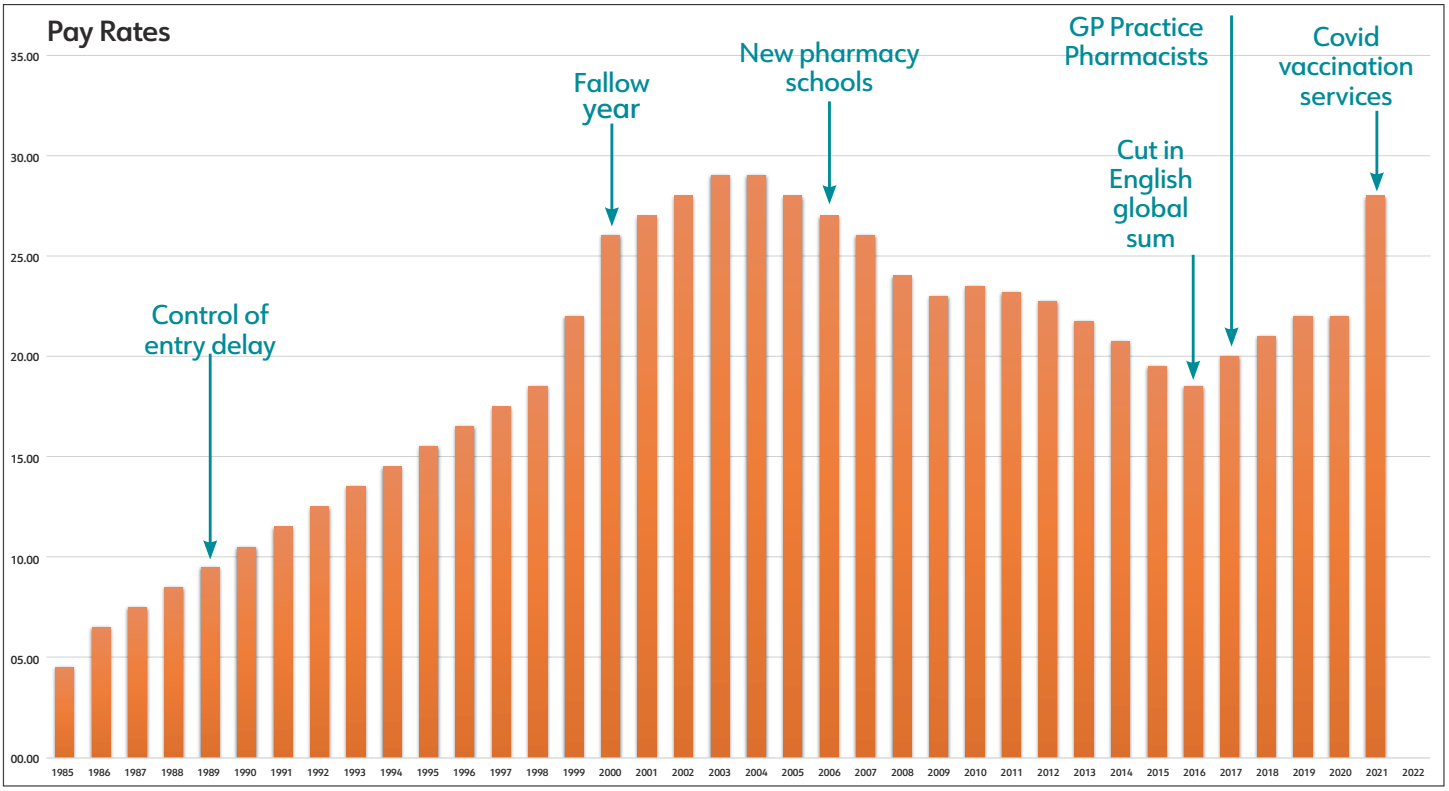
Sometimes, with locums available and for a difference of just an additional £40 for the total cost of locum cover for the day, a decision has nevertheless been made to close the pharmacy instead, impacting on patients' access to medicines and the entire pharmacy service more generally.

Currently, the authorities have not yet responded in a concerted way because emergency Covid legislation allowed employers to do so if the shortages were caused by Covid. This legislation however has recently been closed down.

Our evidence shows that pharmacist locums have often been available and sometimes they have been waiting for a confirmation of their booking which then never comes. In some instances, the pharmacy even advertises the fact that it is going to close in the future and the attempt to find a locum has probably not even been made.

This practice must be stopped

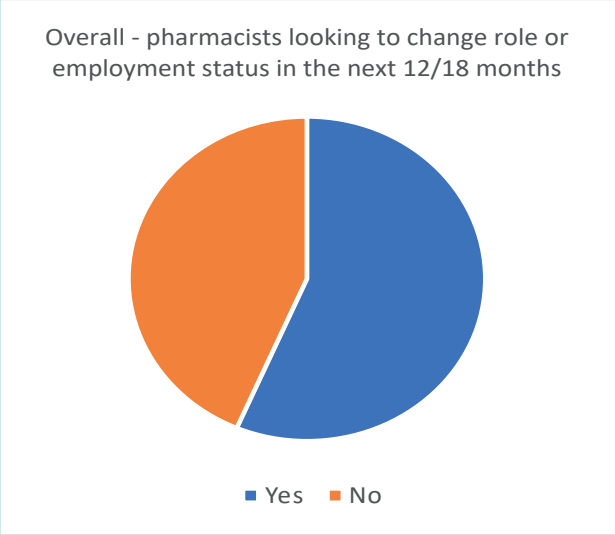
I believe that the CCA is trying to persuade policymakers that pharmacies are closed due to a genuine shortage of pharmacists as supported by the fact that their vacancy rates have doubled. The surveys and other forms of intelligence gathering undertaken by the PDA show that the issue is more about the cost cutting and the unpreparedness of pharmacists to work as long-term employee's in working environments which they find unacceptable. In my opinion, the closures help to build an argument which supports changes to the rules on supervision. **The sporadic closure of pharmacies is surely highly damaging to the interests of patients, bringing criticism upon the profession. It must be stopped and the PDA is currently in discussions with the government about this.**



The working environment experienced by pharmacists.

Pharmacists can talk in confidence to the PDA and many from across the UK have highlighted the authentic experience of practicing as a pharmacist in their responses to recent surveys. Data contained in more than 5,000 responses highlights that the challenges faced by many working as a pharmacist are significant. As a result, it is also clear that a significant proportion of pharmacists are considering a total career change, due to unsatisfactory pay and working conditions and lack of professional fulfilment.

More than half want to change their role or employment status in the next 12/18 months

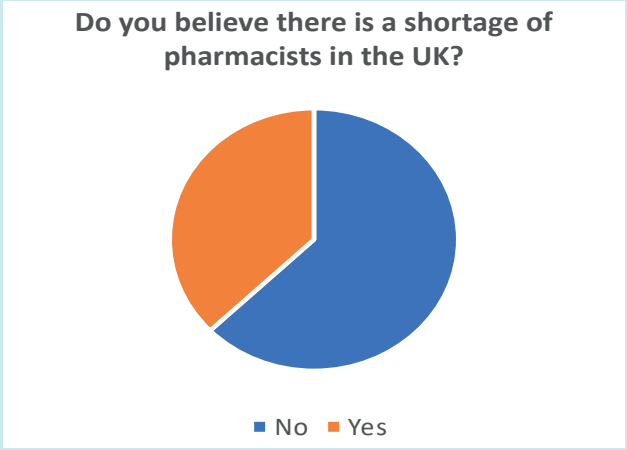


The percentage of pharmacists who wanted to change their current role, or their employment status was 56%, although many working in hospitals (42%) and general practice or primary care (26%) are not looking to move out of their current sector, but are looking for other positions, for example promotion.

By comparison, 48% of the overall community pharmacy workforce responding to the PDA survey are looking to change role or employment status. Over three quarters of those saying that they are looking for a change cite unsatisfactory pay and working conditions as the primary reason.

27% of community pharmacists working for multiples in England who said that they are looking for another role or change in employment status said that they intend to leave pharmacy altogether and are considering their next steps.

Shortages?



You may be aware of the ongoing debate in the national and sector media around a perceived shortage of pharmacists, as vacancy rates in community pharmacy are high both for permanent and locum positions. While the easy answer would be to look at this situation and assume that there simply are not enough pharmacists, the evidence gathered from official data about the numbers of pharmacists entering the register each year, coupled with the views on this issue of pharmacists responding to the PDA surveys paints a different picture.

In responses to the PDA workforce survey in January 2022, 63% of pharmacists responding did not believe that there was a shortage.

Respondents commented that the reasons there are such high vacancy rates include the pay and working conditions being offered by the largest of the community pharmacy sector employers, which has created a reluctance from some pharmacists to work in those environments.

These are themes which the PDA has also seen in other surveys.

Stress and wellbeing

In Autumn 2021, the PDA undertook a relatively narrow survey inviting pharmacists employed by Lloyds, Boots, and Well to undertake a stress and wellbeing survey. This survey utilised questions developed by the Health and Safety Executive (HSE) and allowed the PDA to understand more about stress and wellbeing in three of the largest community pharmacy multiples. This survey generated 2,500 responses.

Major concerns were highlighted, and some respondents made it clear that they feel there are too many unreasonable demands being placed on them by their employers which, impact their health and wellbeing at work. Some pharmacists working for each of the three employers told the PDA of unachievable targets, unrealistic time pressures, and most worrying of all reported numerous instances of bullying and harassment.

Are pharmacy workplaces getting any safer?

PDA members were instrumental in the development of the Safer Pharmacies Charter in 2017 and since its launch, annual surveys have monitored their feedback against the Charter's commitments. Analysis of the 2021 survey results, published in February 2022, shows that conditions and safety measures have worsened, highlighting the fact that pharmacists believe they are working in increasingly challenging and unsafe environments.

Following on from three consecutive years of improvement in some areas, PDA members have now reported:

- Being obliged to self-check much more frequently during shifts.
- A significant drop in safe staffing levels, with over 97% reportedly working with unsafe levels of staff at least some of the time. This figure is even higher in some community pharmacy multiples, where more than 99% report unsafe staffing levels.
- The same levels of inadequate rest breaks seen in 2019 were reflected again in 2021, reversing signs of improvement in 2020.

- Worsening levels of respect for professional judgement, lower support when raising concerns, and much lower levels of physical safety, in comparison to 2020.
- 8 out of 10 feel unsafe at work, with more than 86% of pharmacists working in CCA member pharmacies felt physically unsafe at least some of the time.

The PDA continues to call for improvements to be made around the seven charter commitments by sharing results and inviting pharmacy owners across the UK to join them in their campaign for safer pharmacies.

The conclusions that can be drawn from the survey data is that there is significant room for improvement in the pharmacy workplace, and that working conditions, pay and the ability to practise in roles with a sense of professional fulfilment are fundamental to recruitment, retention and employee loyalty. Drivers for change are not exclusively financially motivated, and a focus on the health and wellbeing of the workforce is needed to ensure that the situation does not become untenable.

Thank you to all that have participated in the PDA surveys. The information provided enables the PDA to speak with authority and amplify issues highlighting the experiences of individuals, as well as the ability to analyse responses to identify themes and trends which reinforce members' messages about the key issues directly to those that are responsible for making decisions including employers, government, education providers and NHS organisations.

Working in Online Pharmacy?

Make sure you protect patients and also your registration.

There has been significant growth over the last 10 years in the number of online (distance selling) pharmacies in the UK. Online pharmacy provides a convenient way for the public to access prescription only medicines; however, the remote and impersonal nature of the relationship between the patient and the pharmacy presents increased risks to patients over and above the more traditional face to face consultations found in community pharmacy. Responsible pharmacists and superintendents also face increased risks because they are entering uncharted territory. Meanwhile, it is apparent that regulation is playing catch up with both the technology and the models of practice. The risks increase substantially when the pharmacy is connected to a private online prescribing function, and it is this business model that members encounter problems with the most.

Regulatory Risks

The GPhC is targeting its activity towards online pharmacies that operate in unsafe ways typically identified through intelligence led inspections, press activity or in some cases arising from an inquest where access to medicines via online pharmacies have featured in the coroner's investigation into a death. The PDA is seeing increasing numbers of prescribing pharmacists working alongside private on-line pharmacies being investigated. At least one high profile coroner's inquest is underway which will shine a public spotlight on how medicines are prescribed and supplied to vulnerable individuals over the internet and how this is regulated.

Advice to members

- Pharmacist prescribers **must** be familiar with the latest GPhC guidance on remote prescribing and follow it closely.
- Pharmacist prescribers **must** be able to define the areas of clinical practice they work within and provide evidence that they are trained and competent in these.
- Online prescribing of opiates, z drugs or other medicines for unlicensed conditions are the areas receiving the greatest level of regulatory scrutiny and have the highest level of risk for both patients and the pharmacist.
- Online pharmacist prescribers **must** be confident of their patient's identity, that their clinical assessment is robust and that national prescribing guidelines for the UK are followed before a medicine is authorised for supply.
- The requirement for the pharmacist to undertake an appropriate clinical check is not diminished even where there are close links between the prescriber and the pharmacy.

The PDA defence team has identified common themes based on current investigations.

- The problems mainly involve relatively new entrants into the on-line pharmacy market rather than the established community pharmacy chains.
- Because the online business can be extraordinarily lucrative, some unscrupulous business owners are prepared to put the public at risk and damage the careers of unsuspecting pharmacists by a focus on profit over patient safety. The pharmacist faces the consequences not the unregulated owner.
- Some pharmacists have given little thought to the challenges of the role, believe they are working in a cutting edge 'innovative sector' and are too trusting of what company directors and shareholders tell them.

The PDA has extensive experience of supporting members implicated in online pharmacy investigations. It is apparent that the GPhC Committees, are wanting to send a clear public protection message out as a warning to others in that sector, with one pharmacist prescriber recently being suspended for 9 months.

PDA members working for these types of pharmacies either as the responsible pharmacist or prescriber who are concerned about their situation can contact the PDA for advice and support.

The PDA defence team have recently secured a significant five figure compensation award for a member who blew the whistle on unethical prescribing practices at an online pharmacy they worked in. Even though the pharmacy owner closed the business down to avoid liability for paying the compensation, PDA lawyers using their specialist expertise brought an action against the company director as an individual which meant he could not escape from compensating our member.

Reflections on the COVID-19 Pandemic

By Alison Jones, PDA Policy Director.

Looking back to 2019, none of us could have imagined the impact a global pandemic could have on our lives. Countless members have been affected by the virus in some way and we extend sincere condolences to those who have experienced loss. Many aspects of life will permanently change because of COVID-19 and, we are still to consider the outcome of the forthcoming public inquires.

During the pandemic, pharmacists working in all settings have played a significant role in maintaining access to healthcare and medicines in very difficult circumstances. Working long hours, with huge workloads in stressful work environments and for many putting their lives at risk to serve and treat patients 'face to face'. This happened across all areas of practice, from hospitals where pharmacists worked alongside Drs, and nurses on COVID-19 wards, in residential care, and in community pharmacy where patient volumes dramatically increased once GP practices and A&E departments controlled public access.

The PDA has had a critical role to play in raising pharmacists' issues and concerns with government and other stakeholders alongside providing employment advice and pastoral care for members at this challenging time.

Risk Assessments

These very quickly became an important element of the PDA's focus as plans were being agreed for working arrangements. At first, pharmacists were working without adequate PPE and without the equality of support provided to many other healthcare workers. A PDA risk assessment toolkit was developed with a focus on the vulnerable, such as those who are pregnant, with health conditions or BAME colleagues who make up 43% of the pharmacy workforce and who are more likely to be impacted if they are exposed to COVID-19.

Key Workers

We worked hard to have pharmacists recognised as key workers and having community pharmacy acknowledged as part of the NHS was fundamental in securing appropriate PPE, the inclusion in the NHS death in service schemes, priority access to vaccinations, enabling attendance at school for children of keyworkers and access to supermarket slots.

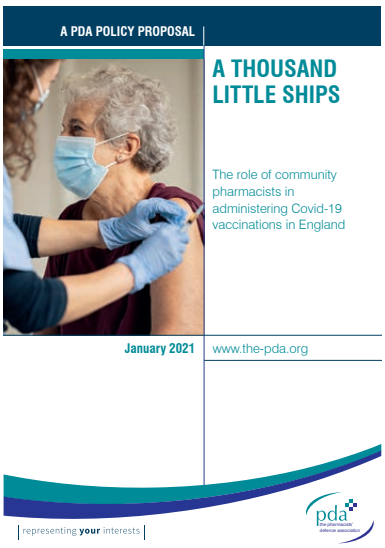
Violence

During this time many members experienced violence and abuse in pharmacies, as patients became more anxious when COVID-19 safety measures were introduced. Over 1,000 pharmacists completed a PDA survey in just 24 hours as they experienced an increase in incidents of abuse and violent behaviour. We worked collaboratively with employers, Police Commissioners, and the national media to try to ensure that community pharmacies remained a safe and respectful workplace.

Locum Task Force

The locum pharmacist population experienced a 'perfect storm' which saw a decrease in bookings due to more shifts for permanent staff and a reduction in demand for holiday cover. The PDA was quick to respond by raising the concerns of locum members and by putting together a Locum Taskforce making their details available to NHS operations around the UK; something about which they have been very grateful.

Policy Work



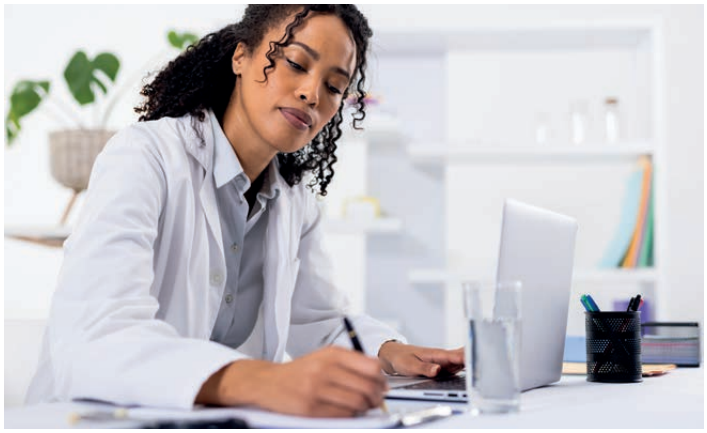
As the advent of the COVID-19 vaccination brought great hope, the PDA was keen to emphasise the part that pharmacists in community settings could play, for example in policies such as **A Thousand Little Ships** which we were told had been persuasive by decision makers. New indemnity provision was also made available to PDA members who delivered vaccinations.

Hesitancy towards vaccinations was a problem, so, building on the position of pharmacists as trusted healthcare professionals and scientists working in the heart of local communities, a social media campaign was launched to encourage everyone to get a jab. PDA members posted multi-lingual YouTube videos highlighting the need to #GetVaccinated, and posters were made available to display in pharmacies and other neighbourhood venues.

Alongside a rolling programme to get the nation vaccinated, the flu vaccination programme was extended to protect those most vulnerable. On top of all the demands of COVID-19, community pharmacy delivered the lion's share, with a record 4.8 million flu vaccinations during the 2021/2022 winter season: an increase of 73% on the previous year.

The pandemic has taught us many lessons; and the contribution of pharmacists has finally been widely acknowledged. However, pharmacists made personal sacrifices to 'keep the show on the road'. **The PDA will continue to highlight the challenges and opportunities for pharmacists in every setting, and to take forward the learnings from the COVID-19 pandemic to inform future policy and campaign activity. It is good to know that due to the vaccination programme, the dark days of lockdown are now behind us.**

Building pharmacists' independent prescribing on a firm foundation



Pharmacist Independent Prescribers (PIPs) are not a new phenomenon, enabling regulations were first introduced in 2006. The number of PIPs has grown organically, and in recent years the numbers have received a boost backed by programmes in all four countries of the UK resulting in more than 8,000 Independent Prescribers.

However, with many new pharmacists graduating with prescribing qualifications as of 2026, this number is set to rapidly increase.

Currently, PIPs can prescribe autonomously for any condition if it is within their clinical competence aside from a small number of exceptions.

Avoiding the pitfalls

The PDA has consistently advocated for the introduction of independent prescribing (IP) for pharmacists; however, we continue also to raise the other side of the debate about how soon and in what way recently qualified pharmacists should be expected to develop their early practice experience before becoming fully autonomous PIPs.

As a defence association, the PDA inevitably sees what can happen when errors occur, and the consequences for patients and for pharmacists. The PDA believes that newly qualified pharmacists must be given the time and space to develop the fundamentals of their practice, before the added challenge of fully independent prescribing.

Give us a level playing field with Doctors

Due to the shorter course length, and with the current proposal that they should have only one year of foundation training post qualification, a typical prescribing pharmacist will be younger than every prescribing medic in the UK and will have had far less supervised work-based prescribing training.

The PDA continues to believe that for patient safety reasons, the two-year (pre-IP) foundation period should remain. Alternatively, an initial two- year period of support through supervision and mentorship must be implemented for new IP pharmacists. To test members' views, the PDA ran a member survey which received over 1,000 responses. While those currently in training or recent graduates are keen to be able to practice as a PIP after one year of foundation training, interestingly the majority of those responding who are established in the PIP role felt that the two-year foundation stage should remain.

As the new trainee cohorts will be expected to have IP from the start of their practice, the caution with which this practice may be approached as well as a deeper appreciation of patient safety issues, which would be borne out of a longer period of 'formation' will be beneficial.

Learn the lessons

The experience of supporting many pharmacists through inquests, professional and employment disciplinary procedures (not to mention claims for compensation) where patient safety has been compromised, leads the PDA to argue for a less hurried and more considered introduction of enhanced areas of practice.

A doctors training will include a 5-year degree in medicine, followed by a two-year foundation course of general training and 3 years specialism in general practice with continued, and highly valuable mentorship and supervision throughout.

Although embarking on an IP qualification can be framed as an optional step for existing pharmacists, expectations from employers and the sector may force early years pharmacists to step forward before they are ready so arrangements must be put in place to manage the situation.

A two-year supervised period (that PDA calls FY1 and FY2) should enable a gradual and more structured maturation of prescribing rights for pharmacists. For example, initially under a regime of close supervision and control (as do the medics), through a more limited supplementary prescribing route and eventually emerging as truly independent prescribing. Such an approach would also help to embed a structured career framework.

Deliver a clear strategy

The desire to significantly grow the numbers is clear, however the strategy around how pharmacists will use those skills in practice across all parts of the profession is not yet clearly defined. A clear strategy is vitally important, enabling prospective IPs to see where their skills may be deployed, therefore understanding the level of risk that they are undertaking, as well as for bringing those established professionals along into a future vision.

The practicalities of securing sufficient and suitably qualified prescribers to mentor all future IPs, as well as ensuring that they are properly remunerated for doing so need to be finalised. Whether the individual supervisors and pharmacies have the capacity to add the mentoring activity to an already busy workload will also need to be worked through.

The PDA is ready to contribute to that process in the interests of students, trainees, and fully qualified pharmacists.

Know your role and competence in a GP Practice

The PDA continues to see a rising trend in both regulatory and civil claims for compensation cases from pharmacists working in GP practices.

The concerning increase in cases brings into focus the fundamental issue of competency and is linked to a continuation of the confused strategy and a lack of leadership in some areas about what it is exactly that GP Practice based pharmacists are there to do.

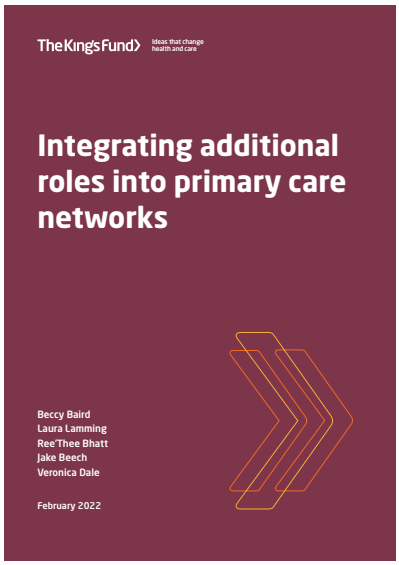
Many of the most recent cases are linked in some way to pharmacists agreeing to engage in more challenging roles simply because they believe that their prescribing qualification entitles them to occupy that role. Alternatively, they are linked to cases where GPs pass on activities to pharmacists that they should not, or where they have not properly assessed the appropriateness of doing so. Either way, it becomes almost inevitable that the lack of experience and insight into these deficits leads to inappropriate prescribing or offering poor advice, often underpinned by an assumption of competence which was ill-founded.

The result is not only some expensive compensation claims, but also regulatory investigations by both the pharmacy and medical regulators.

Take steps to assess your preparedness and competency

The PDA strongly urges members to consider their levels of experience and knowledge BEFORE engaging in a particular job, making an assessment again before making a clinical decision and issuing a prescription.

GP Practice based roles must be accompanied by proper levels of supervision, access to a peer group for advice and underpinned by a Boundaries of Competency of Practice Statement (BCPS) or equivalent.



Kings Fund Report raises concerns

A recent report by the King's Fund, *Integrating new roles in general practice*[1] looks at the new roles, including pharmacists, brought into primary care under the Additional Roles Reimbursement Scheme (ARRS), introduced in England in 2019.

The findings are stark, with the authors making a series of important observations, including around role purpose, for example whether they are intended to ***"deliver the requirements of the Primary Care Network (PCN) contract or undertaking what might be considered the 'core' work of general practice". The report also highlights "ambiguity among some GPs about what multidisciplinary working would mean for them and their working practices, both clinically and in the way in which their practices are run" and that "There was a strong sense that they [Pharmacists] were not being given tasks appropriate to their competencies. Many felt that GPs underappreciated their abilities or wanted them to focus on 'tick-box' tasks and medication reviews".***

The King's Fund report resonates with the PDA, as lack of clarity around role purpose and 'mission creep' is a factor seen in many instances of case work and requests for support from members. In discussions that PDA representatives have had with GP representatives about this subject, it is clear that there are sometimes opposing expectations of the GP Practice based pharmacist role and the required competencies to engage in certain aspects of patient care.

Some GPs have outdated views

Most worrying, many GPs still believe that if something goes wrong, it is the GPs that will ultimately take responsibility. Lessons from PDA case work indicate that this is an outdated fallacy. The multi-disciplinary team would do well to recognise that in modern healthcare, professional responsibility means personal accountability and the accountabilities for errors of all the healthcare professionals involved in an incident are judged on a case by case basis.

If nothing else, this shows why each team member should have their own independent indemnity protection, to ensure that their interests are properly represented in the event of an incident which involves the multidisciplinary team.

Risk Assessment tool

The PDA has developed a Risk Assessment Tool for those working in General Practice as well as for general practices themselves to support discussions around competency and decision making. It is designed to support an assessment on the suitability of an individual to be delegated tasks given their level of experience and training. To be used both by GPs and pharmacists, it is hoped that this will go some considerable way in avoiding some of the issues described.

www.the-pda.org/resources/risk-assessment-tool

We would urge pharmacists in all sectors to reflect on the work they currently undertake and whether their competence is appropriate. They should consider what additional training, mentorship or self-study might be required

[1]https://www.kingsfund.org.uk/sites/default/files/2022-02/Integrating%20additional%20roles%20in%20general%20practice%20report%28web%29.pdf

A mistake has been made - what happens next?

When a mistake is made by a healthcare professional the consequences for a patient can be quite serious. If a patient is harmed, they will often expect compensation and will pursue the person they consider is responsible. This realistic expectation of the public is one of the reasons why it is a regulatory requirement for the work of all healthcare professionals to always be protected by professional indemnity insurance; it is the reason why the annual regulator renewal requires all pharmacists to declare that this is the case.

In the event of a claim, in a worst-case scenario, the lawyers representing the patient may involve the regulator and sometimes even the police. This creates a complex tension in the defence effort as things said in one area of defence could impact detrimentally in another area of challenge. At the PDA we handle nearly 5,000 incidents a year, consequently, we have a dedicated and experienced in-house legal and pharmacist team within the defence department which is supported by indemnity insurance and counsel where necessary that looks right across the spectrum of possible exposures for a pharmacist and great effort is made to ensure that the defence is joined up and as robust as possible.

Compensation settlements can be significant; the most expensive one that we were involved in was £10million. However, typically, the legal costs of the claimants' solicitors are the costliest item to fund. These days, NO WIN NO FEE claimant solicitor firms take out insurance premiums to cover their costs if they lose their case, but which the PDA has to fund if they win. In one situation, the compensation payment to patient was £1,000, but the legal costs of their solicitors were £89,000.

Claims for clinical negligence

Claims for compensation from members of the public largely arise due to dispensing errors, prescribing or diagnostic errors, advice or treatment given including vaccinations. It is not always the case that the pharmacist will be 100% liable for a mistake even though others potentially involved would wish it to be so. In defending a member, the PDA expends considerable effort in establishing the right apportionment of responsibility, in some instances, this means taking the pharmacist out of the firing line altogether. In a community pharmacy, this may be an apportionment of responsibility between the pharmacist and the registered technician, or the owner, due to staffing shortages or other structural deficits that are not within the control of the pharmacist. In a GP surgery or hospital, it is often much more complex as there is usually a multi-disciplinary team involved and increasingly, in defending themselves, they point the finger at the pharmacist. The discussions and negotiations with others, when seeking to apportion responsibility are sometimes quite challenging and often depend on what the pharmacists have said or been persuaded to write at the very initial stages of an investigation at a time when they would not be fully aware of the consequences of doing so. It is useful to consider ways in which members can reduce their exposure to unnecessary and unfair liability, and ways in which they can help the PDA to handle claims effectively and potentially reduce the conflict.

Report the claim or error as soon as you become aware of it

To ensure that the claim can be handled with the best possible outcome, it is paramount that the claim is handled correctly from the outset. If you learn that a claim is likely to be made, it is important to let the PDA know without delay.

Sometimes members don't notify the PDA because they will have been given employer reassurances that the matter is being dealt with, by the pharmacy or GP practice business insurers. What sometimes happens is that the business insurer will often write to the patient and tell them that the employer is not to blame because it is the pharmacist who made the mistake and that the patient, or their lawyers should pursue the pharmacist. The PDA then learns about the incident either from the business insurer or the claimants' lawyers belatedly. This means that the PDA has lost the opportunity to investigate the claim early on, delaying the handling of the claim, risking that vital evidence is lost and ultimately increasing the costs incurred. Worst of all, if a patient has been kept waiting for a resolution, by the time the PDA seeks to protect the members reputation and find a sensible solution by trying to apportion the liability more fairly, the patient may be very uncooperative.

As a general rule, if members are being asked to provide their PDA policy details to anybody then that ought to serve as a trigger to contact the PDA immediately.

Do not make any written statements unless advised to do so by the PDA

Another reason claims are reported late, is because a member will try to resolve the complaint or error themselves. This is not something that should be attempted as there are legal issues about which a pharmacist will typically be unfamiliar with. In one incident recently a pharmacist was asked to handle the administration of a claim for compensation on behalf of the (busy) business owner. It transpired that the business owner's indemnity policy had expired and when this became apparent, the lawyers tried to pursue the pharmacist instead. Members should take advice from the PDA before making any written admissions, even if this is contained in an internal incident report as we have seen lots of examples where this backfires badly upon the pharmacist.

The PDA has seen examples where a business owner has asked a pharmacist to include the phrase '**I accept 100% responsibility for the error**' in the internal incident report form. This is then used by the business owners' insurers to make the pharmacist 100% responsible for the settlement of any compensation and legal costs – irrespective of whether others where partially liable.

Pharmacists have a professional responsibility to be truthful to patients and they are subject to a duty of candour through regulatory standards. The PDA supports this principle, and we know that often, a prompt apology and genuine assurances on changes to future performance to a patient reduces the likelihood of escalation. However, members should always seek advice from the PDA in such situations especially if they are required to make any written comments.

Provide the PDA with detail

Claims at the PDA are handled by claims professionals; as such the information shared is privileged and confidential. When reporting a claim gather as much detail as possible regarding the claim. For example, if it is a dispensing error, try to obtain a photograph of the medication label and the contents, a copy of the prescription, the PMR and the pharmacy report. The PDA will ask that our Incident Report Form is completed, which gives you the opportunity to produce a detailed statement as to what has happened, other parties involved and potentially why. This information is used by the PDA to seek the best solution and defend your reputation.

Retain all documents and medications related to the claim

Do not dispose of any documentation related to a potential claim. For example, if a patient discovers they have been given the wrong strength of medication, retain this and photos should be taken of the medication box and label. This is key evidence and should not be destroyed and the pharmacy SOPs should be referred to. Notes of any conversations taken with GPs or nurses or with the patients should be made while they are still fresh in the memory.

Be open with the PDA

As your defence association, we are on your side, and we understand that when an error is made, it can feel daunting to report this. We also understand that as professionals no one wants to make a mistake, however, it is important to be honest and open with us from the outset, as this will likely result in a better outcome and for sure will likely prevent big problems and complexities from emerging later on.

We understand that members are busy people, often working long shifts. It is though very important to make yourself available to speak with us. Once we have established the facts, it is likely that whilst running the claim we will only require your minimal input.

We are here to help you

Finally, during a claim, we know that you may have questions or concerns regarding the process. We are established to defend members, not owners of businesses or GPs or nurses, so your concerns and your reputation are at the forefront of how we handle claims. We have a lot of experience in this area, and we are here to help you.

Equality, Diversity and Inclusion

The PDA believes that the modern-day enemy of equality, diversity and inclusion is tokenism; this is where an organisation starts a narrative about these matters without any real intention of, or capacity for genuinely doing something about it or following it through. For the 'doing' bit is often much more difficult to achieve.

For the PDA, these matters are intrinsically a core and vital part of our day-to-day operation. Driven by the casework that we handle in supporting individuals in the workplace, it is clear to the PDA that discrimination at work is widespread, it is toxic, and it must be rooted out.

The rich vein of knowledge gained by the PDA in handling discrimination cases, delivers significant insight and expertise into this worrying area and it drives the PDAs lobbying agenda. Some organisations arrange motherhood and apple pie webinars where a speaker on equality starts the debate – with others putting forward their well-intentioned views; some of these being highly relevant but others less so. Whilst these events raise awareness and '**start a narrative**', they rarely get to the heart of the matter.

The law in these areas is complex and ever changing and the PDA uses the legal expertise gained in many of the discrimination cases that it handles to drive its policy arguments in the areas of equality, regulation, employment and health policy.

The EDI networks

To support the knowledge gained at the coal face and from the case work, the PDA also has four established EDI networks which enable more than 2,000 members who have identified themselves as having certain protected characteristics and those who are allies for equality to be proactive in helping pharmacy and wider society to be equal, diverse and inclusive.

Routinely pharmacists who are actively involved in our EDI networks are invited to champion the cause and put forward their lived experiences and qualified views to important audiences like the regulators, law makers and the media as well as directly feed into the relevant consultation submissions generated by the PDA.

If you are a pharmacist that shares our view that ***"Either everybody lives in a world based on equality, or none of us do"*** we hope that you will join us in this important work by joining one, or more, of our networks.

Each of the networks hold meetings, campaigns and publishes resources, with just some examples mentioned here:

Ability Network

Activity from the Ability Network, for pharmacists with disabilities has included providing support for student and employed pharmacists who have faced difficulty securing the reasonable adjustments they are entitled to under the Equality Act, to ensure they are not disadvantaged by their condition(s).

BAME Pharmacists Network

Activity from the BAME Pharmacists Network has included the #Getvaccinated campaign which sought to overcome vaccine hesitancy in some parts of the community and production of a Race and Ethnicity Terminology Factsheet. Black History month and the Sewell report were among topics discussed at member events.

LGBT+ Pharmacists Network

The LGBT+ Pharmacists Network activity including development of pronoun badges. Wearing a pronoun badge is a simple but effective way of signalling that you respect people's pronouns and their gender identity. This can mean a lot for colleagues and patients who may feel invisible, or who may be struggling with their gender identity within the pharmacy context. Pronoun badges can also help to open up conversations about gender identity and raise awareness of gender diversity.

National Association of Women Pharmacists (NAWP)

Fact sheets produced and distributed by the National Association of Women Pharmacists (NAWP) have covered conditions such as breast cancer, endometriosis, menopause and ovarian cancer which can be an issue for members of the profession, as well as for patients.

NAWP have also been instrumental in the PDA's contribution to an equal pay toolkit produced by the charity, the Equality Trust.

All the networks campaign for greater inclusion in the undergraduate curriculum because students and patients may come from any part of the community.

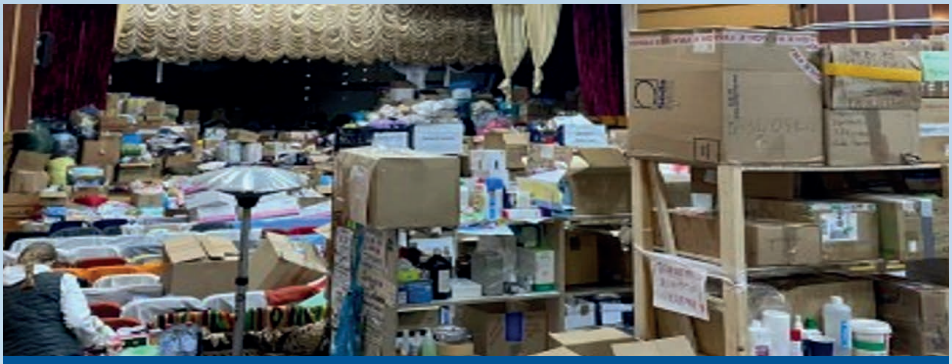
For more information

You don't need to be a pharmacist with a protected characteristic to join one of the PDAs EDI networks, but you need to be genuinely interested and passionate about learning more about or wanting to do something about rooting out inequality in the profession. If that fits your bill, then we invite you to join one or more of the PDAs EDI networks. Scan the QR code to read more.

Medicines to Ukraine

By PDA Chairman Mark Koziol M.R.Pharm.S

www.medicinestoukraine.com



A hastily put together Ukrainian field hospital pharmacy

Few pharmacists and members of the public will be oblivious to the appalling human tragedy unfolding in the war in Ukraine. For the PDA, the Ukrainian crisis is closer than most.

The PDA is a member of EPhEU (The umbrella union for European pharmacist organisations) and currently occupies the Secretary General position, a position held by me as the PDA Chairman. So, when Ukraine, an EPhEU member, reached out and told us that their colleagues were working in bombed-out hospitals and asked EPhEU for help, I was mandated by the executive to get involved and the result is described in this article.

Putting together emergency first aid kits for front line troops

Specialist Medicines required in Ukrainian Hospitals

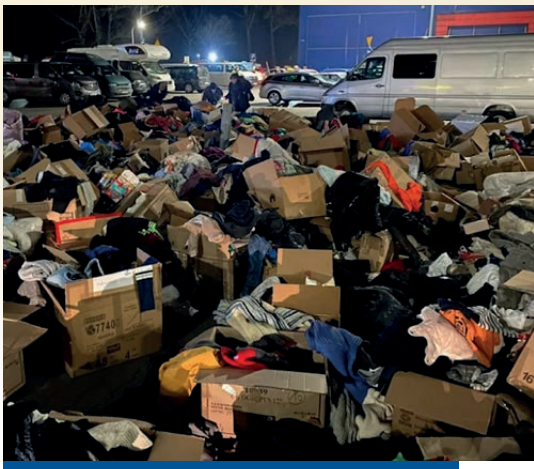
With hospitals and much of the healthcare infrastructure destroyed and large numbers of people requiring treatment for war time injuries the healthcare service in Ukraine is having to improvise.

Field hospitals have been established in tents, in shops and in basements. Urgent requests for specialist medication; those that must be given intravenously, or medicated wound dressings, IV antibiotics or anesthetics as well as bandages and other wound applications are being made as all are now in desperately short supply.

To date, the generosity of the world's population has been astonishing. Spontaneously, communities, schools, and various places of worship across the world have organised collections. Sending all kinds of medicines, those that they have at home or purchased from their local pharmacy, those that they have sent together with clothes, food and even toys. Most of these acts of generosity have been delivered to the Polish Ukrainian border in cardboard boxes and unfortunately a pandemic of boxes has emerged in the border areas. Arriving by lorries and in the boots of cars, it has become increasingly difficult to manage such donations. In discussions that I have had with the Polish government representatives, they have asked that an appeal **NOT SEND ANY MORE BOXES** be made.

Many medicines not getting through

The charity organisations and NGOs are awash with cash from donations and are much better organised, however it is clear to me that many of them are not familiar with the specialist requirements related to the procurement and transport of medicines. Even though there is a war, examples have emerged of Ukrainian hospitals that had to refuse deliveries of medicines as there was no guarantee that they had been transported within a quality framework, under the right conditions, that they were not falsified products or in some other way denatured due to their transportation conditions. Added to this was the issue of security to ensure that any medicines transported got to their required destination. If ever the mantra that medicines are not normal items of commerce was proven, this was a classic example as in some instances lorries containing medicines were not allowed to cross the border as their origins were vague. Whilst in other situations senior pharmacists and doctors in hospitals were not confident enough about the conditions of the transport to be able to accept such medicines into stock in their hospital, many have already gone to waste.



Border box chaos

Help us to treat the casualties of this war in Ukrainian hospitals

It was evident that the skills of pharmacists could go a long way in solving these problems. Indeed, I believe that these unique skills could ultimately be applied to conflicts anywhere in the world. Consequently, the member organisations of EPhEU agreed to work together and respond to the increasing calls for specialist medicines by launching a campaign. Led by their respective organisations (of which PDA is the UK representative), pharmacists are applying their expertise around medicines to organise the procurement, logistics and the safe delivery of specialist hospital medicines to where it is most needed by Ukrainian casualties.

continued overleaf...

Preparing a load for transport

Specialist Transportation

With agreements with specialist hospital wholesalers near the border secured, extensive discussions with the Polish and Ukrainian authorities have also taken place. Secure transportation has been established to get the medicines reliably across the border into Ukraine under optimal transportation conditions. Their help will also assist with any last minute necessary distribution route changes. From the initial delivery destination of a central hospital, arrangements have been made for onward distribution to numerous other hospital locations in Ukraine using appropriate hospital transportation. This centralised funding, procurement and distribution system represents a big step forward for casualties of this war.

Fundraising with charity partners

The campaign is working with Pharmacists Without Borders and other relevant charity partners across Europe to include Cafod and Caritas who specialise in this kind of cross border cooperation in this part of the world. With memorandums of understanding signed and pharmacist volunteers in position, the scheme is now going operational. An appeal to raise funds is now being launched in each EPhEU member country and beyond, but the appeal goes way beyond a request for financial support from the more than 200,000 pharmacists in EPhEU member countries.

Appealing to the public and engaging the National Media

Enclosed in this edition of Insight is a poster, which has been designed to be displayed prominently where it will be seen by the public. This might be in a community pharmacy a GP Practice or hospital dispensary waiting room.

These visually powerful posters position pharmacists around safe medicines supply giving the public confidence that their donations will be handled professionally with precision and to maximum effect.

The poster which translated into the language of the respective EPhEU member country will be prominently displayed right across the continent of Europe. The QR code on the posters, will take members of the public to a website **(www.medicinestoukraine.com)** which describes the challenges of medicines procurement and transportation and explains in their respective language how pharmacists using their expertise can help the Ukrainian crisis. It is our intention to approach the national media, to tell them about this.

We believe that with pharmacy working together in this international way, many small contributions will result in a large, centralised and successful initiative making a real difference to people's lives and we ask for your support.

Pharmacist volunteers can join the efforts on the ground

As one of the Charity Partners is Pharmacists without Borders, when it is appropriate to do so, and depending on capacity, pharmacists who are already volunteering from all over the world, may be given specific training and sent directly to hospitals and refugee centres being established to support the humanitarian effort.

Call to Action - please send funds

Naturally, we would be delighted if you could make a financial contribution by clicking on to the donations button on **www.medicinestoukraine.com** using your Visa or Mastercard. Cafod in UK are taking on the primary financial governance role with operational support being provided by Pharmacists without Borders.

More importantly however, we ask you to promote this campaign in the following ways;

1. **Please display the poster enclosed with this edition of Insight in the window of your pharmacy, in your GP practice or in a hospital pharmacy department dispensary waiting room.**
2. **Please promote the role of pharmacists in this specialist area in any relevant conversations that you have.**
3. **Any financial contribution that you can give will be gratefully received.**
4. **Please explain to members of the public that rather than send boxes – they should instead contribute funds to this centralised campaign. Pharmacists will procure the specialist medicines required and deliver them to where they are needed within a quality process system.**

Pharmacy can make an important contribution

During the COVID crisis, the reputation of pharmacy was dramatically enhanced due to the valiant efforts of community pharmacies throughout the UK who kept their doors open while many other parts of the healthcare system were closed. The prospect of pharmacists being at the centre of a medicines related humanitarian effort provides yet another opportunity for the public to understand more about the important work of pharmacists. We ask that you support this campaign.

Over the course of the next few weeks, the PDA will provide details and pictures of the hospital initiatives that have been supported and we will display these on the **www.medicinestoukraine.com** website.

A thank you from Ukrainian Pharmacists

Two weeks ago, pharmacists working in a field hospital in Ukraine, with tears rolling down their cheeks, asked me to pass on their heartfelt thanks to their pharmacist colleagues in the UK and across Europe. I promised them that I would.


UKRAINIAN HOSPITALS URGENTLY NEED SPECIALIST MEDICINES.
PHARMACIST VOLUNTEERS ARE WORKING TO DELIVER THEM BUT WE NEED YOUR FINANCIAL SUPPORT.
MEDICINES TO UKRAINE
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PLEASE GIVE GENEROUSLY
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EPhEU
pda
the pharmacists' defence association
ADEXA
Die Apothekengewerkschaft
hfd
Montenegro FKCG
The Norwegian Association of Pharmacists
VAAO
vaaoe.at
Związek Zawodowy Pracowników Farmacji

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!

34,000 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."

Visit our website: **www.the-pda.org**

Call us: **0121 694 7000**

pda
the pharmacists' defence association

|defending your reputation|