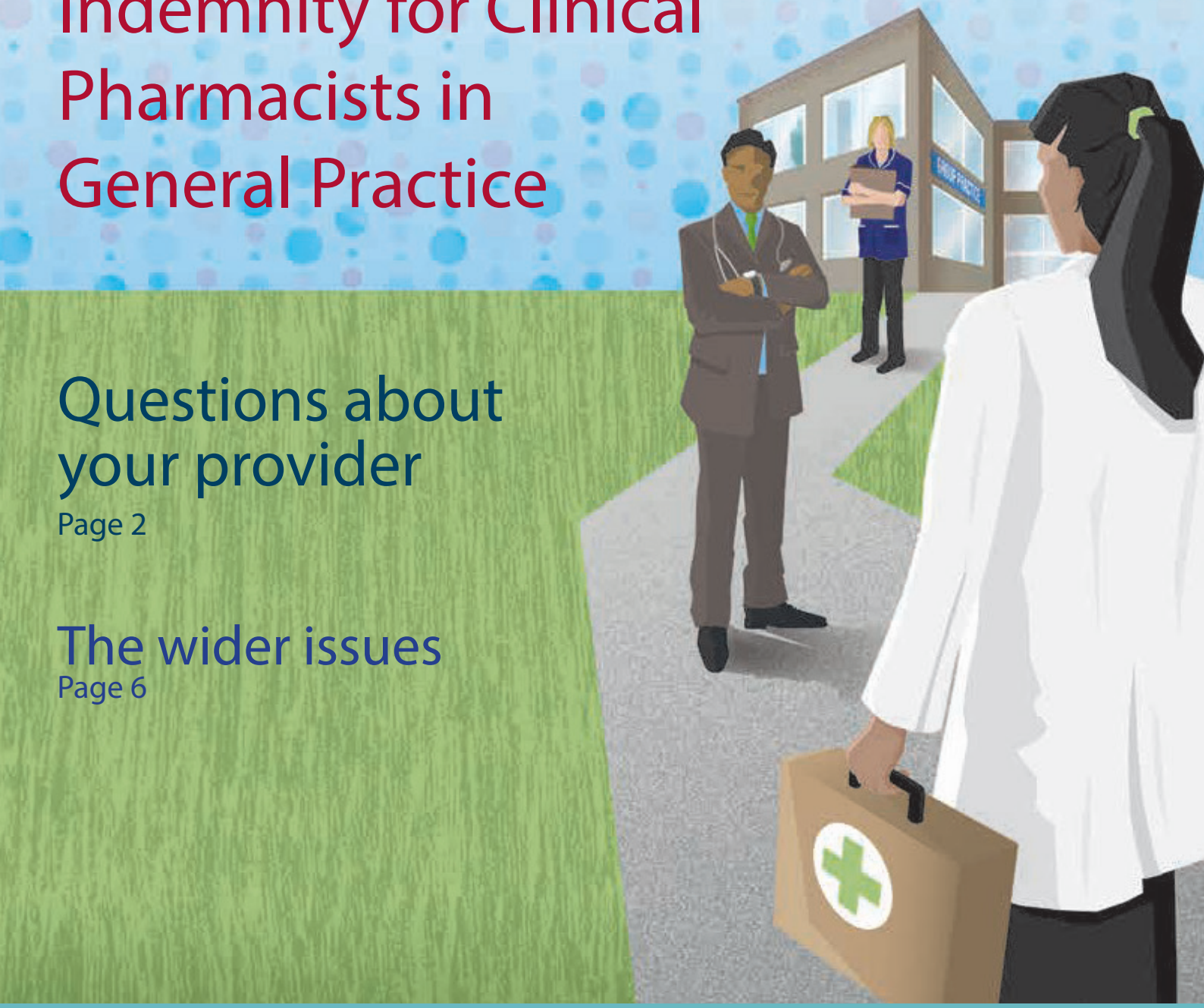
# insight

pda the pharmacists' defence association

The magazine of the **Pharmacists' Defence Association**

# PDA develops Professional Indemnity for Clinical Pharmacists in General Practice



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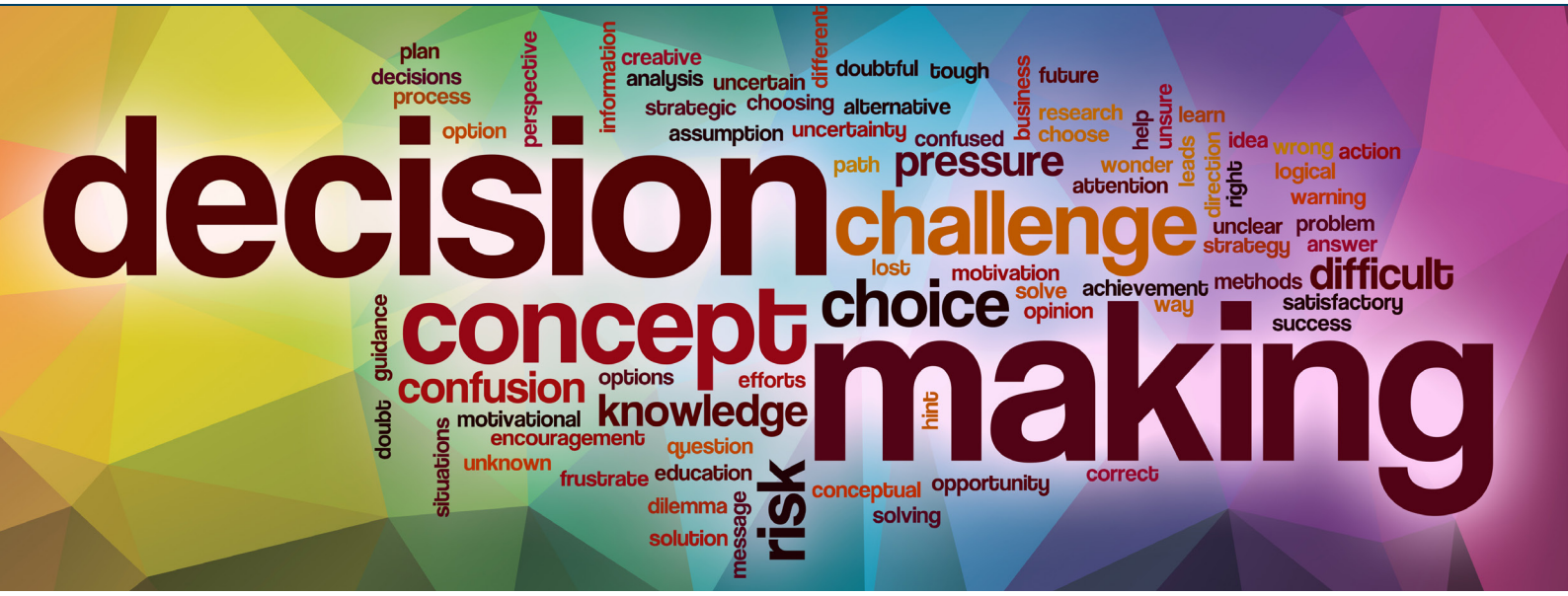
# Defending a GP Practice based pharmacist requires much more than Indemnity Insurance

**The NHS Clinical Pharmacists in General Practice scheme was announced in 2016 and this is undoubtedly a new and exciting opportunity for all pharmacists.** This initiative deserves to be nurtured and supported, however like all innovative schemes, it has teething problems and the PDA is concerned about some aspects of its current operation, which could leave pharmacists, especially those with limited GP practice experience, exposed to significant risks.

One of the issues with the NHS England scheme is that of professional indemnity. Following numerous inquiries from pharmacists, we have published this guide which clarifies that pharmacists in a GP practice will need much more than professional indemnity insurance if they are involved in an untoward incident or complaint. Pharmacists entering this new area of practice are advised to consider their exposure to wider issues which require expert evaluation and dedicated support.




# Choosing your Professional Indemnity Provider

### 1. A focus solely upon defending pharmacists and avoiding conflicts of interest

Since the formation of the PDA we have been routinely approached by employer organisations seeking indemnity protection via membership of the PDA. As a founding principle, the PDA does not allow employer organisations into membership.

In some cases, the PDA declines membership to directors or business owners employing pharmacists due to the potential for a conflict of interest. More recently, the PDA has been approached both by GP practices and Federations employing pharmacists, who are seeking indemnity cover from the PDA. The sole focus of the PDA is to look after the interests of the individual pharmacist, it is a not for profit organisation and trade union, it will not provide indemnity to such organisations.

There is a clear and inevitable conflict of interest if it was involved in the provision of indemnity to both practice based pharmacists as well as GP practices or Federations. Pharmacists are urged to consider what might happen if a serious error occurred and a complex professional investigation was required, to hold those responsible to account.

In such a situation pharmacists would be best served by indemnity arrangements that focussed solely and exclusively upon their professional interests to fight their corner. The PDA has always maintained that the indemnity provider should not in any way be connected to the interests of the GP surgery.

The PDA only concerns itself with defending the reputation of the individual pharmacist, and does not have any arrangements with GP practices nor Federations in place; its only members are individual pharmacists.

Advice - Assess whether your indemnity provider has any involvement in providing indemnity or any other form of insurance to GP surgeries or Federations and consider the potential conflict that may exist.

# A Professional Case study - Disagreement with a GP

**A pharmacist was told by a senior partner in a GP practice that now that they had achieved their Independent Prescribing qualification, they would be expected to sign all the repeat prescriptions for all the patients in that surgery.**

The pharmacist was initially given half an hour a day in which to do this, this was then reduced to just 15 minutes. The pharmacist was nervous about this and contacted the PDA for advice.

The GP argued that once his clinical reasoning behind issuing the repeat had been done, then the signing of large batches of prescriptions was simply an administrative role. Had this gone unchallenged, then the pharmacist would be liable for any prescribing errors made by the GPs. The PDA advised the pharmacist not to blindly sign batches of prescriptions as was being suggested. Instead he should assess each prescription, check the patients records and make changes based on his professional judgement where necessary. By doing so he would be making valuable clinical interventions and make the repeat prescription program much safer than was currently the case.

The GP was unhappy with this approach and escalated this matter to the Federation which employed the pharmacist. The PDA was invited to a meeting where it put the professional arguments to a panel of GPs involved in managing the Federation. Using research findings and risk management principles, the PDA persuaded the Federation to accept that the preferred approach (as advised by the PDA to the pharmacist) was better for their patients and ultimately, their surgeries.

Consequently, the repeat prescribing activity was transformed from a largely administrative one to a valuable activity undertaken by pharmacists applying their unique skills around medicines. This more detailed intervention by pharmacists will assist in reducing errors in GP surgeries and ultimately deliver wider benefits for patients and the NHS.

## Learning points:

1. Research has shown that up one in eight prescriptions issued by a GP surgery contains an error. By signing a repeat prescription as part of a surgery repeat prescription programme, a pharmacist takes on the liability for any error that may already exist. In such a way, the liability for the error transfers from the GP to the pharmacist. Consequently, pharmacists are urged to engage in GP surgery repeat prescription programmes with great caution.

2. Pharmacists working in GP practices should seek ways to apply their unique knowledge around medicines, to provide added value solutions for patients wherever possible.

3. GPs may not always understand or appreciate how the knowledge of a pharmacist can make a beneficial difference to their practice or patients. Where difficulties exist, pharmacists should contact the PDA as experienced primary care pharmacists are on hand to offer advice and practical support.

4. Remember, the vast majority of dispensing errors that occur, involve medicines issued as part of a repeat prescription programme.

5. The more detailed clinical review approach as advocated by the PDA and as ensconced within the PDA approach to indemnity improves the safety of the repeat prescribing process, it adds value for the patient and creates professional fulfilment for the pharmacist.

## 2. Tailoring professional indemnity to enable pharmacists to work to their level of competency and enjoy professional support.

Significant numbers of practice based pharmacists contact the PDA because they need support in their practice. Some of them are finding themselves in uncomfortable professional situations. This can occur because GPs are either unsure about what tasks pharmacists are able to undertake, or because they simply prefer to pass tasks such as repeat prescribing, or in some cases high risk activities such as undifferentiated diagnosis onto the pharmacists.

By personalising the indemnity arrangements, PDA indemnity enables pharmacists to work to their level of competency by allowing the pharmacist to individualise and therefore confine their indemnity insurance arrangements to the tasks that they feel competent to undertake which are consistent with their job role. In the event an employer requires that they undertake an activity they are not yet competent to undertake, pharmacists can rely on their indemnity arrangements to support their position. Many practice based pharmacists have informed the PDA that they find this facility to be valuable as it helps to manage the expectations of employers in the new roles.

Advice - Examine your indemnity policy and see whether it provides you with cover for activities that you are not willing or are not yet competent to undertake. Consider how being over-insured could create difficulty in your practice and permit employers to pressurise you to expand your role outside your expectations.

## 3. Keeping the cost of indemnity low

Some insurers have taken the approach that they charge everyone a high level of indemnity premium, even if those covered are not engaged in high risk activities. Unfortunately, this can mean that some pharmacists end up paying indemnity premiums for insurance that they don't need.

As a member organisation and trade union, the PDA has strived to keep its membership premiums as low as possible and historic membership fee increases have been lower than the cost of inflation. When PDA underwriters became concerned about the approach being taken by NHS England towards the roll out and training of its clinical pharmacists in General Practice scheme, they sought to significantly increase the premiums for all practice based pharmacists throughout the UK, due to concerns about the high value of claims they felt would follow.

The PDA persuaded its underwriters to recognise that only those pharmacists engaged in high risk activities should pay significantly higher premiums. Because of this approach, those practice pharmacists involved in relatively lower risk activities were afforded lower premiums. The effect of these arrangements is that pharmacists can choose the activities for which they require cover and do not have to pay higher premiums for cover they don't need.

For PDA members, our indemnity arrangements are the most cost effective currently available. The lowest premiums being paid by members working in a GP surgery is £212 for low risk activities, the average premium

being paid currently by practice based and primary care pharmacists is £440 and 93% of practice based pharmacists are paying less than £900.

Advice - Review your current indemnity insurance and see whether you are paying for cover that you don't need.

## 4. A scheme designed solely for pharmacists involved in the new NHS clinical pharmacists in General Practice scheme

Some members have told the PDA that they would prefer an indemnity scheme which can simply provide them with cover for their work in the NHS clinical pharmacists in General Practice scheme. Additionally, many of these pharmacists (Senior Clinical Pharmacists) have been given responsibility to supervise several clinical pharmacists and they face additional challenges for which they have asked for ongoing support; especially where this involves learning from experiences seen in other areas. After studying the job descriptions for both the Clinical and Senior Clinical pharmacists produced by the NHS, the PDA has made specific arrangements with underwriters and has designed a bespoke scheme for pharmacists working in this scheme. In such a way, the risks and claims related to the NHS clinical pharmacists in General Practice scheme can be monitored and studied carefully. This enables a depository of practice experience to be collected. It also enables comparisons to be made between traditional primary care pharmacy roles, as operated and supervised from within a CCG or Health board structure and the new NHS scheme which has altogether different supervisory and clinical governance structures. In this way, the lessons learned can be used to improve practice in the future. It also allows the PDA to create specific additional support, mentoring and training generally to those pharmacists who are involved in the NHS clinical pharmacists in General Practice scheme who may be relatively new to work in GP surgeries. These features are important as they will be used to support and nurture the development of the GP practice based role going forward.

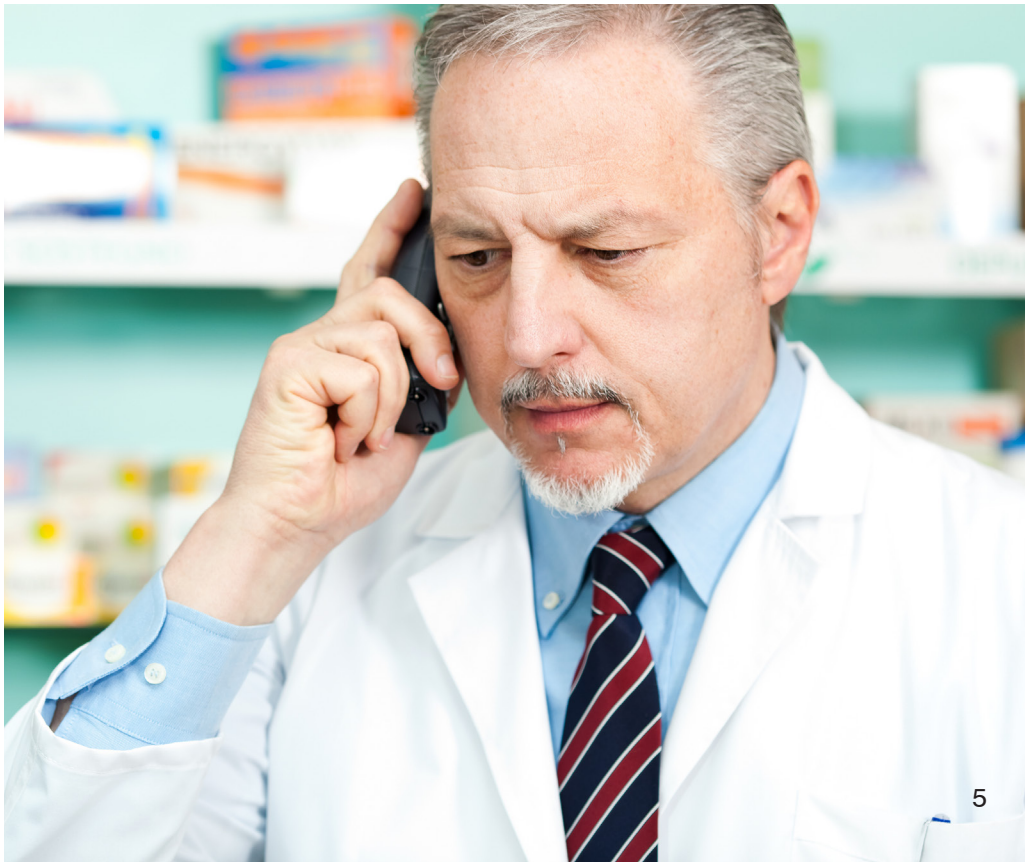
Advice - Assess whether your indemnity provider has the capacity or knowhow to provide additional risk management support based on operational primary care pharmacy experience as well as mentoring, advice and training to support your practice. This is especially important if you have recently been recruited to one of the NHS clinical pharmacists in General Practice scheme programmes.

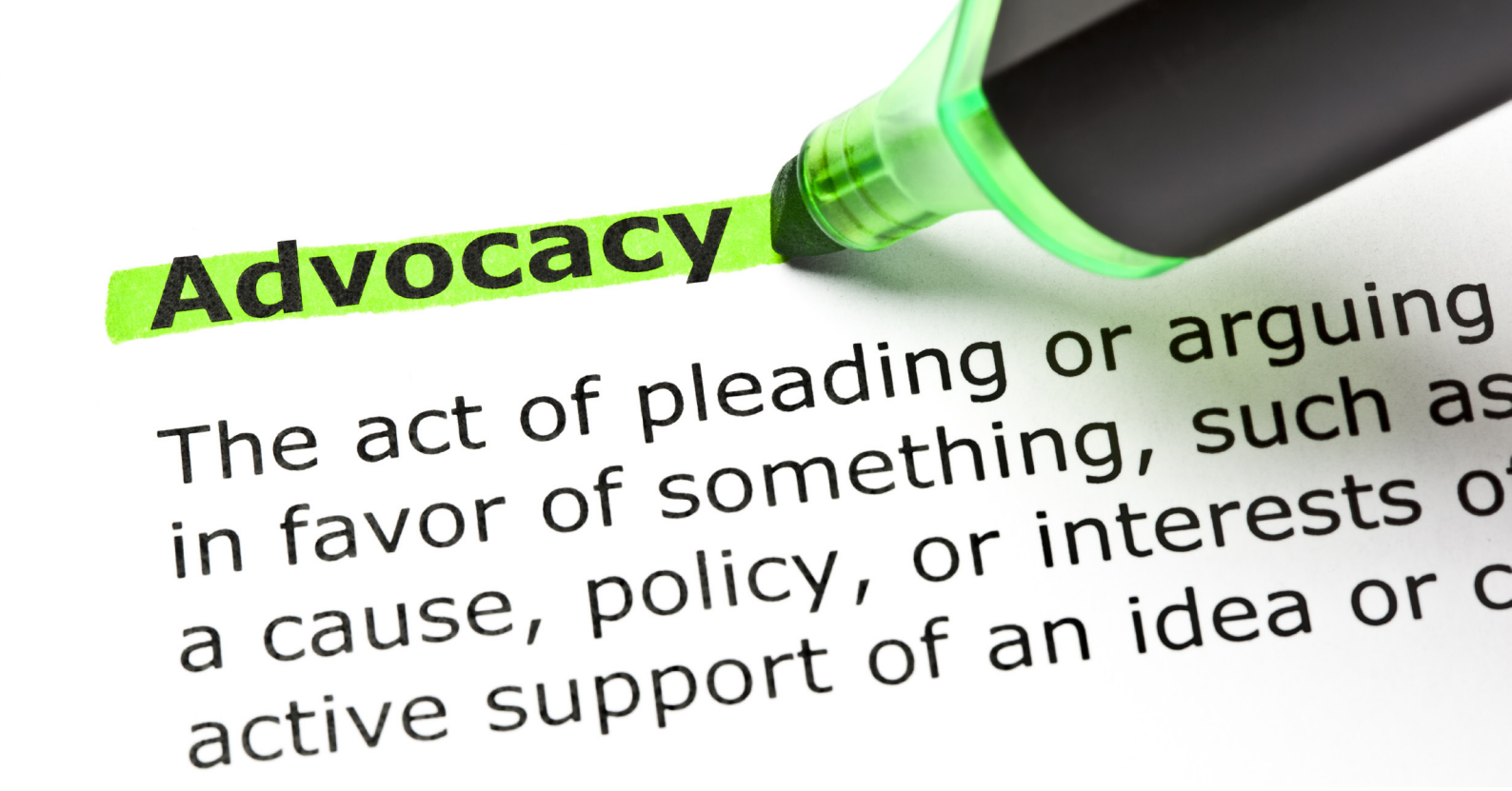
## 5. A dedicated pharmacist and legal defence team to handle claims

Unlike an insurance broker whose relationship is centred around the arranging and selling of insurance, the core purpose of the PDA is defending the reputation and representing the interests of pharmacists and the profession of pharmacy.
As such, the PDA does not ask the pharmacist to ring a claims handling company to report an error or complaint, it handles the entire process itself.

Following on from a serious incident, a pharmacist may simultaneously face a civil claim for compensation, police investigation, a Coroner's inquest, suspension from work as part of an employment disciplinary process, as well as a regulatory hearing in front of a GPhC Fitness to Practise Committee. These entirely separate processes are interconnected in subtle, but highly significant ways and the PDA will typically use its expert in house lawyers, pharmacists, paralegals and where necessary its regular panel barristers to actively defend pharmacists as part of a holistic approach to secure the best outcome for the member. The PDA defence team has extensive experience in these areas and members who find themselves in difficulty will find themselves reassured by this expertise.

Advice - call your indemnity provider and talk about the technicalities of patient facing primary care pharmacy. If you are not confident that they fully understand and appreciate your role as a practice based or primary care pharmacist, then consider what might happen if you are involved in a serious incident and you have reason to call them for advice or to ask them to handle the defence of your professional reputation.






# The wider issues relating to indemnifying and defending pharmacists

**85% of matters handled by the PDA in defending members either do not fall under the scope of insurance or have nothing at all to do with insurance. Most PDA support is provided through its defence association or trade union benefits.**

Pharmacists can expect their interests to be protected by the PDA in far more circumstances than they could do relying upon an indemnity insurance policy. Pharmacists working in primary care or in GP practices may consider the following activities on which the PDA is currently supporting their wider interests.

## 1. Handling pre-insurance threshold matters

In real life, many things can occur which can cause difficulties for primary care pharmacists. Many of these are not matters which trigger a claim under an insurance policy.

So, under the strict terms of an insurance policy, an insurer would not be required to provide support. At the PDA, these situations are termed pre-insurance matters and they represent the majority of support provided to members. An example may be where there is a professional argument over how a clinic, or the repeat prescription service should be operated safely. If these matters are not handled promptly, they can lead to problems for pharmacists and patients alike.

PDA routinely provides advice to pharmacists in these situations and union members are entitled to PDA union representation at meetings in the event of a professional dispute or if a formal grievance situation emerges. Supporting pharmacists in this way is something that differentiates the PDA from an insurance broker and what enables a much broader protection of member interests.

Question - does your indemnity insurer provide practical support or a pharmacist representative to support your practice in the GP surgery in a matter that is not covered by your insurance policy because you had not yet triggered a claim?

## 2. Reflection and learning from incidents and claims

At its heart, the PDA is a risk management organisation. With over 26,000 members, the PDA has extensive experience of supporting pharmacists in their practice. In 2016 alone, the PDA provided more than 5,000 episodes of support to members who encountered a problem in their work or practice. There are 4,000 plus primary care pharmacists already in membership with a dedicated Primary care pharmacist helpline which is additionally supported by a regional primary care union committee structure.

The PDA very rarely passes claims over to third party firms of panel lawyers, it handles and manages defence cases on behalf of its members itself. This gives the PDA a very substantial history of relevant case handling experience.

Consquently, we know only too well the problems that can occur in the area of practice based work. From primary care incidents involving members

and focus groups of practice based pharmacists formed to underpin support to members, the PDA develops risk management strategies so that the learnings from the incidents can be shared for the benefit of other primary care and practice based pharmacists.

Question - Does your indemnity provider handle the defence cases directly or pass them over to underwriters to deal with? What experience do they have of practice based and primary care pharmacist claims handling and of the development of risk management programmes built upon their experiences for the benefit of the wider practice based pharmacy community?

### 3. Challenging the construction of the NHS England scheme

Unlike similar schemes in other countries such as Northern Ireland and Scotland, funding for the initial phases of the scheme in England was provided by the government for three years only and is paid on a reducing basis. At the end of the three-year period, employers may no longer have the funding to support the programme going forward.

At such a time the employment rights of hundreds of pharmacists may need to be supported. As a pharmacist trade union, the PDA raised this concern at a meeting between NHS England and union officials and sought details of the Federations employing pharmacists in England so that these concerns can be raised directly with employers. Unfortunately, and despite several requests, NHS England has refused to provide the information and the PDA is actively engaged in securing this information via other sources, so that member's job security can be assessed. PDA members will be kept abreast of any progress in this area.

Question - Is your indemnity provider a trade union and have they engaged with the NHS to raise concerns about the long-term security of your role within the NHS England scheme? Will they doggedly pursue this issue?

# A Professional Case study - Caution in consultation rooms


**A male pharmacist went into a consultation room with a female patient, no chaperone was offered and none was asked for.** Whilst in the consultation room, the female patient ripped off her blouse and then told the male pharmacist to supply her with some temazepam otherwise she would tell the police that he had sexually assaulted her when they were alone into the consultation room. The pharmacist should have immediately left the consultation room and raised the alarm, but instead he tried to reason with her. Eventually, after some time, he left the consultation room refusing to supply the temazepam. The patient told the pharmacist that she would be making a formal complaint, it looked very much like this pharmacist would be facing the regulator, where unfortunately the word of a patient can be given much greater credence than the word of a pharmacist. The member contacted the PDA and was interviewed in detail. It was established that this pharmacist had an unblemished history and could easily secure numerous glowing testimonials. A private detective was commissioned by the PDA and it emerged that this female patient was a substance abuser who had previously been in trouble with the police because of prostitution. The case against the pharmacist was not pursued by any of the authorities.

## Learning points:

1. Always offer (and ideally aim for wherever possible) a chaperone if taking a member of the opposite sex into a consultation room.
2. In the event of any improper behaviour from a patient; always leave the consultation room promptly and tell someone what has happened and write down what has occurred while it is still fresh in your mind.
3. This pharmacist followed PDA advice and the risk of a regulatory investigation was reduced. This was done at a time where an insurance claim would not have yet been triggered because a professional disciplinary investigation had not yet been established.

## 4. Challenging Band 7 pay arrangements

The work that is being expected of clinical pharmacists in General Practice under the NHS scheme is often at the higher end of clinical risk and responsibility. This includes undifferentiated diagnosis and members report being pressurised by overstretched GPs to undertake highly inappropriate tasks for which the pharmacist may not have the expertise to undertake.

Beyond the sometimes-difficult professional discussion that needs to be held and the practice support that is required by those new to the role, is the associated issue of appropriate remuneration. The complexity of the role of a practice based pharmacist does not lend itself to an AfC band 7 pay grade; we believe it should be significantly higher. The PDA has written to Ravi Sharma, programme clinical lead for the NHS England scheme, asking him to explain why pharmacists are being placed on such low pay grades. At the time of publishing this feature, the PDA is still awaiting a response.

Question - Is your indemnity provider a trade union and have they lobbied the NHS about the inappropriate levels of banding for the new pharmacy roles?

## 5. Negotiating contributions towards the costs of indemnity

At a meeting with NHS England officials in 2016, the PDA argued that in line with arrangements already in place for GPs, the NHS should contribute towards the indemnity premiums for pharmacists working in GP surgeries. After that meeting, NHS England agreed that it would make available £1000 to support the cost of professional indemnity for clinical pharmacists in General Practice under the NHS scheme. It transpired that the payments would not be made to affected pharmacists, but to the employer. The problem with such an arrangement is that the decision on how much (if any) of this funding is to be passed on to the practice based pharmacists lies with the employer. The average premium being paid by PDA members in practice based roles is £440 and some members say they have not received any funding support from their employers, despite the fact that they will have been provided with the £1,000 support from NHS England.

As previously mentioned, the PDA union is currently identifying employers so that these concerns can be raised with the Federation employers directly. The PDA has also written to Ravi Sharma programme clinical lead for the NHS England scheme asking him to explain why such unsatisfactory arrangements were established in the first place.

Question - Is your indemnity provider negotiating a contribution towards your indemnity with the NHS and are they now helping you to pursue your contribution from your Federation employer?

## 6. Providing a practice based pharmacist helpline

Members have told the PDA that they often face unfamiliar and challenging situations with limited access to advice and support. The work of a practice based pharmacist can be lonely as often they are working outside of the established CCG governance frameworks and routinely find it difficult to contact their supervising Band 8 pharmacist. The PDA has also been contacted by Band 8 supervising pharmacists as they too need real time advice and support. Consequently, the PDA has established an office hours' helpline which is staffed by experienced practice based pharmacists whose role is to assist colleagues who find themselves in difficult practice based situations.

Question - Does your indemnity provider have experienced practice based pharmacists working in their offices available to support you?

## 7. Defending wider pharmacy issues

As a dedicated pharmacy organisation, the PDA vigorously promotes the pharmacy profession and defends the interest of pharmacists. With strategic initiatives like the PDAs Road Map where pharmaceutical care is being promoted in primary care, the PDA seeks to create professional fulfilment through new roles and sustainable livelihoods for its members. The PDA lobbies parliament and develops links with relevant organisations for the benefit of the wider profession, a good example of this is the recent legal challenge to the GPhCs new standards of Ethics, Conduct and Performance where the new GPhC rules required pharmacists to observe exacting standards of body language, tone of voice, politeness and courtesy not just at work but also outside of work.

Question - Does your indemnity provider have a wider strategy for the pharmacy profession and can they demonstrate that they consistently seek to actively develop it, often in the face of powerful forces of opposition?

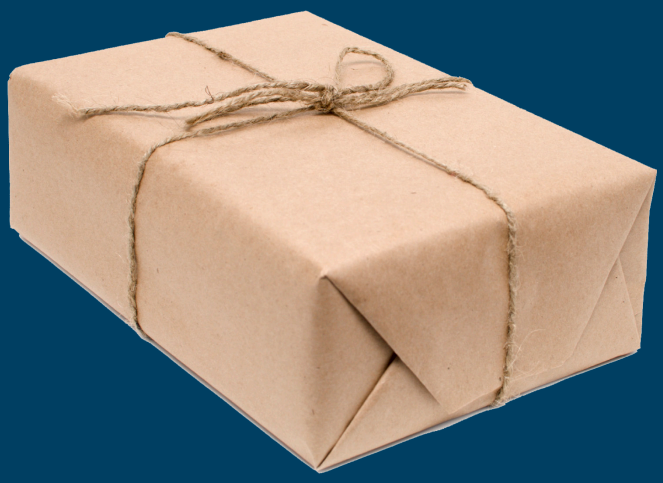
## 8. Union representation

The world of healthcare provision is rapidly changing and this can mean restructuring and changing working arrangements. The PDA routinely supports pharmacists to protect their interests in these changing employment situations. Examples may include where CCG's are merging and there is a consolidation of roles; here the PDA ensures that its members interests are properly considered and that employers are held to account in observing the relevant employment legislation.

Question - Is your indemnity provider an independent trade union and can it provide union representation in employment meetings?

# What will the latest developments bring?

## You have never seen such a pace of change, but in this rapidly evolving landscape, who is looking after your interests?



NHS England is ploughing £100's millions into the NHS clinical pharmacists in General Practice scheme. This is a tremendous opportunity for the profession. However, why is the funding being reduced over three years leaving many pharmacists exposed to the possibility of redundancy? Why was this scheme not integrated within the well-established CCG primary care pharmacy network which could have provided a quality governance and safety support framework? Why are these exciting new roles being graded as Band 7?

The PDA will do its utmost to ensure that these worrying issues are addressed and that the employment rights of members are protected. We will seek to challenge some of the weaknesses apparent in the planning of this scheme.

**The full extent of the future of pharmacists working in GP surgeries and in CCG's is as yet unknown, but it will be important to ensure that the genuine interests of pharmacists are not overlooked.**
**Members can be assured that the PDA will do its utmost to ensure that their interests are protected**

## If ever there was a time for a passionate, independent union - a voice for pharmacists in primary care – then that time is now!

- ✓ More than £1,500,000 compensation already secured from employers who have treated pharmacists unfairly or illegally.
- ✓ Helpline provided to pharmacists working in GP practices
- ✓ Claims handled by experienced pharmacists and in house lawyers
- ✓ Professional Indemnity and Legal Defence Costs Insurance
- ✓ Union membership

Every new member increases our influence with employers, government and the regulator enabling the PDA to help you in your practice.

26,000 members have already joined the PDA → have you?

Visit our website: www.the-pda.org
Call us: 0121 694 7000

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# A Professional Case study - Access to patient medical history

**A practice based pharmacist is involved in a relatively innocuous switching programme and required to change all patients on Metformin MR to Glucophage SR.** Following an agreement within the surgery, this was undertaken by the pharmacist by informing the patients by post, in some cases it involves telephoning the patient and in a small number of cases it involves inviting the patient to the surgery for a conversation with the pharmacist.

Three weeks after this switch is instigated amongst more than 90% of the patients in the target group, a patient is admitted to hospital due to experiencing severe gastric bleeding because a NSAID had been prescribed by the GP in a situation where it was contraindicated for this patient. The patient's family eventually seek damages from the GP for prescribing the NSAID and threaten to report the GP to the General Medical Council. In the ensuing investigation, the GPs insurer discovers that a pharmacist was the last healthcare professional to handle the patients medical records and concludes that she should have spotted this serious prescribing error. Had she taken steps to identify this problem, then harm to the patient could have been avoided.

The GPs insurer applies to join the pharmacist into the dispute and attempts to pass the blame onto the pharmacist, in this way, it seeks to protect the GP from a regulatory sanction by showing that this failure occurred due to the contributory negligence of several professionals and not solely the fault of the GP.

The GP is asked by his insurer to request the pharmacist to submit a written report of the incident. The pharmacist completed the report, but before returning it to the GP, fortunately she contacted the PDA for advice. Unbeknown to the pharmacist, in providing the written evidence she had to be very careful not to hand the GPs insurer information that would enable them to spread the blame.

The PDA does not insure GPs and is simply never in a position where it would try to protect a GP and possibly compromise a pharmacist.

The PDA discussed the episode at length with the pharmacist and established that there had been an agreement on the design of the switch programme which was signed off and approved by the GP. During that process, the GP made it clear that he did not want the pharmacist to spend time on examining the detailed records of each patient. This matter had not been described in the pharmacist's initial written report as she did not think that it was be relevant. By the time this report was received by the GPs insurer, they realised that they could not seek to pass any of the blame onto the pharmacist and they did not pursue the pharmacist for a contribution to the settlement of the claim, nor was any regulatory investigation commenced.

## Learning points:

1. Always think through the patient safety implications of any protocols being agreed. This pharmacist was fortunate not to have faced any consequences from this episode. Her defence hinged on the fact that there was a protocol in place and that the GP had actually been involved in signing it off. If in doubt, check any written protocols with the PDA.

2. At no time was this pharmacist involved in an insurance claim. This incident demonstrates the benefit of the 'pre-insured' advice and expertise provided by the PDA. In this case, this 'pre-insured' benefit prevented this pharmacist from inadvertently implicating themselves in a serious civil claim for compensation and the professional disciplinary investigation which would have followed.

# When you are taking out Indemnity Insurance choose the right provider

## 10 critical issues to consider when making your choice

### 1. ADVICE POINT

Assess whether your indemnity provider has any involvement in providing indemnity or any other form of insurance to GP surgeries or Federations and consider the potential conflict that may exist.

### 2. ADVICE POINT

Examine your indemnity policy and see whether it provides you with cover for activities that you are not willing or are not yet competent to undertake. Consider how being over-insured could create difficulty in your practice and permit employers to pressurise you to expand your role outside your expectations.

### 3. QUESTION

Does your indemnity provider have a wider strategy for the pharmacy profession and can they demonstrate that they consistently seek to actively develop it, often in the face of powerful forces of opposition?

### 4. QUESTION

Does your indemnity provider have experienced practice based pharmacists working in their offices to support you ?

### 5. ADVICE POINT

Assess whether your indemnity provider has the capacity or knowhow to provide additional risk management support based on operational primary care pharmacy experience as well as mentoring, advice and training to support your practice. This is especially important if you have recently been recruited to one of the NHS clinical pharmacists in General Practice scheme programmes

### 6. QUESTION

Does your indemnity provider offer practical support or a pharmacist representative to support your practice in the GP surgery in a matter that was not covered by your insurance policy because you had not yet triggered a claim under your insurance policy?

### 7. QUESTION

Does your indemnity provider handle the defence cases directly or pass them over to underwriters to deal with? Ask what experience they have of practice based pharmacist claims handling and of the development of risk management programmes based on experiences for the benefit of the wider practice based pharmacy community.

### 8. QUESTION

Is your indemnity provider a trade union and have they engaged with the NHS to raise concerns about;
a) the long-term security of your role within the NHS England scheme
b) the inappropriate levels of banding for the new roles
c) a contribution towards your indemnity with the NHS and are they now helping you to pursue your contribution from your Federation employer?
and if it is an independent union that can provide union representation in employment meetings?

### 9. ADVICE POINT

Call your indemnity provider and talk about the technicalities of patient facing primary care pharmacy. If you are not confident that they fully understand your roll, then consider what might happen if you are involved in a serious incident and you have reason to call them for advice or to ask them to handle the defence of your professional reputation.

### 10. ADVICE POINT

Review your current indemnity insurance to see whether you are paying for cover that you don't need.

# Professional Indemnity for NHS clinical pharmacists in General Practice

## PDA develops an indemnity scheme for pharmacists involved in this new initiative

The NHS clinical pharmacists in General Practice scheme programme is an exciting opportunity for all pharmacists. It deserves to be nurtured, but like all innovative ideas, it has teething problems and the PDA is concerned about some aspects of its current operation. These could leave pharmacists, especially those new to GP practice work, needlessly exposed to significant risks.

Professional indemnity is a mandatory professional requirement and an absolute necessity in the event of an untoward incident or complaint. With 26,000 pharmacists already in membership of which more than 4,000 are in primary care, the PDA provides pharmacists working in GP practices with not only an indemnity scheme, but also with expert and dedicated wider support.

In the event of an untoward incident with a patient being harmed you can be assured that the PDA has extensive experience of defending pharmacists and will do its utmost to protect your interests.

## If ever there was a time for pharmacists to rely upon the PDA - then that time is now!

- ✓ Cover designed for NHS England clinical and senior clinical job descriptions
- ✓ Available to all pharmacists to include those working in GP practices for the first time and newly qualified pharmacists
- ✓ Professional Indemnity and Legal Defence Costs insurance
- ✓ Breach of Confidentiality, Libel/slander protection
- ✓ Public Liability protection
- ✓ Practice helpline service
- ✓ Union membership

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