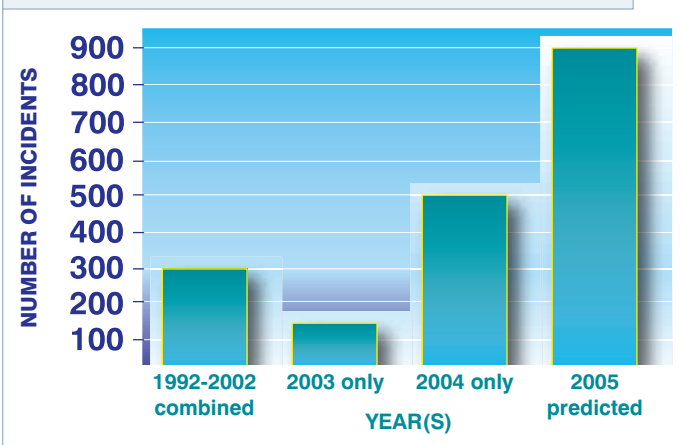


THE PDA INCREASINGLY SUPPORTS PHARMACISTS

The PDA was launched in September 2003 and in the first 18 months has attracted a membership of more than 10,000. This is more than any other defence association in pharmacy

Fig. 1 Graph showing the growth of incident numbers involving pharmacists



- Ratio of incidents to membership 1992 – 2002: 1 in 166
- Ratio of incidents to membership 2004: 1 in 17.

The PDA exists because of the growing recognition that pharmacist are becoming more vulnerable to the consequences of their involvement in any incident we categorised under the banner of the 'Big 5' – as an analysis of the trend of all incidents reported over the years will show.

Although it is to be expected that the number of incidents will grow with the increase in the size of membership, a more alarming statistic is the ratio between incidents and membership numbers.

The PDA responds to these incidents offering support, advice and, where necessary, taking legal action, on a day-to-day basis. In addition, the PDA works proactively on behalf of its members by

providing risk management advice and education through web-site articles, publications, seminars and conferences. It also involves itself in lobbying on the national stage to ensure that the voice of the individual pharmacist is articulated and their interests represented.

Over a fifth of our membership sought support in 2004

REACTING TO THE BIG 5

1. Civil Claims

>More than 140 cases dealt with in the first 18 months

A fifth of the incidents reported relate to potential civil claims for compensation as a result of negligence. The PDA has played a significant role in coaching members in how to handle complaints, which reduces the risk of them escalating to a claim.

The PDA's policy has been to settle any claim for negligence in as swift and amicable way as possible, in the interests of both the patient and the member. What we have refused to do is to pay out on claims that in our view are inflated, unreasonable or bordering on the fraudulent.

In handling these claims, we have also held employers to account so that we can ascertain whether or not the negligence has been partly or wholly due to them.

2. Professional Disciplinary Action

>More than 60 cases dealt with in the first 18 months

The Society's approach to regulation has resulted in ever-increasing activity in this arena.

inside
this
issue...



putting the pharmacist first

Community pharmacy is increasingly being dominated by employers

News

Locum awarded holiday pay.
PDA Supports past Council member.
...and more

Putting it right

How would you deal with an error?

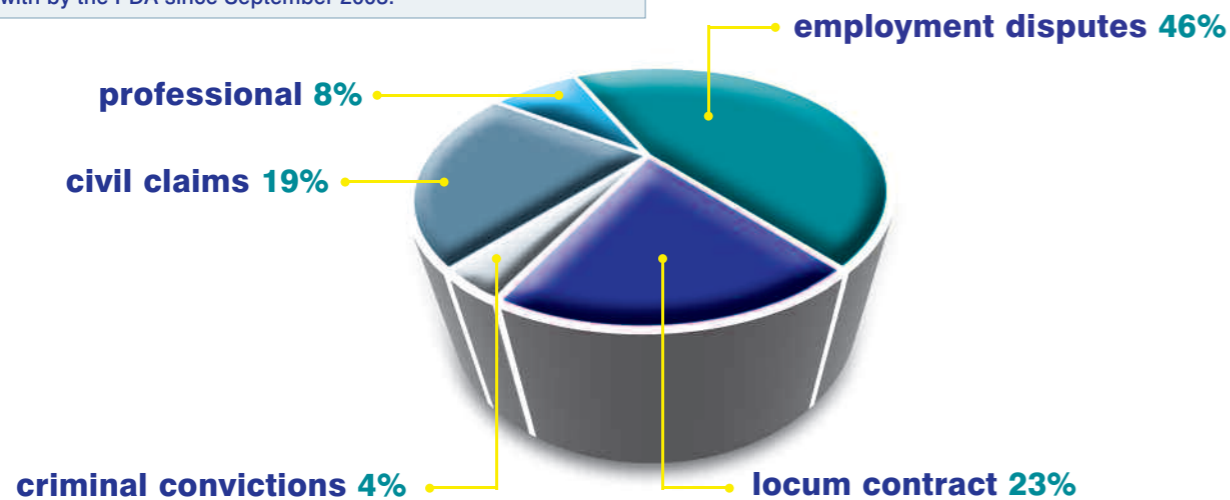


Overpaid and underworked

Yes. You read it right, it does happen!



Fig. 2 Chart showing the appropriate split of the types of incidents dealt with by the PDA since September 2003.



Their disciplinary protocols allow no room for discretion among its inspectorate and if any complaint is received, it is obliged to investigate. More often than not by using formal police and criminal evidence standards (PACE). This is a harrowing experience for pharmacists.

The PDA provides members with support on a number of levels

- Advice on how to avoid a complaint reaching the Society
- Advice on how they should deal with an informal approach from the RPSGB inspector and their rights
- An experienced member of the advisory board to accompany and represent them in a formal interview with the Inspector under PACE guidelines in serious cases
- Assisting with written responses to the Infringements Committee.
- Legal representation at Statutory Committee hearings

More recently, PCTs are becoming involved in dealing with complaints, inevitably involving the PDA.

Regrettably some errors lead to the death of a patient; consequently PDA representatives have handled coroners inquests on behalf of members during 2005.

3. Employment Disputes

More than 350 cases dealt with in the first 18 months

Nearly half of the disputes dealt with by the PDA have been employment related. This may be as a consequence of the fact that 90 per cent of pharmacists are employed or self-employed and for the first time, there is an organisation that exclusively has the individual's interests at heart – something that the employers have not been used to.

During the period under report, £150,000 worth of compensation was claimed from employers on behalf of employees who had been treated unfairly or illegally. The PDA has dealt with lawyers acting on behalf of employers or the NPA – the organisation who's main role is to represent the interests of employers.

4. Locum Dispute Service

More than 100 cases dealt with in the last 12 months

A further £25,000 was secured on behalf of locums who had previously been unable to secure their pay from employers. This service was not introduced until June 2004 and has had a significant impact on many employers and self-employed locums alike, neither of whom appeared to understand their rights under contract law.

As a consequence the PDA has developed its own 'Contract for Services' to reduce the locum's vulnerability to breach of contract by

employers, and to strengthen an employer's position if the reverse proves to be true.

5. Criminal Prosecutions

More than 30 cases dealt with in the first 18 months

The major area of activity has revolved around pharmacists who have unwittingly, contravened the Misuse of Drugs Act. The PDA continues to caution pharmacists that, regardless of intent, small misdemeanours will be treated as criminal offences under this Act by the authorities.

The PDA has also lobbied hard against the RPSGB's draconian measures in making it a requirement to declare any caution or conviction (however minor it may be - eg, a speeding ticket) on the RPSGB retention form, as a pre-requisite to remaining on the register.

PROACTIVE AGENDA

Risk management

By examining incidents that have already occurred the PDA has shared the learning with the wider membership in developing the risk management agenda. The PDA briefings are risk management tools which are available to any pharmacist who feels they may benefit. In addition, the PDA website www.the-pda.org, which contains an interactive advice service, had almost 8,500 unique individual visitors who between them have visited the extensive PDA site on almost 52,000 occasions in the first year alone.

The PDA holds regular conferences to explore the issues of the day affecting PDA members.

Lobbying activity

The PDA has undertaken several large-scale surveys and has worked with research establishments to provide supportive data. The concerns of individual pharmacists are being identified and articulated through conferences and meetings with officials of the RPSGB, NPA, PSNC, NPSA and BPSA, and written submissions to the DOH, CRHP, CCA and on the Shipman enquiry.

The areas of particular concern have been:

- Staffing levels in the pharmacy
- Working hours
- Violence in pharmacy for which a policy and resource pack is available to all pharmacists on request
- Developing the idea of an individual pharmacist contract

Putting the Pharmacist First

Since its inauguration, the PDA has found that over half of its cases have involved employees and locums in dispute with their employers.

This edition of Insight, the magazine of the Pharmacists' Defence Association (PDA), has been specially written for employee and locum pharmacists. The PDA was formed in September 2003 as a not for profit association, in response to the grow-

encountered during their employment.

As part of the PDA service we provide legal and professional support to pharmacists through any Professional Disciplinary action. Patients are more often choosing to report a dispensing error to the RPSGB,

exercises in response to shareholders' demands often leads to poor communication, overstretched infrastructure and budgetary pressures. The end result is that pharmacists (and other staff) can feel isolated and under pressure to accept all that is thrown at them.

The PDA has seen a considerable rise in requests for help from its employee members over the last six months and believe there are many pharmacists who may be suffering in silence. By joining the PDA you can make your voice heard.

“ Since joining the PDA I have been surprised at the extent of poor employment practices experienced by pharmacists in community pharmacy ”

Mark Pitt, PDA Services Manager.

ing need for an organisation that could champion and defend the interests of individual pharmacists.

Community pharmacy is increasingly dominated by large employers and employer organisations, which are able to use their size and resources to lobby for the employer agenda. At times this can be to the detriment of the individual pharmacist.

Pharmacists are also becoming increasingly vulnerable to professional disciplinary action and employment disputes. In fact over 50% of the incidents the PDA have supported members through, involved employment problems. This can range from bullying behaviour or disciplinary proceedings right through to constructive dismissal and racial harassment. There is one consistent theme throughout these cases, which is; pharmacists appreciate and value having an independent organisation that supports and guides them through difficult times with their employer.

Being faced with a work-based problem can be a daunting experience when the employer has the full might of a head office structure to call upon and the needs of the business do not balance with yours. Every situation is different and early intervention can make a big difference to the outcome. What the PDA does, is to provide pharmacists with independent support, advice and legal resources to ensure that they are in the best possible position to challenge and resist unfair, unjustified or illegal behaviour

which inevitably will lead to an investigation by an inspector. Pharmacists expect that a "genuine error" made by them will not result in any action, however the best that can happen in these cases is a formal warning and at worst onward transmission of the case to be heard by the Statutory Committee. PDA membership provides independent advice and representation which considers all the factors that may be involved in an error, including staffing levels, staff training, environmental issues and working practices.

The office at the PDA is staffed by a team of experienced pharmacists and is expanding to cope with demand for our services. The most recent addition to the team is Mark Pitt who joined us in May; Mark has worked for Boots The Chemists throughout most of his career, in a variety of store, area and central positions. As part of the Professional Capabilities team, he was editor of their in house magazine "Pharmacy1st" and their CPD website "Pharmacy1st web" until he joined the PDA.

To support the work of the PDA we also retain the services of an advisory board consisting of experienced and respected pharmacists and lawyers, who provide expert opinion and invaluable support in more complex or difficult situations.

You only have to read the newspaper headlines to realise the difficult trading environment experienced by retail organisations currently. Restructures and cost cutting



we may have just the job for you...

The PDA have a limited number of vacancies for member pharmacists to receive training in employment issues. This is to enable them to effectively support their pharmacist colleagues during any internal investigations or disciplinary process.



If you are interested in receiving training and providing this valuable service contact 0121 694 7000

| defending your reputation |



Locum pharmacist awarded holiday pay by employment tribunal decision

After working six years for the same employer, a self-employed locum pharmacist and PDA member was summarily asked to terminate his sessions by the engager.

The locum turned to the PDA for support who felt that because the locum had served this particular employer for such a long period of time, he had begun to accrue certain benefits; in particular, he had accrued holiday pay entitlements. Consequently, PDA lawyers presented this case to an employment tribunal (ET).

The tribunal found that while the locum's self-employed status was not in question, his status should be classified as a 'worker'. They decided that he was entitled to certain benefits, which included some holiday pay

for the previous year. Consequently, the locum was awarded £700 in compensation by the tribunal chairman.

There were extenuating circumstances around this ruling because the locum had worked full-time, exclusively for the same employer for a number of years, and had taken on responsibilities that would normally be carried out by an employee as opposed to a self-employed locum.

This case could have implications for many hundreds of locums who are working long-term in the community or hospital sector and who may be oblivious of the fact that they are entitled to certain employee-style benefits. Currently, the PDA is analysing the ET decision in detail to see exactly under what circumstances such

benefits would be the case. The PDA hopes to be in a position to issue comprehensive guidance to locums in due course.

Commenting on the ruling, the locum said:

"Going to an employment tribunal was a daunting experience and it was shocking to see that the employer had retained two lawyers which were instructed by the NPA. It is at times like this that one realises how invaluable PDA membership truly is, for without the support of PDA it is highly unlikely that I would ever have been able to take this matter further."

During 2004, the PDA successfully secured more than £150,000 in compensation on behalf of PDA members who had been treated harshly or illegally by employers.

PDA supports past Council member in Code of Conduct panel hearing

In the first hearing of its kind to be heard by the Council members Code of Conduct Panel, past Council member Noel Wicks was vindicated following a referral for allegations of poor conduct by Christine Glover, Gillian Hawksworth, Linda Stone and Alison Ewing.

member when he wrote the article, the title Council member was added later by the media agents unbeknown to Noel Wicks. A representative of the media company gave testament to this fact at the hearing and also apologised. On the second allegation, the Conduct panel concluded that Noel had

could be cleared up. Mrs Glover claimed at the hearing that their complaint was not politically motivated, I beg to differ. I am not the only Council member who supports the aims of SOS who has had problems at the hands of some of the same supporters of the original discredited Charter."

The PDA supported Noel Wicks throughout the entire process providing legal and other professional advice.

Noel Wicks

Noel Wicks was a past President of the BPSA and past Chairman of the YPG. He stood and was elected in 2003 to the RPSGB Council as a SOS candidate. SOS had pledged to reject the original 2003 RPSGB Charter proposal which had been put forward by the previous Council. Because of the SOS influence on Council, the original 2003 Charter was replaced in 2004. By 2005, not a single supporter of the original 2003 Charter remained on Council as they had either stood down, or had not been re-elected. Noel Wicks was the youngest Council member of the RPSGB

provided a long list of activities in his statement of interests and one of these was "occasional consultancy". They were satisfied that this was similar to the standard used by the majority of Council members and therefore was acceptable.

The Conduct panel decided to dismiss the complaints made against Noel Wicks.

The Outcome

At the outcome of the hearing Noel Wicks said *"I have had the prospect of these allegations hanging over me for almost a year. I knew all along that they were completely unfounded, however, as a consequence, I felt that I could not stand for Council elections this year until this*

"The Conduct panel dismissed the case made against Noel Wicks"

The complaint which was formally made by Christine Glover and supported by her three colleagues alleged that Noel Wicks had written an article on the importance of pharmacy staff training and that he had claimed to have been an RPSGB Council member in his title. Consequently, they alleged that he had used his position as RPSGB Council member to promote his personal, professional and business interests. Furthermore, they also alleged that Noel Wicks had made an omission on his Council members register of interests because he had not mentioned his membership of a specific advisory panel.

The Conduct Panel established that Noel Wicks had not used his title of Council

Pharmacist career prospects damaged because of a motoring offence committed thirty years ago

Anecdotal research shows that many pharmacists did not notice that for the first time, in 2005 the RPSGB Annual retention form asked all pharmacists to declare any previous convictions that they may have had. The RPSGB has explained that this meant ALL convictions, including all motoring offences.

Following on from this, one pharmacist who had declared that she had had a £25 fine more than thirty years ago for a minor motoring offence was referred to the Infringements Committee. As a consequence of the Infringement Committee referral, this pharmacist was politely asked to withdraw her application for a senior job in the Health Authority. There have been other problems caused by the Society's interest in motoring offences to include Pre-reg's who had their application for

registration and entry onto the register postponed, until the Infringements Committee could consider their 'offences'.

What's the point?

In turn, the Infringements Committee which is made up of Council members and Government appointees, have been filtering out trivial motoring offence referrals by asking that no action be taken. So the question remains to be asked – WHAT'S THE POINT?

The PDA addressed this issue at this year's RPSGB AGM and made the point that according to national statistics, somewhere in the region of 50% of all members of the public had, at some time, committed a motoring offence. So why had the Society created a process which could theoretically see large numbers of pharmacists hauled through the trauma of an Infringement Committee referral?

The response that was given by the

Director of Legal Affairs was that there was no need to worry because only a small number of pharmacists had actually reported any offences, PDA has learned that this is in the region of 100. This would indicate that either 99.8% of all pharmacists on the register have never had any motoring offences in the past whatsoever, or that large numbers of pharmacists have not completed their declaration properly.

The view of the PDA is that any professional governance rules set up by the RPSGB need to have the confidence of the Public, the Government and the Profession. The current position on the RPSGB retention declaration patently does not satisfy these criteria. PDA has continued to actively lobby the Society for changes to this years retention form declaration process and we wait to see if common sense prevails.

pda
The pharmacists' defence association

Breaking the mould

the second annual PDA conference

BOOK NOW!
online at www.conferenceevent.com
VENUE AND DATE NOW CONFIRMED
The International Convention
Centre, Birmingham
Sunday 26th February 2006

Pharmacy owners have always enjoyed the majority of the NHS income and paid pharmacists a salary for their services. Arguably this is fair as it is the owners who invest significant sums in their business. These days however, employee and self-employed pharmacists are required to make a far greater intellectual investment in new skills and carry significantly more risk in terms of their personal professional accountability.

This conference will challenge conventional wisdom as we examine what can be done to improve the return on this investment for individual pharmacists.

- Pharmacists as individual NHS Contractors
- Support staff and rest break issues
- Protecting the employment rights of pharmacists
- Guest international celebrity speaker
- Conference Exhibition
- High quality conference venue

➤ Rewarding individual pharmacists for delivering specialist services

PUTTING IT RIGHT

...dealing with an error

Even though companies may have robust error reporting, it is in the pharmacists own interests to act promptly to prevent escalation...

Even comparatively minor errors can multiply into lengthy and complex proceedings involving a number of organisations. How errors are handled, especially in the early stages can make all the difference between a prompt resolution and a complex and costly process. Most employers have a good incident handling procedure in place and it is important that you are aware of this and the steps required in reporting and dealing with errors. Falling foul of terms and conditions in your employment contract regarding compliance with company systems can result in disciplinary action or even dismissal.

As part of the PDA service, we provide independent advice and support to our members involved in errors or complaints to help them through this traumatic time. To assist pharmacists with developing their own approach to incident handling, this arti-

COMMUNICATING WITH THE PATIENT OR THEIR CARER

The most important person to communicate well with is probably the patient, and the level of seriousness of the error will dictate the urgency and degree of response by the pharmacist. It is important not to underestimate the impact of even a "minor" error on a patient and all errors should be approached bearing this in mind; patients expect their medicines to be right first time.

- **Communicate well** – Never use defensive or confrontational language and keep your concerns patient focussed. A frank honest and apologetic (if appropriate) approach is always helpful. Open body language and a conciliatory approach can often win over an initially hostile patient. Make sure you show due concern for the patient. Admitting personal liability is not advisable at this early stage and pharmacists should seek further

advice from either your head office or if you have chosen to have independent professional indemnity insurance, your insurer will help you to respond regarding a request for compensation.

- **Take ownership** for putting the matter right. Ultimately your professional reputation and livelihood could be at stake.

- **Involve your head office** or contact a local senior pharmacist for advice, as they will have experience and training in resolving incidents.

- **Involve your defence association** - When an error escalates or is so serious that local resolution is impossible, many pharmacists find the backup and reassurance of belonging to the PDA invaluable.

COMMUNICATING WITH THE PATIENT'S PARENT, FRIEND, RELATIVE OR NEIGHBOUR.

This area has the potential to initiate a complaint in its own right and patient confidentiality adds an extra dimension into any decision on error resolution. Pharmacists must ensure that confidential information is not disclosed without the consent of the patient unless under certain circumstances. The full list of circumstances is listed in the Medicines, Ethics & Practice guide (MEP) and adolescents deserve extra caution to avoid breaches of confidentiality.

Issues can arise when the good intent of a pharmacist to make rapid contact with a patient has resulted in the innocent disclosure of sensitive information. Pharmacists should be mindful of patient confidentiality when they are trying to trace a patient by involving a neighbour, friend or relative and this is especially important when delegating responsibility to other staff to visit patients and rectify an error. Even the act of leaving an answer phone message can rebound and any messages left should be concise, with clear instructions and not contain patient sensitive information.

advice if unsure about this.

- **Go out of your way** – Invest time and humility at an early stage, as this may well save lots of time and effort later. Patients have the option to make a complaint to their Primary Care Organisation or the RPSGB about an error or incident. If the patient is satisfied with the response by the pharmacist they may not wish to exercise this option. Offer to take the correct replacement medication to the patient's home and follow up the issue a week later by telephone if appropriate.

- **Never talk about compensation or insurance** – this has the potential to actively generate a financial claim. You should seek

“ During the year, PDA has undertaken several large-scale surveys and has worked with research establishments so as to provide data to underpin the work of the PDA. ”

cle looks briefly at communication following an error.

A pharmacist's prime responsibility is at all times to act in the interests of patients and other members of the public. With this in mind the initial focus of any response to an error must always be to avoid or minimise harm to the patient and rectify the error promptly. It is easy to be panicked into making hasty decisions that cannot be reversed later and it is well worth investing some time to undertake a professional decision-making process. This will assist in an initial assessment and will enable an initial response to the situation to be made.



COMMUNICATING WITH THE DOCTOR

Should any error have the potential to affect the clinical care of a patient, it is essential that the doctor responsible for their treatment is informed. The doctor can play an important role in resolving medication errors by supporting the actions and advice given by the pharmacist to the patient. Having a frank and open discussion with a fellow professional, so that a consistent message is conveyed, can provide reassurance to patients who have taken incorrect medication. If the doctor finds out about the error from the patient direct, there is less opportunity to agree on the best course of action for the patient.

The doctor may decide to raise a complaint about an error independent of the patient, this is probably more likely if the existing relationship with the pharmacist is poor or a pattern of errors occurs that may indicate a fitness to practice issue.

COMMUNICATING WITH THE RPSGB INSPECTOR

Pharmacists are usually very upset when they are involved in an error and realise what has happened. As part of their process to resolve the error they may decide to phone the RPSGB for advice or guidance. Due to the regulatory function of the RPSGB, any error notified to the RPSGB will be investigated. When an inspector becomes aware that an error or offence has occurred, they have an obligation to investigate the matter and report their findings to the infringements committee of the RPSGB. There is no discretion available and it can be a shock for pharmacists to find out, after the initial trauma of making an error, that their request for help has instigated a for-

Falling foul of terms and conditions in your employment contract can result in disciplinary action or even dismissal

mal professional investigation. Whether or not a pharmacist decides to involve the RPSGB is a matter of personal choice, but taking advice from your employer or the PDA can be helpful in reaching a decision.

COMMUNICATING WITH THE POLICE

The police would not normally be involved in an error unless there was an indication that a crime may have been committed. It is possible that an error involving controlled drugs will be reported to the police by the RPSGB inspector for further investigation. Depending on the circumstances of the error they may decide to prosecute the pharmacist. The PDA are aware of a recent case where this happened. Fortunately the police took the sensible view that it was a genuine error and decided that any prosecution would be a waste of time and resource. If the police decide to instigate a formal investigation about an error or any other matter it is essential to obtain professional representation as soon as possible.

Pharmacists sometimes ask the police for assistance to rectify errors involving drug addicts, i.e., when an error in the supply of controlled drugs has been made and the medicine needs to be recovered, it can be helpful to have police support in circumstances where the personal safety of the pharmacist is at risk. It should be remembered that an error with a POM supply is a criminal offence and the magnitude of the offence increases when controlled drugs are involved.



Conclusion

As with any exercise of professional judgement, resolving errors requires identification and evaluation of the risks and benefits associated with a possible course of action. In the early stages following the discovery of a mistake, the support of a local senior colleague, your head office or the PDA can be an invaluable sounding board. Their experience and knowledge can help pharmacists decide on the best course of action to take under difficult circumstances.

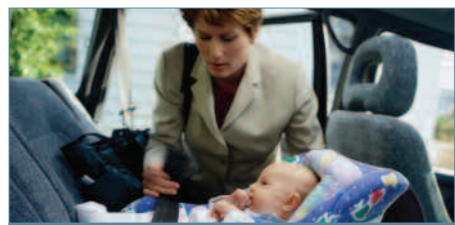
OVERPAID & UNDERWORKED.

Strange as the title may seem, being overpaid and under worked can and does happen to pharmacists...

Individuals from time to time do find themselves in the situation of receiving more salary than they are entitled to, or working fewer hours than they are contracted for. This usually happens through no fault of their own and is exacerbated by complex payroll systems, lack of understanding and changes in management.

OVERPAID

Some companies offer family friendly contracts that help pharmacists balance their professional lives with the demands of childcare. A typical form of agreement is where the contract allows for a pharmacist



Some companies help with work/life balance.

to work during term time only and is at home to care for their children during school holidays. When the pharmacist is not working, their pay should be suspended for the duration of their absence, less any holiday entitlement they may accrue.

If this suspension of pay relies on a manual system, then errors and omissions can occur. In several cases where the PDA have been involved, no adjustments have been made to pay for a number of years resulting in substantial amounts of money being overpaid. Other types of contract allow for a set number of hours to be worked each year by mutual agreement with regular fixed monthly payments being made over the year. Confusion between these two types of contract is one of the principle reasons why problems can occur.

LEGAL POSITION

If an overpayment has been made then

the employer is within their rights to recover that money. The pharmacist is not entitled to keep this money even if it occurred through no fault of his or her own. The employer can (and occasionally does) demand the money back immediately and stop any further salary until the full amount is repaid. Depending on the amount involved this can

UNDER WORKED

The PDA has assisted in cases where pharmacists have reduced down their hours by verbal agreement with their previous manager(s) and quite reasonably concluded that the manager has completed the necessary paperwork. Sometime later it is pointed out to them by a new manager, that

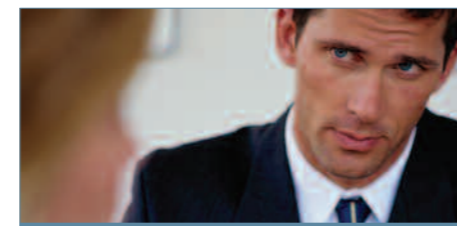
An accusation of theft or dishonesty may follow and potentially lead to the RPSGB becoming involved.

cause severe cash flow problems for the individual. Indeed if it can be demonstrated that the pharmacist was aware of the overpayment but chose to keep quiet about it, then the consequences can be very serious. An accusation of theft or dishonesty may follow and potentially lead to the RPSGB becoming involved.

PDA ADVICE

- If you suspect that you are being overpaid, it is important to advise your line manager immediately, preferably in writing to avoid any later accusation of dishonesty.
- It is not unusual for an employer to request details from the pharmacist about holidays taken, payments received and even copies of the contract as a substitute for their own poor record keeping. However the onus is on the employer to justify any demands for repayment.
- If you are notified about an overpayment, then request a complete itemised statement of the alleged amount to check against your own records.
- Consult a defence association for advice on the best way to resolve the issue and mitigate the impact on future salary.

they are not working their original contracted hours and no proof of the amended



Ensure you get any changes in writing.

hours can be produced. Working part time or on variable hours when monthly income can vary, makes this oversight quite difficult to identify.

■ PDA Advice:

1. Make sure any changes agreed, are in writing and specify hours to be worked.
2. Check your payslip to ensure you are being paid correctly for the hours you work.
3. Maintain a file at home for any employment related communications. You may need to refer to it later should your employer have misplaced records.

PERFORMANCE MANAGEMENT

Performance management is a tool widely used by employers that takes a carrot (and stick) approach to improving individual performance.

...When operated correctly it can raise standards in a business and support the development of individuals.

A number of large employers have a pay review system linked to individual performance often called a performance or reward contract. The operation of these systems requires a level of skill and training by managers that is sometimes lacking. Unfortunately as the PDA has experienced, these pay review systems can result in unfair treatment and be influenced by subjective bias. Issues arise where proper processes are not followed and pharmacists suddenly find out that they will not get a pay rise due to failure to meet targets and/or standards of behaviour. Because these have never been discussed or agreed with the pharmacist they quite rightly believe this is unfair.

Pharmacists should find out how their next pay rise will be decided and the line

Targets should be S.M.A.R.T.; (Specific, Measurable, Achievable, Relevant and Timed)

policy whereby a fixed percentage of employees will get a zero or lower than average pay rise. This has the potential to cause major discontent if it is applied across a small group, when even high performing individuals are penalised due to having to make the numbers add up.

Good preparation and planning are important steps to help ensure a favourable pay rise. PDA has some general tips and advice for employee pharmacists who may be subject to this type of pay system.

■ If your pay rise is determined by meeting certain targets or standards, it is essential that you know what these are at an early stage. At the very least your line manager should schedule in time to explain and discuss these. It is poor practice to just be handed a pre-determined set of targets or standards with no opportunity to agree them. Most performance management sys-

tems should allow the employee to input into any performance measures.

Timed). Ask how these are calculated and challenge any that you feel are unachievable. Are they out of line with colleagues in similar positions?

■ If external circumstances change which may affect the likelihood of meeting your targets, it is worth asking for these to be reviewed. Unrealistic targets are demotivating and achieve nothing.

■ Be wary of being asked to hastily agree a reward/performance contract with only a few months or so until the pay review date.

– If this leads to a low or zero pay rise then the short duration of the contract could be a basis to challenge the decision.

■ Any reward/performance contract should have at least one mid review built in to allow progress to be monitored and an opportunity to address any shortfall in performance.

■ If there has been no agreement made about targets or performance, you may have a case to argue that any adverse pay award is unfair. The company grievance procedure should be followed if you are unhappy with the outcome of your pay review.

will your review be a bitter pill to swallow?

manager ought to know what will happen at review time. Some employers operate a

Targets should be S.M.A.R.T.: (Specific, Measurable, Achievable, Relevant and

The PDA will advise and support their members with these and other employment problems.

Specialist Insurance Brokers

Bespoke policies designed for consultancy projects

Call: 0121 694 6897 or email: info@piacommercial.com

We are authorised and regulated by the Financial Services Authority under No. 307063



specialist insurance brokers

Getting to know the PDA.*

The PDA is managed by an office-based team, many of whom are pharmacists. In addition, it has put in place a carefully selected group who make up the advisory board. Here we introduce the individuals involved.

THE OFFICE-BASED TEAM

The day-to-day running of the PDA operates from their main offices in Birmingham. It was set up to be run for pharmacists by pharmacists.

The office team comprises:

Mark Koziol MRPharmS



Mark is Chairman of the Association and his main responsibilities are:

- **Determining the strategic direction of PDA**
- **Marketing the PDA to external organisations**
- **Facilitating the influence that the PDA has in government and professional circles**

John Murphy MRPharmS



John is Director of the PDA and he:

- **Determines its strategic direction.**
- **Manages the office operations**
- **Develops the range of services provided to members**

Mark Pitt MRPharmS

Mark is Membership Services Manager and he is responsible for:

- **Developing and maintaining communications with PDA members via the website and publications**
- **Responding to the needs of members.**

Katherine Minchin

Katherine is senior administrator of the PDA. She is the first point of contact when members have requests and queries, and will be able to redirect them to the most appropriate member of the team.

June Cluley

June is the administrator who oversees the issue of insurance documentation and ensures that the renewal procedures are handled efficiently.

Claire Arthurs BA GDL LPC - Legal Advisor

Claire-Elaine has recently joined the team at PDA to provide in house legal support. She is the first point of contact for member's legal problems and is involved in managing issues we are assisting members with. She is also working on projects to assist in the further development of the PDA.

Graham Southall Edwards MA (law), LLM, MRPharmS



Graham's first degree was in pharmacy and after registration with RPSGB his various roles included that of locum and he is familiar with the problems encountered by locum pharmacists. Graham then qualified as a barrister and has been involved in highly contentious 'tort' and contract court battles. His areas of speciality include law of contract (including employment), tort (including negligence), EU law, company law, credit and insolvency. He has considerable experience and expertise in advising pharmacists facing criminal and Statutory Committee enquiries.

THE ADVISORY BOARD

The PDA enjoys a close relationship with the advisory board on an ad hoc basis. The expertise that the members bring to the board gives the PDA access to a wide range of skills as and when required. These skills include: legal advice; mentoring services; answering members' questions at the on-line PDA advice centre (www.the-pda.org); assisting with the provision of courses and conferences; co-ordinating research; generating written articles and case studies for the advice centre and PDA publications; helping to develop PDA policy; providing a direct consultancy service for members.

The advisory board is comprised of:

Gordon Appelbe

LLB, PhD, FRPharmS



Gordon is a specialist in pharmacy law and ethics, and RPSGB regulatory and inspectorate matters. He has been involved in drafting pharmacy legislation in six countries and currently provides advice to the Medicines and Healthcare products Regulatory Agency. He has been an advisor to the Pharmacy Insurance Agency since 1993 and has extensive experience of advising pharmacists who are subject to an RPSGB or police investigation.

Elizabeth Doran

MRPharmS

Elizabeth was the president of the British Pharmaceutical Students' Association for 2003-2004. She qualified in 2003 and now works as a resident pharmacist at the Northern General Hospital in Sheffield where she is undertaking a diploma in clinical pharmacy.

John Farwell

FRPharmS

John has undertaken work assignments for many NHS trusts as an independent pharmaceutical consultant. Before this, he has been, among other posts, chief pharmacist for several hospitals.

Richard Flynn

MRPharmS

Richard is an experienced community pharmacy manager whose strengths lie in encouraging best practice in relation to pharmacists and the issues that they face. This is achieved through coaching, motivating and encouraging others. As a skilled manager, Richard is passionate about facilitating good employer/employee communication and promoting employment best practice.

Bob Gartside

FRPharmS



Bob is an experienced community pharmacist both as a proprietor and a locum. He was the original chairman of EPIC (Employee Pharmacists in the Community) which was established in 1995 (and disbanded soon thereafter) and he knows what makes an organisation work or fail. He is also an expert on pharmacy in Wales; he has been on the Welsh executive of the RPSGB for many years and a member of numerous Welsh government working parties. He has a special interest in repeat dispensing and medicines management.

Duncan Jenkins

PhD, MRPharmS



Duncan is involved in the development, implementation, and evaluation of medicines management systems, drug administration errors and prescribing measures. He sits on the Medicines Management Services Collaborative panel as expert advisor and is public relations officer for the Primary Care Pharmacists Association. He currently works as a specialist in pharmaceutical public health for a public health network which spans two primary care trusts as well as being managing director of MORPh Consultancy.

John Jolley

FIQA, FRPharmS

John is knowledgeable in corporate governance issues and has an Institute of Directors' certificate in corporate direction. He is a fellow of the Institute of Quality Assurance and this enables him to undertake corporate audits on companies' quality management systems. John is registered as a qualified person in the pharmaceutical industry and is also an assessor for persons seeking registration with the RPSGB. He is experienced in medication reviews and trained to carry out clinical reviews of the elderly in line with National Service Frameworks.

Jahn Dad Khan

ACPP, MRPharmS



Jahn's expertise lies in all types of audits and is a community pharmacy audit facilitator. He writes exclusively about clinical governance issues in relation to pharmacy – a subject he knows at first hand as a Commission for Health Improvement reviewer. He is a trained continuing professional development facilitator and an author involved in pharmacist prescribing matters.

Diane Langleben

MRPharmS

Diane spent 15 years working as a hospital pharmacist before switching direction and becoming editor of Hospital Pharmacy. She now works as a freelance writer on pharmaceutical matters and is editor of the PDA's Insight magazine for hospital pharmacists.

Alan Nathan

FRPharmS

Alan has recently retired as a lecturer in pharmacy at King's College in London. Experienced in pharmacy law and ethics, Alan is a former chairman of the RPSGB's law and ethics committee. Alan is now involved in the PDA research programme.

Shenaz Patel

MRPharmS



Shenaz is experienced in recruitment, training and development, disciplinary and some employment law at operational level. Shenaz can also advise on contract acquisitions and employment protection. She is currently working as a community locum pharmacist

Mark Provost

MRPharmS



Mark is an expert IT developer and advises PDA on the development and management of the PDA website. Additionally he assists in the design, implementation and maintenance of the PDA's internal IT infrastructure. He also develops innovative uses of technology for the PDA.

Paul Taylor

LLB(Hons)

Paul is the lawyer who acted in the peppermint water gross negligence manslaughter case representing the pre-reg. He has advised in many subsequent gross negligence manslaughter investigations throughout the country in a pharmacy, care home and hospital context; he represents pharmacists in disciplinary proceedings before the statutory committee of the RPSGB.

Joy Wingfield

MPhil, LLM, FRPharmS



Joy is an expert in the application of law and ethics to pharmacy practice, particularly in a community pharmacy environment. Joy's extensive background within the RPSGB at a senior level gives her an in-depth understanding of disciplinary and enforcement processes at the RPSGB. Joy is currently chair (professor) at Nottingham School of Pharmacy. As joint author of Dale and Applebe's Pharmacy Law and Ethics, Joy is widely respected for her approach to risk management and the resolution of ethical dilemmas.

Virginia Wykes

MRPharmS

Virginia has a background in pharmacist training and education with a particular interest in tutoring and training pre-registration students, as well as the assessment process. She now works freelance on projects related to the education and development of pharmacists and other health care professionals.

*Sorry, we don't have pictures for everyone!

£16,000 FOR ONE WEEKS WORK

...THE POOREST EMPLOYERS PAY THE MOST.

In just one recent week, the PDA secured £16,000 from employers who had treated employees harshly, with £150,000 claimed so far this year.

who's defending your reputation?

Most employers manage their employees well, but those who don't know that their employees are unlikely to ever take them on. In dispute situations, employers often have a head office, the NHS or the NPA to turn to for advice, leaving employees seriously disadvantaged.

The PDA provides support to individual pharmacists in a wide range of scenarios so they can rely on an organisation who will look after their interests and not those of their employer.

That's why more than 10,000 pharmacists are already members of the PDA.

Are you one of them?

- ▶ Robust legal support provided in dispute situations
- Specialists experienced in all sectors of pharmacy
- On-line Advice Centre to support your practice
- Lobbying for improvements in workplace environments

Find out how membership can benefit you;

Visit our website: www.the-pda.org

Call us: 0121 694 7000

| defending your reputation |