

## THE LAUNCH OF THE PHARMACISTS' DEFENCE ASSOCIATION

It will probably have escaped the attention of most of the profession, but during the last twelve months an enormous amount of research has been undertaken to explore the predicament of the employee and locum pharmacist in the community...

This has involved questionnaires, focus group meetings and many discussions with pharmacists, which have been held up and down the country. The findings appear to overwhelmingly support the view that today, the vast majority of the profession are employee or locum pharmacists working in the community and yet the community pharmacy environment is controlled by a small number of well organised and well represented employers. There is no organisation that solely looks after the interests of employees and locums in the community and

this means the large disparate majority of pharmacists can be vulnerable and exposed in a wide variety of situations.

In particular it was felt that many important issues which affect community pharmacist employees and locums are rarely articulated in a way that can make a difference.

The result of this view is that today, we are proud to announce the birth of the Pharmacists' Defence Association (PDA) whose aim is to redress this imbalance.

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## THE PDA RESEARCH AGENDA

The PDA has commissioned a large-scale research programme designed to explore the thoughts of community employee and locum pharmacists with respect to a wide range of professional, environmental and practice issues. The work, which is to be supervised by Alan Nathan and which will be undertaken by MEL Research in Birmingham will be the largest such survey ever undertaken in pharmacy.

Examining issues to do with workload, staffing levels, the importance of rest breaks and the link to patient safety, to mention but a few, the survey is being mailed out to thousands of pharmacists.

Commenting on the launch of the PDA Research programme, John Murphy the General Manager of PDA said. "What is needed is a thorough large scale analysis to identify the key problem areas and their extent. A better understanding of the issues will help the profession decide what action needs to be taken. This initial research exercise will be only the start of what will be an ongoing research programme for PDA as it will be important for our work to be evidence based."

**John is keen to urge any pharmacists who received the survey to actively participate.**

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



# THE LAUNCH OF THE PDA

## TWO MAIN REASONS FOR SETTING UP SUCH AN ORGANISATION;

### 1. The history of pharmacy

Over the last twenty years or so pharmacy has become almost entirely an employee profession. This is in stark contrast to how pharmacy was a century ago when more than 90% of pharmacists owned and operated their own pharmacy business. Because of this history, the representative organisations that were set up in pharmacy all those years ago predominantly looked after the interests of owners.

Although today fewer than 10% of pharmacists are owners, the same old organisations exist and they continue to look after the interests of the employers and serve them well. The result is that the vast majority of the profession is vulnerable as the working, professional and financial environments are all controlled by the minority, a small number of employers and employer organisations.

### 2. The increasingly hostile environment

In the last ten years the environment in which community pharmacists in particular are practicing, has become increasingly hostile. This deterioration produces conflicts for pharmacists in four main areas.

**We call these the BIG 4:**

#### 1. Civil Action

By patients and other third parties eager to claim compensation. In the last five years alone, due to an increasingly litigious society, civil claims for compensation in the event that a mistake has been made have doubled.

#### 2. Professional Disciplinary Action

This involves action taken mainly by the RPSGB. Increasingly, the Society sees itself as a regulator of pharmacists but other authorities are now also taking on regulatory roles. There has been an increase in the level of action taken against pharmacists by the regulatory authorities, mainly due to more patient complaints.

#### 3. Employment Disputes

Despite national shortages of pharmacists, there is now a significant level of disciplinary action taken by some employers against employees and locums, and feelings of grievance are felt by pharmacists towards some employers. The majority of Employment Tribunals find in favour of pharmacist employees and many of these are due to employees being handled unfairly by their employers.

#### 4. Criminal Prosecutions

Historically, the most common prosecutions faced by pharmacists were for Drugs Act and Medicines Act offences. However, recently, the Crown Prosecution Service has begun to develop a trend which means that in recent years pharmacists and even Pre-reg's have faced manslaughter charges in the event that an error leads to the death of a patient.

## AIMS AND OBJECTIVES

We aim to defend and articulate individual pharmacists' interests, to support and protect your reputation as you practice your profession and to improve your status and working environment.

**We will aim to address these issues by;**

- Supporting you in your legal, ethical and employment needs.
- Providing insurance cover to safeguard and defend your reputation throughout your professional life.
- Proactively seeking to influence the professional, ethical and employment agenda to support individual pharmacists
- Leading and supporting initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care.
- Working with like minded organisations to further improve the membership benefits to individual pharmacists.

## HOW WILL WE ACHIEVE THIS?

We are a not for profit association limited by guarantee, which has been established by a £100,000 grant made by an organisation that distributes grants to good causes in pharmacy, called the PIA Foundation.



**There are two main strands to the work of the PDA;**

1. To provide you with a wide range of Defence Association Benefits designed to improve the status and working environment of the individual pharmacist and by so doing to improve patient care.
2. To provide you with a safeguard of £250,000 of Legal Defence Costs and £3,000,000 of Professional Indemnity (PI) insurance to defend you in the event that you are faced with a conflict in any of the Big 4 areas and others besides.

The unique combination of Defence Association backed by insurance protection provides you with the most comprehensive and cost effective way of ensuring that your interests will always be kept at the forefront by an organisation that is dedicated to defending your reputation. This combination ensures that we can react to help you in a crisis situation and pro-actively to help enhance your expertise and working environment.

**DANGEROUSLY LOW STAFFING LEVELS ARE YOUR FAULT...**

| defending your reputation | [www.the-pda.org](http://www.the-pda.org)

## FIRST EMPLOYER PROSECUTED FOR MAKING STAFF WORK EXCESSIVE HOURS

The Working Time Regulations (WTR) went into statute in 1998 and its main aim is to govern the amount of time that workers are allowed to work. Unless an opt out agreement has been signed, employed adult workers are not allowed to work more than an average of 48 hours per week in any 17 week period. Other relevant provisions of the Act are that workers should be allowed a 20 minute rest break if the length of the working day is over six hours long and that all workers are entitled to a minimum of four weeks holiday per annum. The only way that the working time stipulations can be exceeded is if the employee agrees to sign an opt out agreement and effectively volunteers to work longer hours.

### First Case

A case that is believed to be the first prosecution for breach of the WTR has recently taken place and involves a retail worker employed by a multiple newsagent chain. The employee made her complaint to the local Council claiming that she was consistently expected to work excessive hours. Her complaint was investigated and it was discovered that she was working 71 hours per week. She was also expected to work through her lunch break. At court, the

employer was fined £5,000 and ordered to pay £1,200 in compensation.

In this particular agreement, it was discovered that no opt-out agreement had been signed by the employee, had there been, the employer would have been protected against such a claim. It should be noted that employees cannot be forced to sign an opt out by their employer. Furthermore, employees who have already opted out but wish to opt back in again, merely need to give their employer seven days notice.

### Further developments

The UK is currently the only EU member that allows workers to opt out of the 48 hour week. However, it is probable that this opt out clause will be reviewed by the EU in November 2003. It is possible that the UK may lose the opt-out clause. If this occurs, then this will have a considerable impact on pharmacy. PDA will be watching this situation closely and will keep members informed.

**What hours are you regularly working as a pharmacist? Why not tell us by filling in the enclosed research questionnaire and returning it to PDA.**

## DOUBTS OVER NOTICE PERIOD CLAUSE

Many contracts of employment contain a clause which requires employees to give notice before they can leave. However, should an employee leave early, then legally an employer can only deduct pay if they have the employees written consent. In a recent, non pharmacy, test case the employee resigned without giving his contractual notice. However, his contract contained a clause which aimed to deduct pay for any days of the notice period that were not worked. The employer deducted payment from his final pay cheque and the employee issued employment tribunal proceedings.

The tribunal found that the clause was unenforceable as it amounted to a penalty designed to deter employees from leaving early. A subsequent appeal hearing supported these findings.

However, the appeal indicated that deduction could be enforceable had the intention been not so much a penalty which acted as a deterrent, but instead was a form of compensation in the event that the early departure caused the employer to suffer a financial loss. This would be relevant if it could be shown that such a loss did occur, e.g. a long time passed before a replacement could be found. In the case of pharmacists, due to pharmacist shortages, it could be difficult to find a replacement. The amount of compensation however, would need to be stipulated in advance in the contract.

Pharmacists who due to unexpected circumstances may be considering leaving earlier than their contract stipulates could also be prone to another form of redress by an employer and that would be if they behaved in a way which was tantamount to professional misconduct. This could be the case if pharmacists blithely entered into contracts and then chose to breach their terms with no good reason, potentially affecting patients. The result could be a referral to the RPSGB and could lead to an investigation.

The synopsis to this is that pharmacists should only consider leaving ahead of a contractual notice period if they have a genuine reason of sufficient gravity for doing so. They will need to examine their contract to see if it contains the relevant contract clause and if so, they will need to assess the likelihood of a replacement being found quickly as only this will mitigate any deductions that they may face.

**If you have any questions related to this article then why not refer to our Advice Centre at [www.the-pda.org](http://www.the-pda.org) and if your query has not already been dealt with, then email your specific question and you will receive an answer within one working day.**

## NEWS ON REGULATION AND QUALITY IMPROVEMENT FROM THE RPSGB

After a lengthy period of internal re-organisation, the RPSGBs plans for the future of what used to be the Professional Standards Directorate have now been unveiled ending a lengthy period of uncertainty. The Society has appointed two new directors. David Pruce a pharmacist and the erstwhile RPSGB professional development fellow becomes the Director of Practice and Qual-

ity improvement responsible for setting standards in professional development, developing professional ethics and values and contributing to CPD and education. Mandie Lavin, a barrister, becomes the Director of Fitness to Practice and Legal Affairs and will manage the fitness to practice strategy, inspection, investigation and enforcement.

## MORE SCRUTINY

The Health and Social Care Act 2001 gave new powers to local authorities which now enables them to examine community pharmacy services. The Coventry City Council is one of the first authorities to use this new power and has recently established a health overview and scrutiny committee, whose role will be to scrutinise pharmaceutical services in the locality.

Recently, representations on pharmacy were invited by this new committee and

were made by a number of pharmacy organisations. The representations detailed events in Coventry which could affect the provision of pharmaceutical services and also the way national developments could affect the local situation. Ultimately, the City Council will consider any recommendations made by the scrutiny committee and although the Council are not obliged to act, it is felt that it can only help to inform local planners and decision makers in matters related to pharmacy in the locality.

# TIMES HAVE CHANGED

By Gordon Appelbe

BSc, LLB, PhD, FRPharmS



Professional disciplinary committees, such as the Statutory Committee, have for some years dealt with health professionals who have made mistakes or have been negligent usually on the grounds of misconduct and where the pharmacist concerned was not fit to practice.

Since the Pharmacy and Poisons Act 1933 the Society has had the means of dealing with matters of discipline through the various Council Committees and ultimately through the Statutory Committee. Action in negligence and complaints to the Statutory Committee have been the normal means taken by individuals or organisations in order to redress their complaints, historically against the owners of pharmacies.

In addition any dispensing errors under the National Health Service may have led to Service Committee hearing and certain criminal activities e.g. theft or fraud have been dealt with by the police.

More recently, the drivers for change and the nature of the complaints have changed and numerous complaints are now regularly received by the Society against individual pharmacists.

## WHAT ARE THESE CHANGES AND HOW HAVE THEY COME ABOUT?

If one looks at the figures for misconduct cases from 1936 until 1990 24% of all cases included infringement of advertising rules but this has changed because Society's Code of Ethics has removed the restrictions on advertising. Similarly whereas a further 10% of cases involved standards in pharmacies these have also disappeared with an overall improvement in premises. In the four main criminal areas of supervision, theft, sale of Prescription only medicines, and controlled drugs offences in the same period, more than a third (35%) involved prosecutions for lack of supervision. That too has now dropped to single figures since the Society has not applied the full rigours of the Medicines Act but has relied on protocols

for supervision of pharmacy medicines.

### So what are the kind of "offences" that give rise to complaints these days.

The Society still receives the results of criminal prosecutions in the area of NHS fraud and controlled drugs offences of the bookkeeping kind. But as the reporting of Statutory Committee cases in the Society's journal is not complete it is difficult to assess the actual figures. As far as risks to the individual pharmacist are concerned, it is the area of professional misconduct that appears to be the area where there has been significant interest recently.

**“Many ethical dilemmas can arise and pharmacists are expected to use their professional judgment in deciding an appropriate course of action.”**

The Society's Code of Ethics states that the public places great trust in the knowledge, skills, and professional judgment of pharmacists. Many ethical dilemmas can arise and pharmacists are expected to use their professional judgment in deciding an appropriate course of action.

### The three major principles encompassing basic ethics philosophy are :-

**1.** At all times pharmacists must act in the interest of patients and other members of the public and seek to provide the best possible health care for the community in partnership with other health professions. Pharmacists must treat all those who seek pharmaceutical services

with courtesy, respect, and confidentiality. Pharmacists must respect patient's rights to participate in decisions about their care and must provide information in a way in which it can be understood.

**2.** Pharmacists must ensure that their knowledge, skills and performance are of a high quality, up-to-date, evidence based and relevant to their field of practice

**3.** Pharmacists must ensure that they behave with integrity and probity, adhere to accepted standards of personal and professional conduct and do not engage in any behaviour or activity likely to bring the profession into disrepute or undermine public confidence in the profession.

## WHAT HAS CAUSED THESE CHANGES?

**1.** Since the unexplained death of babies in Bristol and the publication of the Kennedy Report the main driver has been the Government who originally pursued the General Medical Council and the General Dental Council in order to ensure the competence of Doctors and Dentists.

**2.** The knock on effect when the Society decided to reform itself before the Government turned to the pharmacy profession. The outcome is that the Society is to become a more powerful regulatory, and thus enforcement body, following the Government principles as laid down for the other health professions.

**3.** The general public who have become more litigious. In the event that something goes wrong, they expect action to be taken, and they are making many more complaints. It is understood that complaints to the Society have increased enormously in the past year. In the past many of these complaints would have been dealt with by the individual inspector on an informal basis but in the present

climate the Society cannot fail to investigate these complaints formally.

The Society's inspectorate will set regulatory procedures including the use of formal interviews under the correct rules of evidence. The case will then be referred to its Infringements Committee. It is interesting to note that over the past year or so more and more decisions of the Infringement Committee have involved referral of cases to the Statutory Committee whereas before, a number of lesser measures may have been employed. For example, previously Medicines Act offences would have been dealt with as a prosecution in the courts, which would have resulted in a fine. Today a referral to the Statutory Committee could result in a striking off and a consequent loss of the right to practice.

## COMPLAINTS

Individual pharmacists are now more prone to complaints being made and are now potentially liable in four areas even when there is only one mistake.

**These areas are;**

- Criminal law (which includes Medicine Act offences),
- Civil law (usually in negligence),
- An employment disciplinary procedure or an NHS investigation,
- A professional disciplinary procedure e.g. an Infringements Committee or Statutory Committee hearing.

The risks are now extended to Pre-reg trainees and therefore technicians, as was demonstrated by the peppermint water case.

Times have changed rapidly and pharmacists must come to accept that their conduct will be challenged by the public, who will seek redress through the profession's regulatory body namely the Society, in the event that they make a mistake and that their professionalism falls below the accepted standards required.

## advisory\_boardmember ▼

Gordon Applebe is a member of the PDA Advisory Board and a specialist in pharmacy law and ethics, RPSGB regulatory and inspectorate matters.

# HOW MUCH DOES IT COST TO JOIN THE PDA?

The benefits of membership are extensive and you can join as either a Standard member or as a Full member. The main difference between the two is the level and extent of benefit that is underwritten by insurance.

Standard membership is underwritten by £250,000 worth of protection in 3 out of the BIG 4 issues – Employment disciplinary, Prosecution Defence and Professional Disciplinary. It does not provide any protection for civil claims i.e. action that may be taken against you by third parties (usually a patient) due to an error, negligent act or an unintended breach of confidentiality. Full membership provides a wider range of membership benefits, in that on top of the benefits enjoyed by Standard members it does provide protection for civil claims made against PDA members and the extent to which this is underwritten is much higher i.e. £3,000,000.

Full membership provides protection in all of the BIG 4 areas and more besides.

**To date 97.5% of pharmacists have chosen the greater level of protection.**

## THE COSTS

The cost of Standard membership is £39 per year irrespective of your specific job/role. The cost of Full membership is higher as it provides considerably more benefits. Because it also provides Professional Indemnity (P.I.) insurance, the cost will depend on the risks associated with your specific role. As an example, if you are a community pharmacy employee, the cost of Full membership can be as low as £117 per year, if you are a part-time pharmacist the cost can be as low as £93 per year as long as you have undertaken at least 30 hours of CPD. It is important that you have selected the right level of PI insurance as different jobs/roles in pharmacy carry with them varying levels of risk. We have provided a POLICY WIZARD, which will help you to ensure that you are covered for all of your activities. It will also provide you with a specific cost for your particular full membership fee.

**If you want to make an assessment then either;**

1. Call the membership enquiries line on 0121 694 7000
2. Try the POLICY WIZARD on [www.the-pda.org](http://www.the-pda.org).

## Discounts for participation in CPD

Prevention is an important aspect of the work of the PDA and as such we recognise the importance of participation in CPD. We have persuaded the P.I. underwriters to accept that pharmacists involved in at least 30 hours of CPD per year are better insurance risks and therefore should be entitled to a discount on their Full membership fee.

## How do I join?

**You can join in one of three ways;**

1. Join on-line using your credit card [www.the-pda.org](http://www.the-pda.org).
2. Email us a request and we will send you an appropriate application form: [enquiries@the-pda.org](mailto:enquiries@the-pda.org)
3. Call us on 0121 694 7000 and we will send you an application form.

**The cost of Standard membership is £39 per year irrespective of your specific job/role.**

# FACING THE INVESTIGATORS

By **Graham Southall-Edwards MA (law), LL.M., M.R.Pharm.S**

Barrister at Law and PDA Advisory Board member



It is a well-known fact in the retail industry generally that a very significant amount of profit is lost through theft from retail premises. What is often overlooked is that much of this wastage occurs because of the activities of a very small minority of staff members who steal from their employer.

This theft can be categorized into two groups: those members of staff who consider that taking the odd toilet roll here and the occasional bar of soap there are merely a perk of the job, and then there are those members of staff who are involved in a much more concerted effort, which in some cases (over time) can result in thousands of pounds worth of losses to their employer.

Pharmacists are not immune to these problems and over the years a small handful of rogues have succumbed to the temptations and have been caught, prosecuted and in some instances struck off the register.

The issue of staff pilferage is well recognized as a problem and clearly employers are perfectly entitled to ensure that these losses are kept to a minimum. The loss reduction initiatives involve measures such as the use of specialist security firms and loss reduction services. Large employers will often employ their own in house security teams.

Much of the time, these security personnel are dealing with relatively minor offences of shoplifting and small scale theft by staff, but occasionally they deal with the more organised crime. Usually, the approach towards a suspect is a fairly heavy handed interview enabling an investigator to extract a confession from the suspect, thereby bringing the investigatory stage to a quick conclusion. A decision can then be taken about dismissal and/or prosecution depending on the offence.

As pharmacy has moved more into the large retail environment, the meeting of the security officer and the pharmacist has produced some unexpected quan-

daries. In some instances the very specialist nature of the pharmacy operation and professional rules and regulations unique to pharmacy, can mean that the standard approach taken by a security officer (very often an ex policeman) may not be entirely appropriate. For the pharmacist, the additional issues of professional reputation and the possibility of professional disciplinary consequences give the whole experience a much more significant connotation. If for whatever reason pharmacists get involved in security team situations, they need to be sure that the experience is fair and transparent. It is absolutely crucial that due to an unfamiliarity with a security interview situation, they do not end up being unfairly blamed for offences that they have not committed.

## THE 3 SOURCES OF INVESTIGATION

There are generally three areas which become the subject of an investigation;

- Civil/Employment issues
- Matters of professional conduct
- Matters considered to be of a criminal nature

### Civil/Employment issues

These are usually issues concerned with the terms of a civil contract between a contractor and an employee or locum. Whilst breach of these terms may result in an employment disciplinary episode or in the case of a locum, a termination of a contract, these issues would not generally result in a threat to the pharmacist's continued registration with RPSGB or his liberty due to criminal proceedings.

Examples may include issues like time-

keeping, standard of dress, meal breaks, use of telephone or the terms of a locum booking etc. It is worth mentioning though, that more recently this latter heading has given rise to some RPSGB complaints and even occasional criminal proceedings.

### Matters of professional conduct or issues of a criminal nature

It is clear that the regulatory authorities generally are progressively tightening up on enforcement and the employers are seeking ever greater control over their employees or locums. It cannot be emphasised enough that the moment a pharmacist becomes aware that he/she is being investigated for a matter that could involve either professional or criminal consequences he/she must get specialist representation immediately. Bearing in mind that the consequences could mean facing a professional disciplinary procedure by the RPSGB, or worse still a criminal prosecution, it is a situation which is far too serious to even contemplate handling on the hoof.

### The course of an investigation

Unfortunately, it may not always be that obvious as to where an initial investigation may be leading and in some cases the backgrounds of the security officers give them an inclination to escalate a situation to develop the worst and most serious possible outcome for the interviewee.

Pharmacists come from backgrounds that provide them with little or no experience of being the subject of an investigation. When they do find themselves facing an experienced team of

investigators for whatever reason, they are usually not aware of their rights and they generally find the experience a frightening and daunting one.

### What are your rights?

In situations where there is a disciplinary investigation, employees have no rights to independent representation and an insistence on this could result in dismissal. However, self-employed locums do have the full rights of representation in these situations, as they are not usually subject to contracts where employment legislation applies. If however, the disciplinary investigation of an employee begins to deal with matters which could have professional or criminal consequences, then the right to independent legal representation may then arise. The problem is that most pharmacists do not know their rights and when faced with the daunting prospect of being in the middle of a four man security team interview, would not consider that they have every right to call a halt to such a meeting and call in legal representation the moment they sensed that it began to deal with matters of a more serious nature. Indeed many pharmacists may even consider this to be impertinent behaviour and likely to make the situation even worse for themselves.

### Admitting to offences that have not been committed

It may appear a staggering assertion to make, but in recent months some pharmacists who have found themselves in these situations have been so taken by surprise by the unfamiliarity of the methods used by in-store security officers, that in more than one case in an attempt to end the unpleasantness and to appear to be cooperative, they have made damning admissions to professional or criminal offences which they had not committed. Several days later, now in conference with their lawyer, they are told that unfortunately the admissions may now be extraordinarily difficult or even impossible to overcome.

### The danger signals

It could be that for a variety of reasons the pharmacist has been involved in an activity that they know to be contractually out of order, but ultimately an activity which could be dealt with under

a straightforward employment disciplinary procedure. An example of a recent case involved the loaning of tablets to patients in lieu of a prescription. In that particular case the pharmacist intended to go along to an investigatory interview with an honest admission of wrongdoing. However they were then asked to answer to allegations of private prescription register discrepancies and also a CD register entry omission. In this particular case it can be seen that a disciplinary investigation, which gave no rights to independent legal representation, ultimately moved to an investigation with potentially serious professional and criminal consequences. In so doing the rights of independent legal representation may have in fact arisen.

## THE CONCLUSIONS

There is now an increasing trend for;

- The public to hold professionals accountable for their actions
- Increasing statutory requirements and codes of conduct
- Ever more regulatory and inspecting organisations
- The RPSGB increasing its regulatory activities
- Invoking criminal law and imposing criminal sanctions for acts which only 10 years ago would have attracted at most a civil penalty.

Added to this is the fact that employers are forced to take company-wide initiatives to reduce wastage through theft and will make examples of staff when possible, to act as a deterrent to others.

These trends are making pharmacists far more prone to, and much more likely to be involved in, some form of investigation during the course of their work than ever before. As an example, the Infringements Committee of the RPSGB has had a massive increase in its workload in the last two years and now more than 50% of RPSGB inspectors' time is spent investigating complaints against pharmacists made by the public.

Pharmacists are usually friendly, well-intentioned individuals who generally go into the profession because they have a desire to help others. Sometimes pharmacists will unwittingly make an error of judgement and at other times they are

required to make professional decisions, which they know to be not entirely within the regulations, and they do so in the interests of patients. Pharmacists tend not to be aggressive and defensive and

**“Pharmacists must seek out, demand and obtain professional advice and legal assistance and that they are given this support as early as possible”**

this can make them easy prey for experienced investigators who are used to getting real villains to talk. When faced with allegations or accusations, there is all too often a desire by pharmacists to take the easy way out and this can sometimes mean that they will own up to acts that they have not done or intentions which they never had. Many pharmacists, faced with a situation which is quite frightening, will just want to get out of that immediate situation. They often believe that if they start to robustly defend their corner, then they will seriously sour relations between them and their employer. The result is that they may agree to do things which will relieve the immediate urgency of the situation, but which will have onerous consequences later on.

Pharmacists must seek out, demand and obtain professional advice and legal assistance and they must demand that they are given access to this support as early as possible in any situation where they are accused of wrongdoing, negligence, professional misdemeanour, or potentially criminal offences of any kind. Above all, pharmacists must resist the temptation to deal with these matters themselves in the hope of nipping it in the bud, as it rarely does!

**PDA members will be automatically entitled to this support by virtue of their membership.**

### advisory\_boardmember ▼

Graham Southall-Edwards is a Barrister at law and a pharmacist with 35 years of experience.

# DANGEROUSLY LOW STAFFING LEVELS ARE YOUR FAULT.

## AND SOME PHARMACISTS BELIEVE IT.

Staff level cuts are imposed by your employer - a dispensing error occurs - you are held responsible. Happy? We're not.

## who's defending your reputation?

Though most good employers will look to avoid problems caused by low staff levels, some employee and locum pharmacists work in pharmacies where the staff levels are dangerously low. They feel powerless to change this practice as the decisions are often made by their employers, and they struggle on quietly. Low staff levels however, can cause errors which then result in disciplinary consequences and sometimes even prosecutions for the individual pharmacist.

The Pharmacists' Defence Association will work

tirelessly to ensure that dangerous practices are recognised and ultimately removed from pharmacy.

By joining the PDA you will no longer feel that your opinions go unheard and that you are isolated in your work. Our services are designed to help you find support when you most need it and to develop your expertise when others most want it.

**You might call it looking after your interests; we would have to agree.**

- » Active research agenda on pharmacy issues.  
Have your say and vote on important issues at [www.the-pda.org](http://www.the-pda.org)  
£250,000 worth of Legal Defence Costs

- » Find out how membership can benefit you;  
Visit our website:  
[www.the-pda.org](http://www.the-pda.org)  
or call us:  
0121 694 7000

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