INSIGHT

Issue 4 | Summer 2005 | The magazine of the Pharmacists' Defence Association

The first PDA Conference hailed a huge success.

The first PDA members conference was held at the International Convention Centre in Birmingham on Sunday 27th of February. This landmark event was attended by almost 150 delegates.

Delegates came from many distant parts of the UK and in the comments section, contained in the post conference assessment, one delgate wrote **"I now truly feel in touch with the PDA".**

The event witnessed the launch of the PDA's very first Policy initiative on Violence in Pharmacy. It saw delegates involved in focus group work on the PDA policy on Staffing Levels and Workload and it allowed members to get their concerns 'off their chest' in a special members session.

> **"PDA wants to work with decent pharmacy employers to create 'Win Win' scenarios for both employers and employees/locums."**

Delegates were provided with risk management information on how best to handle dispensing errors and many delegates took advantage of the unique employment 'contract clinic' which was staffed throughout the day by PDA lawyers.

In a first Annual Report presentation, PDA Director Mark Koziol explained how the disproportionate influence of the employers via their employer organisations would need to be counterbalanced by equally well-organised and well-presented arguments reflecting the individual pharmacist agenda.

He suggested that with the opportunities presented by the New Contract – there had never been a better time to do this. He also explained that the vast majority of employers are genuine in their ambitions to run a decent pharmacy operation and that the PDA would want to work with them to create 'Win-Win' scenarios for them and for their employees and locums. However, the PDA would not tolerate the small minority of employers who operated questionable employment policies.

A Conference report is continued on pages 6, 7 & 8. The Violence in Pharmacy policy of the PDA is described on page 5.

inside>

pda
the pharmacists' defence association

Inside this issue…

SPECIAL REPORT ON THE PDA "WORDS INTO ACTION" CONFERENCE.

See pages 6, 7 & 8.

editorial.

by Mark Koziol, PDA Director.

The PDA believes that, for a long time, the professional agenda has very effectively been influenced by the employers through their representative organisations; primarily through the National Pharmaceutical Association and the Company Chemists Association. Consequently, PDA has been busy developing a policy agenda, which is designed to articulate and deal with issues that are more specifically of importance to the individual employee or locum pharmacist.

In 2004, informed by large-scale questionnaires which produced several thousand responses, the PDA chose to initially tackle three issues which were deemed to be a priority by the PDA membership;

- **Staffing levels in community pharmacies.**
- **Workload.**
- **Violence in pharmacy.**

PDA policy is created using a structured process which first involves gathering all relevant existing literature on a particular subject, a small working group of PDA Advisory Board members then gathers to decide a way forward. There then follows a series of both qualitative and quantitative surveys of pharmacists. Groups of pharmacists are convened and a series of focus groups are held. Finally, once a draft policy is created, this is then circulated so as to gain further comment from relevant parties following on from which, the creation of the policy itself occurs.

This ponderous process takes time, however, in attempting to heighten the agenda of the individual pharmacist, it would be self-defeating if arguments were developed in a flimsy, vacuous fashion. After many years of neglect, raising the individual pharmacist agenda will not be everyone's idea of progress, but by following a solid and rigorous process, it at least can be said that the policy of the PDA is built on solid foundations.

The first completed policy exercise is on violence in pharmacy. It takes as its main

PDA LAUNCHES ITS FIRST POLICY INITIATIVE: VIOLENCE IN PHARMACY

premise that whilst employers will be concerned about violence in the pharmacy, apart from the dwindling number of owner managers, it will mainly be the employee and locum pharmacists who will face violence at the coal-face.

SO WHAT HAPPENS NEXT?

Creating policy is in itself only a means to an end and will not, on its own bring about the required changes in pharmacy. Pharmacists can therefore be assured that PDA policy work is just the start. PDA fully intends to pursue all its policy initiatives with vigour lobbying as hard as it can wherever it is appropriate to do so. We encourage all individual pharmacists who support the PDA policy principles to advocate and promote them in the workplace and wherever else they have influence. Working together in this way ensures that the individual pharmacist agenda has the greatest chance of successfully taking root, to the betterment of the vast majority of pharmacists who are either employees or self-employed locums.

It is hoped that the work of the PDA on this issue will help to make pharmacy a safer place for all pharmacists and staff. Moreover, further PDA policy initiatives are well underway and will be published in due course.

The PDA policy on violence in pharmacy was launched at the PDA conference in February, a synopsis can be found on page 5 of this magazine, the full details of the PDA policy and **a PDF downloadable version of the resource pack is available, free of charge on www.the-pda.org.**

SHOCKING RESULTS IN LARGE-SCALE PHARMACIST SURVEY

A survey undertaken by PDA of more than 1600 community pharmacists has indicated that pharmacists have serious concerns that poor staffing levels and excessive workloads in community pharmacy are putting patient safety at risk.

Furthermore, a large majority of pharmacists feel that they are required to take professional responsibility for matters over which they have no control and also that their views are not taken into consideration when changes to professional matters are proposed by employers.

The findings which were analysed by M.E.L. Research in Birmingham have indicated that;

- **89%** felt that the standard of their work was affected by workload, of these
- **84%** felt that because of excessive workload, patient safety had been put at risk.
- **67%** felt that patient safety had been put at risk because of working for extended periods without breaks.
- **81%** felt that they had worked in situations where the quality or the availability of support staff had put patient safety at risk, of these almost 25% felt that this situation occurred frequently or very frequently.

The Director of PDA Mark Koziol said; *"Much has been written anecdotally in recent months in the pages of the pharmaceutical press about the inadequate working environments found in some community pharmacies. However, the results of this large-scale survey have produced some undeniable and shocking statistics about the extent of the problem. Pharmacists should not be allowed to work under conditions which they deem to put patient safety at risk and PDA will now work to ensure that such practices in pharmacy are outlawed. We have been developing what we feel is a workable solution and we are now keen to involve pharmacists in the final development of this approach."* He added; *"To allow these practices to continue is not an acceptable option, once we have finalised our proposals it is our intention to take them to employer organisations and regulatory authorities such as the RPSGB to ensure that a way forward is agreed."*

The policy work of the PDA relating to staffing levels and workload was considered in some detail by pharmacists who attended the PDA conference in February and they provided a significant amount of input. The policy is now at the stage where PDA members are considering it at focus group meetings and shortly, it will be undergoing its final stages of consultation. It is anticipated that the policy work will be completed and then published in the Summer/Autumn of 2005. Pharmacists who would wish to send in any views regarding this subject to the PDA to support this policy initiative are invited to do so at their earliest convenience.

of pharmacists felt that the standard of their work was affected by workload…

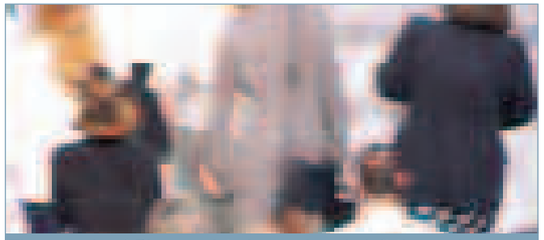
PDA TO PRODUCE NEWSLETTER FOR PHARMACISTS LEAVING THE REGISTER.

It is widely felt that the RPSGB's much criticised approach to mandatory CPD and the new retention fee structure is responsible for several thousand pharmacists choosing to cancel their membership of the Society altogether at this years annual retention exercise.

Amongst their number are many experienced pharmacists and also some very well known pharmacists who have served their profession voluntarily in years gone by. Moreover, the policy has been highly criticised in the pages of the Pharmaceutical Press by senior pharmacists and some pharmacy leaders.

Such has been the consternation caused by what many pharmacists have felt was a particularly bad way to treat the membership, that it is highly likely that there will be a rebound reaction as many members of the newly elected Council will now work towards unravelling the damage caused by the previous policy. However, this may take some time and may not really be able to take effect in any large scale until the 2006 retention exercise at the earliest.

In an attempt to keep pharmacists who may have rescinded their membership in 2005 in touch with the affairs of their profession, PDA will be producing a quarterly newsletter which it will distribute free of charge to all recently resigned UK domiciled pharmacists. It is anticipated that the RPSGB will ultimately have to change its stance, at which point it will then be possible for these 'early retirees' to rejoin the RPSGB for a more realistic membership fee and without the onerous CPD requirements that are currently in place. Consequently, PDA intends to operate this free service for a period of two years.



Thousands of Pharmacists have already left the register…

The view of the PDA is that a civilised Society is one, which looks after its weakest members, in pharmacy's case these are the Part-time, retired and student members. Many pharmacists believe that the RPSGB has been particularly harsh to many of these members.

Pharmacists who receive this copy of Insight who have either resigned recently, or who know colleagues who have, should invite them to notify PDA that they wish to subscribe to their FREE PDA Newsletter and they will receive a copy in due course.

REGULATORY NIGHTMARE

A PDA member who in the early 1970's was prosecuted for a minor motoring offence and who voluntarily notified the Society of this fact under this year's new annual retention procedure, has had this matter referred to the Infringements Committee.

Irrespective of what the outcome of the Infringement Committee will be, the pharmacist will now have the fact that she was involved in a formal professional disciplinary procedure annotated on her records with the RPSGB.

This may mean that if she should ever be unfortunate enough to get involved in any other professional disciplinary issue with the Society in the future, the fact that she has already been involved in a disciplinary issue may well be taken into consideration. She will have to notify her professional indemnity insurers of the fact that she was involved in a disciplinary procedure every year at insurance renewal time and because she will no longer be able to complete a 'clean insurance declaration' she will need to be referred to underwriters for special consideration.

> **"...because of her high level current job, she will now have to declare to her employers that she is involved in a professional disciplinary matter."**

The fact that she has been involved in a disciplinary process could also affect her in other ways, for example if she was interested in standing for election to the RPSGB Council.

Moreover, because of her high level current job, she will now have to declare to her employers that she is involved in a professional disciplinary matter. The effect of this development is to cause this particular pharmacist, with almost a 40 year unblemished record on the register, and also her family a considerable amount of stress and anxiety as she approaches retirement.

When PDA raised the issue of the offence declaration on this years retention form with the Society at a recent meeting, it was understood that the Society was asking for declarations to be made against the backcloth of the Shipman and also the Soham enquiry. In both these cases, innocent lives could have been saved had the regulatory authorities been made aware that personnel involved in patient care and childcare issues had had previous relevant convictions, which could have brought child and patient safety issues into question.

However, what was not contemplated was that the Society was going to treat issues which may have occurred several decades earlier and which are not linked to patient safety issues in 2005, as matters deserved of a referral to the infringements committee.

The PDA has randomly surveyed pharmacists to assess their reaction to this development and the results are perhaps unsurprising…

Do you believe that the decision to refer this pharmacist to the Infringements Committee is;

a)	highly appropriate	
b)	about right	
c)	not quite right	**2%**
d)	highly inappropriate	**98%**

The fact that the Society has not only required pharmacists to volunteer information about any incidents that they have ever been involved in, but that they have subsequently pursued pharmacists for committing non-pharmacy specific motor offences that have occurred many years ago has caused rancour and begs a number of questions;

- How many pharmacists who have completed their annual retention forms this year are now at risk of a disciplinary record with the Society for incidents which may have occurred decades ago or maybe much more recently, but which pharmacists would consider to be utterly irrelevant.
- What system is being used at the Society to determine which non-pharmacy specific offences deserve a referral to the Infringements Committee and which ones do not.
- What if some pharmacists did not consider that incidents that occurred many years ago and which are non pharmacy specific needed to be notified and consequently sent in 'clean declarations', are they now at risk of serious professional consequences?
- How many years need to elapse after a non-pharmacy related offence (e.g. a motoring offence) had been committed before the Society deems it no longer appropriate to refer to the Infringements Committee? Clearly, as this case shows, thirty years is not enough time, so will it be forty, fifty, sixty years? Would the Society refer an 85-year-old pharmacist to the Infringements Committee for volunteering that he had committed a motoring offence in 1945?
- What about offences that may have been committed before becoming a pharmacist, e.g. shoplifting, trespass or being arrested at a football match aged 16? Will these matters also result in referral?
- What if these pre-pharmacy offences occurred so many years ago that the pharmacists involved have not even told their families, because they established their families many years later? And what of the effect on them and their families in being referred to an infringements committee as a result?

In defence of this PDA member, the PDA is providing support ahead of the Infringements Committee meeting. Furthermore, for the benefit of members, PDA has now written to the Society to seek further calrification on many of these issues. It is the belief of the PDA that this approach is disproportionate and unnecessary

A synopsis of the response will be sent to all PDA members in due course.

THE POLICY OF THE PDA: VIOLENCE IN PHARMACY.

Despite discussions held between pharmacy bodies and the government, research has shown that violent attacks and aggression in the pharmacy continue to increase.

The Policy of the PDA is designed to ensure that real action is taken to prevent violent attacks in the pharmacy.

The resource pack will enable employees, locums and owners to undertake a risk assessment of their pharmacy. Once they have established whether the risk is Low, Medium or High, a series of measures can be selected from lists provided reducing the inherent risks.

Health and Safety legislation means that if a problem is identified, employers are legally required to act on them. By making the resource pack available to all pharmacists, they should be able to take affirmative action to improve the safety of their immediate working environments.

Objectives of this initiative:

1. To raise awareness of the issues, highlighting the problems and possible solutions.

2. To generate policy which is then used to lobby on behalf of employee and locum pharmacists.

3. To provide a resource pack which will enable all pharmacists to pro-actively manage the risks associated with violence in the pharmacy.

THE POLICY OF THE PDA

The PDA will work towards securing;

1. A zero tolerance policy for violence in pharmacy:

The PDA will work with pharmacy bodies, relevant organisations and also with pharmacy employers and employees to encourage a zero tolerance policy for violence in pharmacy. PDA will urge all pharmacies deemed to be high risk to prominently display decals in pharmacies that make it clear that violence will not be tolerated. The PDA will lobby the relevant employer organisations with the aim of ensuring that their policy becomes one which ensures that perpetrators of violent attacks on staff in pharmacies are barred from the pharmacy, are prosecuted where appropriate and also pursued civilly for damages in compensation. In the event that a PDA member is injured in a violent attack and it can be shown that risk management suggestions made by employees have been disregarded by the employer, then the PDA will robustly pursue the employer to seek a prosecution under Health & Safety legislation.

2. A requirement on every pharmacy to undertake a risk assessment and publish a clearly defined statement on the risk of violence.

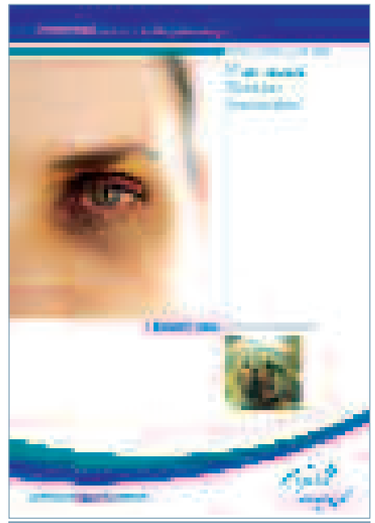
Building upon the foundations of legislation, the professional codes and the available research, it is evident that in order to comply with these requirements, a risk assessment of each pharmacy would need to be undertaken and a corresponding clearly defined statement on the potential risks from violence would need to be produced and made available in the pharmacy. By producing a resource pack and distributing it, the PDA will encourage employees and employers to undertake such a risk assessment.

The resource pack will enable both employees and employers to;

a) Identify the risks.
b) Identify any special risk employees.
c) Consider the findings of the risk assessment and instigate staff consultation to establish whether existing precautions should be improved.
d) Record measures that have been already taken to combat violence.
e) Periodically review the findings of the risk assessment and amend in light of any new developments.

3. That measures appropriate to the situation as identified by a risk assessment are implemented so as to reduce the risks of violence.

An appropriate assessment will need to identify whether the pharmacy in question is in a low, medium or high-risk category. Consequently, it is possible to identify and implement measures which are most appropriate to the situation. The PDA resource pack contains comprehensive lists of appropriate risk management steps which may be taken in response to an adverse risk assessment.



available at www.the-pda-org

4. Funding for security measures from the government to assist pharmacy contractors with their implementation.

Statistics from Northern Ireland have shown that the incidence of violence in pharmacies dropped to virtually zero after visible security measures were installed in pharmacies. the PDA will bring the need for funding support to the attention of the government and will also support organisations who negotiate funding with the government so as to secure the funds that may be needed.

5. An amended Code of Ethics, which places a more robust requirement on pharmacist owners, superintendents and managers in hospitals to ensure the safety of staff.

The Code of Ethics makes it very clear that pharmacist employers need to ensure the safety of patients, however, it deals with the safety of staff only indirectly be requiring pharmacists owners, superintendents and managers in hospitals to comply with Health and Safety legislation. The PDA will lobby the RPSGB so as to ensure that the next Code of Ethics places a greater emphasis on the safety of all staff working in a pharmacy who may be at risk of being violently attacked by a patient.

The full PDA policy on violence in pharmacy will be sent to all PDA members under separate cover. However, the policy is available in downloadable format on www.the-pda.org or by telephoning 0121 694 7000

'WORDS INTO ACTION,

There were plenty of words spoken at the PDA conference and a commitment was given to turn them into action…

Despite snowy conditions and motorway closures, almost 150 delegates attended the very first conference of the PDA. Judging by the delegate surveys returned at the end of the day, the event was an overwhelming success.

WHERE ARE WE GOING?

Setting the scene for the day Conference Chairman John Murphy explained to delegates that the two main objectives of the PDA were to assist individual pharmacists who were finding that their professional lives were becoming risk prone in this increasingly litigious and regulated Society and also to redress the imbalance of the very strong employer lobby within the profession of pharmacy by articulating the concerns of individual pharmacists.

John explained that 100 years ago virtually all pharmacists were owners of pharmacies and consequently, the various pharmacy bodies set up at that time were very representative of the broad constituency of pharmacists. However, in the years that followed, things changed dramatically to the extent that today only about 10% of pharmacists are owners because the rest are either employees or self-employed individuals. Unfortunately though, for this large majority of pharmacists, the pharmacy bodies are still performing the task of looking after the employers interests and this means that it is the small minority interest within the profession that dominates the professional agenda.

Talking about the Policy development work of PDA, Mark Koziol said;

"The mainly employer led inertia within pharmacy has taken more than 100 years to establish itself, so the approach that we use to waken up the individual pharmacists agenda will need to be effective. The development of PDA Policy is an extremely important part of that work. It is a process which involves literature searches, brainstorming sessions, wide-scale surveys, focus group meetings and consultations. Whilst this process can be slow, it does ensure that the Policy of the PDA once it is announced, is built on firm foundations and will allow PDA to argue the corner for individual pharmacists effectively and decisively."

Mark indicated that large-scale surveys of pharmacists that had been analysed by research institution MEL in Birmingham had shown that 81% of pharmacists felt that the quality and availability of support staff were putting patient safety at risk. Furthermore 72% of pharmacists feel that they are expected to take professional responsibility for matters that are outside their personal control.

"These are matters that the PDA will be addressing and we know that by pursuing the patient safety argument, it will be very difficult for any detractors to argue against staffing level improvements." He said.

Immediate short-term issues facing the PDA were;

- Opportunities provided by the new NHS contract for all community pharmacies.
- The roll out of PDA membership services to the Hospital Pharmacy sector.
- The establishment and training of the network of PDA representatives to assist with internal disciplinary meetings.
- The launch of a more balanced 'contract for services' document to be used by locums.
- The need for a legal test case to allow the courts to establish the appropriate balance of liability facing a pharmacist and his employer in the event that a dispensing error is made. This would go a long way in resolving the question that has still to be answered between PDA and the NPA over who is responsible for what when an error occurs.
- Taking on more office based pharmacist staff so as to meet the growing needs of the members.

VIOLENCE IN PHARMACY

PDA Advisory Board member Shenaz Patel, launched the first official policy of the PDA which was on Violence in Pharmacy. *"More than 50% of pharmacists have been subjected to violence, the threat of violence or abuse and almost 50% of them felt that measures subsequently taken by employers were insufficient".* said Shenaz.

She then went on to describe the full policy (a synopsis is described on page 5, the full document and Personal safety resource pack is available on www.the-pda.org or by contacting PDA on 0121 694 7000).

Mark Koziol (standing) and John Murphy, setting out the future direction of the PDA.

"IT HAPPENED TO ME"

Workload

In a session which allowed PDA members to get matters 'off their chest' two pharmacists described what scenarios they had recently experienced in the workplace.

Bob Gartside described an important principle that relates to work, he said;

"Any job should be so designed and structured that it can be handled on an average day by average personnel with average equipment. You shouldn't need Michael Schumacher to drive the bus or Ellen MacArthur to sail the ferry."

And yet, said Bob Gartside, the work situation in pharmacy could rarely be described as average. Bob provided some useful statistics and research references which all indicated that pharmacist workloads in the UK were far too high.

He concluded that *"Nothing except more staff can bring workloads down to acceptable levels for patient safety."*

Termination of locum contract

Richard Schmidt described how he worked for a small multiple and over a period of time had developed a fairly comprehensive role within the organisation. He described how he began to develop SOP's, how he had been involved in securing staff buy-in, how he had helped to improve the IT systems and how he even turned up to one branch on a weekend to fix the plumbing because a reliable plumber could not be found! However, as a result of what Richard felt were a series of inappropriate management strategies he was prompted to set his concerns in writing. He felt that the net result of his efforts was that his long-term booking was cancelled and the owners no longer required his services. This, felt Richard, demonstrated perfectly the vulnerability of the individual pharmacist in trying to wrestle with the standards agenda.

> **"...surveys of pharmacists that had been analysed, by research institution MEL, had shown that 81% of pharmacists felt that the quality and availability of support staff were putting patient safety at risk."**

THE ROLE OF THE SOCIETY ON PHARMACY REGULATION

"Music played in a dispensary area is not conducive to the delivery of high quality patient care" said Mandie Lavin, the Society's Fitness to Practice and Legal Affairs Director as she addressed the PDA Conference.

Mandie also indicated that since starting in her role she had noticed that what is different from her previous nursing roles was the dominance of the 'big players' in pharmacy.

Mandie Lavin came to the conference to describe the new regulatory realities at the Society. As she delivered her presentation it became clear why there had been such a huge increase in the number of disciplinary cases heard against pharmacists.

Mandie explained how the Shipman enquiry and the establishment of the new over-arching regulator CHRE, were some of the reasons why the Society was developing its regulatory role. Mandie felt that the existing arrangements for discipline in pharmacy meant that the Statutory Committee had few remedies at its disposal. It could effectively rebuke a pharmacist or it could order a striking off.

"The existing regulations stem from the 1968 Medicines Act and we are constantly having to look creatively at the structures that currently exist so that we can begin to meet the requirements of the modern regulator"

"However", explained Mandie, *"the new Section 60 Order which is yet to be delivered by the Government would give the Society a wide range of far more appropriate measures, such as the ability to impose conditions of practice, the ability to apply a range of remedial measures, the right to require a pharmacists to undergo training or mentoring. Whilst the new regulations would still allow the Society to order a striking off in relevant circumstances.*

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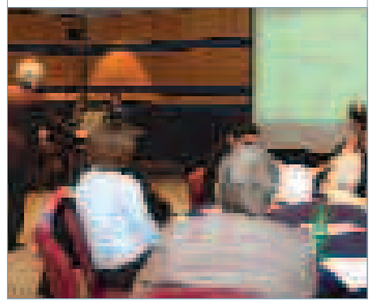
This would ensure that the Society could meet any disciplinary needs with more appropriate remedies than is currently the case."

PDA Director Mark Koziol referred to the fact that PDA representatives go along to support members at meetings when they are interviewed by the Society's inspectors, he said that PDA members valued this service greatly and felt that it was highly beneficial in a RPSGB interview situation. He asked what the Society's view was of PDA representatives going along to assist members in this way. Mandie responded by explaining that RPSGB inspectors will always make it clear to pharmacists that they could have a representative present at an interview.

THE SYNDICATE SESSIONS



Three syndicate sessions were held and these dealt with;

- How to deal with the aftermath of a dispensing error to prevent it from turning into an official complaint.
- Employment law case studies.
- PDA policy focus group, which was used to help underpin the PDA Policy work on Staffing levels.

QUESTION TIME

Although the Council of the RPSGB is made up of mainly elected members of the profession who are very sympathetic to pharmacist concerns, most of the day to day activities are led by the employed staff at Lambeth and they are all very keen on regulation, was the sentiment expressed by **Martin Astbury** an RPSGB Council member. Indicating that these were his personal views and not those of the Council, Martin went on to say that the outcome of this very next Council election would be very important as in many ways it would determine whether the newly elected Council will have the will to handle some of the issues at Lambeth.

Martin Astbury was joined on the Question Time Panel by Professor of Law and Ethics **Joy Wingfield** and PDA Director **Mark Koziol.**

Mark Koziol felt that the presentation made by Mandie Lavin set out the reasons why regulation would be the primary objective of the Society, irrespective of the will of the membership, however, he did agree with Martin and urged all pharmacists to read the election statements of the candidates in this years elections very carefully.

The matter of Standard Operating Procedures was a big issue for delegates and the question of whether pharmacists would face an additional risk if they chose not to observe the SOP laid down by employers was explored. **Joy Wingfield** explained that it was for pharmacists to decide whether the SOP at any particular pharmacy where they were in sole charge was up to the job, in her experience, most employers would try to ensure that such SOP's would be appropriate. However if pharmacists' felt that it was not, then they were entitled to add, subtract or replace with a more suitable one.

Alan Nathan, a past member of the RPSGB's Ethics Infringements committee was concerned about the peppermint water case because, in his experience, in such serious cases the Company and Superintendent had always been subjected to some form of disciplinary action by the Society and yet in the peppermint water case whilst the pharmacist and Pre-reg were called to face professional disciplinary proceedings, the employer involved was not. He thought that this was very strange.

Joy Wingfield explained that as far as she knew the Society had carried out a full investigation and that was the outcome. **Mark Koziol** felt that the Peppermint Water case showed very clearly why it was important not to rely on an employer or an employers insurer when trying to defend your reputation and it was crucial to have your own independent insurance protection.

The conflict of interest faced by the NPA in their attempt to provide PI insurance to both the employers and individual pharmacists was the subject of a passionate concern expressed by one delegate who said that he had taken out individual pharmacist PI insurance with the NPA, subsequently he had an incident which involved a dispute with an employer. He explained that when he contacted the NPA for assistance, they told him that they could not assist, because the employer involved was one of their largest members and contributed a significant sum to their annual income.

Delegates also enjoyed the exhibition at this first PDA Conference event and took part in the interactive demonstrations at the PDA stand.

The companies that exhibited were: A-team Health Recruitment, Resource Partners, PPLS, Private Rx, and both the PDA CPD and employment dispute 'contract clinic' saw many visitors.

The Question Time event concluded with a question on whether the Society could truly be both a regulator and a membership body. The general feeling was that eventually the government would decide to take all healthcare regulation away from the various healthcare regulators and that the Society would return to what it was when it started in the 1800's – a membership body for pharmacists.

The Future of the PDA National Conferences…

A survey of delegates gave the event an overall 92.2% approval rating and one delegate wrote anonymously "This meeting brought the PDA alive for me today – Thank You". The overwhelming message from delegates was that it's about time someone addressed the uncomfortable issues in pharmacy.

The next PDA Conference is already being organised. Members will be notified.

Letters...

If you have any questions that you would like to see answered in depth by the PDA then please forward any questions or queries to the PDA at:
The Pharmacists' Defence Association, The Old Fire Station, 69 Albion Street, Birmingham, B1 3EA
or email: **info@the-pda.org**

<information

Dear PDA

Recently my area manager has informed me that I can have a 1 hour break, for which I will not be paid, but she wants me to be available in the event there is an immediate or urgent request for my services. If I am called upon to provide a service she will pay me for the full hour.
Name Supplied (Yorkshire)

Our employment lawyer provided this response:

A 'break' is just that - a total mental and physical break with no 'ties'. The management cannot 'have its cake and eat it'; either you are free from all constraints during the hour in question, including freedom to go to the local chip shop, socialise off-site, etc., or you are not. If you ARE, you are having an UNPAID break. However, if you are in a position where your services, either mental or physical, may be called upon, then you are providing a service and are entitled to be paid. Furthermore, it is my legal opinion that it is then NOT a break, within the meaning of the Working Time Directive.

Dear PDA

My employment contract is for a 45-hour week at a retail branch that is open 49 hours/week. For the whole of 2004 I was GIVEN a day off EVERY WEEK, resulting in me working only 40 hours. In the first week of 2005 my boss said it was a mistake by his secretary/administrator, and that I should work extra hours (or forgo future time off) to compensate for the 5 hours I was 'overpaid'. Is he right?
Name supplied (Wales)

Our employment lawyer provided this response:

If you are satisfied that you were expected to work 45 hours per week and the salary was based on a 45 hour week then he has the right to reclaim any overpayment of salary from you. What he CANNOT make you do is work more than 48 hours per week as this contravenes the Working Time Regulations. You may wish to negotiate on this.
Before you do, calculate accurately the number of hours you owe him EXACTLY.
E.g. 52 weeks in a year 5 x 52 = 260 less holiday weeks (say five x 5 hours difference you owe him per week)) = 25
sub total =235
You may wish to find more creative ways of paying back, e.g. taking a weeks less holiday (but you must take at least four weeks under the WTR) and working for up to 48 hours per week for one year, refunding the difference.
But whichever way you look at it, he can reclaim any overpayment though many employers are prepared to negotiate a reasonable settlement regarding repayment terms.

Dear PDA

Can you clarify the RPSGB's position regarding the use of trained support staff in the pharmacy area of the store as from January 2005, and what is my position if staff are not trained to the required standard, particularly if I am a locum arriving at the pharmacy for the first time
Name supplied (Kent)

The RPSGB now deals with support staff under three headings:

1. Medicines Counter Assistants (MCA)
The requirements for MCAs were introduced in 1996. Any member of staff who is given 'delegated authority' to sell medicines must work within an agreed protocol (sale of medicines protocol) and be taking or have undertaken an accredited MCA course. This training equips MCAs to a level equivalent to a vocational (on the job) qualification (S/NVQ2) in two 'knowledge elements' namely: selling and giving advice on OTC medicines and dealing with prescription reception and collection.

2. Dispensing/pharmacy assistants (often termed dispensers)
From 1st January 2005, any individual who is involved in any aspect of dispensing must be taking or have undertaken an accredited course which covers additional knowledge elements at S/NVQ2 level which are essentially concerned with assembly of prescriptions, handling pharmaceutical stock and making up medicines. There was an exemption for existing dispensers to be registered under 'grandparent' arrangements but this expired at the end of 2004.

3. Pharmacy technicians
From 1st January 2005, RPSGB is operating a voluntary register of pharmacy technicians. In due course, the register will be limited to individuals who have completed an accredited training course to S/NVQ level 3 in the relevant knowledge and practice. Grandparent arrangements are also in place for this category of staff and they will cease 2 years before registration of technicians becomes a statutory requirement.
The ideal approach to doing locums would be to ascertain the status of support staff before accepting a position. At the very least you should ask the staff when you arrive. If it appears that staff are either untrained or inadequately trained, then you will have to increase your level of supervision of their activities and possibly require that they do not undertake certain activities if you cannot be sure that they are competent to do so. This may well be unavoidable if there are unexpected staff absences or unusual trading hours when the 'usual' staff complement is not available. Unfortunately, if something does go wrong, the pharmacist in charge will probably be held accountable for ensuring that support staff only carries out activities within their competence.

Further detail appears on p108 of Medicines, Ethics and Practice Guide No 28 and even more on RPSGB website: www.rpsgb.org.uk Click on members home page and select 'support staff' from the links on the right, near the bottom of the page.

IT'S A WHOLE NEW WORLD...

The New Contract brings opportunities to employee and locum pharmacists.

By Alastair Buxton
Head of NHS Services, PSNC.

The 1st of April 2005 is a watershed date for community pharmacy and all who work within the sector in England and Wales. The new community pharmacy contract will start to operate from that date, however full implementation will take a little while longer in many pharmacies.

PSNC has spent the last 2 years negotiating the new contract with the Department of Health (DH) and the NHS Confederation (the body which represents Primary Care Trusts). The result is a framework that contains three levels of service provision which will significantly increase the healthcare role which community pharmacy plays within the NHS. The contract does this by focusing on four key NHS priority areas; support for self-care, management of long-term conditions, public health and increasing access to healthcare.

Two of the service levels – Essential and Advanced – form the national contract. The third, Enhanced services, will be commissioned locally by PCTs. The Essential Services are obligatory for all contractors. Advanced services can be provided by all contractors once they have met the accreditation requirements and they have met the requirements of the Essential services.

The Essential Services:

DISPENSING OF MEDICINES.

Pharmacies will be required to maintain records of all medicines dispensed, and also keep records of all advice given and interventions made which they judge to be significant.

Pharmacies will also have to provide compliance support to patients who need help with taking their medicines and are classed as disabled under the definition of the Disability Discrimination Act 1995.

Eventually Electronic Transfer of Prescriptions (ETP) will be implemented as part of the dispensing service.

REPEAT DISPENSING

Pharmacies will dispense repeat dispensing prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and will try to ascertain that there is no reason why the patient should be referred back to their General Practitioner.

Public Health: Health Promotion

Each year pharmacies will participate in 6 health promotion campaigns at the request of the PCT. These campaigns may target local issues, or may focus on the current national public health priorities such as stopping smoking, obesity and sexual health.

In addition pharmacies will undertake prescription-linked interventions on major areas of public health concern. This will involve giving brief lifestyle advice to people who present prescriptions who may be at risk of CHD, have hypertension or diabetes and those who smoke or are overweight.

SIGNPOSTING

PCTs will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of health or social care support.

Support for Self Care Pharmacies will help people manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct. Records will be kept where the pharmacist considers it relevant to the care of the patient.

DISPOSAL OF UNWANTED MEDICINES

Pharmacies will be obliged to accept back unwanted medicines from patients. PCTs will make arrangements to collect the medicines from pharmacies at regular intervals.

CLINICAL GOVERNANCE

The new Essential service includes Clinical Governance requirements, to ensure that service quality is monitored and improved wherever possible.

Pharmacies will need to participate in clinical audit of their services and have arrangements in place to verify the quality of advice provided to patients. They must have procedures for providing information to patients, obtaining views and dealing with complaints from patients. They must also implement relevant risk management measures.

Pharmacies must have staff management, training and development procedures in place for their staff, and ensure handling of all data, including patient data, meets confidentiality and data protection requirements.

Patients will have the opportunity to feed back on their level of satisfaction with their local pharmacy service by completing a patient satisfaction survey.

Contractors will be required to co-operate with local Patient and Public Involvement Forum visits and consider the action recommended by any report produced.

Contractors will also be required to ensure that there are confidentiality policies in place for all staff and that they are appropriately trained. This includes the requirement for induction training for all staff, including locums.

In the future, as part of 'fitness to practise' requirements, all pharmacists who work within the NHS will have to register with a PCT so they are included in a 'Supplementary' list. These lists will sit alongside 'Main' lists which will detail pharmacies in contract with the NHS and details of their directors. This regulatory structure has already been rolled out for GPs and dentists and subject to the laying of Regulations is likely to be implemented for employee pharmacists and locums later in 2005.

The Advanced Services

MEDICINES USE REVIEW (MUR) & PRESCRIPTION INTERVENTIONS

Pharmacists will undertake a structured, concordance centred review with patients receiving medicines for long term conditions, to establish a picture of their use of the medicines – both prescribed and non-prescribed. The review will help patients to understand the therapy, identify side-effects and changes that may be beneficial. A report of the review will be provided to the patient and to their GP.

> **"Pharmacies will need to participate in clinical audit of their services and have arrangements in place to verify the quality of advice provided to patients."**

MURs will be carried out on a regular basis, whereas Prescription Interventions will be prompted by a significant problem with a patients regimen which cannot be solved without a full review. Pharmacists and pharmacies will need to be accredited to provide both the advanced services.

Pharmacists will have to successfully undertake a competency assessment prior to them being able to provide Advanced services. This competence assessment will be carried out by Higher Education Institutions assessing against the nationally agreed competency framework which can be viewed on the PSNC website (www.psnc.org.uk/contract). Some pharmacists may wish to update their skills before they undertake a competency assessment. A Medway School of Pharmacy distance learning programme (Skills for the Future), incorporating a competency assessment, began in the Chemist & Druggist in June 2004 and can be downloaded from www.dotpharmacy.com. Other programmes and competency assessment options are being developed and details are available on the PSNC website.

The pharmacy premises will also need to meet standards to ensure the review takes place in a confidential and suitable environment, i.e. a private consultation area.

ENHANCED SERVICES

Service specifications for services that PCTs may wish to commission locally are being developed, using experience from locally negotiated services. LPCs and contractors will be able to negotiate to provide services in accordance with these specifications where a local need for the service is determined. National benchmark prices will be agreed for these services which will help to guide local funding discussions. Alternatively LPCs, contractors or the PCT will be free to develop their own local services in response to identified needs.

The list of service specifications will grow, but the initial list includes:

- Minor Ailments services
- Stop Smoking services
- Supervised Administration of Prescribed Medication
- Needle and Syringe Exchange Schemes
- Anticoagulant Monitoring
- Care home support
- Patient Group Direction service
- Full Clinical Medication Review

It is hoped that the national service specifications will help to develop standardisation in the way these services are provided across the country. This should help to reduce the variability in training and accreditation requirements that PCTs set for locally commissioned services – this has got to be good news for pharmacists who practise across a number of PCT areas.

WHAT DOES IT MEAN FOR EMPLOYEE AND SELF-EMPLOYED PHARMACISTS?

Any pharmacist who spends time working in community pharmacy or primary care will need to ensure that they understand the detail of the new services (full service specifications are available on the PSNC website).

Employee pharmacists and locums will play a pivotal role in delivering the new contract services and we hope that the structure of the contract will allow them to develop their skills to enable them to offer more new services to patients.

The Advanced services will act as the foundation for developing future national, clinically focussed services for patients. It is important that community pharmacy as a whole engages with these services and starts to provide them at the earliest opportunity. Consequently it is important that employee and locum pharmacists assess their own Advanced service training needs now and think about how they will get accredited. Getting accredited early will present many new opportunities for pharmacists, particularly those working as locums.

As the contract develops over time we will see new, more clinically focussed Enhanced services being implemented which will inevitably allow individual pharmacists to develop special interests in specific disease areas. These 'Pharmacists with a Special Interest' (PwSI), similar to Consultant Pharmacists in hospitals and GPs with a Special Interest, will be able to provide new disease management services within the community, perhaps utilising supplementary or independent prescribing rights to further enhance patient care.

This article can only provide you with a glimpse of what the new contract will bring to a community pharmacy near you soon! The contract has been designed to give community pharmacy a solid foundation from which to move forward and develop its clinical skills in the future, meeting the needs of patients and the NHS and the aspirations of the profession. Employee and locum pharmacists will provide the majority of service provision within the new contract.

Don't let the opportunities pass you by!

SIX FOLD INCREASE IN RPSGB DISCIPLINARY HEARINGS.

DON'T FACE PROBLEMS ALONE.

The number of RPSGB Infringement committee hearings in 1993 was 56, in 2003 it was 333.

who's defending your reputation?

When a complaint about a pharmacist is made to the RPSGB, the Society is duty bound to act in the public interest. An increasingly litigious culture produces many more complaints, consequently, RPSGB inspectors spend much more time investigating and acting upon them.

These days, the inspectors no longer have the flexibility that they used to and normally, they can no longer issue a local written warning to a pharmacist. Instead, increasingly, pharmacists are receiving formal written warnings from the infringements committee or worse. This can leave pharmacists feeling bewildered and frustrated.

At the **Pharmacists' Defence Association** we have extensive experience of supporting pharmacists in these situations. We always work tirelessly to ensure that the rights of pharmacists are protected during an RPSGB disciplinary enquiry and in the more serious cases, we will send a PDA representative to accompany the pharmacist. We provide legal defence costs support, should the case go to a Statutory Committee hearing.

You might call it defending your reputation; we would have to agree.

£250,000 worth of Legal Defence Costs Insurance.
Pharmacy employment specialists available.
On-line employment advice centre.

Find out how membership can benefit you;

Visit our website: www.the-pda.org

Call us: 0121 694 7000

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pda
the pharmacists' defence association