Branch Representatives Meeting

Purpose
To present to the Council the motions carried at the Branch Representatives' Meeting on May 25, 2006.

Strategic objective domain
Improving member engagement with the Society

Action required
Council is asked to note the motions carried, withdrawn or lost at the 2006 Branch Representatives' Meeting.

1. Motions
17 motions were debated (one was amended)
15 were carried
1 was lost (Motion H – British Pharmaceutical Students' Association)

1 was withdrawn following an undertaking by the President to consider the matter (Motion I – British Pharmaceutical Students' Association)

The motions carried will be referred to relevant committees of the Council for discussion and preparation of draft responses for the Council to approve at its August meeting. Where a motion is not covered by the work of a committee, directors will be asked to frame draft responses for the Council's consideration in August.

Beverley Parkin
Director Public Affairs & Communications

Please note: The information provided on the following pages is in the agreed template format. However, the pages have been abbreviated to save space by deleting the rest of the form after the last full page. As the stages of the process are completed, further information will be added to the forms.

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

A. South Cheshire Branch

Motion

"It is the opinion of this meeting that the Society should actively promote the status and availability of the class of medicines known as pharmacy medicines."

Explanatory paragraph from the Branch

Do people realise that there is a difference between pharmacy (P) and general sales list (GSL) medicines? Not just the general public, but prescribers and other healthcare professionals as well?

Even the *BNF* and *The Pharmaceutical Journal* make no distinction, the former referring only to "over the counter" products, the latter using the term "counter products" to list both P and GSL medicines.

It seems that there is little promotion of, and consequently little awareness of, the difference, which seems anomalous when we are constantly seeking to emphasise the unique role of pharmacy. How are people to be aware of the value of buying from a pharmacy when P medicines are not talked about? Of what benefit to pharmacy is it to have no distinction made between the two categories? Why indeed do we continue to use the term "over the counter" when it has no legal definition?

Surely we are missing an opportunity to highlight the value of pharmacy.

……..

The presentation could include examples of how the Society should promote this issue:

Press for:

- Medical students to be taught about this in medical school courses.
- BNF to show whether products are P or GSL, and include an explanation of the difference. Also an explanation that P or GSL sale is limited to the terms of the marketing authorisation, which may be different from those of the prescription marketing authorisation.
- All publications, whether for healthcare professionals of all sorts (pharmacists, doctors, nurses, dentists, vets, opticians, chiropodists, practitioners of complimentary medicines, etc, etc,) or for the general public (newspapers, women's magazines, men's health magazines, parenting magazines, youth magazines, etc, etc,) to state the class of products mentioned. Pharmaceutical industry advertising (TV, radio, press, etc) to show the class of the medicine advertised.

Background information (as agreed by Council – April 2006)

Advertisements for medicines aimed at healthcare professionals must contain a set range of

information including the legal classification of the product being advertised. Advertisements for pharmacy medicines in TV, radio and press adverts aimed at the public do not have to refer to the legal class of the medicine, but they usually refer to them being available from "your pharmacist". The rules covering the advertising of medicines are outlined in "*The Blue Guide – advertising and promotion of medicines in the UK*" published by the MHRA http://www.mhra.gov.uk/home/groups/pl-a/documents/publication/con2022589.pdf The Industry appears to regard the legal category as being less important to emphasise in their advertising than ensuring that the public know where to obtain their product. Although this does not explain the difference between GSL and P medicines; it does emphasise the role of the pharmacist as an advisor about medicines and that these medicines are only available from a pharmacy. The legal class of a product (or group of products) is a difficult concept to sell to the public. On the other hand, it is possible to emphasise the availability of a wider range of products and appropriate advice from a pharmacy than from other retail outlets.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

B. Edinburgh and Lothians Branch

Motion

"It is the opinion of this meeting that pharmacists are encouraged to refer to the premises from which they practise as 'a pharmacy' rather than as a store or a shop."

Explanatory paragraph from the Branch

The implementation of the new community pharmacy contract within the UK means that community pharmacists practising within the NHS will start to be paid professional fees in exchange for providing professional services as opposed to be paid for the number of prescriptions dispensed.

It is therefore vital that pharmacists respond to this culture change and also convey to the public that medicines are "not normal items of trade and commerce" and that the pharmacy is a source of pharmaceutical care and healthcare information. To assist in conveying this message as part of a public relations and communication initiative for the profession we recommend that pharmacists are encouraged to refer on all appropriate occasions to the premises from which they practice as a pharmacy, and not as a store or a shop. We fully realise that many pharmacies may be within a store, large or small, and that the business conducted from such premises may not be exclusively concerned with pharmacy or healthcare. Nevertheless if we are to persuade the public that we are providing them with an extended range of professional services we must ensure they are aware of this change of emphasis.

The displaying of NHS logos in or outside community pharmacies to indicate to the public they the pharmacies are part of the NHS is an example of the signals conveying these messages to the public.

Members will also recall that as a result of a motion carried at the BRM several years ago "chemist shops" have now been re-classified as "pharmacies" in *Yellow Pages*. The BBC in its reporting on pharmaceutical issues now almost exclusively refers to "pharmacies". It is therefore important that we have a consistent message and use a common terminology to describe the premises from which pharmaceutical services are provided to the public.

We would therefore ask the Society, through its members, to endorse and support this culture change at all levels within the profession, when dealing with national bodies, with large corporate organisations, and also at an individual level for each practising pharmacist.

Background information (as agreed by Council – April 2006)

The spirit of this motion is reflected in the Society's communications strategy for promoting the profession. Over recent years, considerable progress has been made in the promotion through the media of the use of the term "pharmacy" instead of "chemist's shop". In addition, the Society was instrumental in taking forward the NHS branding exercise for community pharmacy

premises. As well as the terminology used to describe a pharmacy, the appearance of a pharmacy is central to the impression that the public receives about the services on offer. Smartly-dressed staff operating from clean, tidy, well-appointed premises will always enhance the perception of the public. The fact that community pharmacies are retail premises is not a negative and indeed can be a plus point in terms of community pharmacy's role in public health. It is known that people are responsive to health messages when they are in a relaxed, "normal" environment as opposed to a formal healthcare environment which many people find stressful. This has been one of the factors which government thinking about new roles for community pharmacy has taken into consideration.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

C. Cheltenham and Gloucester Branch

Motion

"It is the opinion of this meeting, that the Council should seek the approval of an AGM, before increasing the ceiling on attendance fees payable to Members of the Council."

Explanatory paragraph from the Branch

For several years the ceiling fees paid to Members of the Council has been determined by the Privy Council. The Privy Council subsequently suggested that level of fees should in future be decided by Council. At its December Council meeting, Council decided to accept the Privy Council's proposed amendment and in doing so also agreed that, if the Byelaw amendment was approved by the Privy Council, the Council would, in future, consult the membership using a gazetting process as at present, with responses being referred to the Council for consideration when approving any changes. We feel that the level should be approved by the AGM before any increase is put into operation.

This procedure would bring any alteration to the largest number of pharmacists and start a meaningful discussion.

Background information (as agreed by Council – April 2006)

In May 2005 the Council resolved that the Byelaws be amended to increase the maximum attendance fee payable from £200 to £300. This proposed amendment was gazetted in *The Pharmaceutical Journal* and no comments were received from members during the 60 day consultation period. At the time of gazetting, as is usual practice, the proposed amendment was sent to the Privy Council to enable them to begin checking that there were no problems before the sealed resolution was sent following the consultation period.

A response was received which indicated that the Privy Council were of the view that the level of fees payable to Members of Council was a matter for the Society's own members, and not something over which the Privy Council should exercise detailed control. An amendment was proposed which would remove the reference to a maximum figure. This would have the effect of ending Privy Council involvement in the setting of such attendance fees.

The Council agreed to proceed with the proposed amendment.

Council confirmed that for future amendments to attendance fees for Members of the Council, a consultation process similar to gazetting would be used to seek the views of the members. This would involve publication of proposals in *The Pharmaceutical Journal*, a consultation period and then referral back to the Council for final decision, having reviewed any comments received.

The Resource Management Committee is currently undertaking, for the Council, an independent review of Council member attendance fees, supported by external expertise.

Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

D. Birmingham and District Branch

Motion

"It is the opinion of this meeting that Council should support and develop links with the Syndicate of Iraqi Pharmacists and schools of pharmacy in Iraq either directly or via international pharmacy bodies."

Explanatory paragraph from the Branch

In addition to the recent conflict and the continuing violence, two wars and twelve years of sanctions have had a crippling effect on Iraq's pharmacy education and practice. These events have severely affected access to information resources such as books and journals, and imposed a total isolation from the scientific community. Iraq has an important position in the history of pharmacy and Baghdad was a prominent centre for science and culture; providing the world with a great legacy of pharmaceutical and medical knowledge. The Society should, in an act of solidarity with fellow pharmacists in Iraq, extend the hand of friendship to Iraqi pharmacy educators, and the Syndicate of Iraqi Pharmacists*, and use its international influence to the same end.*

Background information (as agreed by Council – April 2006)

The Council appreciates the current predicament of Iraqi pharmacists and the Society makes every effort to accommodate their needs when such opportunities arise. For example, in terms of responding to Iraqi pharmacists affected by the recent conflict wishing to enter the Register, the Society's procedures acknowledge the particular difficulties such applicants face and are sensitised to them. In addition, the Society monitors education standards in Iraq through UK NARIC – the national qualifications recognition centre - on a regular basis and makes every effort to appraise itself of the current state of education in that country through whatever sources of information become available. However, there are resource implications for other kinds of intervention which the Society cannot afford, no matter how much it would wish to fund them. Also, the Society has to consider whether an intervention in one country might generate requests from other, equally deserving, groups of pharmacists overseas, which could not be met for the same financial reasons.

With regard to UK schools of pharmacy and links with Iraq, they are outward looking centres of excellence with links worldwide. Many, probably most, have international research links with similar centres across the globe, although currently not in Iraq, so far as the Society is aware. In addition schools have teaching exchanges for both staff and students through programmes such as Erasmus, Tempus and Socrates. Other links have been forged between schools of pharmacy in the UK and overseas through the pharmacy education section of FIP. These links notwithstanding, the practicalities of creating links with Iraq are considerable and are unlikely to bear fruit in the foreseeable future, although schools of pharmacy will continue to explore collaborations with overseas partners wherever possible and this might include Iraq in the future. The extent to which the Society can do anything to influence the actions of schools of

pharmacy is limited as they are autonomous bodies with their own priorities.

The Council would like to advise the meeting of this advice from the Foreign Office.

- "We strongly advise against all travel to Baghdad and the surrounding area, and the southern provinces of Basra and Maysan. In addition, we also advise against all travel to the provinces of Al Anbar, Salah Ad Din, Diyala, Wasit and Babiland to Ninawa province in north-west Iraq. We advise against all but essential travel to the rest of Iraq.

- There have been numerous kidnappings of foreign nationals across Iraq. Some of those kidnapped have been killed. There has been an increased spate of kidnappings. There is a high threat of kidnapping in Baghdad and Basra.

- The security situation is highly dangerous. We urge all British nationals in Iraq to consider whether their presence in Iraq is essential. If you consider that your presence is essential you should review your security arrangements and seek professional security advice on whether they are adequate".

The Council advises pharmacists to heed the Foreign Office advice.

Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

E. Manchester, Salford and Trafford Branch

Motion

"It is the opinion of this meeting that the Council of the Society should take measures to ensure that attendance at BPC is both affordable and attractive to the average pharmacist."

Explanatory paragraph from the Branch

Most self-funding members wishing to attend the BPC are unable or unwilling to pay the conference fees, which, with travel and accommodation can be of the order of £1,000. This is particularly true of younger pharmacists with whom the Society is endeavouring to engage in a meaningful way. As a result, an opportunity for meaningful engagement is lost and attendance (at BPC) is not representative of the membership of the profession as a whole.

Background information (as agreed by Council – April 2006)

The Council actively encourages pharmacists in all sectors to attend the BPC and seeks every year to make the programme as relevant and attractive as possible to the widest range of members. A number of special delegate rates operate: super early bird rate, early bird rate, membership discounts and student £5 day rate. The Society also makes available funding enabling Branches to support first time attendees at BPC. The Council gives a substantial subsidy to BPC every year but, in order for the Society to be able to continue to run BPC and develop its widespread appeal, the conference has to maintain a reasonable income stream. Income from delegates, sponsorship and from selling the exhibition space are all invested directly back into the conference. In 2006, a new venture – a careers forum – is being piloted as a way of providing new income and a new service for the profession. Both the exhibition and careers forum at BPC 2006 will be open to visitors free of charge.

In 2000, the conference piloted a free entry day, on which delegates could attend the whole conference and exhibition free of charge on a Sunday. It was hoped that this would encourage many more practising pharmacists to attend who otherwise might have been deterred by the cost of the ticket or of securing a locum. However, the attendance was not significantly improved and this was not repeated.

Council response to the motion

Other related policies/positions

This motion constitutes part of the Society's remit/object/scope

Agreed by Council

Status of motion

Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

F. Glasgow and West of Scotland Branch

Motion 1

"It is the opinion of this meeting that the Society should ensure that Universities have clearly defined arrangements for professional leadership and governance of professional elements of registerable courses."

Explanatory paragraph from the Branch

The Society course accreditation standards have no clear requirement for a professional leader or the head of school to be a pharmacist. In addition, standards offer no guidance on the professional roles or status of such a person or indeed the requirements of a school. We feel these need to be corrected.

In community pharmacy, a superintendent role is legally defined to ensure professional standards are upheld when a pharmacy business is owned by a non-pharmacist. Current course accreditation standards, established in 2002, require an autonomous school or department, but there is no further qualification of what this means or what a school does. Whilst at least one pharmacist must be a professor, this person need not be in or have influence on pharmacy practice. We believe a professional infrastructure is required for improved governance in the future.

The level of professional course content is not specified unlike actions and uses of drugs and medicines [*no less than 35% of the curriculum*] and experiments [*at least 35% of those parts of the degree course common to all students*]. Since 2002 there are new professional roles under NHS contracts, pharmacist prescribing roles, more involvement with direct patient care, public health and greater demands from CHRE for better controls on professional competence. This direction of travel is likely to continue. We propose that the Society should determine improved standards for professional and practice leadership and governance for undergraduate and prescribing courses.

Background information (as agreed by Council – April 2006)

The MPharm accreditation process used by the Society is criterion based and several criteria relate to professional leadership in schools of pharmacy:

- 'For its proper ethos, quality assurance, and scientific and professional leadership, the degree course is within the control of, and predominantly delivered by, an autonomous school or department of pharmacy…
- The school or department of pharmacy has an appropriately expert academic staff, including such in the practice of pharmacy … and

- The school or department of pharmacy has within its academic staff at least one pharmacist who is a professor or equivalent authority in the institution'

There is, therefore, a requirement for professional leadership in a school and a requirement for at least one registered pharmacist who is a professor. The head of school does not have to be a registered pharmacist, although the majority are, and there are several heads of school who are not pharmacists but are strong advocates of the discipline and the profession all the same.

The motion is correct in the sense that greater clarity is needed about where professional leadership lies in a school and how it is held accountable to the Society through the registered pharmacists who work in it. This issue has been raised already as part of the Society's major education policy review *Fit for the Future* and will be addressed as part of a reconsideration of the outcomes criteria currently applied to accredited MPharm providers.

The Branch motion is also correct to note that the level of professional course content is not specified in an EC Directive. Other requirements, for at least one third of the curriculum to be devoted to the actions and uses of drugs and medicines for example, are recommendations of the 1994 EC Advisory Committee on Pharmaceutical Training which the Society has incorporated into its MPharm accreditation criteria.

The BPSA is a key stakeholder in the *Fit for the Future* review and have already made a significant contribution to this work. We thank them for their contribution and look forward to a continued partnership.

Council response to the motion

Other related policies/positions

This motion constitutes part of the Society's remit/object/scope

Agreed by Council

Status of motion

Resources implications

Other related information

Committee/Council
Preliminary discussion at Education Committee, March 2006.

Minute of the Committee meeting (appropriate item included)

Further action required

Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

G. Glasgow and West of Scotland Branch

Motion 2

"It is the opinion of this meeting that the Society should investigate ways of better utilising the skills and experience of its Fellows."

Explanatory paragraph from the Branch

The practice of acknowledging exceptional contribution to the profession is marked by the award of a Fellowship by the Society. Although Fellows are given the title as a reward for excellence in science or practice, the Society does not have a system capturing this experience and bringing these skills to bear on professional matters.

In medicine, Fellows often run the professional bodies and the Colleges, our profession also designates Fellows. Ways of better using those Fellows appointed for excellence should be investigated. Fellows could, for example, be involved in National Boards and in the Society Committee structures.

Background information (as agreed by Council – April 2006)

The Council values the exceptional contribution that Fellows of the Society have made to the pharmacy profession and would be keen to explore ways to tap into this valuable resource.

As part of the Society's preparation for the new Pharmacy and Pharmacy Technicians' Order, a recruitment process seeking membership for the future statutory committees has been underway for several months. Information on the application process was published in *The Pharmaceutical Journal* in the hope that Fellows and members of the Society would consider applying.

The constitution of the Benevolent Trustee is also under review and whilst no decision has been reached as yet, it has been proposed that some places on the board be designated specifically for Fellows of the Society.

Some Committees do draw on the various members' expertise including those of Fellows such as the Science Committee.

Fellows could be consulted, if this is the wish of the BRM, on what they would see as appropriate for them to enhance their contribution to the profession at national and local level.

Council response to the motion

Other related policies/positions

This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

J. West Metropolitan Branch

Motion

"It is the opinion of this meeting that one pharmacist should always remain legally responsible for the professional activities of only one pharmacy, but certain professional duties can be delegated to suitably trained staff for a specified period of time."

Explanatory paragraph from the Branch

The Medicines Act 1968 stipulates that all supplies of prescription-only medicines (POMs) and pharmacy (P) medicines must be made under the supervision of a pharmacist and that sales of general sale list (GSL) medicines require a pharmacist to be in personal control of the premises.

The meeting agrees that the government should relax the rules on personal control and supervision of a pharmacy, but:

- One pharmacist should always be legally responsible for the professional activities of only one pharmacy. No pharmacist should ever be allowed to supervise or be in personal control of more than one pharmacy at any one time.
- Certain professional duties such as the supply of GSL medicines, the supply of pharmacy only medicines and the handing out of POMs that have been deemed suitable by a pharmacist can be delegated to suitably trained staff for a specified period of time.
- This specified period of time can be utilised by the pharmacist to undertake other professional activities related to that pharmacy.

Background information (as agreed by Council – April 2006)

The Society has a long standing policy position that recognises the need for changes to pharmacy working practices in order to allow pharmacists to make the best use of their skills and expertise, but believes that public safety must be the prime concern in any changes to professional practice. In its response to the Department of Health consultation on skill mix, the Society stated that "A pharmacist should only be professionally accountable for one pharmacy at any given time and professional accountability should be maintained while a registered pharmacy is open for business." We went on to say that "subject to appropriate safeguards, pharmacists should be able to be absent from the pharmacy for short periods of time, for example to undertake professional activities or have a rest break. However, it is the Society's position that pharmacies should not operate for prolonged periods without the presence of a pharmacist and that steps must be taken to ensure that patient access to pharmaceutical services is not unduly compromised if the pharmacist is absent".

The Society also responded on the issue of supervision. The overall principle that we agreed was that pharmacists should, in accordance with defined criteria, be able to delegate the provision and supervision of certain services to appropriately trained members of staff. We went on to say that there are certain professional activities that pharmacists should not delegate. It is proposed that much of the detail of the changes to the Health Bill is to be written into regulations. These regulations will need careful consideration if they are to deliver the changes the profession seeks while maintaining patient safety. The Society has been assured that it will be closely involved in the regulation making process to help ensure that this balance is achieved.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Substantive Motion Carried

K. Northumbrian Branch

Motion amended

"It is the opinion of this meeting that the Society should approach the medical profession with the aim of ensuring good practice through collaboration between the professions, to promote and attain equally high standards for the dispensing of medicines to patients in the community."

Explanatory paragraph from the Branch

The Northumbrian branch covers urban Tyneside and rural Northumberland up to the Scottish and Cumbrian borders. There are many dispensing doctors supplying patients both in the more remote areas and up to and including the city boundary of Newcastle upon Tyne. There has been little open dispute with the medical profession over dispensing during the last decade, but there has also been little active collaboration.

With the many changes now taking place in primary and community care, it seems a good time to raise issues of doctor dispensing in a new and positive manner.

The Branch proposes that the Society should approach the medical profession with the aim of ensuring good practice in rural areas through collaboration between GPs and their local community pharmacy colleagues to promote and attain equally high standards in the dispensing of medicines in the community.

Examples of how the two professions could work together might include:

- Operational procedures and professional standards jointly approved by the Society and the Royal College of General Practitioners/Dispensing Doctors' Association (DDA)
- Medical practices appointing a local community pharmacist to provide them with advice on dispensary management
- Medical dispensing staff being trained by and having work experience in local pharmacies

Background information (as agreed by Council – April 2006)

The Society has regular contact with a number of GP bodies and collaborates with them on a number of issues relating to the safe and effective use of medicines, professional standards public protection, etc,. For example, the Society collaborates with the RCGP on quality improvement initiatives and worked with the Dispensing Doctors' Association in some of the Department of Health's work on developing a response to the Shipman Inquiry. The Society also collaborates with all the other health regulatory bodies on areas of common interest such as standard setting, investigation and fitness to practise.

A useful resource on multi-disciplinary working is the joint report by the Society and the BMA (2000) *Teamworking in Primary Healthcare – realising shared aims in patient care* http://www.rpsgb.org.uk/pdfs/teamworking.pdf. The report sets out 11 recommendations to assist in establishing successful primary health care teams (see page 7 of the report for a summary) The recommendations state that a team should: *Recognise the patient as an essential team member* *Establish a common, agreed purpose* *Agree objectives and monitor progress towards them* *Agree teamworking conditions, including a process for resolving conflict* *Ensure that team members understand each other's skills and knowledge* *Recognise the importance of communication between team members* *Ensure that the practice population understands how the team works* *Select a team leader on the basis of leadership skills rather than status, hierarchy or availability* *Promote teamwork across health and social care for patients who can benefit from it* *Use evaluation of teamworking initiatives to develop practice* *Share patient information, in accordance with legal and professional requirements.* The recent revision of the GP contract makes reference to a "Dispensing Quality Payments Scheme" for dispensing doctors. Under this scheme, dispensing practices will be paid for providing a high quality of dispensing service. This may provide an opportunity for joint working with doctors groups to develop joint dispensing standards.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

L. Leicestershire and Rutland Branch

Motion

"It is the opinion of this meeting that the Council should carry out a thorough review of arrangements made by learned and professional bodies for the continued involvement of their non-practising and retired members, to establish a fair, just and equitable scheme for such pharmacists."

Explanatory paragraph from the Branch
We already know of a number of such schemes.

The *Society for Applied Microbiology* has a list or register of retired members which operates at no cost to those members. They receive a copy of the member's journal about twice yearly and are kept up-to-date with that Society's activities.

The *Royal College of Anaesthetists* similarly has a list of retired members who receive a regular newsletter and are invited from time to time to attend an event at their London house which has a social and educational component.

The review we seek might well reveal a number of other arrangements which might be considered appropriate.

It is disappointing that our profession seems not to value or recognise the continued interests of those who have given so much to pharmacy.

Background information (as agreed by Council – April 2006)
The Society currently acknowledges significant contributions to the profession by awarding Fellowships through merit. The President sends letters of congratulation to those members who have successfully reached 50, 60 or 70 years on the Register. Arrangements are being put in place to enable Branches to award certificates where long service or invaluable contribution to pharmacy is recognised locally.

The Pharmacy Act 1954 requires those pharmacists who voluntarily remove themselves from the Register (those who retire) to cease to be members of the RPSGB. Any change to this would require a change in primary legislation, and the relationship of registration and membership of the Society is unlikely to be changed by the section 60 Order.

The non-practising category of membership is available to members who live in England, Scotland or Wales, and who make a commitment not to practise. The 2006 non-practising fee (£60) is set at a level below that required to cover the costs of administering membership alone. The overseas (non-practising in Great Britain) fee is £106, which is set at a level to fully

recover the costs of administering membership. The Council has already put on record its wish to acknowledge the significant contribution made by non-practising and retired members to the profession. Proposals to introduce a nominal fee for those who have been on the Register for 50 or more years were rejected by the Privy Council's legal advisors in 2005, but the Council remains committed to exploring the options available to it in respect of non-practising and retired members. The fee structure for 2007 and level of fees is planned for discussion at the June Council meeting. It would not be unusual for any consideration of the options available to be informed by reference to other healthcare regulators, or learned and professional associations, including the *Society of Applied Microbiology* and the *Royal College of Anaesthetists*.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

M. Brighton & District Branch

Motion

"It is the opinion of this meeting that the Council should re-examine the basis for the premises fee and consider whether instead of a single fee it should be based on the premises size (m^2), turnover (£), number of items dispensed, numbers of hours open, services offered or a combination of these factors."

Explanatory paragraph from the Branch

It seems iniquitous that small and very large pharmacies are treated identically in the respect of premises fees as there is a large difference in the time for 'inspection audits' etc between the two extremes. Licensing and inspection bodies often recognise this, for example the MHRA has several tiers of fees, and the Society should consider doing likewise.

Background information (as agreed by Council – April 2006)

The fees payable to the Society by proprietors for the registration and retention of premises on the Register and the penalty fee for restoration are fixed by the Secretary of State by regulation under the Medicines Act 1968.

Each year, the Society applies to the Department of Health to set the premises fee for the year ahead. There follows a period of consultation during which the Department solicits the view of those likely to be affected before deciding on the fee to be set.

Over the past few years the Society has been asking for the fee to be increased substantially to a level which would recover the full costs of inspecting and regulating premises. Our efforts have yet to achieve our desired objective. However, the Department has agreed that a review of both the size and basis of the fee structure was to be encouraged. Such a review would necessarily involve consultation with interested pharmacy bodies. We urgently wish to make progress on this issue during 2006; however, any change to the basis of charging the fee would require legislative change and may therefore take up to three years, but the Society will continue its efforts.

Council response to the motion

Other related policies/positions

This motion constitutes part of the Society's remit/object/scope

Agreed by Council

Status of motion

Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

N. Sunderland and District Branch

Motion

"The Branch recommends that there be an exception made to the regulations dealing with unused medicines that will enable returned medicines that are in date and have their original packaging intact to be utilised for teaching purposes".

Explanatory paragraph from the Branch

This motion raises a number of practical and legal issues that would need to be overcome before it could be enacted.

MEP states that 'medicines returned to a pharmacy from a patient's home, nursing or residential home must not be supplied to any other patient'. Practice guidance indicates the way in which returned medicines should be dealt with in order to prevent them being reused for patients. The regulations should be amended to allow unused medicines to be utilised by schools of pharmacy for teaching purposes. Any transfer of medicines from a pharmacy to a school of pharmacy should be supported by a Standard Operating Procedure which should include robust documentation that will enable a comprehensive audit of the process to be carried out.

Background information (as agreed by Council – April 2006)

Although the Code of Ethics refers to returned medicines not being supplied to patients, it does not prevent returned medicines that are in date and have their original packaging intact being utilised for teaching purposes.

The Branch rightly notes that there are a number of practical and legal issues that would need to be overcome. The particular issues that would need consideration include consent from the patient, ensuring confidentiality (e.g. regarding labels that identify the patient) and compliance with relevant waste regulations – which vary across Great Britain.

Controlled Drugs have greater controls placed upon them in all regards (supply, possession and safe custody etc). In the case of a patient returning a Controlled Drug, the legislation only allows a Controlled Drug to be supplied to a "pharmacist for the purpose of destruction". With the exception of Controlled Drugs, none of these issues are insurmountable. Guidance could be developed by the Society to help pharmacists comply with legal and ethical requirements.

Council response to the motion

Other related policies/positions

This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

O. Teesside and District Branch

Motion

"It is the opinion of this meeting that the motion which the members of the Teesside Branch put to the 2005 BRM and which was adopted by the meeting has not been implemented by Council nor has a satisfactory progress report been provided. The meeting therefore calls upon the members of the Council to implement the will of the members of the Society as expressed in the Teesside Branch 2005 BRM motion - as they are honour bound to do if democracy is to prevail."

Explanatory paragraph from the Branch

The need for impeccable professional standards led to the formulation of the Teesside Branch's BRM motion in 2005. This called for sufficient funding to be made available to enable Branch meetings to be held without the need for commercial sponsorship.

BRM motions, once adopted, are advisory on Council.

- The motion proposed by the Teesside Branch in 2005 was adopted by the BRM.
- The motion was clear and unambiguous.
- The motion has not been implemented by Council.
- No satisfactory explanation has been given as to why Council has chosen not to act upon this advice.

This motion is not proposed lightly but is in response to the cavalier way in which the members of the Council appear to have either ignored or flouted the wishes of the members of the Society as expressed in by a Branch Representatives' Meeting. It is, therefore, not only about an ethical matter but also about a democratic principle.

Teesside Motion 2005

"The Society should fund Branches to enable them to run a full programme without commercial sponsorship."

Council response to the motion 2005

The Society is in the process of developing guidance on the use of commercial sponsorship for Branches to help them manage the use of sponsorship in a way that is appropriate and transparent. While some Branches may not wish to make use of sponsorship, many others find sponsorship a useful way of enhancing their programmes. Further exploration of this issue will be brought forward at the Branch Secretaries' Meeting in October 2005, where the draft guidance on sponsorship will be discussed.

As well as providing an administrative infrastructure to support the Branches, the Society invests £170 k in grant funding to support Branch programmes. In 2003, a new system for allocating grant funding to Branches was adopted as a way of making best use of the available funds. After two years, and following refinements to the process requested by the Branches,

this system now works to the general satisfaction of the Branch Secretaries. All Branches are eligible to apply for a core grant payment to be paid between January and the end of June. Branches are also invited to apply for additional funding to support their programmes, with payments made in July of each year. Many Branches have found that, by applying for additional funding, they have received a significant increase in grant to run their programme of meetings when compared to the old pre-2003 system.

In addition, funding is also available to all Branches to help send first-time attendees to the British Pharmaceutical Conference. In 2004-2005, the Council also agreed to fund a team of trained facilitators to provide support on CPD to the Branches.

Background information (as agreed by Council – April 2006)

The Council is sorry that the Branch found its response unclear: this background note seeks to clarify the Council's response to the 2005 motion. The Council appreciated the sincerity of the aim of the Teesside and District Branch motion. However, the Council felt that the financial implications of increasing Branch grant funding (currently £200,000) so that all Branch activity could be funded without the need for sponsorship would be untenable without a significant increase in members' retention fee, which would not be universally welcome. The Council's original response sought to point out that, while the method of allocating Branch funding has changed in recent years, the actual sum allocated to Branches has in fact increased rather than been reduced.

While appreciating the views expressed by the Branch in the original 2005 motion, the Council was aware that some Branches take a very different view of the use of sponsorship and, indeed, proactively welcome it in order to fund elements of their programme. Such Branches might object to a decision to ban their freedom to use sponsorship particularly when the Society makes use of sponsorship for such major events as the British Pharmaceutical Conference. However, it is important that the sponsorship arrangements are transparent and appropriate so that the quality and professionalism of the Branch meeting is not compromised. To support members in their use of sponsorship, the Society has produced guidance on the use of sponsorship for meetings which mirrors practice for the organisation as a whole and embodies the principles of good governance.

The Council recognises that with the introduction of local commissioning and increased need for training we will have to keep this under constant review.

The Council hopes that this explanation of the rationale behind its original response will be helpful to the Branch.

Council response to the motion

Other related policies/positions

This motion constitutes part of the Society's remit/object/scope

Agreed by Council

Status of motion

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

P. Harrow and Hillingdon Branch

Motion 1

"It is the opinion of this meeting that the Council should advise the inclusion of the phrase 'these medicines are anti-inflammatory and should not be taken with any other anti-inflammatory medicines' in the cautions section on labels for NSAIDs".

Explanatory paragraph from the Branch

This addition to the cautionary and advisory list included in the BNF is a logical extension to the inclusion of a similar caution regarding paracetamol. The paracetamol caution relates to the risk of liver damage which may be caused by accidental overdosage when multiple medicines are ingested where the patient is not aware that both may contain paracetamol. The risk for non-steroidal anti-inflammatory drug (NSAID) overdosage is not to the liver but to the stomach, where overdosage, and overusage over a period of time, is well documented as being the primary cause of peptic and duodenal ulcers after H.Pylori infection. The situation is heightened for NSAIDs because they have a wide variety of generic and brand names, such that it is not possible to make a statement regarding concommitant usage of any one anti-inflammatory drug as a single caution. Indeed, the lay understanding of the phrase 'non-steroidal' is so poor as to recommend its exclusion in the hope that the focus and clarity of 'anti-inflammatory medicines' may be more marked. Furthermore the current availability of NSAIDs from every sweet shop and petrol station only makes the usage of these products appear safer in the mind of the public than they actually are. The great variety of products available both for sale to the public and on prescription also hinders the recognition of taking multiple NSAID usage without even realising it.

The inclusion of a standardised phrase on all NSAIDs supplied on prescription would serve to greatly increase the users appreciation of the risks associated with this class of medicine, and increase the patients awareness that drugs with very different names, colours and shapes, given for headache, arthritis or toothache, menorrhagia, fever or migraine may all contain the same class of drug.

Background information (as agreed by Council – April 2006)

The Branch has identified a potentially serious clinical problem. It has been estimated that there are between 3,500 to 12,000 NSAID related admissions to hospital each year. It has also been reported that 1-3% of NSAID users develop GI bleeding, and 26% will be prescribed anti-ulcer therapy. While much of this data refers to people with prescribed NSAIDs, it is likely that some of these patients will have self treated with over the counter NSAIDs.

The potential for patients to accidentally take excessive quantities of NSAIDs is exacerbated by the growing range of products available from a wide range of outlets. This could be a serious patient safety issue.

The use of warning labels is one way of drawing the public's attention to this issue. However, thought needs to be put into best form of words to use. The term "inflammatory" may be used in a number of contexts - e.g. Inflammatory bowel disease and there are a number of classes of medicines are used to reduce inflammation e.g. NSAIDs, corticosteroids, aminosalicylates, etc. We would, therefore, wish to carefully consider the precise wording of any new warnings to be put on the labels of NSAIDs, so that it was clear and unambiguous. The Society's Practice Committee would be the most appropriate committee to consider the issue and to develop any proposals for warnings. The proposals would then be put to the Joint Formulary Committee of the BNF, which is co-published by the Society and the British Medical Association.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2006 PROGRESS REPORT ON MOTIONS

Motion Carried

Q. Harrow and Hillingdon Branch

Motion 2

"It is the opinion of this meeting that the Society should issue guidance over the validity period over which an owing slip should remain valid."

Explanatory paragraph from the Branch

There is guidance on the supply of owings in service specification 4(h) of Code of Ethics (page 90 of the *Medicines, Ethics and Practice - a guide for Pharmacists*) which states that an opportunity for the patient to go elsewhere must be offered at the outset, a legible note detailing the name and quantity of the outstanding medication provided and the patient told when the owing medicine will be made available for collection. However, pharmacists have no guidance on how long an owing slip should remain valid. Thus pharmacists can currently be put in a strange situation where a long expired prescription is superseded by a owing slip which could still be considered valid.

Though Controlled Drugs are covered by a 13 week rule for supply (in regulation 16 of the Misuse of Drugs Regulations 2001 as amended) prescription only medicines (POM) are only considered in Regulation 15 of the Prescription Only Medicines (Human Use) Order 1997, which states that a prescription shall not be dispensed after the end of the period of six months from the appropriate date stated on the prescription. However, because the term 'dispense' has not been defined in legislation, it could be argued that so long as the medication has been dispensed (when taken to mean prepared and labelled as a dispensed medicinal product) and is awaiting collection, that it would be acceptable to supply to the patient outside the six month time frame (subject to the pharmacist's professional judgement and possibly making an entry to that effect in the patients medication record.)

Given that there are often items that manufacturers cannot supply for quite lengthy periods of time, it is now appropriate that the Society issue guidance that limits the life of an owing slip to either 13 weeks from the original prescribed date of a Controlled Drug prescription or six months from the original prescribed date of a POM, with the expiry date of an owing slip being written on the slip and an explanation made to the patient or representative at the time of generating the owing slip.

Background information (as agreed by Council – April 2006)

Current guidance on the supply of owings can be found in Service Specification 4(h) of Code of Ethics (page 90 of the *Medicines, Ethics and Practice - a guide for pharmacists*). It does not, however, cover how long an owing slip remains valid.

How long an owing slip is valid for will be dependent on factors including the appropriate date on the prescription, whether the prescription is for a Controlled Drug or prescription only medicine (POM) and the pharmacist's professional judgment as to whether it would be clinically

appropriate to supply the medication after a prolonged period of time. The Branch is right that there is no guidance on the validity of an owing slip. The ambiguity of the situation is highlighted in the explanatory paragraph from the Branch and that there is a need for clarity. This is an area on which guidance from the Society would be helpful and the Society is happy to consider taking this forward.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope **Agreed by Council**
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website