

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

A. Cheltenham and Gloucester Branch

Motion

"That it is the opinion of this meeting that the Council should review its current policy with regard to registration fees particularly for those who are practising part time."

Explanatory paragraph from the Branch

The Cheltenham and Gloucester Branch accepts the need for CPD for all practising members of the profession. However the abolition of a concession for part time pharmacists has caused serious problems for those who for personal reasons cannot or chose not to work for a period (e.g. expectant or nursing mothers) or who are only able to work the occasional day (e.g. mothers of young children or recently retired pharmacists). It is quite unreasonable that these categories who provide an essential service to the profession and the public should be expected to pay the full fee of £256 making the odd day's locum quite uneconomic.

Background information (as agreed by the Council – April 2005)

All practising pharmacists receive the benefits of registration and are required to undertake CPD. The re-introduction of a part time fee category would mean pharmacists could continue to receive the benefits of (practising) registration and meet CPD requirements, while paying a reduced fee.

The cost to the Society of registration is constant, regardless of the number of hours worked by the pharmacist. Costs relating to the production and distribution of the CPD packs and *The Pharmaceutical Journal* (the *PJ*), general correspondence, registration and fee collection are independent of the fee the pharmacist pays.

The Society would be required to make up any loss of income, which could amount to £560,000 (2004 figure). This figure assumes that the proportion of part time pharmacists would be similar to 2004 with a practising fee of £256 (2005 practising fee) and part time fee of £116 (2004 figure). The impact of the above proposal may equate to a £16 increase on the retention fee of each practising pharmacist based on 2004 figures.

A review of salaries for locum posts advertised in the *PJ* indicates that the practising fee relates to one day's and no more than two days' potential earnings before tax.

CPD requirements for pharmacists paying the proposed part time fee would be the same as for those paying the practising fee. The Society has no policy in place on the minimum number of days to be worked in order to ensure competency but it is reasonable that no fewer than one day's practice per month will be required to ensure continued competence.

For those who choose not to work for a period of time, registration as non-practising remains an option.

Council response to the motion

At its August meeting, the Council decided to make changes to the retention fee structure for pharmacists.

The Council decided that, following a rise in fees of 25 per cent for 2005, fees for 2006 should only rise in line with inflation. The Council agreed that personal retention fees for practising pharmacists should rise by 3 per cent, which was adjusted to a rise of 4.3 per cent to take into

account the Council's further decisions on fees. This gives a retention fee of £267 for 2006. Fees for registration, reciprocity, restoration, pre-registration, examination, resit and late entry as well as fees relating to adjudication all will rise by 3 per cent.

For non-practising pharmacists, the retention fee is to rise from £46 to £60. This increase was agreed to cover the cost of administration and providing *The Pharmaceutical Journal*. The Council agreed to change previous policy that there should be a link between the level of the non-practising fee and the practising fee. The 2004 decision to raise the non-practising fee over three years to one third of the level of the practising fee has therefore been reversed.

In 2006, non-practising members who have been on the Register continuously for over 50 years will be eligible for a reduced charge of £20 to recognise long-standing service and contribution to the profession.

Non-practising members who left the Register in the 2005 retention fee cycle because of concerns about the changes in fee structure are being invited to rejoin the non-practising Register without incurring an application or restoration fee.

The Council agreed to refer the issue of part time fees to the Resource Management Committee for a full exploration of the issues associated with the retention fee for practising members who do not work full time and for those on low incomes.

The Council also agreed a new rate for overseas pharmacists who are practising overseas (and registered with an overseas competent authority, where appropriate) but not practising in Great Britain. Pharmacists resident overseas who fall into this category, who wish to remain on the Society's Register will pay a fee of £106. The fee was agreed in order to cover the full costs of administration and airmailing the *PJ* to overseas membership.

The Council also agreed a 3 per cent increase to technician retention fees. A practising technician will pay £88 and a non-practising technician will pay £67 to retain their names on the Register in 2006. The Council also agreed that the 2006 retention fee would be included in the registration application fee for those technicians entering the Register between October and December 2005 and that those technicians entering the Register in this period would not be required to pay a separate retention fee in 2006.

The decisions require a change in Byelaw, which was gazetted for a 60 day consultation period from 13 August, after which the Privy Council will consider the proposals for approval.

The Council decided that the premises retention fee for 2006 should rise from £137 to £160, so as better to reflect the cost of activity in that area. The level of the premises fee is a decision for Ministers in the Department of Health following consultation.

Other related policies/positions

Five year financial strategy.

The structure of the Register will be included in the Section 60 Order.

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

Yes, Privy Council approves retention fees.

Agreed by Council

2 August 2005.

Status of motion

Discussed at August 2005 Council. Response agreed by Council.

Resources implications

Council decision on fees underpins the setting of the Society's budget for 2006.

Other related information

Proposal for amendment to Byelaw was gazetted from 13 August for 60 day consultation.

<p>Committee/Council Resource Management Committee July 2005/Council August 2005.</p>
<p>Minute of the Committee meeting (appropriate item included) Resource Management Committee minutes (confidential Council minutes).</p>
<p>Further action required Following Privy Council approval, communications strategy will be actioned. The issue of part time fees is to be remitted to a future Resource Management Committee.</p>
<p>Update prior to the BRM 2006 This item is ongoing and Council remains committed to considering the options. The Resource Management Committee (RMC) reviewed the retention fees in March 2006 and the RMC has asked for a paper of options to follow which will be presented to Council in June 2006.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

B. Leicester, Leicestershire and Rutland Branch 1

Motion

"It is the opinion of this meeting that support material for campaigns supported by the Society should be in the hands of the members a reasonable time before the launch date."

Explanatory paragraph from the Branch

A straw poll of members attending a Branch meeting revealed that, for a significant proportion, the material for "Ask About Medicines" week arrived late or even once the week had begun leaving members no time to prepare for it. The purpose of this motion is to stimulate the Society to ensure that members receive the material for such events in good time, allowing adequate preparation and display.

Background information (as agreed by the Council – April 2005)

Although the Society works closely with the Medicines Partnership, it is the Medicines Partnership that is responsible for the planning and management of the "Ask About Medicines" week campaign.

The "Ask About Medicines" week team say that they appreciate the frustration felt by members at receiving some materials late. This was owing to very slow decision-making by the Department of Health (DH) in relation to the fold-out medicines reminder charts. In this case, the team was informed that a query (content not specified) had been raised about the materials by an (unnamed) ministerial adviser, who subsequently took his summer holiday. Sign-off was delayed until his return, leading to slippage in production and distribution.

Council response to the motion

The Medicines Partnership reports that they are making every effort to ensure that materials are available in good time for pharmacists taking part in the 2005 "Ask About Medicines" week. The campaign will run from 7-11 November and planning is well advanced.

This year's campaign materials will include:

- 150,000 copies of an illustrated leaflet "Get to know your pharmacist" aimed at people with low literacy and/or learning disabilities (sponsored by AAH), available from September.
- Downloadable posters and local action packs, available from the end of July.
- A new PR toolkit, available from early September.
- Updated 2nd edition of the Health and Medicines Information Guide and Directory, produced in partnership with ABPI, to signpost people to sources of information about health and medicines.

In 2004, to support pharmacists taking part in the week, the Society produced and distributed over 150,000 leaflets on use of antibiotics. For 2005, the Society will again be producing a leaflet for use by pharmacists. This year's topic will be sexual health. As we ensured last year, the Society's material will be available in good time for pharmacists to use in their local activities.

Information on all of these resources, and how to access them, will be available on the "Ask About Medicines" website: www.askaboutmedicines.org

Other related policies/positions N/A
This motion constitutes part of the Society's remit/object/scope The Medicines Partnership is a separate organisation. The Society ensures that its own materials are available to members in a timely way. Agreed by Council 2 August 2005.
Status of motion Discussed at August 2005 Council. Response agreed by Council.
Resources implications No extra resources: motion deals with planning issues.
Other related information N/A
Committee/Council N/A
Minute of the Committee meeting (appropriate item included) N/A
Further action required Monitor outcomes and report back after 2005 "Ask About Medicines week" campaign.
Further Update December 2005 The <i>Ask About Medicines</i> campaign team were pleased to report that the enthusiasm and commitment of partners from all sectors demonstrates once again how important these messages are for patients, carers and the public. Supporters included PCTs, hospital and community pharmacists and their associated pharmacy organisations, the ABPI, national organisations such as the DH, Welsh Assembly and MHRA, NHS Direct and voluntary organisations. Planning for a range of activities and materials for Ask About Medicines Week for 2006 is underway and the team looks forward to working with members on this work. The Week had plenty of national and professional press coverage, especially in the pharmacy press and there was also a supportive front page piece in GP magazine. Over 150 PCTS took part in the week, either by holding events or by producing materials or by running innovative campaign like having a campaign bus. This is encouraging, particularly as they built the campaign into the new Pharmacy Contract's health education campaigns. AAMW is grateful for the support from partners, including the DH and the RPSGB and we will be producing a formal evaluation of the Week in the near future.
Update prior to the BRM 2006 Completed
Website Yes

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

C. Leicester, Leicestershire and Rutland Branch 2

Motion

"It is the opinion of this meeting that Branch committees should be able to recognise local veteran members of the Society in a manner which is suitably dignified and in keeping with the honour/status of the Society."

Explanatory paragraph from the Branch

Pharmacists who have reached 50 or 60 years on the Register receive a brief letter of acknowledgement and congratulations from the President. The Leicestershire Branch attempted to recognise four such pharmacists by presenting them with a locally produced certificate of recognition and congratulation. The Society expressed concern over this action; the use of the Society's coat of arms or name might be understood by the public as conferring upon the recipients something that was not intended. Any further repetition of the certificate was discouraged.

The purpose of this motion is to facilitate Branches so inclined to recognise local pharmaceutical veterans in a suitably dignified and professional manner.

Background information (as agreed by the Council – April 2005)

A Branch may congratulate a pharmacist achieving 50, 60, or 70 years' registration, within the rules for Branch administration and in line with good practice. For example, a Branch may choose to make a collection in order to present a member with a suitably engraved gift to mark the occasion.

Protection of the public is, of course, a primary concern for the Society. It would be crucial to avoid producing certificates bearing the Society's logo that could be confused by the general public with legitimate pharmacist registration certificates. The Society is considering how presentation materials for long-standing pharmacists could be formalised to overcome this difficulty.

Council response to the motion

The Council believes that an acceptable solution can be found to take forward this motion. The membership team is exploring options and costs for progressing this motion.

Other related policies/positions

N/A

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

Yes.

Agreed by Council

2 August 2005.

Status of motion

Discussed at August 2005 Council Meeting. Response agreed by Council.

Resources implications

Proposal to be costed.

Other related information

Pharmacists already receive letter of congratulations from the President after 50 and 60 years on the Register.

<p>Committee/Council Resource Management Committee July 2005/Council August 2005.</p>
<p>Minute of the Committee meeting (appropriate item included) Resource Management Committee minutes (confidential Council minutes).</p>
<p>Further action required Further options are being explored.</p>
<p>Update prior to the BRM 2006 Certificates have been produced and are now available for Branches to recognise the dedicated service given by long-serving Branch member. The President issues letters of congratulation for members attaining registration for 50, 60 or 70 consecutive years. Copies of these letters are issued regularly to Branch Secretaries. Branch Committees may now also request a certificate for any member the committee feels is deserving of a certificate.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

D. Bolton and District Branch 1

Motion

"It is the opinion of this meeting that the Society, in consultation with the membership, should review the structure, role, operation and functions of the Regional Committees."

Explanatory paragraph from the Branch

The Bolton Branch feels that, at the current level of funding, the Regions are unable to perform a useful function. When a full review has been undertaken, Regions need to receive sufficient funding to enable them to perform their designated role adequately. The alternative is to dissolve them and put their funding to better use elsewhere.

Background information (as agreed by the Council – April 2005)

At the Regional Secretaries' Meeting in 2004, the future of the Regions was discussed. There was an evident divergence of views about the role and purpose of the Regions and about how they should develop.

It was agreed that this issue needed further exploration and that Secretaries would go back to their committees for ideas on the future of the Regions. Feedback continues to come in and will be collated in due course for further discussion in October. We welcome ideas from delegates to the BRM.

Council response to the motion

At the 2004 meeting of Regional Secretaries, the issue of the future role of the Regions was raised. Following this, in January 2005, Regional Secretaries were asked to discuss options for the future of the Regions with their committees. Although different views emerged about the role and purpose of Regions, the discussions did hit upon some common themes. The core roles were identified as follows:

- Provide support to both encourage the reactivation of inactive Branches and help for those Branches experiencing difficulties.
- Act as a link between the local Branches and the Society.
- Help facilitate two-way communication between the Region and the Council/HQ (including members of the respective Scottish and Welsh Executives).
- Provide up-to-date information to members on current Society policies.

The Council values the fact that the Regional Committees are constituted to engage representatives from across the profession, including a Member of the Council as well as representatives from constituent Branches, the PSNC, the NPA, Schools of Pharmacy and the British Pharmaceutical Students' Association.

The Council endorses the role played by the Regions in supporting consultations with members. This has been an effective vehicle for key consultations such as *Pharmacy In A New Age* and the Royal Charter.

Following requests from the 2005 Branch Representatives' Meeting and subject to decisions on the 2006 budget, work will be taken forward to explore how to enhance the role of the Branches in discussions on policy matters.

These matters will be considered again at the October 2005 meeting of Regional Secretaries,

<p>after which costed proposals will be brought back to the Council. The decisions of the Council on the implementation of its devolution review will need to be considered before proposals are framed.</p>
<p>Other related policies/positions The constitution and remit of the Regions is currently set out in model rules, attached to the Byelaws.</p>
<p>This motion constitutes part of the Society's remit/object/scope Yes. Agreed by Council 2 August 2005.</p>
<p>Status of motion Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications Proposal to be costed. Any change in the funding structure will be dependent on financial resources being available.</p>
<p>Other related information <i>Pharmaceutical Journal</i>, 22-29 December 2001. Report of the December Council Meeting. <i>Shaping up for the Future – Decisions on the future of the Society's Branches and Regions.</i></p>
<p>Committee/Council Future Council Meeting.</p>
<p>Minute of the Committee meeting (appropriate item included) N/A</p>
<p>Further action required These matters will be considered again at the October 2005 meeting of Regional Secretaries, after which costed proposals will be brought back to the Council. The decisions of the Council on the implementation of its devolution review will need to be considered before proposals are framed.</p>
<p>Update prior to the BRM 2006 At the Regional Secretaries' Meeting in 2005 core roles were identified although some Regions continue to question the point of the Society's Regional structure.</p> <p>Common themes were identified as key roles for the Regions:</p> <ol style="list-style-type: none"> 1. Regions provide support to encourage the reactivation of inactive Branches or for those Branches experiencing difficulties. 2. Regions facilitate the sharing of ideas and best practice between Branches. 3. Two-way communication between the Region and the Council/HQ (or members of the Executive) is important to provide up-to-date information on current policies. 4. The Regional Committees are pan-pharmacy (with representatives from constituent Branches, and other pharmacy organisations like PSNC, NPA, School of Pharmacy representatives, as well as student representatives of the BPSA and a Member of the Society's Council). 5. Consideration should be given to the Regions' roles in the devolved structures being established. <ul style="list-style-type: none"> • To organise 'high level' regional conferences <p>Some Secretaries expressed the view that not all Council members were fully committed to the Regional network and did not regularly attend meetings. Council members have been reminded of the importance of their commitment to Regional Committees.</p> <p>A key theme from the review is that Regional Committees feel that they would benefit from more funding. Proposals are being drawn up for the 2007 budget round.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Amended motion carried

E. Bolton and District Branch 2

Motion as amended

"It is the opinion of this meeting that the Society should permit permanently retired, non-practising pharmacists who have been on the Register for 50 years to remain members for life at a much reduced fee."

Explanatory paragraph from the Branch

As part of a caring profession, the Bolton Branch feels it is intolerable that members in their twilight years and having given a lifetime of service to the profession and practice of pharmacy should be required to pay what can be to them a significant sum of money to maintain contact with their Society.

Background information (as agreed by the Council – April 2005)

At 50, 60 and 70 years on the Register, pharmacists are sent a letter from the President acknowledging their long-standing registration.

At the time of writing, there are 1,751 pharmacists who have been on the Society's Register for 50 or more years. The numbers of pharmacists on the Register for more than 50 years would in all likelihood grow as a result of the above proposal. During the last twelve months, 633 pharmacists retired from the Register who would have qualified for life registration under these proposals. Pharmacists who otherwise would have left the Register as they retired from work would maintain registration.

Using the 2005 Register, and assuming all "life members" previously paid the non-practising fee, the lost fee revenue if the above proposal were implemented would be in excess of £80,500 per year.

The Society would be required to make up any loss of income and meet increased costs. The impact of the above proposal could equate to a £2.40 increase per fee-paying pharmacist.

Pharmacists who pay the non-practising fee of £46.00 already receive a substantial discount on their fees.

Council response to the motion

At its August meeting, the Council decided to make changes to the retention fee structure for pharmacists.

In 2006, non-practising members who have been on the Register continuously for over 50 years will be eligible for a reduced charge of £20 to recognise long-standing service and contribution to the profession.

Non-practising members who left the Register in the 2005 retention fee cycle because of concerns about the changes in fee structure are being invited to rejoin the non-practising Register without incurring an application or restoration fee.

Other related policies/positions

Five year financial strategy.

The structure of the Register will be included in the Section 60 Order.

<p>This motion constitutes part of the Society's remit/object/scope Yes. Privy Council approves retention fees. Agreed by Council 2 August 2005.</p>
<p>Status of motion Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications Council decision on fees underpins the setting of the Society's budget for 2006.</p>
<p>Other related information Proposal for amendment to Byelaw was gazetted from 13 August for 60 day consultation.</p>
<p>Committee/Council Resource Management Committee July 2005/Council August 2005.</p>
<p>Minute of the Committee meeting (appropriate item included) Resource Management Committee minutes (confidential Council minutes).</p>
<p>Further action required Following Privy Council approval, communications strategy will be actioned. The issue of part time fees is to be remitted to a future Resource Management Committee.</p>
<p>Update prior to the BRM 2006 Council agreed in August 2005 that it wished to offer a concessionary fee to members who had been on the Register for over 50 years. However, this was considered by the Privy Council who had concerns about potential discrimination and asked Council to re-consider its position. The matter was discussed at Resource Management Committee in March 2006 and a paper is now being prepared on possible ways forward for the 2007 budgetary process.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Amended motion carried

F. Thames Valley Branch

Motion as amended

"It is the opinion of this meeting that changes should be made to the Byelaws Section III subsection 6 regards Fellows: 'Members designated as Fellows of the Society shall be so designated only as long as they remain members.' This Branch requests the Council to give due consideration that changes could be made to the said Byelaw so that Fellows that resign from the Register retain their designated Fellowship."

Explanatory paragraph from the Branch

The reason that the motion has been presented is due to overall changes that have occurred in the Byelaws of membership registration for 2005.viz practising/non-practising/resigned category. Historically the majority of Fellows would have registered as "retired pharmacists" under the old Byelaws and as such would have remained so until they died thus retaining their designated Fellowship. Now these aforementioned Fellows have, because of the circumstances forced upon them reluctantly and with due sadness resigned their membership with the consequences therein. Thus the motion presented in some small way attempts to retain the "status quo" for these Fellows.

Background information (as agreed by the Council – April 2005)

There are currently 301 Fellows so designated because they registered before 1 February, 1951 and 520 Fellows who are so designated through the Panel system. Only members of the Society can be Fellows because the term "Fellow" is a restricted title in law (Medicines Act 1968 Section 78 (5) (a)). However, members do not have to be on the practising Register unless, of course, they are still practising. The fee for non-practising members, which incorporates the former "retired" category, is currently less than £1 per week and includes provision of the weekly *Pharmaceutical Journal*. All members, and hence all Fellows, are covered by the Society's Code of Ethics.

Council response to the motion

It is not possible for the Society to effect such a change by amendment of a Byelaw because the term "Fellow" is a restricted title in law (Medicines Act 1968 Section 78 (5) (a)). The change would require amendment to the Pharmacy Act, which is unlikely to be achieved with the current Section 60 Order. The issue would need to be considered as part of a wider review.

Those Fellows of the Society who are no longer practising and who wish to retain their designation of Fellow of the Society have, of course, the option to be on the non-practising Register.

Other related policies/positions

Byelaws, Section III: Fellows.

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

The Society is unable to effect the outcome of the motion in the way suggested. Other ways forward would need to be sought.

Agreed by Council

2 August 2005.

Status of motion

Discussed at August 2005 Council. Response agreed by Council.

<p>Resources implications None at present.</p>
<p>Other related information Byelaws, Section III: Fellows</p> <p>1. All members registered as pharmaceutical chemists on or before the first day of February, 1951, shall be designated Fellows of the Society.</p> <p>2. The Council may designate as a Fellow of the Society any member who before 1st February, 1955, either (a) was registered as a pharmaceutical chemist with the provisions of the Pharmacy Act, 1852, or (b) is registered as a pharmaceutical chemist in accordance with the provisions of the Pharmacy Act, 1954, and who but for the passing of that Act would have been registered as a pharmaceutical chemist in accordance with the provisions of the Pharmacy Act, 1852, provided, in either case, that he was eligible for registration as an apprentice or student before 1st June, 1948, and that he commenced in or before the session 1951-52 a recognised course of study of at least two years for a final examination in pharmacy or being registered as a chemist and druggist commenced in or before that session the last year of such a course.</p> <p>3. The Council may designate as Fellows of the Society such members of the Society of not less than five years' standing as in the opinion of the Council have made outstanding original contributions to the advancement of pharmaceutical knowledge or have attained exceptional proficiency in a subject embraced by or related to the practice of pharmacy. A member desiring to be designated a Fellow under this Byelaw shall apply in writing, enclosing the evidence on which he bases his application. The application shall be considered by assessors appointed for the purpose by the Council. The assessors may at their discretion call the applicant for interview and examine him upon his work either orally or in writing. The assessors shall report to the Education Committee of the Council who shall submit the report to the Council with or without a recommendation.</p> <p>4. Notwithstanding the provisions of the last preceding Byelaw the Council may appoint a panel of Fellows not being members of Council who shall have power to designate as a Fellow a member of not less than 12 years' standing who in their opinion has made outstanding original contributions to the advancement of pharmaceutical knowledge or attained distinction in the science, practice, profession or history of pharmacy.</p> <p>5. Designation under the two preceding Byelaws shall take place only at the June or December meeting of Council in any year.</p> <p>6. Members designated as Fellows of the Society shall be so designated only so long as they remain members.</p>
<p>Committee/Council No.</p>
<p>Minute of the Committee meeting (appropriate item included) N/A</p>
<p>Further action required Publicise registration on non-practising Register as an option.</p>
<p>Update prior to the BRM 2006 Completed – Fellows have been advised of this position through publicity in <i>The PJ</i>.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

G. Gwent Branch

Motion

“That this Branch believes that the Society should make best efforts in avoiding the need to increase members’ retention fees, or at least keeping such increases below the level of the Retail Prices Index (RPI), or any similar index in widespread use at the time.”

Explanatory paragraph from the Branch

The membership has been informed, by the President, that a “new financial strategy to secure the Society’s income stream and safeguard the future” is responsible for the large and real increases in retention fees. The meaning of this statement may not be immediately clear to rank and file members. The increases, which are fixed costs for the members, when compared with RPI over the last six years, have exceeded this index by a staggering 63 per cent.

Now that the new Charter has been delivered and strategy for the Society set, it may be time to consolidate and examine ways of substantially reducing overheads such that the objective of containing retention fees may be achieved.

Background information (as agreed by the Council – April 2005)

It is true that, as part of a five year plan to improve the Society’s financial security and underpin the development of membership activities, the Council approved a five year financial strategy in August 2004. The key issues are:

- The new Charter has strong emphasis on the professional and membership support roles for the Society. The Society is already active in professional development and professional representation to political and opinion former audiences. New roles for the Branches, work to promote local pharmacy leadership and a review of the impact of devolution are among developments that are currently in train. All these areas of activity need a stable funding base.
- The Society finances its activities both from fee income (some £8.5 million) and from the surplus generated by its publications activities. The contribution from publications now subsidises a significant part of the Society’s core work which the Council agreed is not prudent in a risk market. Over the next five years, the retention fee will need to be increased to bring it to a level that can sustain the full scope of the Society’s membership and regulatory activity.
- Recently, the Society’s cash reserves have been drawn on to meet expenditure and the level of their replenishment has depended largely on the year-end financial result. The Council agreed that it is part of their duty to safeguard the Society’s long-term financial future by building the reserves back to an appropriate level.

Council response to the motion

At its August meeting, the Council decided to make changes to the retention fee structure for pharmacists.

The Council decided that, following a rise in fees of 25 per cent for 2005, fees for 2006 should only rise in line with inflation. The Council agreed that personal retention fees for practising pharmacists should rise by 3 per cent, which was adjusted to a rise of 4.3 per cent to take into account the Council’s further decisions on fees. This gives a retention fee of £267 for 2006. Fees for registration, reciprocity, restoration, pre-registration, examination, resit and late entry

as well as fees relating to adjudication all will rise by 3 per cent.

For non-practising pharmacists, the retention fee is to rise from £46 to £60. This increase was agreed to cover the cost of administration and providing *The Pharmaceutical Journal*. The Council agreed to change previous policy that there should be a link between the level of the non-practising fee and the practising fee. The 2004 decision to raise the non-practising fee over three years to one third of the level of the practising fee has therefore been reversed.

In 2006, non-practising members who have been on the Register continuously for over 50 years will be eligible for a reduced charge of £20 to recognise long-standing service and contribution to the profession.

Non-practising members who left the Register in the 2005 retention fee cycle because of concerns about the changes in fee structure are being invited to rejoin the non-practising Register without incurring an application or restoration fee.

The Council agreed to refer the issue of part time fees to the Resource Management Committee for a full exploration of the issues associated with the retention fee for practising members who do not work full time and for those on low incomes.

The Council also agreed a new rate for overseas pharmacists who are practising overseas (and registered with an overseas competent authority, where appropriate) but not practising in Great Britain. Pharmacists resident overseas who fall into this category, who wish to remain on the Society's Register will pay a fee of £106. The fee was agreed in order to cover the full costs of administration and airmailing the *PJ* to overseas membership.

The Council also agreed a 3 per cent increase to technician retention fees. A practising technician will pay £88 and a non-practising technician will pay £67 to retain their names on the Register in 2006. The Council also agreed that the 2006 retention fee would be included in the registration application fee for those technicians entering the Register between October and December 2005 and that those technicians entering the Register in this period would not be required to pay a separate retention fee in 2006.

The decisions require a change in Byelaw, which was gazetted for a 60 day consultation period from 13 August, after which the Privy Council will consider the proposals for approval.

The Council decided that the premises retention fee for 2006 should rise from £137 to £160, so as better to reflect the cost of activity in that area. The level of the premises fee is a decision for Ministers in the Department of Health following consultation.

Other related policies/positions

Five year financial strategy.

The structure of the Register will be included in the Section 60 Order.

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

Yes, Privy Council approves retention fees.

Agreed by Council

2 August 2005.

Status of motion

Discussed at August 2005 Council. Response agreed by Council.

Resources implications

Council decision on fees underpins the setting of the Society's budget for 2006.

Other related information

Proposal for amendment to Byelaw was gazetted from August 13 for 60 day consultation.

Committee/Council

Resource Management Committee July 2005/Council August 2005.

<p>Minute of the Committee meeting (appropriate item included) Resource Management Committee minutes (confidential Council minutes)</p>
<p>Further action required Following Privy Council approval, communications strategy will be actioned. The issue of part time fees is to be remitted to a future Resource Management Committee.</p>
<p>Update prior to the BRM 2006 Over 20,000 members opted to pay their fees on-line for 2006, making this the most popular payment method. Choosing to pay by credit card, it gives the opportunity to spread the cost. Completed.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Amended motion carried

H. Northumbrian Branch 1

Motion as amended

“With respect to payment of annual retention fees, it is the opinion of this meeting that members should be provided with the facility to pay their annual retention fees in instalments (e.g. by monthly direct debit).”

Explanatory paragraph from the Branch

It is now common practice for people to make arrangements for goods and services that were previously billed on an annual, biannual or quarterly basis to be paid for by monthly direct debit, for example gas, electricity, council tax, and water charges, at no extra cost. With the increasing costs of annual retention fees it is felt that it is now time that a similar facility should be made available to the Society's members. This would be particularly beneficial to those members on lower incomes and those that find it difficult to pay the full amount of over £250 in January. It may also be administratively convenient for the Society. It is appreciated that the provision of such a facility may necessitate some changes to the Society's Byelaws, but this should not be a reason for the council giving it careful consideration.

There are a number of pharmacists who have a commitment to continuing professional development, but have only worked on average for just a few hours per week or on an occasional basis (e.g. to provide emergency locum cover or to provide pharmaceutical advice). The abolition of the reduced fee is, for some of these pharmacists, acting as a disincentive for them to continue as practising pharmacists despite a desire to do so.

Background information (as agreed by the Council – April 2005)

Once fees are set and approved by the Privy Council, the Society does not have the power to vary them.

Applicable legislation and Byelaws state that retention fees become due and payable on the 1 January each year (Pharmacy Act 1954 and Byelaws). The applicable rules require payment in full as a requirement for retention on the Register. Members who do not want to pay the entire fee at one time are able to spread payments by paying online using a credit card.

Part two of this motion is addressed by the background note to the Cheltenham and Gloucester motion.

Council response to the motion

In terms of instalment payment, the position set out in the background note (above) remains unchanged. However, the introduction of online credit card payment of retention fees means that members now have an extra payment option.

The Council agreed to refer the issue of part time fees to the Resource Management Committee for a full exploration of the issues associated with the retention fee for practising members who do not work full time and for those on low incomes.

Other related policies/positions

Five year financial strategy.
Section 60 Order.

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

No (part1).

<p>Yes (part 2). Agreed by Council 2 August 2005.</p>
<p>Status of motion Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications Council decision on fees underpins the setting of the Society's budget for 2006.</p>
<p>Other related information Proposal for amendment to Byelaw was gazetted from 13 August for 60 day consultation.</p>
<p>Committee/Council Resource Management Committee July 2005/Council August 2005.</p>
<p>Minute of the Committee meeting (appropriate item included) Resource Management Committee minutes (confidential Council minutes)</p>
<p>Further action required Following Privy Council approval, communications strategy will be actioned. The issue of part time fees is to be remitted to a future Resource Management Committee.</p>
<p>Update prior to the BRM 2006 Over 20,000 members opted to pay their fees on-line for 2006; this is the most popular payment method. If members choose to pay by credit card this will give the opportunity to spread the cost. Completed.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

I. Northumbrian Branch 2

Motion

“It is the opinion of this meeting that, whilst we applaud the Society for allowing Honoraria to be granted to Branch and Regional Secretaries, we feel that a quorum of fellow Committee members should be given the discretion to financially reward their Secretaries with a fee that more fairly reflects the time he/she has devoted to Secretarial activities.”

Explanatory paragraph from the Branch

Some Branches are fortunate enough to have a dedicated Secretary and individuals may have been in post for a number of years – the Northumbrian Branch is a particularly large Branch with well over 700 members and has such a secretary.

Our Secretary writes a monthly/bimonthly newsletter and sources and chases up most of the speakers that we have at our meetings. In addition he organises an annual series of meetings that run in tandem to the Branch programme focussing specifically on clinical aspects in a therapeutic area. He also networks with many local/regional groups to co-ordinate activities (including attempting to minimise duplication of meetings and preventing timetable clashes) etc.

Whilst we poll approximately 5-10 per cent at each meeting, with variable levels of apathy and with people claiming that their lives are becoming increasingly busy, recruiting new committee members is not the easiest pastime and there is some concern that people may not volunteer to take on such roles as Secretary in the future, especially when not even justifiably rewarded for their labours.

On the one hand the Society is prepared to pay Branch observers to Council and committee meetings £160 for merely “observing” and yet on the other hand each Branch/Region is told to set a ceiling of £200 for a Secretary. One surely has to agree that the maths do not add up?!

Background information (as agreed by the Council – April 2005)

Branches who choose to award their Secretary an honorarium do so as a gesture of acknowledgement and thanks for a job well done. We recognise and applaud the dedication and commitment that Secretaries put into their Branches but are not in a position to offer funds to reward Secretaries commensurate with the hours and effort expended.

Council response to the motion

The Council recognises that some Branches choose to award an honorarium to their Branch Secretary to acknowledge their contribution to the life of the Branch. Secretaries commit time and effort to help ensure that the Branch runs efficiently and are supported in their work by fellow committee members and through the membership team at the Society’s headquarters. The Council is not in a position to offer funding for honoraria that would reward Secretaries for the time and effort they spend but, as a mark of recognition, agrees that the ceiling for honoraria should rise from £200 to £300, providing that the Branch has funds for this purpose from within its grant allocation.

Other related policies/positions

The Council’s response signifies a change of internal policy.

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

Yes.

Agreed by Council 2 August 2005.
Status of motion Discussed at August 2005 Council. Response agreed by Council.
Resources implications Cost neutral.
Other related information N/A
Committee/Council Council August 2005.
Minute of the Committee meeting (appropriate item included) To follow.
Further action required Branches to be informed of change in policy.
Update prior to the BRM 2006 Completed.
Website Yes

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

J. British Pharmaceutical Students' Association (BPSA) 1

Motion

"That it is the opinion of this meeting that an urgent overhaul of the MPharm is required."

Explanatory paragraph from the Branch

The BPSA believe that a review of pharmacy education is needed. This is to ensure pharmacists have the appropriate education and training to guarantee they are fit to practise and the pharmacy workforce is fit for purpose, in the changing face of the pharmacy profession. A review in the broadest sense to cover policy, rules and standards, should also examine delivery, capacity and organisation of pharmacy education.

Government policy drivers, new contracts for community pharmacy and leading edge practice, such as prescribing and medicines management becoming more widespread throughout the profession, necessitate changes to pharmacy education at this time.

A key issue affecting pharmacy students today is that of being able to obtain a preregistration placement after completion of the pharmacy degree. Recently, it has been seen, that the availability of preregistration places is decreasing, which is of concern to many pharmacy students. An increasing number of pharmacy undergraduates in established schools and the advent of new schools of pharmacy, with no increase in preregistration places to match, raise the issue of capacity and organisation in the current preregistration and registration process.

A review of the MPharm degree and pharmacy education as a whole will highlight where changes need to be made. The BPSA believes that increased integration of practical clinical placements and theoretical teaching, on the basis of a solid, relevant, science and practice, not science versus practice is the way forward for pharmacy education and will help provide a solution to the number of preregistration places.

As an association, we are represented on the Society Education Committee and have had the opportunity to be actively involved with the Society Research Projects into Pharmacy Education. We hope to be able to positively contribute to the future of pharmacy education and look forward to working with the Society and other groups in developing pharmacy education to satisfy the needs and aspirations of the future of pharmacy.

Background information (as agreed by the Council – April 2005)

The Society realises there is a need for significant change in order to equip pharmacists with the knowledge, skill and attitudes they will need as they progress through their career in the 21st century. As part of this work, the Society is well aware of the need for a revision of the MPharm curriculum and has begun work on it. Rather than examine it in isolation, however, this work will be part of a wider review of undergraduate education, preregistration and post-registration. The wide-ranging and complex programme will involve consulting many internal and external stakeholders: members, the Department of Health, Schools of Pharmacy, patient groups, employers and, of course, the BPSA. Each will be contacted in due course and at various points in the process, once the core workstreams and outputs have been identified. The BPSA will appreciate that taking views from such diverse stakeholders and agreeing a course of action that takes all those views into account will not be a quick or easy process.

All of the issues identified by the BPSA in its resolution are part of the review, namely fitness to practice, the availability of student preregistration places and the impact of new schools of pharmacy, the possible integration of the MPharm and preregistration, policy, rules and

standards and the new community pharmacy contract.
<p>Council response to the motion</p> <p>The Council recognises the need to re-examine the purpose and content of the MPharm, which is now being undertaken as part of a wide-ranging review of pharmacy education policy. As a key stakeholder in these issues, the BPSA will be an important source of input into this review and discussions are already in train between the Society staff teams undertaking the review and the BPSA.</p>
<p>Other related policies/positions</p> <p>Internal working group on developing pharmacy education policy (reporting to Education Committee). A five year programme of work will be presented to the Council for approval in December 2005.</p>
<p>This motion constitutes part of the Society's remit/object/scope</p> <p>An internal working group on developing pharmacy education policy will take an holistic view of all aspects of education and training, including the function and content of the MPharm.</p> <p>Agreed by Council 2 August 2005.</p>
<p>Status of motion</p> <p>Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications</p> <p>Potentially substantial but difficult to estimate at this stage.</p>
<p>Other related information</p> <p>The initial scoping work leading to an internal working group on developing pharmacy education policy is the 2004 report of the Pharmacy Education Research and Development Group, internal working group on developing pharmacy education policy. The recommendations of the report were agreed by the Council.</p>
<p>Minute of the Committee meeting (appropriate item included)</p> <p>C Implementation of policy 2. Branch Motions i. British Pharmaceutical Students' Association motion [paper 05.07/Ed/10]: 'That it is the opinion of this meeting that an urgent overhaul of the MPharm is required.'</p> <p>The Committee supported the motion, noting that a review of the MPharm would be central to agreed and ongoing policy work of two directorates, Education and Registration and Corporate and Strategic Development, for an internal working group on developing pharmacy education policy. The remit of which includes a review of the MPharm, which will be undertaken through consultation with all stakeholders, including the BPSA.</p>
<p>Further action required</p> <p>An internal working group on developing pharmacy education policy will be agreeing its strategic objectives for 2005-2006 as part of the wider objective setting exercise for the Council and Education Committee. A five year programme of work will be presented to the Council for approval in December 2005.</p>
<p>Update prior to the BRM 2006</p> <p>A five year programme of work was presented to the Council for approval in December 2005. Council agreed and work is now ongoing and a report is due on 2007.</p> <p>Completed.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

K. British Pharmaceutical Students' Association (BPSA) 2

Motion

"That it is the opinion of this meeting that the current system of exemption from prescription charges should be extensively reviewed."

Explanatory paragraph from the Branch

The BPSA believes that the current system of prescription charges should be reviewed, as the current system stands today as unfair. In particular, charges do not just deter unnecessary use of medicines, but also deter use of medicines in people with current non-exempt conditions. The exemption system is open to abuse.

Community pharmacists are a good source of information on how best to reform the prescription charges. They, along with general practitioners have the knowledge and expertise to be part of a prescription review system. The review system will address the inequalities in the current structure and will look to rationalise medical conditions that provide exemption.

Background information (as agreed by the Council – April 2005)

In January 2005, the Society published a policy paper on prescription charges entitled "Prescription charges – should they be abolished?"

<http://www.rpsgb.org/members/policy/frameRepts.htm>

The report considered the whole area of prescription charges, especially in the light of the plans of the Welsh Assembly Government to abolish prescription charges by 2007. The report states the Society's position that there should be no financial barrier to the use of prescribed medicines. That implies either a move to abolition following the example of Wales, or a major reform of the existing charging system in a way which could be shown to have little or no deterrent effect on use.

The Society acknowledges that in the light of the financial, professional and industry considerations set out in the paper, the relevant administrations might wish to proceed in a measured way, taking due account of the impact of phased abolition in Wales.

The Society considers that, in the interim, studies should be commissioned into a number of key issues, in particular:

- The impact of the current arrangements on those with long-term conditions who require medication on a continuing basis;
- The response by users to other changes which affect access to medicines, particularly further switches from POM to P or GSL status;
- The lessons to be drawn from the experience in Wales as it unfolds.

The report has been sent to the Secretary of State for Health, Dr John Reid.

Council response to the motion

The Society has long and publicly argued that the current system of exemption from and payment of prescription charges is anachronistic, unfair and can deter some people from obtaining the medicines that they need. Pharmacists can and do find themselves in the difficult position of being asked to advise a patient on which medicine they should forgo. The Society has repeatedly communicated this policy position, which was updated in the paper produced in January 2005.

<p>The situation for some patients is already becoming less equitable through different countries in Great Britain taking different positions on prescription charges and the Society will continue to keep this issue in close focus.</p>
<p>Other related policies/positions The Society produced a policy paper in January 2005. www.rpsqb.org/members/policy/index.html</p>
<p>This motion constitutes part of the Society's remit/object/scope Yes Agreed by Council 2 August 2005.</p>
<p>Status of motion Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications Not specific: future action may lie with policy, practice and public affairs areas.</p>
<p>Other related information N/A</p>
<p>Committee/Council Practice Committee July 2005, 10 05.07/P/48.</p>
<p>Minute of the Committee meeting (appropriate item included) The present system of prescription charge exemption is not equitable and needs review. Ideally, a consistent approach for the three countries should be adopted as this would reduce issues around movement of prescriptions across borders. However, as health has been devolved, the three countries have adopted different approaches to prescription charges. Wales is moving towards free prescriptions and so exemption would no longer be relevant. Prescription charges are under review for Scotland. The introduction of ETP may impact on cross border scripts.</p>
<p>Further action required The Society will continue to press home its policy in this area.</p>
<p>Update prior to the BRM 2006 The Society gave oral evidence to the Health Select Committee in February 2006 on NHS charges.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

L. Northamptonshire Branch

Motion

"It is the opinion of this meeting that preregistration exams should undergo a review. Instead, the preregistration year should focus on competence-based learning and Objective Structured Clinical Examinations and perhaps include a practice-based exam."

Explanatory paragraph from the Branch

The preregistration exam seems to be testing the academic achievement of the graduates, which surely has been clarified by the successful achievement of a Masters degree in pharmacy, and their ability to search through resources like the BNF and MEP.

Being a competent pharmacist is not only about academic achievement but should relate more to the ability to link knowledge with clinical and other skills in practice.

Rather than the year being one of professional development, by February, the graduates begin to focus more on passing the exam than developing the competencies required.

Failing the exam does not prove one to be incompetent. Many graduates do not do well in exams due to nervousness and lack of speed but are excellent in using and developing their skills in practice. They do not agree that calculations are an essential part of a pharmacist's training, but perhaps this could be changed to a course followed by a test, or incorporated at university?

We propose that a structured course should be set up with modular examinations to test different aspects of pharmacy (i.e. clinical, law and ethics). This would break up the preregistration year so that graduates can focus on different parts of the syllabus and work their way towards becoming knowledgeable and competent pharmacists.

Background information (as agreed by the Council – April 2005)

The present arrangement is based on an understanding between the Society, the schools of pharmacy and pharmacy employers as to what is assessed, in what way, and by whom at the various stages of progression from entry to the MPharm course to admission to the Register.

The current pattern is of assessment of academic knowledge at the Schools of Pharmacy, assessment of work place practice by employers during the preregistration year (in three quarterly assessments and sign-offs by a tutor), and assessment of whether the trainee has learned to apply knowledge of theory and practice at the end of the preregistration year by means of the Society's registration examination. It would be inappropriate to change one part of this pattern of assessment in isolation from the others.

To this end, the Society has already started conducting a major review of all the types of examination and assessment – and will be consulting members on them. This is work which had already been identified and scheduled, but now also falls within the context of preparing to implement the Section 60 Order over the next few years. The timetable for the outcome of this work will be dictated by the Government's own timetable for the legislation. It is difficult, however, to see that the Society could achieve major change – if that is the outcome of review and consultation – any faster than the prospective legislation will allow for in any case. In addition, the new powers anticipated in the Order should allow the Society to set and enforce standards more effectively and to join up educational development work with other strands of

<p>the Society's activities which cannot be done so well at present.</p> <p>More immediately, the Society, through its board of examiners and through regular liaison with pharmacy employers, does keep the appropriateness of the preregistration year standards, assessments and the registration examination and its syllabus under review. This continuous review is always mindful of the competence of newly qualified pharmacists to practise.</p> <p>Whether to re-base assessments away from a written tests towards universal Objective Structured Clinical Examinations (OSCE) is a question the Society always needs to bear in mind. The Society can be informed by the outcome of work on this same issue for medical education undertaken by the Post-registration Medical Education Training Board (PMETB). PMETB has taken the view that assessment must be both workplace-based (of competence and practice) and by formal examination to test knowledge. Neither form of assessment is sufficient by itself. This suggests that the Society should continue to encourage the use of OSCEs as part of the assessment of the preregistration year, but not as an alternative to the registration examination.</p> <p>Lastly, the proposals in the motion have been incorporated in the review process mentioned above.</p>
<p>Council response to the motion</p> <p>The Council recognises the need to re-examine the purpose and content of the registration exam, and this will be undertaken as part of a wider pharmacy education policy review. A five year programme of work will be presented to the Council for approval in December 2005.</p> <p>As part of this, the use of and costs of Objective Structured Clinical Examinations (OSCE) and practice-based examinations will be considered.</p>
<p>Other related policies/positions</p> <p>An internal working group on developing pharmacy education policy reporting to Education Committee. A five year programme of work will be presented to the Council for approval in December 2005.</p>
<p>This motion constitutes part of the Society's remit/object/scope</p> <p>A thorough review of the preregistration student experience will be undertaken as part of the Society's pharmacy education policy review. An internal working group on developing pharmacy education policy will take an holistic view of all aspects of education and training, including the purpose and content of the preregistration year and registration examination.</p> <p>Agreed by Council 2 August 2005.</p>
<p>Status of motion</p> <p>Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications</p> <p>OSCEs are much more expensive than the current registration examination. Further investigation would be needed but the additional costs could be up to £3,000,000 per annum.</p> <p>Financial considerations could include: the hire of venues, training and payment of examiners and actor-patients, financial support for preregistration trainees attending OSCEs (and, therefore, not working for one or more days) and the administration and co-ordination of a more complex assessment structure.</p>
<p>Other related information</p> <p>An internal working group on developing pharmacy education policy. <i>Pharmaceutical Journal</i> 4 December 2004, Letters and <i>Pharmaceutical Journal</i> 18 June 2005 cover story "From pharmacy graduate to pharmacist", pp774-775.</p>
<p>Committee/Council</p> <p>Education Committee July 2005, 05.07/Ed/11.</p>

Minute of the Committee meeting (appropriate item included)

C Implementation of policy

2. Branch Motions

ii. 'It is the opinion of this meeting that preregistration exams should undergo a review. Instead, the preregistration year should focus on competence-based learning and Objective Structured Clinical Examinations and perhaps include a practice-based exam.'

The Committee acknowledged the assessment dilemma in the preregistration year and discussed possible alternatives. It noted there would be cost implications in using OSCEs or practice-based examinations which could include the hire of venues, training and payment of examiners and actor-patients, financial support for preregistration trainees attending OSCEs (and, therefore, not working for one or more days) and the administration and co-ordination of a more complex assessment structure.

The preregistration year, including the registration examination, would be discussed as part of the internal working group on developing pharmacy education policy project.

Further action required

An internal working group on developing pharmacy education policy will be agreeing its strategic objectives for 2005-2006 as part of the wider objective setting exercise for the Council and Education Committee. Consideration of the preregistration examination will form part of the internal working group on developing pharmacy education policy project. A five year programme of work will be presented to the Council for approval in December 2005.

Update prior to the BRM 2006

A three year programme of work was presented to the Council for approval in December 2005. Council agreed and work is now ongoing and a report is due in 2007.

Completed.

Website Yes

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

M. West Metropolitan Branch 1

Motion

“That it is the opinion of this meeting that an extra membership category should be created, with an appropriate retention fee levied, to encompass retired pharmacists. This extra membership would be in addition to the practising and non-practising categories that are now in existence.”

Explanatory paragraph from the Branch

At the August Council Meeting, an agreement was made that there would be only be two levels of membership fee, one for practising pharmacists, and another for non-practising pharmacists.

At the same time that the fee structure was rationalised, there was an increase of about 25 per cent in membership fees.

The West Metropolitan Branch understand and acknowledge that a rise in fees was made to ensure financial stability for the Society, in reducing the reliance on the income gained from publications.

Unfortunately, the rise in fees will hit the retired pharmacists the most, especially as the current plans are to increase the non-practising fee to one-third of the practising fee over the next couple of years.

Retired pharmacists, many of whom have been on the Register for many years, should be allowed to pay a reduced fee, covering the costs of *The Pharmaceutical Journal* (the *PJ*) and administration costs so that they can continue to be members of the Society.

Background information (as agreed by the Council – April 2005)

The non-practising fee (£46) is substantially lower than the practising fee (£256) and offers full benefits of registration. This reduced fee only partially recovers the costs associated with continued registration and distribution of the *PJ*. An annual subscription to the *PJ* is £175. The non-practising fee is set to increase in stages to a third of the level of the practising fee but the Council has agreed to review this policy.

Council response to the motion

At its August meeting, the Council decided to make changes to the retention fee structure for pharmacists.

For non-practising pharmacists, the retention fee is to rise from £46 to £60. This increase was agreed to cover the cost of administration and providing *The Pharmaceutical Journal*. The Council agreed to change previous policy that there should be a link between the level of the non-practising fee and the practising fee. The 2004 decision to raise the non-practising fee over three years to one third of the level of the practising fee has therefore been reversed.

In 2006, non-practising members who have been on the Register continuously for over 50 years will be eligible for a reduced charge of £20 to recognise long-standing service and contribution to the profession.

Non-practising members who left the Register in the 2005 retention fee cycle because of

<p>concerns about the changes in fee structure are being invited to rejoin the non-practising Register without incurring an application or restoration fee.</p> <p>The Council agreed to refer the issue of part time fees to the Resource Management Committee for a full exploration of the issues associated with the retention fee for practising members who do not work full time and for those on low incomes.</p> <p>The Council also agreed a new rate for overseas pharmacists who are practising overseas (and registered with an overseas competent authority, where appropriate) but not practising in Great Britain. Pharmacists resident overseas who fall into this category, who wish to remain on the Society's Register will pay a fee of £106. The fee was agreed in order to cover the full costs of administration and airmailing the <i>PJ</i> to overseas membership.</p>
<p>Other related policies/positions Five year financial strategy. The structure of the Register will be included in the Section 60 Order.</p>
<p>This motion constitutes part of the Society's remit/object/scope Yes. Privy Council approves retention fees. Agreed by Council 2 August 2005.</p>
<p>Status of motion Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications Council decision on fees underpins the setting of the Society's budget for 2006.</p>
<p>Other related information Proposal for amendment to Byelaw was gazetted from 13 August for 60 day consultation.</p>
<p>Committee/Council Resource Management Committee July 2005/Council August 2005.</p>
<p>Minute of the Committee meeting (appropriate item included) Resource Management Committee minutes (confidential Council minutes).</p>
<p>Further action required Following Privy Council approval, communications strategy will be actioned. The issue of part time fees is to be remitted to a future Resource Management Committee.</p>
<p>Update prior to the BRM 2006 This item is ongoing and Council remains committed to considering the options. The Resource Management Committee (RMC) reviewed the retention fees in March 2006 and the RMC has asked for a paper of options to follow which will be presented to Council in June 2006. Council continues to keep a watching brief on this.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

N. West Metropolitan Branch 2

Motion

“That it is the opinion of this meeting that the Society should endeavour to increase the number of preregistration placements available to pharmacy graduates.”

Explanatory paragraph from the Branch

Undertaking the role of a preregistration tutor requires an enormous work commitment from both the tutor as well as all the other members of staff at the training site. Some hospitals have reduced the number of preregistration trainees that they take, while others have stopped taking them altogether, due to the large drain on resources that this training now requires.

Three new schools of pharmacy have recently opened and another is expecting to take applications during 2005.

These new schools of pharmacy will mean that there will be a large increase in the number of pharmacy students, which will therefore lead to an increased number of pharmacy students/pharmacy graduates looking for preregistration placements from 2008 onwards.

Unless there is an increase in the number of preregistration placements, there will be pharmacy graduates unable to obtain preregistration placements, simply because demand outweighs supply.

The overall aim of increasing the number of pharmacy students is to increase the number of qualified pharmacists. An increase in the number of pharmacy students will increase the number of pharmacy graduates. However, if the number of preregistration placements is not increased, then this will have no effect on the number of qualified pharmacists.

This problem has already started to raise its head, with some graduates already having difficulty in obtaining preregistration placements, due to a lack of placements being available. Therefore, the Society needs to act now to ensure that there is an increase in the number of preregistration placements.

Background information (as agreed by the Council – April 2005)

For 2004/5, all those looking for placements do seem to have found them – even if not their first choice for where and when. It is too early to tell for 2005/6, but the current expansion of placements is keeping pace with the increase in numbers of graduates from the existing schools of pharmacy. In 2003, there were 2,488 pharmacies approved for preregistration training and in 2004 the number had risen to 2,840. Due to a variety of reasons not all these will take trainees each year.

The Society, however, has no direct responsibility for the provision of preregistration placements which is a matter for pharmacy employers. There is no central co-ordinating mechanism as there is in some other health professions (e.g. medicine). It is also the responsibility of the higher education sector – and the universities delivering the MPharm within it – to be aware of the number of placements available when planning future undergraduate numbers. The Society has no power to refuse to accredit courses on the basis of insufficient preregistration placements. The Society can and does seek to influence employers and the HE sector to try to balance the numbers of graduates with numbers of placements. To date, however, the HE sector has not been willing to restrict the numbers of graduates to match the

<p>known number of placements and the pharmacy employers have developed placements no faster than the existing schools of pharmacy have increased the numbers of graduates.</p> <p>The Society is taking all the steps it can within its powers. It has, for example, recently facilitated the private hospital sector to become a new source of preregistration placements for the future. The Society has also deferred making Cross Sector Experience mandatory. This is one of the few relevant areas where the Society has the full discretion to act on its own authority, and it has taken this action to avoid exacerbating the problem from its side.</p> <p>The main arena for forthcoming discussions on the balance between graduates and placements should be in response to the report of the UK Health Departments' Workforce Planning Advisory Group. The NHS (in England) has given undertakings to support the creation of more placements. This should be developed in the recommendations in the report and is also reflected in the recent announcement of an increase in the training grant £4,910 to £16,440.</p>
<p>Council response to the motion</p> <p>Through the Preregistration Division of the Education and Registration Directorate, the Society is monitoring the availability of preregistration places. While acknowledging there will be increased demand as students graduate from new schools, it is encouraging to note that supply has met demand to date.</p> <p>In addition there has been a significant increase in the training grant (in England) from £4,910 to £16,444 with equivalent changes in Wales and Scotland. This has led to an increase in the number of premises approval applications for preregistration placements. Finally, it is encouraging to note the Department of Health is committed to creating additional community pharmacy placements.</p>
<p>Other related policies/positions</p> <p>An internal working group on developing pharmacy education policy (reporting to Education Committee). A five year programme of work will be presented to the Council for approval in December 2005.</p>
<p>This motion constitutes part of the Society's remit/object/scope</p> <p>The Society's role is to seek to influence those who provide and fund preregistration places. An internal working group on developing pharmacy education policy will take an holistic view of all aspects of education and training.</p> <p>Agreed by Council 2 August 2005.</p>
<p>Status of motion</p> <p>Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications</p> <p>Pharmacy employers provide the actual placements. The costs are therefore borne by them, but supported by the GB Health Departments' training grants.</p>
<p>Other related information</p> <p>Education policy and the way in which it is implemented lies at the heart of the Society's role in both leadership and regulation. In the coming months and years the Society will need to develop and implement a series of key policy changes relating to education of both pharmacists and technicians to meet the expectations of the profession and the public in relation to the fitness and competence to practise of our workforce.</p>
<p>Committee/Council</p> <p>Education Committee July 2005, 05.07/Ed/12.</p>
<p>Minute of the Committee meeting (appropriate item included)</p> <p>C Implementation of policy 2. Branch Motions iii. West Metropolitan Branch 2 motion [paper 05.07/Ed/12]: 'That it is the opinion of this meeting that the Society should endeavour to increase the number of preregistration</p>

placements available to pharmacy graduates'
The Committee noted the Branch's concerns and contextualised it by discussing the placement needs of students both before and after graduation. The Committee hoped the substantial increase in the training grant from £4,910 to £16,444 would encourage potential preregistration tutors to apply for premises approval and take trainees. The Committee was aware, however, that the Society could not influence the provision of placements directly but noted it had and would continue to lobby for additional funding as and when appropriate.
Further action required An internal working group on developing pharmacy education policy will be agreeing its strategic objectives for 2005-2006 as part of the wider objective setting exercise for the Council and Education Committee. Consideration of the student preregistration experience will form part of the internal working group on developing pharmacy education policy. A five year programme of work will be presented to the Council for approval in December 2005.
Update prior to the BRM 2006 A five year programme of work was presented to the Council for approval in December 2005. Council agreed and work is now ongoing and a report is due on 2007.
Completed.
Website Yes

BRM 2005 PROGRESS REPORT ON MOTIONS

Amended motion carried

O. Lincoln and District Branch

Motion as amended

“This meeting believes that in the interests of patient safety that all primary packaging, secondary packaging and dose forms be marked with a clear, identifiable, common code.”

Explanatory paragraph from the Branch

In an age when litigation is fast becoming the norm for medical errors, it seems incomprehensible that we still have a system that is not uniform for the identification of medication. Manufacturers can register an identification code for their product but at present there appears to be no common link between the different brands, especially where generics are concerned.

Many tablets/capsules are marked, but none bear a common code. For example frusemide can be f40, 2b2 or DLI, under our proposal the code for frusemide would be FRU4, for thyroxine 100mcg the code would read THY1, with the manufacturers mark placed on the other half of a capsule or the reverse of a tablet. The manufacturer would have a registered mark e.g. GSK for glaxosmithkline, TEV for TEVA, APS and so on.

This code could be adopted Europe if not world-wide, there inevitably are problems – cyclophosphamide 50 and cyclizine 50 would both be cyc5 and clashes of this nature would have to be sorted. Bumetanide 1mg would have an unfortunate code – and sales may fall – BUM1.

But we will believe the idea should be investigated and developed.

Background information (as agreed by the Council – April 2005)

The Society has been working with the National Patient Safety Agency on a number of related issues. The main thrust of our joint work has been over reducing the risk of errors being made over the choice of medicine through similar packaging.

The Society is also advocating the standardisation of bar codes, etc used on medicines packaging. This would allow the development of electronic systems that would identify a product from its bar code or a similar electronic method such as Radio Frequency Identification (RFID).

Any changes to packaging or marking on tablets and capsules would need to be replicated across Europe and possibly worldwide. This is because of the global nature of the pharmaceutical industry and the increasing amount of parallel imported products coming into Great Britain from Europe and beyond. The co-operation of the pharmaceutical industry, including the generic manufacturers, and the parallel importers would be required to achieve such a change.

Council response to the motion

The Council agrees with the motion that it is in the interest of patient safety that all primary packaging, secondary packaging and solid dose forms (tablets, capsules) be marked with a clear, identifiable, common code. The Society continues to work across a broad front to enhance this and all aspects of patient safety in the use of medicines.

Other related policies/positions

See background note above.

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

The Society is committed to promoting/ensuring patient safety in the use of medicines.

<p>Agreed by Council 2 August 2005.</p>
<p>Status of motion Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications The pursuit of these aims requires a significant amount of work not only by the Society to drive the initiative but also the licensing authorities to approve the necessary variations to licenses. Because of the complexity of the work needed and the many stakeholders involved, a final outcome is unlikely to be achieved in the short term.</p>
<p>Other related information</p> <ul style="list-style-type: none"> • Policy taken forward through several directorates; parliamentary lobbying briefing planned for 2006 • Need to work with NPSA. • Need to get buy in from all pharmaceutical companies, wholesalers, importers, MHRA and EMEA. • It would mean that medication would be relatively easy to recognise out of its packaging. • If bar-coding or RFID was used as a standard then it would be possible to track packs through out the supply chain – this could help recall and reduce opportunities to introduce counterfeit medicines to the supply chain.
<p>Committee/Council Practice Committee July 2005, 10 05.07/P/48.</p>
<p>Minute of the Committee meeting (appropriate item included) The Committee agreed to support the motion in principle subject to the addition of solid dosage forms as it would be difficult to achieve this for liquids, powders, granules, etc.</p>
<p>Further action required Continue to talk to NPSA, MHRA, EMEA identify and agree what approach is required. Continue to talk to ABPI, BGMA, PAGB, etc to identify feasibility and acceptability (many pharmaceutical companies outside of these organisations). Need involvement of wholesalers and importers.</p> <p>Talk to PASA (NHS purchasing and supply agency) to include as a standard for tender.</p>
<p>Update prior to the BRM 2006 The Society is still pursuing the goal of improving packaging of medicines and the standardisation of bar codes, etc used on medicines packaging. We expect that this goal will take time to be achieved. This work will continue in 2006 and beyond.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

P. Teesside and District

Motion

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

Explanatory paragraph from the Branch

The current annual Branch capitation allowance is insufficient to fund the provision of an increasingly full range of local professional meetings throughout the year without charging for attendance. Commercial sponsorship is, therefore sought to fund meetings.

It is evident that pharmaceutical companies will only fund meetings if so doing will be to their commercial advantage.

It serves the profession ill that Branches are obliged due to the lack of resources to accept commercial sponsorship when PCTs have increasingly discouraged this at their meetings.

There are three main options for pharmacy.

1. To charge members an admittance fee.
2. To increase the retention fee to fund meetings.
3. Central funding is increased.

The members of Teesside Branch believe that option 1 would lead to the demise of the local Branch meeting and that option 2 would be unwelcome in view of the recent swingeing increase in fees.

We propose that funding to Branches is increased to its former level, if the voluntary system of Branch organisation of meetings is to continue without the incessant seeking of commercial sponsorship.

Background information (as agreed by the Council – April 2005)

The new method of funding Branches was introduced in 2003 with the aim of opening up extra funding for Branches with an active programme to support while encouraging others to mobilise unspent reserves for the benefit of membership activities. All Branches are now allocated core funding and all are now entitled to apply for extra funding to support their planned annual programme. Some Branches have found that the new method of allocating funding means that their funding has increased. Some Branches supplement this with sponsorship in cash or kind from commercial companies and this is acceptable as long as the arrangement is transparent, reasonable and professional. As part of our corporate governance work, we are working on more detailed guidance for Branches to help them manage sponsorship in a more consistent way.

Council response to the motion

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

<p>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.</p> <p>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.</p>
<p>Other related policies/positions N/A</p>
<p>This motion constitutes part of the Society's remit/object/scope Yes. Agreed by Council 2 August 2005.</p>
<p>Status of motion Discussed at August 2005 Council. Response agreed by Council.</p>
<p>Resources implications Any change would require an increase in the funding of Branches, which would have budgetary implications.</p>
<p>Other related information N/A</p>
<p>Committee/Council N/A</p>
<p>Minute of the Committee meeting (appropriate item included) N/A</p>
<p>Further action required To be brought forward at Branch and Regional Secretaries' Meeting October 2005.</p>
<p>Update prior to the BRM 2006 The Branch has raised this issue in its motion to the BRM 2006. Guidance for Branches on the use of sponsorship was produced and distributed to the Branches in March 2006.</p>
<p>Website Yes</p>

BRM 2005 PROGRESS REPORT ON MOTIONS

Motion carried

Q. Brighton and District Branch

Motion

“That it is the opinion of this meeting that it should be made mandatory for all community pharmacies to operate a locum signing in procedure. This will enable the recording of a contact address and a home or mobile telephone number in order expedite the resolution of any subsequent problems involving the work of that locum.”

Explanatory paragraph from the Branch

In areas where there is a shortage of locum pharmacists, Saturday mornings and emergency cover often has to be provided by pharmacists who do not live in the area and are therefore not particularly well known.

Should any queries arise regarding prescriptions dispensed while such locums are in charge, it can be very difficult to track the pharmacist down quickly.

This presents a particular difficulty when a time limit is set for acting on complaints and queries from the public.

Background information (as agreed by the Council – April 2005)

Section A2 of the Code of Ethics refers to pharmacists who own a pharmacy, superintendent pharmacists and pharmacist managers in hospitals and trusts and other fields of practice. In this section it states that these pharmacists are responsible for ensuring that a retrievable record of the pharmacist taking responsibility for the provision of each pharmacy service is maintained and that an identifiable pharmacist is accountable for all activities of non-pharmacists involved in the provision of pharmacy services.

It is also highly likely that the implementation of the electronic transfer of prescriptions will require a record to be kept of the pharmacist taking professional responsibility for each prescription dispensed.

Council response to the motion

All pharmacies must have a system in place where they are able to identify the pharmacist responsible for provision of each pharmacy service and show that an identifiable pharmacist is accountable for all activities of non-pharmacists involved in the provision of pharmacy services. This requirement includes locums.

Other related policies/positions

Code of Ethics – see above.

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

Code of Ethics.

Agreed by Council

2 August 2005.

Status of motion

Discussed at August 2005 Council. Response agreed by Council.

Resources implications

None: already a requirement of the Code of Ethics.

Policy statements on related issue

Code of Ethics. www.rpsgb.org/members/ethics/index.html

Other related information

N/A

Committee/Council Practice Committee July 2005, 10 05.07/P/48.
Minute of the Committee meeting (appropriate item included) This is already covered in the Code of Ethics. It is possible to trace the pharmacist responsible at the time of dispensing a prescription. However, it is not always possible to know who is the accountable pharmacist when an item is handed out.
Further action required None
Update prior to the BRM 2006 Completed
Website Yes