

**Royal Pharmaceutical Society of
Great Britain**

Report of the Council on resolutions passed
at the Branch Representatives' Meeting
May 2007

BRM 2007 PROGRESS REPORT ON MOTIONS

Substantive motion carried

A. Bolton and District Branch

Motion amended

“It is the opinion of this meeting to fully support the proposal that the Society should relinquish its regulatory role.”

Explanatory paragraph from the Branch

There has been much discussion in the pharmaceutical press in recent months about the Society's dual role. The Branch feels that the time is now right for the Society to become a purely membership body to promote pharmacy and pharmacists. Following this move, the Branch would anticipate much closer working between the Society and other pharmacy bodies (PSNC, NPA, The Guild, etc.) so that pharmacy can speak with one voice.

The Branch does not wish to be prescriptive with regard to timescales, funding and the mechanism of achieving this objective but wishes the membership to have a voice in the decision process.

Background information (as agreed by Council – April 2007)

Since this motion was raised, the Government has published a White Paper saying that it intends to set up a General Pharmaceutical Council (GPC) to take over regulatory responsibilities currently held by the Society. It also recognises that the profession will need a separate, strong and clear voice to assume a role akin to that of a Royal College, and that this should be a learned and authoritative organisation, supporting excellence, professionalism, and innovation in the science and practice of pharmacy.

The Society is hard at work on the development of models for a transition to such a body. Its priorities at the moment are to establish what functions such a body should carry out, and how it could be properly managed and resourced, so that there are sustainable funding arrangements for the long term and, at the very least, no greater risk to patients or the profession.

The Society will be consulting widely with the profession and other stakeholders on Government proposals for a General Pharmaceutical Council and a body akin to a Royal College. As a first step, the Society invited representatives from every Branch and Region and other pharmacy stakeholders to the Society's headquarters, to brief them fully on the White Paper and to provide an opportunity to discuss their view. Both Keith Ridge, Chief Pharmaceutical Officer for England, and Bill Scott, Chief Pharmaceutical Officer for Scotland attended this meeting. An update will be given at the Branch Representatives' Meeting in May 2007.

Key points of the debate at the BRM

This motion was carried with no debate.

Council response to the motion

The Council is actively engaged with the Department of Health in establishing the General Pharmaceutical Council (GPhC). When the GPhC is established, the Society's regulatory roles will be transferred to this new body. The Society is represented on the Department of Health's Pharmacy Regulation and Leadership Oversight Group (PRLOG), which is charged with advising Ministers on establishing the new regulator, managing the transition process and identifying ways in which the professional body could support the regulator. PRLOG met for the first time on 7 August and the next meeting will be on 9 November.

Other related policies/positions

White Paper – Trust Assurance and Safety: The Regulation of Health Professionals in the 21st Century.

<p>This motion constitutes part of the Society's remit/object/scope Yes.</p>
<p>Status of motion Discussed at October 2007 Council. Response agreed by Council.</p> <p>Update April 2008 PRLOG has now met three times and work is well under way on the transition to the General Pharmaceutical Council.</p> <p>The Society believes the structure and functions of the future professional body should be decided by the profession. To that end it has commissioned an independent analysis of the functions and structure of a future professional body ("the Clarke Inquiry"), together with in-depth research to determine what members might want, need and expect from such a body. This will be followed by a formal consultation process.</p>
<p>Resources implications Uncosted.</p>
<p>Other related information n/a</p>
<p>Committee/Council Council.</p>
<p>Minute of the Committee meeting (appropriate item included) n/a</p>
<p>Further action required Explicit in response.</p>
<p>Website Yes.</p>

BRM 2007 PROGRESS REPORT ON MOTIONS

Motion carried

B. Glasgow and West of Scotland Branch

Motion

“It is the opinion of this meeting that RPSGB assets should be preserved for the benefit of professional members in the event that a complete split of professional and regulatory functions be required.”

Explanatory paragraph from the Branch

Over 150 years, the Society has built up assets from its members for the benefit of the profession. The Government has called for the Society to clarify the separation of its regulatory and professional functions and some suggest this may require a complete division into two distinct bodies. It is important that funds continue to be used to support members whatever role the Society ultimately fulfils.

Background information (as agreed by Council – April 2007)

Since this motion was raised, the Government has published a White Paper saying that it intends to set up a General Pharmaceutical Council (GPC) to take over regulatory responsibilities currently held by the Society. It also recognises that the profession will need a separate, strong and clear voice to assume a role akin to that of a Royal College, and that this should be a learned and authoritative organisation, supporting excellence, professionalism, and innovation in the science and practice of pharmacy.

The Society is hard at work on the development of models for a transition to such a body, and is determined that both the transition to a General Pharmaceutical Council and the possible establishment of a body akin to a Royal College should be properly managed and resourced, both initially and in the long term.

The RPSGB's assets are the property of the Society as a legal corporation. Should the Society be dissolved, the Charter makes it clear that the assets could not be distributed amongst the members of the Society but would have to be given to some other body or bodies with objects similar to those of the Society. This could only be done with the consent of the members via Special Resolution.

Key points of the debate at the BRM

This motion was carried with no debate.

Council response to the motion

The assets (both financial and information-related) that are the property of the Society should remain assets of the Society, subject to data protection requirements. It may be necessary to reach agreement on the transfer of some records to the GPhC (e.g. the registers, fitness to practise databases) in order to allow it to fulfil its regulatory functions. Negotiations over any such transfer would be expected to fall within the remit of the Department of Health's Pharmacy Regulation and Leadership Oversight Group (PRLOG), which is charged with advising Ministers on establishing the new regulator, managing the transition process and identifying ways in which the professional body could support the regulator. The Society is represented on PRLOG, which met for the first time on 7 August and which will meet next on 9 November.

The RPSGB's assets are the property of the Society as a legal corporation. Should the Society be dissolved, the Charter makes it clear that the assets could not be distributed amongst the members of the Society but would have to be given to some other body or bodies with objects similar to those of the Society.

This could only be done with the consent of the members via Special Resolution or through legislation, but using legislation for this purpose would be considered heavy-handed, lengthy and likely to run into opposition from a range of stakeholders.

Other related policies/positions

n/a

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

Yes.

Status of motion

Discussed at October 2007 Council. Response agreed by Council.

Update April 2008

No update as Council response to the motion still stands.

Resources implications

Explicit in response.

Other related information

n/a

Committee/Council

Council.

Minute of the Committee meeting (appropriate item included)

n/a

Further action required

n/a

Website

Yes.

BRM 2007 PROGRESS REPORT ON MOTIONS

Motion carried

C. Edinburgh and Lothians Branch

Motion

“It is the opinion of this meeting that the RPSGB should develop specific training programmes and guidance for tutors to support their work of supervising preregistration pharmacists.”

Explanatory paragraph from the Branch

Some recent reports from the Royal Pharmaceutical Society indicate a wide variety in the quality of training provided to preregistration pharmacists. Concerns have also been raised in connection with the implications of the Pharmacists and Pharmacy Technicians Order 2007, also known as the Section 60 Order made under the Health Act 1999, in that a preregistration pharmacist, who has been given very little responsibility during their training year, suddenly finds themselves in a position of total responsibility for a pharmacy as soon as they register.

Although NHS Education Scotland is developing a strategy for preregistration pharmacists in Scotland, which will include provision of training for tutors, we propose that the Society should take a much more pro-active role in supporting tutors to ensure a better and more equitable quality of training.

Background information (as agreed by Council – April 2007)

The Society recognises that tutors have a huge impact on the quality of education and training provided to preregistration trainees. Tutor training is currently made available through distance learning materials.

The Society welcomes this motion and its call to further develop tutor training. Indeed, the Pharmacists and Pharmacy Technicians Order 2007, provides the statutory framework, which requires issues of quality assurance for the preregistration year to be addressed more comprehensively and robustly, and therefore goes some way to addressing issues of quality tutoring. It will require rules, standards and guidance to be developed for tutors to underpin implementation.

Provision of quality assured training will undoubtedly enhance consistency and help tutors to meet their role in ensuring the future of the profession more effectively. It is recognised that barriers to delivering fully quality assured training in the preregistration year, such as cost and indeed time, will need to be addressed by the appropriate stakeholders.

It is recognised that newly qualified pharmacists on part 1 of The Register may be in sole control of a pharmacy although this is not new. However, under the Code of Ethics, pharmacists are required to work within the boundaries of their competence and superintendent pharmacists and managers have a responsibility not to seek to impose conditions on pharmacists that may adversely affect their ability to comply with their professional and legal duties.

Key points of the debate at the BRM

This motion was carried with no debate.

Council response to the motion

The Society will be running a pilot exercise to provide face-to-face interactive training on the specific topic of work-place assessment in Autumn 2007. Further proposals will be developed in 2008 based on the outcome of the pilot exercise. In addition to this work, the Society already provides distance learning materials and information in the tutor workbooks.

Other related policies/positions

Some of the underpinning principles will be consulted on in "Fit for the Future: Phase 2" as agreed by the Council in June 2007.

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

Yes.

Status of motion

Discussed at October 2007 Council. Response agreed by Council.

Update April 2008

The Society ran six pilot events to train tutors in workplace assessment during Autumn 2007. This involved training 90 tutors from a variety of sectors and with a range of experience (0-20 years). Events were held in London, Cardiff, Edinburgh and Manchester. These events were well attended and feedback showed that tutors welcomed the opportunity to put theory into practice and also to network with other tutors. The Society is currently planning a second phase of development for 2008. The Society recognises that provision of such training will contribute to the consistency and quality of assessments undertaken by tutors in the preregistration training period. Other avenues of support for tutors are also being explored, such as resources provided on the Society's webpage.

The Society is also undertaking a piece of work to research the quality management of the Preregistration Scheme (www.rpsgb.org/pdfs/counagen0706open.pdf - 07.06/C/52). This will look at all aspects of the scheme and includes trainees, tutors, training sites and training programmes. This research will inform the Society of possible mechanisms available in pharmacy to ensure quality education and training in the Preregistration Scheme.

Resources implications

Provision has been made in the 2007 budget and is being sought for 2008.

Other related information

n/a

Committee/Council

The Education Committee is being kept aware of these developments and will be receiving a detailed report in the autumn.

Minute of the Committee meeting (appropriate item included)

n/a

Further action required

Work is already in hand.

Website

Yes.

BRM 2007 PROGRESS REPORT ON MOTIONS

Motion carried

D. Nottingham Branch

Motion

“It is the opinion of this meeting that the “changes in this edition” page included at the front of the Medicines, Ethics and Practice – a guide for pharmacists (MEP) should be more explicit and helpful in identifying what has changed; particularly in regard to what the previous edition stated.”

Explanatory paragraph from the Branch

Currently, the “changes in this edition” merely relate to the sections where new information may be found. For example, in MEP guide no 30, section 1.2, which comprises 15 pages is listed as having six such instances – exactly where and what has changed is not specified. To discover the answer, one must laboriously compare the word for word texts in the previous and current edition, often bearing different page numbers and re-numbered paragraphs.

Most pharmacists need to know precisely what has changed – from what to what – to revise their memory banks and erase their earlier learned information. This need has become particularly acute in recent years as comprehensive changes, such as the consequences of the Shipman Inquiry and the revised legal regime for animal medicines is implemented. Similar precision will be needed to identify and re-memorise the envisaged changes to supervision and personal control.

The MEP approach contrasts unfavourably with the BNF, which specifies more precisely, section and page number, where and what the change information comprises. The BNF also maintains a detailed list of changes, discontinued items and new inclusions. This model should be adopted for future editions of the MEP guide.

Background information (as agreed by Council – April 2007)

The Society recognises the difficulties that can arise when cross-referencing the changes in new editions of the MEP. Providing details of all the changes since the last edition at the front would make the guide much longer and more cumbersome than it currently is. Owing to the nature of the changes, highlighting each amendment concisely at the beginning of the guide would essentially be a rework of all the information provided in the main content. It is for this reason that only the major changes are emphasised at the front of the guide.

In addition, many of the significant changes to a new edition would previously have appeared in the pharmaceutical press as news items or Law and Ethics Bulletins and pharmacists are encouraged to familiarise themselves with changes on an ongoing basis.

Key points of the debate at the BRM

This motion was carried with no debate.

Council response to the motion

In making its response the Council have taken note of recommendations made by the Law and Ethics Committee, that it is not practicable to indicate every change in the ‘Changes in this edition’ section of the MEP Guide. The Law and Ethics Committee is supportive of expanding the ‘Changes in this edition’ section to provide further information to the membership on the particular areas that are new or have been revised. This will help ensure that pharmacists and pharmacy technicians continue to use the MEP Guide as a day to day reference document. These revisions have been incorporated into the MEP Guide No. 31.

Other related policies/positions

In due course the nature of the MEP Guide will be reviewed.

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

No.

Status of motion

Discussed at October 2007 Council. Response agreed by Council.

Update April 2008

No update as Council response to the motion still stands.

Resources implications

Preparation of detailed guidance to the changes made in new editions of the MEP Guide in line with the Branch motion would have an impact on staff and time resources. It is estimated that this volume of work might represent 60 days of staff time, which is currently unbudgeted. This would reduce the opportunities for other work to be undertaken by staff members at a time when there is considerable demand for advice and guidance from members.

The number of enquiries received by the Advisory Service has consistently increased in recent years. Recent statistics support this increase. For example, during the first 5 months of 2007 the Advisory Service received 6947 enquiries via telephone, letter and email compared with 6010 during the same period in 2006. This represents a 15.6% increase in the number of queries and highlights the increasing demand for this important service.

Provision of detailed guidance at the beginning of the MEP Guide would in practice double the workload. It would be impractical for the current editor of the MEP Guide to fit this work into their schedule and therefore each contributor would be required to provide a synopsis of the changes to their section in a uniform format, which would be collated at the front. This would be a time consuming exercise and would run the risk of errors being made.

The resource implications of the recommendations made by the Law and Ethics Committee would be an increase in the current workload for both the Legal and Ethical Advisory Service and the editor of the MEP Guide.

Other related information

None.

Committee/Council

Law and Ethics Committee.

Minute of the Committee meeting (appropriate item included)

3. MEP and Updates

The Committee discussed the Branch motion requesting that the Medicines, Ethics and Practice guide should more explicitly state the changes made to new editions, in a similar way to the BNF. It was recognised that the MEP Guide is different in nature and style to the BNF, and that due to the large number of changes that occur during the year a list similar to that in the BNF would not be possible. Concern was also expressed that listing all changes to the MEP Guide would damage the publication and could lead to a cherry picking of the changes without considering them in the context of the entire publication. The Committee recognised however, that owing to the size of the MEP Guide, the membership might find some further information more useful. The Committee agreed that while there was not scope for flagging every change, the 'changes in this edition' section could be expanded on to make better use of the space on the first page of the MEP Guide. In addition, the Committee suggested that for future publications it would be helpful to reflect on the format of the guide, and that a questionnaire could be used to gauge the professions thoughts on the MEP Guide and how it could be further improved.

Recommendation

There is not scope for detailing every change, but the 'changes in this edition' section could be expanded on using the space available at the beginning of the MEP Guide.

Further action required

Expansion of the 'Changes in this edition' section at the beginning of the MEP Guide, using the available space, to be completed by the Legal and Ethical Advisory Service and editor of the MEP Guide. These revisions have been incorporated into the MEP Guide No.31.

Website

Yes.

BRM 2007 PROGRESS REPORT ON MOTIONS

Motion carried

E. South West Metropolitan Branch

Motion

"It is the opinion of this meeting that the RPSGB works with the MHRA and other appropriate bodies to ensure that an accurate representation of the shape, colour, size and any markings on tablets or capsules should be printed on the outside of the pack."

Explanatory paragraph from the Branch

Up until fairly recently most pharmacists and pharmacy technicians could identify many commonly used tablets and capsules by sight when they were counted and bottle packed. With the advent of blister and foil packs and the dispensing of original packs, it is not possible to know what the tablets or capsules we are dispensing look like.

Although patient pack dispensing has become the norm, there are still a number of occasions when "dispensing down occurs". This is particularly prevalent with the use of monitored dosing systems (MDS) such as dosette boxes and similar. Not having a working knowledge of visual oral dosage form identity creates a number of problems associated with their use, which could easily lead to errors resulting in patient harm.

Firstly checking MDSs is fraught with difficulty as although the outer packs and used blisters are present there is no visual recognition available. This leads to major problems in ensuring a robust accurate check without wasting and discarding an undispensed tablet or capsule.

Another area where problems occur is in hospital when patients are admitted with MDSs where the pharmacist finds it increasingly difficult to identify patients own medicines, or to pick up dispensing, or prescribing errors. Nursing staff rely on the pharmacist's ability to identify the medicines in these devices to ensure they are administering the correct medication.

The printing of a picture on the outside of the container would help pharmacy staff and others learn what the medicines that they dispensed looked like and to quickly confirm the suspected identity of a tablet or capsule with reference to the pack. It would also ensure that checking of MDS devices and similar would be much safer. With present day technology, the costs of such a requirement would be minimal and could be absorbed by companies in the same way they absorb the costs of frequent re-branding of their products, but would be an aid to safety rather than a barrier.

We would therefore ask the RPSGB to press manufacturers to include an accurate image of their tablets or capsules prominently on the outside of their packs and work with the MHRA to make it a legal requirement.

Background information (as agreed by Council – April 2007)

The inclusion of a picture of a tablet or capsule on the outside of the packaging of a product would help pharmacy staff be able to identify tablets and capsules – particularly those used in MDS containers. The greater use of original pack dispensing and blister packs can lead to a pharmacist rarely seeing what a tablet looks like, which can make identification of loose tablets difficult.

There are a number of initiatives that it is worth being aware of:

(i) Identification of tablets and capsules is already possible using databases such as TICTAC (The Identification CD-ROM for Tablets and Capsules).

TICTAC is a comprehensive CD-ROM database for the visual identification of drugs (primarily tablets and capsules) and substances that may resemble drugs.

TICTAC is most commonly used by healthcare and law enforcement professionals and by the pharmaceutical industry. Fully indexed and searchable, TICTAC makes visual confirmation simple with its extensive image library of over 43,000 colour photographs.

(ii) The National Patient Safety Agency (NPSA) has published a document entitled 'Information design for patient safety: a guide to the graphic design of medication packaging' (2006) [http://www.npsa.nhs.uk/site/media/documents/1539_Information_Design.pdf]. This report says that 'an idea for further research is adding a picture of the tablet on the secondary packaging' but does not provide any further details.

(iii) The PAGB 'Code of Practice for Pack Design for Over the Counter Medicines' [<http://www.pagb.co.uk/media/downloads/doc/PAGB%20Pack%20Design%20Code.pdf>] discusses use of symbols or pictograms and states that 'pictures of tablets or capsules on packs can help consumers identify their shape, whether they are soluble, effervescent or chewable. Where a picture is used on a pack the illustration must be the same as the tablet inside'. The code also states that 'no statement or image should be included on packs unless the relevant Summary of Product Characteristics supports it'.

(iv) MHRA 'Guidance Note 25: Best practice guidance on the labelling and packaging of medicines' (2003) [http://www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&nodeld=579] does not make specific reference to use of photographs or pictures.

Key points of the debate at the BRM

For

Pharmacists no longer know what individual medicines look like, making it difficult to ensure that patients get the right medicine. The technology is there to print accurate representations on the packs.

Against

Printing a picture is quite expensive. Descriptions of tablets are well known and publicised and there are already schemes for identifying tablets. The MHRA would need to approve any packaging re-designs.

Council response to the motion

The Society supports the principles of the motion; correct tablet identification is paramount for patient safety. The Practice team within the Directorate of Practice and Quality improvement will work with MHRA and the NPSA to explore the possible outcomes of the motion. The Society will raise the issue with both bodies during Autumn 2007.

Other related policies/positions

None.

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

Yes.

Status of motion

Discussed at October 2007 Council. Response agreed by Council.

Update April 2008

The Practice team within the Society intend to raise this issue with the MHRA and the NPSA within the next few months as we meet to discuss patient safety and counterfeiting. The Practice team approached the ABPI on this motion as it was felt it was important to get the pharmaceutical industry viewpoint on this matter. To date we have not had a response from the ABPI.

Resources implications

Uncosted.

Other related information

None.

Committee/Council n/a
Minute of the Committee meeting (appropriate item included) n/a
Further action required Meeting to be arranged between RPSGB and MHRA.
Website Yes.

BRM 2007 PROGRESS REPORT ON MOTIONS

Motion carried

F. BPSA Motion 1

Motion

"It is the opinion of this meeting that there should be a special interest group to represent preregistration tutors."

Explanatory paragraph from the Branch

BPSA members believe it would be beneficial to trainees and tutors alike if there was a group or body where all tutors could get support, guidance and training.

The BPSA proposes that a Special Interest Group be set up within the Society for preregistration tutors. Having a central group, which any tutor from any sector, could approach for support would formalise and enhance existing arrangements. An increase in the support available would raise the standard of preregistration education, and allow for greater consistency in the standards of training. It would also facilitate the sharing of best practice amongst tutors, and provide opportunities for tutors to build up networks of support.

The BPSA believes this is a good motion as the preregistration year is crucial in the development of future pharmacists. It is important to get every factor in this year right. During this year, the profession is examining the competence of their trainees and therefore should be investing in the competence of the tutors.

Background information (as agreed by Council – April 2007)

The Society recognises the value of greater support for tutors and has been exploring a number of options for this -- and a separate free standing Special Interest Group (SIG) could be one of those options.

The Society is also looking at other possible opportunities to provide greater support for tutors, one of these being to use the Branch and Regional network and the CPD scheme more proactively. This work is being coordinated with the "Fit for the Future" educational policy review and development initiative.

Key points of the debate at the BRM

This motion was carried with no debate.

Council response to the motion

The Council will actively explore the options for providing the sort of support for tutors that an SIG can provide, but with an open mind as to the best structure for this. One option may be to explore an electronic approach to providing this support with appropriate resources in place and perhaps through my RPSGB. Timetabling and dedicated resources will need to be in place to support this mechanism. Options for the support of pharmacists, pre-registration trainees and students will be explored by Council during 2008 as part of the work to develop the new professional body.

Other related policies/positions

There may be interaction with the Fit for the Future policy development work.

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

Yes.

Status of motion

Discussed at October 2007 Council. Response agreed by Council.

Update April 2008

The Society is currently exploring an electronic approach to providing tutor support with appropriate resources.

This includes researching the resources needed for such an approach and will form part of the work to develop the new professional body.

The split of the Society into two organisations provides an opportunity for the Council to review SIGs, their governance structures and future in the new professional body. This area of work is ongoing and decisions as to the best structure for this will need to be made. Work is ongoing as to the support options for pharmacists, pre-registration trainees and students. This area will be explored by Council during 2008 as part of the work to develop the new professional body.

The Fit for the Future policy initiative is currently at phase 2 – reviewing and developing the education and training standards required in the MPharm and Preregistration year. Once this phase has been completed it will be possible to develop the infrastructure to support the delivery.

Resources implications

Unknown.

Other related information

This motion raises the issue of the nature of Special Interest Groups and their future in the new professional leadership body.

For this reason, some of the governance issues around SIGs are being looked at very carefully in this context.

Committee/Council

Council.

Minute of the Committee meeting (appropriate item included)

n/a

Further action required

Clarification of the SIG issues.

Website

Yes.

BRM 2007 PROGRESS REPORT ON MOTIONS

Motion carried

G. BPSA Motion 2

Motion

“It is the opinion of this meeting that pharmacy students should have a comprehensive pharmacy charter to adhere to as undergraduates, modelled on charters of other healthcare professions.”

Explanatory paragraph from the Branch

In 2005, the Society asked the BPSA to consider the Medical School Charter. This charter acts as a code of conduct for medical students, and serves to outline the responsibilities of both the student and the medical school.

The BPSA has considered the responsibilities of pharmacy undergraduates in relation to the MPharm degree. The clinical component of pharmacy education is continually growing and developing. This has led to pharmacy students having increased contact with patients, and patient records, before becoming a registered pharmacist. As a consequence, an increased responsibility is placed on students to behave in a manner consistent with the profession to whose membership they aspire. This highlights the need for a pharmacy school charter, and BPSA members overwhelmingly voted for this. A charter that mirrors the pharmacists' Code of Ethics and practice guidance may potentially be a way of achieving this. Such a charter is a means of standardising the ideals of professionalism already taught within the MPharm course, and will address the issue of student fitness to practise in a sensible and appropriate way.

Background information (as agreed by Council – April 2007)

The Society raised the issue of student/trainee registration with the Department of Health (DH) in the work to prepare the Section 60 Order and asked for the option of having this power. DH responded that it wanted to look at the issue and legislate, or not, on a common basis across all the health and social care professions. In parallel with those discussions DH published the “Donaldson Report” (Department of Health (2006), 'Good doctors, safer patients: proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients', A report by the Chief Medical Officer and Department of Health) in autumn 2006. This report did specifically recommend registration (by the GMC) for medical students. In February 2007 DH published the White Paper, “Trust, Assurance and Safety - The Regulation of Health Professionals”. It may be useful to set out the White Paper's findings:-

“Student registration”

6.6 Both *Good doctors, safer patients* and ‘The regulation of the non-medical healthcare professions’ raised the issue of whether students and trainees should have closer relationships with their future regulators prior to qualification. There was a range of views in consultation on this issue and there is no clear uniform solution across all professions. While many agreed that student registration would help to instil a clear sense of professional responsibilities at an early stage in practitioners' careers, there were mixed views on whether this would be proportionate for all professions. There may be other ways for students to achieve a greater understanding of the purpose of regulation, the procedures of the regulators and the role this will play in their professional careers. One option could be to require teaching on these issues in all pre-registration professional education and training.

6.7 The Government believes that each regulator should consider this issue on the basis of the risk presented to patients by trainees and students in particular professions. The Department will ask the regulators to report back with proposals by January 2008.”

This statement creates the context within which the Society will be taking this work forward. The work specific to pharmacy carried out to date is that the Education and Registration Directorate has assessed the Medical School Charter in a number of contexts, underpinned by BPSA's support for the idea in principle for pharmacy students and trainees. This assessment included questions on how best to take student fitness to practise forward in the consultation on the Principles of Pharmacy Education run over the summer and autumn of 2006. There was universal support for acknowledging fitness to practise as an issue in the undergraduate and preregistration contexts. Many respondents, however, expressed caution about following the medical model uncritically and suggested other ways of achieving the same ends short of full student registration or a charter – very much the same conclusion as in the White Paper.

At the end of March 2007, the Council confirmed the principle of taking fitness to practise into account in all stages of pharmacy education and training. Further work within the *Fit for the Future* project will flow from that. The Committee of University Heads of Pharmacy have not yet expressed a formal view on student fitness to practise.

In parallel with this, the Council of Heads of Medical Schools and the General Medical Council are consulting jointly on “Guidance on Student Fitness to Practise”. This was welcomed and discussed at the meeting of the Education Committee on 28 February 2007. The consultation paper contains much information, which would support the operation of a charter but it did still leave some questions unanswered. The Committee agreed that any developmental work would have to be a collaboration between the Schools of Pharmacy and the Society and would have to take into account the specific circumstances of MPharm courses and their students.

Key points of the debate at the BRM

For

Promotion of the ideals of professionalism. Provide a joint set of principles. Upholding a certain standard of behaviour and professionalism.

Against

Could be an example of over regulation. Could put students off choosing a pharmacy undergraduate course.

Council response to the motion

The Council accepts the case for being granted appropriate powers over “prospective registrants” - those on accredited MPharm courses, the Overseas Pharmacists Assessment Programmes, preregistration training and approved pharmacy technician training. This will, however, need new legislation and the Council could not assume any new powers until legislative change. The Society will be working with CHRE and the DH to explore options. (For example, if all the Schools of Pharmacy adopted CRB checks and rigorous occupational health screening for all undergraduates, then this might decrease the value the Society could bring to undergraduate fitness to practise work.) In the meantime, the new 2007 Registration Rules are being used to screen applicant's fitness to practise (on health and conduct grounds) before they are admitted to the Register. The work to develop the Education Rules and their standards (as described in the Paper “Fit for the Future Phase 2” and agreed by the Council in June 2007) will take into account the need to be able to give guidance to prospective registrants and the BPSA will be involved in this work. The Society is also working with CUHOP and BPSA to agree a common position from all the stakeholders within the profession.

Other related policies/positions

This topic is also part of the Fit for the Future policy development work and is closely linked to any discussions about the funding regime for the MPharm.

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

Yes.

Status of motion

Discussed at October 2007 Council. Response agreed by Council.

Update April 2008

No update as Council response to the motion still stands.

Resources implications

This request cannot stand in isolation from its related topics nor operate separately from DH and CHRE intentions.

Other related information.

The Society has no power to implement this motion under current legislation.

Committee/Council

The Education Committee is aware of the motion, but sees it being progressed in the wider work for Fit for the Future and CHRE.

Minute of the Committee meeting (appropriate item included)

n/a

Further action required

Report needed for the Education Committee (and Council) by January 2008.

Website

Yes.

BRM 2007 PROGRESS REPORT ON MOTIONS

Substantive motion carried

H. Oxfordshire Motion 2

Motion amended

"It is the opinion of this meeting that the Society investigates a way in which Branches and Regions could send a single email to all of its members."

Explanatory paragraph from the Branch

The Oxfordshire Branch is pleased to congratulate the RPSGB on their successful email address system which was requested by the Oxfordshire Branch through a BRM motion several years ago. It has proved to be a very economical and successful way of contacting members.

With the growing membership we now need to look at a more efficient way of circulating emails when it involves a large number of members at a time. For example, the Chiltern Region consists of 6,200 members and the Chiltern Region Committee would like all their members to receive personal contact, to help rejuvenate some of the smaller Branches and also to enable members to know of meetings in surrounding Branches. This is especially poignant to the Oxfordshire Branch, which is a huge area and members would then be able to attend neighbouring meetings.

Currently, the Oxfordshire Branch secretary has a limit of fifty names per email. Circulating an email to 6,200 members in this way takes a huge amount of time and when officers are all voluntary, we need to maximise people's generosity in giving their free time to help run the Branches and minimise unnecessary duplication of work.

Background information (as agreed by Council – May 2007)

The Society has been able to provide Branches with email addresses for members since May 2006. The issue of a limit on the number of addresses per email has been raised by some Branches. This limit is set by the Internet Service Provider used by the Branch Secretary and is also limited by the speed of the internet connection – broadband users generally have higher limits.

Branch Secretaries can generally increase the number of addresses per email by contacting their Internet Service Provider, explaining the situation and asking for the limit to be removed. This then facilitates the sending of one bulk email to all members of the Branch.

Key points of the debate at the BRM

The motion was carried with no debate, following an amendment.

Council response to the motion

The Council welcomes the motion and appreciates the work Branch Secretaries undertake to organise communications with members in order to support active Branch programmes. The Council fully supports the provision of an efficient and cost-effective system for emailing Branch members.

The Society has identified a number of possible solutions to this issue for which fully costed proposals are currently being developed. These include both internally and externally-based solutions. It is expected that these proposals will be completed by the end of October after which time a decision will be taken regarding the suitability and affordability of the option. Implementation of the selected option will then start once approval to purchase has been gained.

One possible solution that is currently being used by some Branch Secretaries is Google mail™. A free service offered by the search engine provider Google. This facility enables Branches and Regions to set up an email account with Google, which will allow them to send a single email to all of their members.

Further details of how to set up this facility will be issued to Secretaries in the near future. The Society will also explore the possibility of providing a centralised service whereby emails to Branch members can be distributed on behalf of the Branch.

A framework within which use of email addresses will be governed, including policies, consent and terms and conditions of use (as well as data protection) is being developed.

Other related policies/positions

No.

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

Yes.

Status of motion

Discussed at October 2007 Council. Response agreed by Council.

Update April 2008

Details of how to use Google mail™ have been sent to Branch Secretaries along with details of how to use "Automailer", an alternative to using Google mail™. Both of these systems enable Branch Secretaries to email all, or a proportion of, their Branch members with email addresses.

The possibility of a centralised service is still being explored and has been delayed owing to unforeseen work to support the development of the new professional body for pharmacy. Further information and costings will be provided by the end of May.

Resources implications

The provision of the possible options is currently being costed.

Other related information

None.

Committee/Council

Council.

Minute of the Committee meeting (appropriate item included)

n/a

Further action required

Complete fully costed proposals and seek approval for the most appropriate solution.

Website

Yes.

