BRM 2008 PROGRESS REPORT ON MOTIONS

Motion carried

A. South East Metropolitan Branch

Motion

"It is the opinion of this meeting that the maintenance of a thriving local Branch structure will be essential to the success of a future professional leadership body for pharmacy."

Explanatory paragraph from the Branch

The current Branch system is the envy of many professions and is admirably supported by the Membership Unit. However, the standard and quality of Branches (and we are no exception) is inconsistent across the country because of dependence on the availability and dedication of local volunteers and the support of local members.

It will be essential for a local single-tier organisation to be directly connected to the new professional body to ensure engagement with members at grass roots level on matters of importance to the profession. This would also render the new body tangible and relevant to its members and encourage the development of new leaders, and would surely help to guarantee success for the new body.

We propose that early steps be taken to build on and consolidate the best organisational practices within the existing Branch structure, currently being captured by Members of Council and the Society, by continuing to formulate guidance that can be extended to all Branches – a particular opportunity is to harness innovative IT solutions to reach out to, and receive communications from the membership. It is necessary to raise awareness of the value of Branches to members and key opinion leaders as well as to address the issues of volunteerism, the administrative burden, and funding.

The Society should consider it a priority to carry out the necessary formal consultation and take action to implement a new local structure before 2010, to anticipate the launch of, and work with, the new professional body.

Background information (as agreed by Council - April 2008)

One of the remits of the devolved national Pharmacy Boards is to: "Support the Society's Branches in [country]." As part of this work, the English Pharmacy Board (EPB) will be holding an engagement event during April 2008, where Secretaries in English Regions will be invited to join members of the EPB for discussions on what the Branches and Regions think is the way forward in a new professional body.

The Scottish Pharmacy Board is looking at ways of supporting the Branch network in Scotland, and costed proposals and resource implications will follow.

The Welsh Pharmacy Board has developed a contact programme with Branches in Wales to facilitate two way communication with members. This work is ongoing and Board Members have been aligned to a Branch and are currently engaging with them.

Council response to the motion

Other related policies/positions

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

BRM 2008 PROGRESS REPORT ON MOTIONS

Motion carried

B. BPSA 1

Motion

"It is the opinion of this meeting that the Society should ensure that any new professional body continues to support the BPSA in the form of an academy for British pharmaceutical students."

Explanatory paragraph from the Branch

This motion was passed at the 65th BPSA Annual Conference in Manchester.

Founded in 1942, the British Pharmaceutical Students' Association (BPSA) is in its 66th year and is the only national body that represents pharmacy students and preregistration trainees. The BPSA aim to promote the interests and welfare of pharmacy students and is a section of the Royal Pharmaceutical Society of Great Britain.

As the Society moves towards a demerger, the interests of pharmacy students need to be recognised. The BPSA is the future of the profession and thus needs to play a key role in being part of the future professional leadership body. By being part of the future professional leadership body, pharmacy students will continue to play an active role in developing and leading the profession as well as recognising the important changes that are taking place.

The new professional leadership body may be made up of academies and is likely to have a similar structure to the current Branch structure that the Society has. By recognising the BPSA as an academy, pharmacy students can be an integral part of the new professional leadership body. This will be a similar system and structure to the current position of the BPSA and the Society and Branches.

The BPSA academy and the role of BPSA President should be a paid officer role, funded and supported by the professional leadership body. The BPSA President should work at the headquarters of the professional leadership body and ensure that students are being consulted.

The BPSA Executive 2008/09 will work with the new professional leadership body to ensure all the necessary provisions are in place to enable the BPSA Executive 2009/2010 to be a functioning part of and recognised by the professional leadership body. These provisions should include the BPSA having an advisory team of people or contact person at the headquarters, which will look after the interests of the BPSA.

Over the years, the Society and the BPSA's relationship has gone from strength to strength. The Society recognises the relevance and importance of pharmacy students' views and should endeavour to ensure the mutual respect is continued with the new body.

The BPSA is well established and has many members who recognise and trust the reputation and name that the BPSA has created over the past 66 years. BPSA members are amongst the most pro-active of pharmacy students and care passionately about the profession. Many members of the BPSA Executive go on to become leading figures in the pharmacy world. This is why it is important that the BPSA is an integral part of the future professional leadership body.

Background information (as agreed by Council - April 2008) In its submission to the Clarke Inquiry, the Society stated that pharmacy students (encompassing MPharm students and preregistration trainees) are the future practitioners and there is an opportunity for the professional body to draw them in from an early stage in their studies. This will have benefits for the profession as a whole in fostering professional identity and aspirations, as well as providing valuable services for students themselves. The Society also proposed that the professional body should adopt a "cradle to grave" approach, reaching out to potential members of the profession from the earliest stage (e.g. by providing careers advice for schools). The Society also stated that the professional body needs to encourage student membership; of undergraduates through the British Pharmaceutical Students' Association (BPSA) or through some other student body overseen by the professional body and by providing a form of membership to pharmacy students and preregistration trainees. There may be advantages in enabling smaller groups to communicate and share information on issues of common interest (etc), probably in some form of network or 'virtual academy'. Creating an 'academy' inside the professional body along the lines of the Society's current standing committees or SIGs could be more bureaucratic and costly. A 'virtual academy' would use modern ICT for communication and information sharing; it would be flexible, responsive to changing needs, and cost-effective.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2008 PROGRESS REPORT ON MOTIONS

Motion carried

C. BPSA 2

Motion

"It is the opinion of this meeting that the Society should seek to encourage preregistration training providers to increase the opportunity for preregistration trainees to undertake cross-sector placements."

Explanatory paragraph from the Branch

This motion was passed at the 65th BPSA annual conference in Manchester.

It was reported (PJ, 26 June 2004) that from 2005/06, it will be mandatory for all preregistration trainees to have some experience in both hospital and community pharmacy.

This was revoked in February 2006 (PJ, 4 July 2006), when the Council of the Society dropped its long-standing commitment to make cross-sector experience (CSE) a mandatory part of preregistration training.

The Council concluded this based on a working group that suggested that there was not enough capacity within the provision of preregistration training to ensure that every trainee would be able to experience both hospital and community pharmacy.

This decision by Council has guided several of the large multiple providers to actively discourage preregistration trainees from undertaking any form of cross-sector experience; despite the Council complimenting the profession on the strength and value of the CSE scheme and of alternate sector experience.

Some of the large multiple providers actively discourage preregistration trainees from taking part in cross-sector placements. There are many places where students can experience the many sectors of pharmacy, not just in NHS hospitals. Students are being actively pushed away from venturing out of more than one or two stores within the same company.

The objectives of cross-sector experience, as defined by the Society, are to enable preregistration students to gain an appreciation of the complete patient experience across primary, secondary and tertiary care boundaries and identify the impact and importance of the pharmacist's role. It is difficult to see how this can be achieved in a single sector.

The BPSA would like to see the Society ensure that all preregistration trainees who wish to undertake a CSE are able to do so, and that the preregistration providers are encouraged to make these opportunities available for students. The Society should do this by lobbying both the large multiples and the NHS to significantly increase the number of cross-sector opportunities within both PCTs and hospitals by 2010.

This motion is mainly aimed at preregistration trainees from England and Wales, as the National Education for Scotland program already addressed these issues as the 2008/9 cohort of trainees onwards, will have the organisation, administration and funding of preregistration placements in both community and hospital practice by NHS Education for Scotland (NES).

The new arrangements in Scotland; known as the NHS Preregistration Pharmacist Scheme (PRSP), will ensure that every preregistration trainee funded by NHS Scotland receives the same high quality training opportunity, support and experience, regardless of the practice setting.

Ideally, all preregistration trainees should undertake this cross-sector experience, but we understand that feasibly this may not be possible; however, we feel that students should not be actively discouraged. The preregistration year should act as a bridge between the undergraduate years and professional employment. It is not just a year to groom a future store manager, and we want the Council to show support of this view.

Background information (as agreed by Council - April 2008)

The Council still expects cross-sector experience (CSE) to be undertaken. The purpose of the CSE placement is for all preregistration trainee pharmacists (trainees) to have an understanding of community and hospital pharmacy as a minimum. The objective is not to provide experience of every sector of practice, but to ensure that pharmacists are equipped with an understanding of patient care across care boundaries.

The CSE placement is a minimum expectation and does not preclude tutors sending trainees to other sectors of practice as part of their approved training plan.

The Byelaws do allow for trainees to spend up to one week in an unapproved training site without prior approval. They also allow trainees to spend up to four weeks in an approved training site without prior approval.

It should be noted that Schools of Pharmacy do send students to a range of practice settings (primarily hospital and community) for a variety of periods of time during their MPharm. This was scoped as part of the CSE paper to Council, but could not be recognised as part of the CSE requirement due to the variety in the periods and outcomes achieved by the Schools of Pharmacy.

Whilst the Society would like all trainees to undertake a CSE placement, there are still issues of capacity. Hospital trainees account for approximately one third of all trainees and community two thirds. If 1:1 swaps were achieved then there would still be a short fall of placements for one third of trainees. Although some hospitals have traditionally taken more than one trainee for every hospital one sent into community, the pressure on trainers in the hospital sector has reached such a limit that this can no longer be relied upon. This is due in part to the added burden of taking more undergraduate students. If undertaking a CSE placement were to become compulsory then this would have financial implications. Money would need to be provided to hospitals to increase the number of community trainees that they could take, to allow them to provide a coordinator and in-house trainer for the trainees.

In Scotland, where NHS Education for Scotland (Pharmacy) has control of the contract with all preregistration training sites and the training grant to be paid to those sites, CSE is an explicit contractual requirement of those providing training.

The Branch motion is correct in the sense that trainees should all undertake a CSE placement and this was discussed as part of the Council's decision in February 2006.

The Branch motion is also correct in that the preregistration year is not a period of grooming trainees to specific roles in the pharmacy, but to all roles of being a pharmacist. The period is one whereby trainees progress from the application of knowledge (as students) through to the demonstration of skills, knowledge and attitudes in practice to become an independent practitioner.

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

BRM 2008 PROGRESS REPORT ON MOTIONS

Motion carried

D. Birmingham and District Branch

Motion

"It is the opinion of this meeting that there must be a choice of method of payment of the Society's fees available to its members; including the facility to pay by cheque."

Explanatory paragraph from the Branch

Members should be able to pay their fees by whatever method they feel most comfortable with. The withdrawal of the possibility to pay by cheque can be also seen as being discriminatory towards older members (i.e. those who do no longer practise and/or do not have easy access to computer and internet). Most of these members do not see the telephone banking method as an alternative they would like to use.

The Branch members are aware of the letter and response by the Society's President that appeared recently in the PJ.

If this motion is carried, the Branch would expect that the cheque payment facility be re-instated by December 2008.

Background information (as agreed by Council - April 2008)

The Society has been considering its use of cheques for a number of years.

Historically, due to the nature of the Society's business activities, a large volume of cheques were being received within a short space of time together with ongoing cheques throughout the year. Keeping track of cheques was difficult, delays in processing occurred due to the volume, a significant number of staff were required to process the cheques and unnecessary hidden administration costs were evident. In addition, there were a number of cheques that were being subject to fraud, which required costly investigation by external advisors. The Society's internal auditors requested that a review of financial processes be undertaken to avoid cheques being intercepted.

With this in mind, the Society's financial controller put together a financial strategy in 2005 which focussed on preventing fraud, reducing costs within the retention fee process and other areas across the Society. The strategy particularly looked at weighing "required processing times" versus "costs to meet requirements", which meant alternative payment methods were required.

Although a radical approach at the time, it was recommended and agreed that the Society should encourage the removal of its use of cheques. It was agreed that a three year plan should be put in place to ensure members were fully aware, well in advance, of the strategy. Over the last three years, there have been a number of communications on the removal of cheques, the retention fee form included a statement that it was the Society's intention for the removal of cheques in 2008 and statements/presentations have been given at the Branch Representatives' Meeting (BRM) and the Branch Secretaries' Meeting (BRSM).

The Society is not alone with moving towards the removal of cheque payments, many organisations have already made the move towards not accepting cheques, and in fact, it is becoming increasingly difficult to have a cheque accepted across many sectors that previously

offered the facility. Since the financial strategy was agreed, alternative payment methods have been initiated. The introduction of internet payments has been successful year-on-year with more members preferring to pay online. The current retention fee process had over 28,000 members paying online (2007 process: 23,000 members). 61% of the membership is now paying online. We have also encouraged those members who don't have access to the internet to consider paying their fees by direct debit. We are not seeing a decrease in direct debit payments, which again is encouraging. Finally, to again consider those members who don't have access to the internet, we are in the process of setting up a new telephone payment system which will allow members to make their professional declaration and pay their fees by debit or credit card. We will be communicating to members how to use this service in due course.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2008 PROGRESS REPORT ON MOTIONS

Substantive motion carried

E. Harrow and Hillingdon Branch 1

Motion

"It is the opinion of this meeting that the Society investigate methods for helping pharmacists carry out MURs in a more professional manner, not driven by targets and cost, so that the patient can genuinely gain from the experience and the doctors can better appreciate the value of pharmacists in the overall care of the patient."

Explanatory paragraph from the Branch

MURs were supposed to help patients take their medications correctly, gain some understanding of what they were taking, to formalise and improve the lines of communication between pharmacist and doctor, and increase the standing of the pharmacist with his or her patients.

But since they are just seen by some of the multiples as a direct income replacement for monies lost from other sources (such as Oxygen, Category M, etc) they are now trying to force their pharmacists to carry these out irrespective of need, ability, skill or time and without regards to their wider effects. Staff are demoralised, patients are rushed through the questions, and doctors are certainly not fans of the paperwork or the often hurried manner of their completion. The whole purpose has been shifted away from cognitive benefit, to profit and loss and MURs now appear to lack their expected professionalism.

We understand that these reviews help to bring additional income into pharmacy, but they should be carried out by professionals with the aim of aiding their patients in gaining a better understanding of their drug regimens, as well as to enhance the pharmacist's professional standing with their patients and local surgeries. To do this properly requires the pharmacist to choose how many reviews should be done, in what time frame, and to determine which patients will benefit from their expertise. Pharmacists that have a special interest in, for example, their diabetic or asthmatic patients should be able to focus on these groups, and not feel the need to target anybody walking into their pharmacy with a polypharmacy prescription. Let the pharmacist be the judge of his or her own skills, and be the decision maker as to when those skills should be utilised most effectively.

Background information (as agreed by Council - April 2008)

The first advanced service within the NHS community pharmacy contract is the Medicines Use Review (MUR) and Prescription Intervention Service. This service is available from accredited pharmacists working in accredited pharmacies in England and Wales as part of the community pharmacy contract. It is not part of the pharmacy contract in Scotland.

The service consists of accredited pharmacists undertaking structured concordance centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. The MUR process attempts to establish a picture of the patient's use of their medicines; both prescribed and non-prescribed. The review will help patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. A report of the review will be provided to the patient and to their GP.

In order to address local priorities, PCTs in England may recommend that MURs are targeted at certain patient groups. It is a structured review that is undertaken by a pharmacist to help

patients to manage their medicines more effectively. The MUR involves the pharmacist reviewing the patient's use of their medication, ensuring they understand how their medicines should be used and why they have to take them, identifying any problems and then providing feedback to the prescriber via the NHS MUR form. The patient also receives a copy of this form. An MUR is not usually conducted more than once a year. The Prescription Intervention Service is actually an MUR that is triggered by a significant problem with a patient's prescription, which would be over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service. It is very important that pharmacists remember that the MUR focuses on the use of medicines; it is not a clinical medication review. Data relating to the number of MURs that have been carried out is available on the Pharmaceutical Services Negotiating Committee's (PSNC) website at: http://www.psnc.org.uk/index.php?type=page&pid=72&k=3#MUR%20Statistics. Between April 2006 and March 2007 a total of 557,359 MURs were completed. So, it is not always the pharmacist who chooses which patients to target for an MUR. Under the pharmacy contract a PCT in England can determine who the pharmacist should target so they could say that all MURs should be focused on asthma patients etc.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2008 PROGRESS REPORT ON MOTIONS

Motion carried

F. Harrow and Hillingdon Branch 2

Motion

"It is the opinion of this meeting that all non-UK-registered pharmacists should be required to prove their ability to speak, read, write and understand spoken English, by sitting the IELTS or iBT TOEFL test (or similar) prior to being allowed to practise pharmacy in the UK."

Explanatory paragraph from the Branch

In the UK, where we are governed by EEA law, the Society is currently not allowed to test European Nationals or people who hold the right to be treated as a European National, who are qualified as pharmacists in their own country and hold an EEA qualification or work experience complying with the minimum European standards, as to whether they can speak, read, write and understand spoken English to any standard. Pharmacists wishing to register with the Society who have qualified outside Europe and do not have European nationality or rights, are language tested by having to provide an 'International English Language Testing System' (IELTS) test result form with an achievement of a minimum of 7 in every category of the academic test

Any non-American wishing to take up a University place, or apply for a professional visa or to practise pharmacy in the USA must prove their ability to read, write and speak English by passing, to a sufficient standard, the online test of English known as the iBT TOEFL (Test of English as a foreign language). This is such a basic requirement for ALL foreigners to the USA, that it isn't even questioned. The result is that the US universities, employers, or pharmacy boards can feel confident that each student, employee or pharmacist has the necessary communication skills to be able to carry out the work they seek to accomplish. Similarly, the Harrow and Hillingdon Branch believe that the Society should press the European legislature for changes to current legislation within 12 months. In order to register with the Society and practise as a pharmacist in the UK, this Branch moves that all pharmacists, irrespective of membership of the EEA must prove their level of language skills.

Currently, the only limitation to an EEA-registered pharmacist practising in the UK who understands no English whatsoever is an onus on owners and superintendents of pharmacies to ensure that they employ pharmacists who can comply with all aspects of the Code of Ethics, which includes the ability to communicate clearly with the public. However, the Branch feels that this reliance is misplaced, and that the Society should have the authority to determine for itself, prior to registration, the communication abilities of all non-UK pharmacists, for the benefit and safety of the public at large.

Background information (as agreed by Council - April 2008)

Directive EC2005/36 is what gives Europeans their right to 'automatic registration'. Under the terms of this Directive there is no requirement for proof of language skills. Therefore providing the applicant meets all the other requirements under the terms of the Directive, the Society cannot request a language test for registration purposes. This position is reflected in the Pharmacists and Pharmacy Technicians Order.

It is likely that the European Commission would consider this requirement to be burdensome to the applicant and therefore would not support it as it would be against the ethos of freedom of movement and recognition of qualifications throughout Europe.

The financial implications would be negligible to the Society as, if the applicants were to be required to provide evidence of having passed such a test they would have to pay for taking the test. There may be a financial effect in that it could reduce the number of European applicants being admitted to our register. Were the Society to introduce language testing for EEA nationals, this would be contrary to the policies of other UK healthcare regulators and contrary to Treaty rights on free movement.
Council response to the motion
Other related policies/positions
This motion constitutes part of the Society's remit/object/scope
Status of motion
Resources implications
Other related information
Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2008 PROGRESS REPORT ON MOTIONS

Substantive motion carried

G. Nottingham Branch 1

Motion

"It is the opinion of this meeting that the Society should engage fully in supporting the process of harmonisation of accreditation of PCO - funded extended practice with the aim of ensuring that certificated training gained in one PCO applies in any other PCO adopting that scheme, and especially within the boundaries of the host Strategic Health Authority in England, and the equivalent bodies in Wales, Scotland, the Isle of Man and the Channel Islands."

Explanatory paragraph from the Branch

Currently, PCT- funded developments in practice, which require certificated training (emergency hormonal contraception (EHC), smoking cessation, minor ailments) can only be available within the PCT certifying and funding that training.

The Society should give its full support through its contacts with national and other influential bodies, e.g. Strategic Health Authorities, for such training to be widely valid. The English Pharmacy Board has this matter as a work stream and the North West is running a conference on the topic in February. Achieving such a change is vital to ensure the spread of advanced practice.

Progress by the end of the 2008-9 financial year would be desirable. The Nottingham Branch considers this matter needs wide discussion and concerted action, hence this motion.

Background information (as agreed by Council - April 2008)

In England, a number of PCTs commission similar extended services from community pharmacy as part of the community pharmacy contractual framework. However, each PCT develops slightly different criteria for accreditation of pharmacists to provide these services. This makes it difficult for pharmacists to provide the same service in different PCTs, which is worst for locum pharmacists. It would make sense for there to be a standard set of criteria for accreditation of pharmacists to deliver extended services.

The Harmonisation of Accreditation Group (HAG) in the North West has achieved a good level of harmonisation of the requirements for accreditation of extended services. This enables pharmacists to be accredited in one PCT and to take this accreditation with them to other PCTs, which are part of the scheme. The English Pharmacy Board has agreed to make the national roll out of this scheme a priority for 2008.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

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

BRM 2008 PROGRESS REPORT ON MOTIONS

Motion carried

H. Brighton and District Branch 1

Motion

"It is the opinion of this meeting that the Society should as soon as possible bring pressure to bear on the MHRA and pharmaceutical manufacturers to package all medicines intended for patients who have problems with manual dexterity such as those with Parkinson's Disease or arthritis, should be presented in such a way that these medicines can easily be a accessed by these patients."

Explanatory paragraph from the Branch

Every pharmacy will have a number of patients who experience great difficulty in opening normal packaging; be it in foil blisters or tubs or bottles with child resistant closures (CRC's). Pharmacists spend valuable time sourcing containers that can be managed by people who have trouble trying to open their medicine every time they need to take it.

How much simpler it would be if medicines were already in easy open containers, which had closures that could be replaced by CRC's when needed. The direction that the request for non-CRC must come from the patient would still be viable and the legend "store out of the reach of children" could be made much more prominent on this particular packaging.

Background information (as agreed by Council – April 2008)

The Society's Professional Standards and Guidance for the Sale and Supply of Medicines under the Code of Ethics currently says:
all solid dose and all oral and external liquid preparations are dispensed in suitable reclosable child resistant containers unless:

- the medicine is in an original pack or patient pack such as to make this inadvisable;
- the patient has difficulty in opening a child resistant container;
- a specific request is made by the patient, their carer or representative that the product is not dispensed in a child resistant container;
- no suitable child resistant container exists for a particular liquid preparation, or
- the patient has been assessed as requiring a compliance aid.

This is accepted as good practice for good patient safety reasons. Any changes proposed would need to ensure that patient safety would not be adversely affected overall.

The Society has regular meetings with the MHRA at which these discussions could take place. The National Patient Safety Agency (NPSA) should be involved in any discussions about the changes to packaging to ensure that the discussions took account of the patient safety aspects of both changing packaging and of making no change to packaging.

Council response to the motion

Other related policies/positions

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

Status of motion

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

BRM 2008 PROGRESS REPORT ON MOTIONS

Substantive motion carried

I. Brighton and District Branch 2

Motion

"It is the opinion of this meeting that when the RPSGB is divested of its regulatory function, then full membership of the proposed body akin to a Royal College should only be for pharmacists who are or have been in pharmacy related employment."

Explanatory paragraph from the Branch

Members of the proposed body akin to a Royal College will want to feel that they have some ownership and feel proud to belong to a body that acknowledges the time, effort and dedication that it takes to become qualified and work as a pharmacist.

We would consider that retired and non-practising pharmacists would also be eligible for full membership as their expertise, knowledge and experience will be not be lost and will greatly enrich the work of the future body.

By including the phrase "are working/have worked", full membership will be available to those of our colleagues who are academic or industrial pharmacists rather than primary or secondary care pharmacists. Again, this will benefit the College and recognise their particular contribution to the profession.

A level of membership such as associate could be created for technicians whose role is not as searching and demanding as that of a pharmacist. Associate membership could also be available to other healthcare professionals who have an interest in pharmacy.

Background information (as agreed by Council - April 2008)

The Clarke Inquiry addressed the question of which categories of person should be a member (either full or other) of the new professional body. The report of the Clarke Inquiry will be published after the Council has discussed it at its April meeting and the provisional publication date is 3 April 2008.

The Royal Charter specifies that the membership of the Society shall consist of registered pharmacists in Great Britain. It further requires that any resolution by the Council to create an additional membership category (such as associate members) would be classed as a Special Resolution, and so would need to be confirmed by a two-thirds majority membership vote and approved by the Privy Council.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council
Minute of the Committee meeting (appropriate item included)
Further action required
Website

BRM 2008 PROGRESS REPORT ON MOTIONS

Motion carried

J. Nottingham Branch 2

Motion

"It is the opinion of this meeting that in light of the impending split (2010) of the Society's functions and the controversy regarding recent large increases in retention fees, Council should give early consideration to the fees likely to be payable to two bodies in the future, so that potential members of a new professional body are not deterred from joining by the cost."

Explanatory paragraph from the Branch

The recent drastic increases in retention fees have made many members very sceptical about the value for money of the Society as a professional body. In that it is fair to assume that while a retention fee will be payable (to the GPhC), following the split of functions in 2010, membership of the remaining professional body/Royal College is unlikely to be mandatory. The fee payable to the new professional body should be given early consideration to avoid fees becoming an impediment to membership.

Background information (as agreed by Council - April 2008)

It is the ambition of the Society for the combined fees of the GPhC and the professional body to be no greater than the current Society retention fee after adjustment for inflation. However, we have no control over the actual level of the GPhC fees as that will be for the new management and Council of the GPhC to decide.

The Society is currently conducting comprehensive market research to determine what services are most wanted by pharmacy professionals for the future professional body, and what level of fees would represent good value in terms of membership. The Society wants the professional body to be inclusive and therefore is looking to position the fees at an attractive and affordable level.

Council response to the motion

Other related policies/positions

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

Status of motion

Resources implications

Other related information

Committee/Council

Minute of the Committee meeting (appropriate item included)

Further action required

Website

BRM 2008 PROGRESS REPORT ON MOTIONS

Substantive motion lost

K. Clwyd Branch

Motion

"It is the opinion of this meeting that science students in full time education should be exempt from the requirement to undertake S/NVQ training whilst working part time or during vacation in a registered pharmacy."

Explanatory paragraph from the Branch

Students who have commenced their MPharm degree are exempt from having to comply with the requirements, and can be employed without the need to be enrolled on the appropriate training at the discretion of the supervising pharmacist. This motion proposes to extend this exemption to sixth form students who are planning a career in pharmacy.

In the experience of members of this Branch, this group of students have proved a rich source of quality staff who have subsequently become pharmacy undergraduates, preregistration pharmacists, postgraduate diploma students and senior pharmacists. Members of the Branch have diligently attempted to meet the requirements of the RPSGB by undertaking NVQ training for this student group. Sadly, this has been impractical due to the time needed to train the students to NVQ level as a ratio of their time in the workplace. From a student perspective, the NVQ training has competed with their studies for A levels and they cannot compromise their efforts in this direction or they will fail to obtain their place in Schools of Pharmacy.

In this last year one local pharmacy has had to abandon the use of student staff with some detriment to the overall service, and possible long term recruitment problems. This motion does not intend to reduce the standards of support staff working in a pharmacy; it simply proposes to permit the use of enthusiastic students at the start of their career in pharmacy.

Background information (as agreed by Council May 2008)

From January, 2005 pharmacists have had a professional obligation to ensure that dispensing / pharmacy assistants are competent in the areas in which they are working to a minimum standard equivalent to the Pharmacy Services Scottish/National Vocational Qualification (S/NVQ) level 2 qualification or undertaking training towards this. This policy applies to staff working in the following areas:

- Sale of over the counter medicines and the provision of information to customers on symptoms and products
- Prescription receipt and collection
- The assembly of prescribed items (including the generation of labels)
- Ordering, receiving and storing pharmaceutical stock
- The supply of pharmaceutical stock
- Preparation for the manufacture of pharmaceutical products (including aseptic products)
- Manufacture and assembly of medicinal products (including aseptic products)

The requirement can be met by completing a training programme relevant to the job role and there are four acceptable ways of doing this:

(a) Successful achievement of Pharmacy Services S/NVQ level 2

(b) Successful achievement of relevant units of the Pharmacy Services S/NVQ level 2

(c) Successful achievement of a training programme accredited to be of an equivalent level to S/NVQ level 2

(d) Successful achievement of relevant units of an accredited training programme of an equivalent level to Pharmacy Services S/NVQ level 2.

Council policy is that dispensing/pharmacy assistants and medicines counter assistants should be enrolled on a training programme within three months of them commencing their role (or as soon as practical within local training arrangements) and the programme should be completed within a three-year period.

The minimum competence requirements apply regardless of the number hours worked. It is as important for someone working a few hours a week to receive the appropriate training for their role as someone who works full time. MPharm undergraduates undertaking part-time or vacational employment within pharmacies are exempt from the requirements on the grounds that they are undertaking a programme of training that will cover the knowledge and skills required to achieve the Pharmacy Services S/NQV level 2, albeit at a higher level.

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