

## Pharmacists' views on how long Council members should remain in office

*"Who should be eligible to serve on the Council of the Royal Pharmaceutical Society and for how long?" was the subject of a questionnaire distributed with The Journal on 24 August. An analysis of the responses follows*

Over 2,000 pharmacists replied to our questionnaire about who should be eligible to serve on the Council and for how long. In answer to the first question, "Should the criteria for candidates eligible for election to Council be changed?", 80.7 per cent agreed that there should be a change and candidates should have their registered address in Great Britain. Just over 15 per cent were happy with the status quo, and less than 3 per cent of respondents put forward different suggestions. One pharmacist suggested that Council candidates must be registered and working in Great Britain, and another refined the definition further and said that candidates should be registered and resident. "Living abroad is not acceptable."

A majority of pharmacists said there should be no restrictions for pharmacists who are board members of other British pharmacy bodies on their eligibility to serve on the Council. Altogether 61.2 per cent said there should be no restrictions, nearly three times as many than said board members of other bodies should be debarred from serving (23.8 per cent), with 13.5 per cent saying there should be some restrictions.

The few respondents who specified what the restrictions should be suggested that if they had a conflict of interest they should not be able to vote, and their activities should be strictly monitored. A number of respondents suggested that they should only be able to be on the board of one other pharmacy body. And as one pharmacist put it: "There should be restrictions in which their 'own' interests may conflict with those of the Council, for example, the National Pharmaceutical Association or the Young Pharmacists Group." Another said they should declare their interests and have no say in a debate if a conflict arises. Yet another suggestion was that members of boards of multiples should be excluded.

An overwhelming majority of respondents (93.4 per cent) agreed that candidates be required to declare any adverse fitness to practise decisions, with only 3.3 per cent disagreeing and 1.4 per cent suggesting other declarations needed to be made.

In answer to the question, "Should there be any requirement for candidates to be actively working within the profession?", there was a large majority in favour (70.6 per cent) with the balance rejecting the suggestion. Opinion differed in the comments on what constituted working in pharmacy. A handful of respondents wanted to exclude academics and members working in industry, but these voices were few and far between.

"Any work requiring pharmaceutical knowledge and expertise," summed up the response from many. There was a wide range of suggestions on how much time candidates should have to spend in pharmacy practice. The minimum seemed to be seven days per annum, but most respondents proposed a minimum of between one day per week and 50 per cent of their time.

Just over half the respondents (55 per cent) said there should no change to the current requirement that five nominators be from a candidate's branch. One respondent wrote in crisp terms: "If folk can't find the time to get five members to sign from the local branch how will they find the time to serve on Council?" Over a third, however, indicated that the requirement should be removed with a further 7.6 per cent putting forward alternative suggestions. "There should be 10 nominators of which only five should come from the local branch." A few pharmacists pointed out that since their local branch was defunct nominations should come from neighbouring branches. "Anyone standing must be able to show some evidence of support", was a general theme, with one pharmacist suggesting that if nominators' names were published, it would give other members some idea of the range of support a given candidate had.

In answer to the question,

"Should candidates be required to declare that they are eligible to serve as a charity trustee?", about two-thirds said "yes" (64.2 per cent); just over a quarter said "no" (26.8 per cent) with a handful putting forward alternative suggestions.

Just over half of respondents want to see a relaxation in the current restrictions on canvassing for candidates in Council elections. Just under 40 per cent wanted the restrictions to stay, and 55 per cent wanted to see them go. In the words of one respondent: "Restrictions are ridiculous." Few respondents put forward suggestions on what would be allowable but one suggested that "personal canvassing was acceptable, but no paid advertising", and yet another suggested "there should be restrictions on canvassing budgets". One suggestion was that it would "be very useful if we had one [live] hustings session where all candidates would be required to answer the same questions".

### TERM OF OFFICE

The most popular term of office for Council members would be three years with 57 per cent in favour of that period. Roughly equal numbers of respondents wanted it reduced to two years (16.8 per cent) or increased to four years (18 per cent) with only 5.3 per cent in favour of five-year terms.

**SURVEY BREAKDOWN BY FIELD OF PRACTICE AND AGE, WITH COMPARATIVE FIGURES FROM PREVIOUS SURVEY (P7, 3 AUGUST, p176)**

Breakdown	Present survey (%)	Previous survey (%)
<i>Field of practice</i>		
Community pharmacists	55.8	55
Hospital pharmacists	12.7	15.5
Primary care	3.9	6
Academia	2.9	3
Industry	4.9	6
Other	4.9	16
Retired	13.5	Not specified
<i>Age (years)</i>		
Under 25	2.2	1.5
25-34	12.2	11.5
35-44	20.2	20
45-54	19.3	22
55-64	15.9	19
65 and over	28.7	24.5

There was not such a clear response to the question about the frequency of elections for Council members in the future. Roughly a third wished to have them every year (35.2 per cent), just under 30 per cent wanted them every two years, and about a quarter wanted them every three years (25.3 per cent). Less than 10 per cent were interested in elections every four years or more.

Opinion was also divided over whether there should be a limit on the number of consecutive years that Council members can serve. A third said there should be no limit (32.3 per cent) and a similar proportion said there should be a limit of between six and eight years. However, together with the proportion who wanted a limit of between three and five years (16.9 per cent), those who wished to see a limit of nine to 11 years

(14 per cent) and a further 2.5 per cent suggesting a maximum of 12 to 14 years, the consensus was clear. A limit of some description was desirable.

One pharmacist in favour of a fixed limit on the number of years served said: "The members, after being elected, seem to stay on [the Council] for years, not leaving room for new faces and ideas to come forward."

Respondents also believed that there should be an upper age limit. Only a quarter thought there should be no age limit. A quarter thought that 70 was a suitable upper limit, and a further 31.7 per cent picked 65 as the upper limit. Nearly 10 per cent suggested 60 as the maximum age, while 6.7 per cent were happy with Council members being up to the age of 75. There were a few comments about eligibility at the lower end

of the age spectrum. A few respondents said that pharmacists should have worked for five years before standing for Council.

Most respondents marked more than one option for reasons for members to be removed from Council, eg, health (45.4 per cent), an unfavourable fitness to practise decision (70.8 per cent), and failing to turn up for meetings, not performing satisfactorily or behaving badly (83.2 per cent). Five per cent were happy with the status quo. However a word of warning came from one respondent: "We should be careful about removing members from office. There is a danger that a member could be 'hounded out' or at least have the ammunition to so claim. We should also consider whether adverse decisions on fitness to practise should be 'spent' after an agreed time interval for electoral purposes."

## CONTINUING PROFESSIONAL DEVELOPMENT

# "What are you going to do about oddballs like me?" — and other FAQs

By Peter Wilson, PhD, MRPharmS

*When I was demonstrating the Royal Pharmaceutical Society's new framework for continuing professional development at the British Pharmaceutical Conference recently, a well-respected and well-known member of the profession asked me: "What are you going to do about oddballs like me?". This article is intended to answer that and other frequently asked questions*

**T**he development of a comprehensive system for continuing professional development (CPD) was one of the targets arising from Pharmacy in a New Age. Few of us realised at the time what that might mean. This week, the CPD framework emerges from pilot status and becomes a reality, initially for 5,000 pharmacists. CPD is now with us as a professional obligation and it will apply to all pharmacists by the end of 2004.

Included in the videotape about CPD sent to every pharmacist this week are some "trailers", which indicate that a mandatory CPD framework is not far off. We expect CPD to become mandatory in 2004 and satisfactory participation in CPD will eventually be necessary for revalidation as a pharmacist. Why 2004? Well, partly because it will take that long to recruit all pharmacists into CPD and partly because it will take that long to establish the regulatory framework. And within that process lie some tricky decisions and some frequently asked questions.

### WILL CPD APPLY TO ME?

Yes. The purpose of CPD is to promote the competence of a pharmacist in any sphere of practice. What you learn through CPD is related to what you do in your job as a pharmacist. So, CPD for industrial pharmacists might be based on their experience in formulation, packaging or labelling, whereas that for community pharmacists might include diabetes, osteoporosis and patient

group directions. This is all well and good until we consider the increasing number of pharmacists with a portfolio career. Somebody who works for a primary care trust as a prescribing adviser for three days and in a community pharmacy for two days, and who is a member of the Society's Council, will need to keep up his or her CPD in support of all three roles. Similarly, a pharmacist who changes direction, from industry to community pharmacy, or who returns to practice after a career break should be recording CPD activities which reflect the need to update their knowledge and skills for their future roles. That is unlikely to be an insurmountable problem for an individual but could be difficult to assess and validate in a mandatory CPD system. Although mandatory CPD will apply to all pharmacists except those who are retired and those who live and work abroad, what should be the obligations for pharmacists who maintain their registration and work full-time outside the profession, perhaps as financial advisers or secondary school teachers? This question has yet to be addressed.

### WILL THE OBLIGATION TO DO 30 HOURS OF CONTINUING EDUCATION EVERY YEAR REMAIN?

Some continuing education (CE) is necessary to keep up to date, regardless of where you work as a pharmacist. CPD is based on what you need to learn for work. Learning through work experience is important and should form part of your CPD record.

What will be important about continuing education is that it is relevant. So there is little point in learning about tableting if you are not a production pharmacist. The time spent on education will be less important than making sure you cover what you need to learn. So you could end up doing fewer than 30 hours CE but recording more learning activities because work experience is included. Whether the 30-hour rule is changed to reflect this is a decision yet to be made.

### SO, IF I DO 30 HOURS OF EDUCATION A YEAR, I SHOULD BE OK

Sorry to disappoint you. CPD is based on an analysis of your work as a pharmacist and how you think it needs to improve. You need to think if you can improve your systems of work, provide a better service to your patients or provide new services to your patients. Education activities that are not grounded in this sort of analysis may be a waste of your time.

### ALL RIGHT, SO HOW MUCH CPD DO I HAVE TO DO?

There is no definitive answer to this question. If community pharmacists record every medicines-related query that they have to look up, they will never finish writing up their CPD. It is a question of balance and significance. In the course of a year you will probably need to identify and take part in some formal continuing education acti-

ity. Some of your CPD should be based on learning needs identified by reflecting on practice and some will arise as a result of significant or critical incidents. If your job changes, your CPD may need to increase. A good CPD record will reflect all of these factors. The "Plan and record" guide that the Society will send to pharmacists contains good practice criteria for CPD.

Experience from the pilots suggests that 12 to 15 CPD records per year is average with each one taking about half an hour to write up after the CPD is complete. The time needed for record keeping decreases as you get used to the system.

#### HOW WILL I KNOW THAT AN EDUCATION PROGRAMME IS ELIGIBLE FOR THE SOCIETY'S CPD SCHEME?

Any education programme can be included in your CPD record if you can show that it contributed to your professional development. A number of bodies in pharmacy and elsewhere have a requirement for participation in accredited education activities. Accreditation of education aims to provide an assurance of quality to the learner and to others. The accreditation of undergraduate degrees in pharmacy by the Society is an obvious example. When we consider CPD, the important criteria are: do I need to complete an education programme or can I learn in some other more appropriate way, and does the programme cover what I need to learn? If an education programme is appropriate then approval or accreditation is not necessary for CPD although it may be an indicator of quality. Experience, however, suggests that this is not always the case.

#### CAN I CONTINUE TO USE MY CURRENT CPD PORTFOLIO?

Yes you can. You can use any of the established systems for keeping CPD records although there is a preference for the Society's online recording system. Bear in mind, though, that the system you use should record the information needed by the Society. Without this, it will be impossible to review your records and provide feedback on your CPD. The Society is considering an approval process to ensure that records in different portfolio formats can be monitored efficiently without requiring laborious transfer to the Society's system. In the end, if reviewing records in different formats proves to be too difficult, it may be necessary to introduce some formal requirements for record keeping.

#### I DON'T WORK IN CLINICAL PRACTICE SO DOES CPD APPLY TO ME?

Yes it does. Whatever you do it will be a requirement that you participate in CPD. A senior hospital pharmacy manager, for example, may or may not need to keep up clinically but they will use their expertise as a pharmacist every day. Relevant CPD opportunities will arise through working with pharmacists and other professionals in the hospital and through the experience of

management. Similarly a pharmacist in an academic environment learns through what they teach and as a result of research.

#### WHAT ABOUT OLDER PHARMACISTS? WON'T THEY ALL RETIRE?

This really is an implied insult to some of the most experienced members of our profession. The question assumes that older pharmacists are out of date. Why should this be so and why just older members of the profession? CPD is based on what a pharmacist needs to learn. There is no common baseline; you start from where you are today. If a pharmacist thinks about what they need to learn to do and carries that through, their CPD will meet the Society's criteria and they will get the personal and professional satisfaction from CPD that all pharmacists will experience.

If there really are pharmacists who are badly out of date and who will retire rather than taking up CPD, is that not a desirable outcome?

#### HOW DOES ALL THIS RELATE TO REVALIDATION?

There is no clear answer to this question yet but in the same way that CE is a part of CPD so CPD would be a part of revalidation. In any mandatory system, all pharmacists would expect to have their CPD records routinely reviewed by the Society. Revalidation is most likely to apply to all pharmacists who work in a health care setting. Pharma-

cists who work in hospital pharmacy, community pharmacy or primary care would probably have their right to practise confirmed at intervals. Typically, any of these pharmacists whose CPD gave cause for concern would receive guidance and support. If their CPD did not improve they could have their practising rights restricted or withdrawn. This is likely to remain the position as it reflects Government policy. No decision has been made about how this would apply to pharmacy but other professions have developed the concept of an "active" and "non-active" register.

#### SO, CPD IS JUST ANOTHER STICK TO BEAT US WITH

No, not at all. Most pharmacists are already doing CPD. It is just that they do not recognise it and write it down. Pharmacists want to do the best for their patients and customers. CPD is part of the competence assurance framework that the Society will be devising and implementing between now and 2004. The focus is on the continual development of high quality practice, not discipline. CPD done well will benefit patients and increase the satisfaction we get from work.

*Dr Wilson is an independent specialist in education and training and specialist adviser to the Royal Pharmaceutical Society on continuing professional development*

## MEDICINES, ETHICS AND PRACTICE

# October list of amendments

In the first issue of each month *The Journal* updates the guidance on the legal status of medicines published in the 26th (July 2002) edition of 'Medicines, ethics and practice: A guide for pharmacists'. The amendments are given in **bold** type when added to the list and

repeated each month in light type. A product's legal status can be obtained by consulting first the latest amendment list and then the guide. The abbreviations used in the list are explained in the key to annotations in the body of the guide (pp27 and 73).

#### HUMAN MEDICINES

APO-go pen injector POM  
Beechams all-in-one tablets  
GSL  
Beechams decongestant plus  
with paracetamol capsules  
GSL  
Care Cetirizine Hayfever  
Relief tablets P  
Caspofungin infusion  
POM  
Cipralext tablets POM  
Day and Night Nurse  
capsules P  
**FemSeven Sequi patches  
POM**  
Filnarine SR tablets CD  
POM  
Imodium Instants tablets  
GSL  
Ipcol tablets POM  
Komil 5/40 tablets POM  
Lantus injection POM

Lemsip cold + flu Max  
Strength Direct lemon  
sachets GSL  
Lemsip Max Strength sinus  
relief capsules  
GSL  
Neoclarityn syrup POM  
**NiQuitin CQ 2mg mint  
gum GSL**  
**NiQuitin CQ 4mg mint  
gum GSL**  
**Nurofen for Children  
singles sachets GSL**  
Pegasys injection POM  
Pletal tablets POM  
**Remegel chewy squares  
GSL**  
**Reminyl oral solution  
POM**  
Risperdal Consta injection  
POM  
**Senokot Double Strength  
tablets P**  
Simple eye ointment P

**Soloc tablets POM**  
**Spiriva inhalation capsules  
POM**  
**Sudafed 12 Hour Relief  
tablets P**  
**Sustiva oral solution POM**  
Tranquilyn tablets CD  
POM  
**Trintek patches P**  
Vantage dry cough syrup P  
Vantage expectorant cough  
syrup GSL  
Vantage expectorant and  
decongestant cough syrup  
P  
Vantage extra power pain  
reliever tablets (16s) GSL  
Vantage junior expectorant  
cough syrup GSL  
Varilrix vaccine POM  
**Vfend tablets and infusion  
POM**  
ViraferonPeg prefilled pens  
POM

## LOCAL MEETINGS

*Events listed below are meetings of branches or regions of the Royal Pharmaceutical Society. Details of all future meetings notified to The Journal appear in the Diary section of PJ Online (www.pjonline.com/noticeboard)*

Monday 7 October

**Central Lancashire** "Palliative care and tour of Trinity Hospice". Trinity Hospice, Bispham. Buffet 7pm, meeting 7.30pm.

**Isle of Man** "Update on drug misuse and cannabis" by Dr David Temple. Ballakermeen High School, Sixth Form Lecture Theatre. 7.15pm.

**Macclesfield** "The role of the pharmacist in palliative care" by Julie Whitehead (Macmillan pharmacist). Education and Training Centre, Macclesfield District General Hospital. Buffet 7.15pm, meeting 8pm.

**Stockport** "What should I be doing? — continuing professional development" by Claire Grout (head of pharmacy education and training, Greater Manchester Workforce Confederation). Lecture Theatre A, Postgraduate Medical Centre, Stepping Hill Hospital, Stockport. Refreshments 7.15pm, meeting 8pm.

**Worthing and West Sussex** "An update on Parkinson's disease" by Dr R.Clifford Jones (consultant neurologist, Worthing and Southlands Hospitals Trust). Worthing Postgraduate Medical Centre, Park Avenue, Worthing. Buffet 7.30pm, meeting 8pm.

Tuesday 8 October

**Clwyd** Presentation on "Child protection: Caldicott guidelines and pharmacy". Rossett Hall Hotel, Chester Road, Rossett, nr

Wrexham. Buffet 7.15pm, meeting 7.45pm.

**Coventry and Warwickshire** Presentation on chronic obstructive pulmonary disease. Warwickshire Nuffield Hospital, Leamington Spa. Buffet 7.30, meeting 8pm.

**Moray and Banff** "Model schemes" by Annamarie McGregor (director of model schemes for pharmaceutical care). Laichmoray Hotel, Elgin. 7pm.

**Oxfordshire** "Advances in cancer treatment" by Dr Andrew Protheroe (consultant in medical oncology, Churchill Hospital) and Nicola Stoner (oncology pharmacist, Churchill Hospital). George Pickering Postgraduate Medical Centre, John Radcliffe Hospital, Oxford. 8pm.

**West Surrey** "Modernisation of the Society" by Sally Greensmith (members of the Royal Pharmaceutical Society's Council). Burchatts Farm, Guildford. Refreshments 7.30pm, meeting 8pm.

Wednesday 9 October

**Bolton** Annual professional dinner. Guest speaker: Fred Dibnah. New Pack Horse Hotel, Bradshawgate, Bolton. 7.30 for 8pm. Tickets £25 (contact Keith Williams on 01204 842314 or Christine Tomlinson on 07958 698656 by 6 October).

**West Cumberland** "The sinking of the Titanic" by Edgar Appleby, of Keswick. Hundith Hill Hotel, Nr Cockermouth. 7.15 for 7.30pm, followed by bar supper.

Thursday 10 October

**Glasgow and West of Scotland** "Modernisation and innovation within pharmacy" by Bill Scott (chief pharmaceutical officer for Scotland), Annemarie McGregor (director of model schemes for pharmaceutical care) and Debbie Jamieson (NHS 24). McCance

lecture Theatre 1, McCance Building, University of Strathclyde, Richmond Street, Glasgow. 7.30 for 8pm. Joint meeting with the College of Pharmacy Practice

**South Staffordshire** "Current affairs" by Dr Nicola Gray (member of the Royal Pharmaceutical Society's Council). Lichfield Cathedral Study Centre. Buffet 7.30pm, meeting 8pm.

**West Hertfordshire** "Osteoporosis" by Dr Allan Binder (consultant rheumatologist, Lister Hospital). BUPA Hospital, Ambrose Lane, Harpenden. 7.30 for 8pm.

Monday 14 October

**Bromley** "Falls and the elderly" by Dr David Oliver (consultant, Queen Mary's Hospital). Postgraduate Centre, Queen Mary's Hospital, Sidcup. Buffet 7pm, meeting 8pm.

**Colchester** See Ipswich.

**Ipswich** "Homoeopathy" by David Birt (Nelsons). County Hotel, Copdock. Buffet 7.30pm, meeting 8pm. Joint meeting with Colchester branch.

**Nottingham** "Modernisation of the Royal Pharmaceutical Society" by Helen Darracott (head of professional practice, Royal Pharmaceutical Society). School of Pharmacy, University of Nottingham. Buffet 7.30pm, meeting 8pm.

## PERSONAL

*This column is intended for announcements of births, engagements, marriages, anniversaries, etc. The charge for an insertion is £18 for up to 25 words, and £7 for every additional 10 or fewer words. Personal cheques only (payable to The Pharmaceutical Journal) should be sent with the notice to the Editor, The Pharmaceutical Journal, 1 Lambeth High Street, London SE1 7JN. The sender's address and membership number, if applicable, should be on the reverse of the cheque.*

## BIRTHS

**Hunger Siân** (née Davies, ex-Leicester 1985–89) and Christian are thrilled to announce the birth of their daughter Bethany Alexandra Michaela, on 19 July 2002.

**Lee Wilson** (ex-Square 1985–88) and Bonisa (née Sinn) are overjoyed with the arrival of Dionne Sum Yee on 21 August. Still at 1 Rubbing Stone, Cald, Wirral, Merseyside CH48 2LR.

## MARRIAGES

**Mackenzie** Adrian (ex-Brighton 1992–95) and Donna Smith are delighted to announce their marriage on 10 August 2002. Still at 417 Thorney Leys, Witney, Oxfordshire OX28 5NR.

**Nwosuagwu** Ijeoma (ex-Liverpool 1996–99) and Chijioke Nwoke are delighted to announce their marriage on 31 August at St John the Evangelist Church, West Hendon.