



Leadership and innovation will bring benefits to all pharmacists

In this article, the President of the Royal Pharmaceutical Society, **Hemant Patel**, explains why the development of a new professional body for pharmacy will provide benefits for pharmacists in all sectors and is a wonderful opportunity for the profession

As President of the Royal Pharmaceutical Society I believe that the major challenge for the Council in the new century is how to release the brainpower of our profession to help the communities we serve.

Pharmacists are taking personal and professional responsibility for the clinical care of patients, and the health and well-being of the public, more than at any time in the past. This responsibility is born out of changes in pharmacy practice, in the regulation and professional leadership of pharmacy, in Government priorities and in the way pharmacists are remunerated.

Most significant of all are the changes we are witnessing in technology and in ideology. Pharmacists in every sector of the profession will regularly need new skills with shorter and shorter half-lives to address these changes. The key NHS priorities include:

- Management of long term conditions
- Better access
- Greater choice
- Improved patient experience
- Personalisation of care for service users

Shortening the patient journey is a key ambition across all these areas. Transfer of care to primary care provides pharmacists in primary, secondary and community care with opportunities and tough challenges that will need to be resolved locally, with help from a national level. The need to respond by providing leadership to promote and facilitate local innovation has never been greater.

These changes mark an end to the known road. We are now entering *terra incognita* — the uncharted landscape of tomorrow. We will see a world of greater uncertainty. A world of accelerating change. A world where economics will be based not on land, money or raw materials but on intellectual capital.

Thomas A. Stewart, editor-in-chief of *Harvard Business Review*, defines intellectual capital as "intellectual material — knowledge, information, intellectual property, experience — that can be put to use to create wealth".



He argues that knowledge has become the pre-eminent economic resource. If that is so, it makes sense that managing it becomes the most important economic task of individuals, businesses and professions.

The question of how we as a profession develop pharmacy's social architecture so that it generates intellectual capital has been on my mind for some time. Pharmacists are individualists and bright people. We need to work together and deploy our creativity. We need organised anarchy to burst the current mindset that controls, orders and predicts. To generate intellectual capital, pharmacy will have to foster creative collaboration between pharmacists and other health professionals in different areas of work, and translate intention into action.

This cannot be done from a distance. It has to be done locally. The Society needs to help pharmacists develop the ability to understand what new approaches are required, plus the behavioural flexibility to be able to change

This week

■ Leadership

The President outlines why a new professional body for pharmacy is a wonderful opportunity (this page).

■ Staff pension scheme

The trustees of the Society's staff pension scheme and the Society's director of finance answer questions about the scheme (p482).

their everyday practice. For this to work successfully, we have to make the benefits of such change for the individual pharmacist overt. An important role of the new look, new shape professional leadership body will, therefore, be in offering tangible value to pharmacists in undergoing change, realising their professional aspirations and deriving comprehensive job satisfaction.

The professional leadership body's boundaries of organisation will have to be porous to get information from the people at the periphery — those who are usually the most creative but often the least consulted — to the centre and out again to others. We will need networks, joint working with others outside the Society's structures, and strategic partnerships that cut across the professional (and possibly national) boundaries. Preliminary discussion has already started in these areas, but please be patient with us if you have not yet been involved. And please engage with the independent inquiry we have commissioned on the principles, functions and structure of the new professional body (www.theclarkeinquiry.com).

With increasing feminisation of the profession we have to ensure there is full deployment of the talents of women in our profession. In the changing world where social care and health care will merge we will require more of the feminine character traits that are the opposite of tough talking, non-sense male stereotypes.

At the Society we have a strong sense of purpose. A sense of vision: making Britain the safest place in the world to take medicines. This is different from the past where we have concentrated on making policies, practices and procedures. This is evidenced, for example, by changes in the code of ethics from being prescriptive and restrictive to a principle-based guide. We are working on the link between this vision and genuine benefits for pharmacists in all sectors, as well as for the wider communities which we serve.

It is a wonderful opportunity for us all. Watch this space!

The staff pension scheme — questions answered

As a result of the many comments received through the letters pages of *The Journal*, the trustees of the Royal Pharmaceutical Society's staff pension scheme and Bernard Kelly, the Society's director of finance, comment on the current situation facing the scheme

Questions answered by the trustees of the Society's staff pension scheme

Who are the scheme's trustees? The trustee board comprises six individuals chosen by the Council and by the scheme members. The trustees have extensive knowledge of pensions and have a legal duty to keep fully informed and up to date with relevant legislation and how this affects the Society's scheme. Knowledge and experience of the Society and understanding of the current environment helps us as trustees to discharge our duty.

What are the issues that affect the scheme? The high cost of final salary schemes has become an issue for employers throughout the country for a number of reasons:

Legislation There have been two major pieces of pension legislation in the past 13 years, the Pensions Act 1995 and the Pensions Act 2004, which both introduced enormous changes, causing a steady flood of costly regulation. This has created greater protection for pensions and gives us a more rigorous legal framework in which to work.

The trustees must manage the scheme in accordance with strict procedures. The Society, as employer, is also bound by equivalent regulations. For example, it is now a re-

quirement that, if a solvent employer winds up its final salary pension scheme, it must ensure that the scheme has sufficient funds to meet the full costs of its members' pension benefits. Legally, any shortfall between the amount of the scheme's assets and the cost of securing all final pensions has to be paid, in full, by the employer.

Longevity People are living longer and, therefore, the cost of providing pensions has increased dramatically.

Economic climate Returns on investments are unpredictable and subject to global volatility.

Have the trustees discussed the challenges facing the scheme with the Society? Yes. The scheme had a valuation in 2003, which showed a deficit in the pension fund. But, because of the reasons stated above, it is common for private sector pension funds to suffer shortfalls and it is normal for companies to take a long-term view in managing deficits.

At that stage there was no reason to press the Society to meet the deficit with any urgency. Since then the position has changed as a result of the Pensions Act 2004 and the planned demerger of the Society.

In this new and uncertain situation, the trustees need to be alert to how any proposals could or would affect the scheme and the ability of the Society to continue to meet its costs. We can no longer take a long-term view and must look to how the deficit can be met with a short-term plan.

How much is the deficit in the scheme? This is currently being calculated. This year is the first time that a triennial valuation of the scheme is being undertaken by our actuary under the new regime of regulatory rules, which is much more rigorous than before. A valuation is a snapshot of the position of the scheme on a particular date.

This valuation will tell us the actuarial value of the scheme's assets and the cost of its pension liabilities as at 31 December 2006, highlight any deficit and determine what ongoing funding is required to support those liabilities. The trustees and Society are working together to finalise this by the pensions regulator's deadline of March 2008, by which time we must reach agreement about the terms and timing to eliminate any shortfall.

If the pensions regulator is not happy with our plan to make good the deficit, it can impose its own plan on the Society.

Questions answered by Bernard Kelly, director of finance at the Society

What is the background to the Society's scheme? The Society's final salary pension scheme was established in the early 1960s. In common with all responsible employers at the time, the Society saw it as a major factor in attracting and retaining staff. The scheme was closed to all new entrants in January 2003 and, since then, the Society has offered a stakeholder scheme to new members of staff.

This year, as well as addressing the unavoidable cost of the deficit in the scheme, the Society has had to come to terms with the prospect of setting up the new regulatory body for pharmacy.

Like the trustees, we have legal obligations in respect of the scheme and the scheme members. We also have obligations to the Society's members which means, first and foremost, controlling costs.

What is the Society's take on the deficit? A simple definition of a pension scheme deficit is the difference between the

assets held by the scheme and its liabilities in terms of pension rights accrued by the scheme members.

In the Society's case, this is not the result of mismanagement on the part of the trustees, nor is it something that has occurred overnight.

Most private sector pension schemes like the Society's do not have the luxury of being risk-free and few have guaranteed protection against the ravages of inflation. A combination of higher taxes, falling investment returns and the fact that people are living longer affects both the employer's cost of providing a final salary scheme and the benefits it can afford to provide. These factors have pushed the majority of company schemes into deficit and forced many to close.

In the private sector, there is legislation to ensure that all pension benefits provided by occupational pension schemes, like the Society's scheme, must have real assets in place at all times specifically and solely to meet the accrued pension liabilities.

What has the Society been doing to manage the deficit? The Society has been steadily working with the trustees to make good the shortfall in the scheme's funds through investment returns and additional contributions.

While managing the deficit, the Society is liable to continue to meet the cost of pension benefits that have already accrued and future benefits as they accrue.

It has been looking at how the costs of future benefits might be controlled, as there is less scope to reduce the cost of the past service benefits.

We are about to start a formal consultation with scheme members about possibly reducing the value of the benefits to be accrued in future years. Meanwhile we have been considering with our advisers what might be done to contain the past service liability (the deficit).

The trustees have been receptive to our ideas and agreed we should continue to explore all possibilities.

Is the Society fee increase directly linked to the scheme deficit? The deficit in the scheme is one of a number of factors that have had an impact on the Society's reserves and all of these were taken into account when the Council considered the fee increase for 2008.

The Society's Treasurer has told members why the Council has proposed the fees increase and restoring our reserves to levels similar to those held in prior years is one part of this.

Last year, mindful of the forthcoming valuation, we made a special contribution to the scheme of £1.9m from Society reserves. It has been implied that we are proposing to do the same again this year. This is a misunderstanding: no further special contribution is planned.

What is incontrovertible, however, is that the Society is legally compelled to meet the cost of its scheme, and the impending creation of the General Pharmaceutical Council has brought this to the fore.

Where will the Society go from here?

When the current valuation is finalised we will negotiate with the trustees to agree how and when the past service deficit cost is met. However because the trustees have, among other matters, to take into consideration the employer's situation, it would be unreasonable of the trustees to ask us to immediately find a large capital sum to cover the deficit. Therefore, as the Treasurer has indicated, we hope to be able to continue to make good the shortfall over a reasonable number of years.

Welsh Pharmacy Board agrees to lend support to development of All-Wales Mental Health Network

The Welsh Pharmacy Board of the Royal Pharmaceutical Society has agreed to facilitate the development of a pharmacy mental health forum to support pharmacy input into the All-Wales Mental Health Network. The forum will also map out



current services and proposed new developments to ensure cohesive input across the profession. The board made its decision at its fourth formal meeting, held on 11 October, after hearing from Jocelyn Parkes, principle policy adviser at the Welsh Assembly Government. She advised the board that the WAG had made mental health a priority and had set up the All Wales Mental Health Network. She confirmed that, at present, there was no clear vision across the pharmacy profession on how best to engage in the mental health agenda. The board nominated Diane Heath as lead for this piece of work.

The Health Act — responsible pharmacist

Priya Sejjal, acting head of professional ethics at the Society, attended the meeting to discuss the "responsible pharmacist" consultation that is expected to be launched imminently. Following a presentation and discussion, the board's comments were collated and will inform the Society's response. The board stressed the importance of any legislation being implemented simultaneously in each of the three countries.

Veterinary pharmacy

The meeting heard from Rod Jones, who is a member of the Veterinary Pharmacists Group. Following discussions, the board agreed to form a working group, consisting of Mr Jones, Jodine Evans, Carwyn Jones, Phil Parry and Cath Savage, to look at the issues in a Welsh context and to develop a strategy document and underlying action plan for the board. The board agreed that it was important to share this document with both the Scottish and English boards to inform them of the work taking place.

Pharmacy 2020 The meeting received an update on the progress of the Pharmacy 2020 project from David Pruce, director of practice and quality improvement at the Society. The board discussed how they could involve potential stake-

holders in the current consultation process and looked at ways of making use of various networks across Wales to ensure that members in Wales were fully engaged.

Chronic conditions management

Cath Savage, the Society's director for Wales, advised the meeting that she had attended the recent meeting of the implementation group for the Welsh Chronic Conditions Management Framework. The board agreed that, once the document was available to share, a meeting should be arranged with other pharmacy organisations to pull together an action plan for the profession.

"One Wales" document

The meeting discussed the implications of the coalition government's policy agenda for the next four years and considered the actions required by the board to ensure inclusion of the pharmacy profession in the delivery of the Government's manifesto policies. The board agreed to form a subgroup consisting of Carwyn Jones, Alan Crabbe, Richard Evans, Phil Parry and Jodine Evans, to take this work forward.

Pharmacy leadership programme for Wales

Cath Savage updated the meeting on the pharmacy leadership programme for Wales. The programme for 24 pharmacists from across Wales began in September 2007 and will run for 12 months. The board agreed that it was important to scope the success of the programme and to look to deliver this type of leadership programme to a wider audience. The board agreed to set up a working group, consisting of Margaret Allen,

Mair Davies and Phil Parry to take this work forward.

Communications and public affairs

Marc Donovan, vice-chairman of the board and chairman of the communications and public affairs group, provided an update on the main subjects considered by the group.

"Discover pharmacy" literature

Mr Donovan advised the meeting that Paul Gimson, long-term conditions and public health lead pharmacist at the Society is the project manager for this piece of work. He said that this suite of literature, aimed at providing information to key opinion formers on aspects of pharmacy services, was an excellent opportunity for the three national boards to work together and it had been suggested that Welsh Pharmacy Board take the lead on this work.

Regional awareness sessions

Mr Donovan confirmed that planning was well under way for the three regional awareness events taking place across Wales in November. These events will provide an important opportunity for two-way communication between members in Wales and the board. They provided an opportunity for the board to exchange ideas with members in Wales and to update them on professional developments and the work of the board. In addition, it was planned to encourage members to participate in the Pharmacy 2020 consultation and to raise awareness of the importance of engaging in the opportunities to have their say in the development of a professional body. He asked the board to continue to publicise these meetings as widely as possible and encourage members to attend.

Pharmacy 2020 presentation for students

Mr Donovan updated the meeting on the proposal to hold a Pharmacy 2020 event for pharmacy students in Wales. Contact had been made with the chairman of the Welsh Pharmaceutical Students Association, who was keen to participate. A date in November was being finalised.

DEATHS

Dobson On 10 October, Sharon June Dobson, RegPharmTech, aged 36, of 29 Flowerfield, Nunney, Frome, Somerset BA11 4NE Mrs Dobson registered in 2007.

Hawkin On 4 October, John Colin Hawkin, MRPharmS, aged 72, of 78 Otley Old Road, Leeds LS16 6LQ. Mr Hawkin registered in 1957.

Jodrell On 9 October, Gerald David Jodrell, MRPharmS, aged 42, of 2 Charlesworth Street, Crewe, Cheshire CW1 4DE. Mr Jodrell registered in 1987.

Laws On 24 September, Harry Laws, MRPharmS, aged 90, of 14 Horsefair, Campden Road, Shipston-on-Stour, Warwickshire CV36 4PD. Mr Laws registered in 1941.

Oliver On 19 October, Thomas Michael Oliver, aged 83, of 47 Trescobas Road, Falmouth, Cornwall TR11 2JF. Mr Oliver registered in 1949 and retired from the Register in 1993.

Thomas On 8 October, Christopher James Thomas, MRPharmS, of 103 Ynyshir Road, Ynyshir, Porth, Mid Glamorgan CF39 0EW. Mr Thomas registered in 1978 and was also a member of the Alliance of Registered Homeopaths.

Trigger On 19 August, David John Trigger, aged 68, of La Chapaudie, 24360 Champniers Et Reilhac, Dordogne, France. Dr Trigger registered in 1961 and retired from the Register in 2001.

DIARY

Local meetings

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

Monday 29 October

Bury "Non medical prescribing" by Robert Hallworth (specialist pharmaceutical adviser, Stockport Primary Care Trust). Village Hotel, Bury. 8pm.

Tuesday 30 October

Bristol "Issues in type 2 diabetes" by Simon Croxson, (consultant geriatrician, Bristol Royal Infirmary). BAWA Leisure Centre, Southmead Road, Filton. Coffee 7.30pm, meeting 8pm.

Crawley, Horsham and Reigate "Pharmacy 2020" by Sue Jones (lead, Pharmacy 2020 champion, Royal Pharmaceutical Society). Postgraduate Medical Centre,

Crawley Hospital, West Green Drive, Crawley. Hot buffet 7.30pm, meeting 8pm.

Wednesday 31 October

Doncaster "The use of statins in coronary heart disease" by Alastair Cooke (consultant cardiologist, Doncaster Royal Infirmary). Holiday Inn (formerly The Moat House), High Road, Warmsworth, Doncaster. 7 for 7.15pm.

Sunderland "Pain: revision of what's old and introducing what's new" by Inga Andrew (palliative care pharmacist, St Benedict's Hospice Sunderland). Sunderland Marriott Hotel, Seaburn, Sunderland. Buffet 7pm, meeting 7.30pm.

Thursday 1 November

Hounslow "Controlled Drugs: an update" by Eileen Robson, (inspector, Royal Pharmaceutical Society). Education Centre, West Middlesex University Hospital, Twickenham Road, Isleworth. Light refreshments 7.30pm, meeting 8pm.

Harrogate "Current affairs and the future of the Royal Pharmaceutical Society" by Dorothy Drury (member of the Royal Pharmaceutical Society's Council). Seminar Room, Pharmacy

Department, Harrogate District Hospital. Light buffet 7.30pm, meeting 8pm.

Huddersfield "Diabetes and obesity" by Chinnadorai Rajeswaran (consultant endocrinologist, Dewsbury Hospital). Oakwell Centre, Dewsbury and District Hospital, Halifax Road, Dewsbury. Buffet 7.30pm, meeting 8pm.

Manchester, Salford and Trafford "Pharmacists with a special interest/prescribing". George Carnall Leisure Centre, Kingsway Park, Davyhulme, Manchester. Light refreshments 7pm, meeting 7.30pm.

Torbay "Obesity" by Jamie Smith (consultant endocrinologist, South Devon Healthcare NHS Foundation Trust). Belgrave Hotel, Torquay. Light buffet 6.30pm, meeting 7pm.

Monday 5 November

Derby "Asthma" by Anna Murphy (consultant pharmacist, respiratory conditions, Glenfield Hospital, Leicester). Conference Room, Landau Forte College, Fox Street, Derby. 7 for 7.30pm.

Tuesday 6 November

Clwyd "Royal Pharmaceutical Society's continuing professional

development requirements". Rossett Hall Hotel, Chester Road, Rossett, Near Wrexham. Buffet 7pm, meeting 7.30pm.

Dudley and Stourbridge "Antipsychotics and the treatment of schizophrenia" by Sara Smith (consultant psychiatrist, Dudley Group of Hospitals). Clinical Education Centre, Russells Hall Hospital, Dudley. 7.45 for 8pm.

Harrow and Hillingdon "Chronic obstructive pulmonary disease" by Vince Mak. Cumberland Hotel, Harrow. Light buffet 7.30pm, meeting 8pm.

Oxfordshire "Cardiac rehabilitation". George Pickering Postgraduate Centre, Level 3, John Radcliffe Hospital, Headley Way, Oxford. Light refreshments 7.30pm, meeting 8pm.

Wednesday 7 November

Barnet "Treatment of common infections" by Helal Ali (senior antibiotics pharmacist, Barnet and Chase Farm Hospitals). Education and Information Centre, Barnet Hospital. Hot meal 7.15pm, meeting 8pm.

Bedfordshire "Men's health: benign prostatic hyperplasia" by John Connolly. LR7, Building 1, Cranfield University Silsoe Site, Silsoe. Buffet 7.40pm, meeting 8pm.

Sunderland "Essentials of palliative care: principles of managing the symptoms" by Inga Andrew (palliative care pharmacist, St Benedict's Hospice). Sunderland Marriott Hotel, Seaburn. Buffet 7pm, meeting 7.30pm.

Thursday 8 November

Clwyd Presentation on "Wales: our profession, your say". Faenol Fawr Hotel. Buffet 6.30pm, meeting 7.30pm.

Friday 9 November

Clwyd "Wine tasting: Christmas classics" by Alan Hughes. Wrexham Medical Institute. 7.30pm.

Lanarkshire "Branch dinner" Alona Hotel, Strathclyde Country Park, Motherwell. 8pm.

PERSONAL

Memorial service

Trigger Dr David John Trigger, former Chelsea, Reg 55380 1961/PhD 1990, aged 68, died peacefully on 19 August 2007 at Limoges, France. Memorial service, 7 December in Exeter. Contact Carol on +33(0)553607665 or e-mail moley2106@hotmail.com.



Royal Pharmaceutical Society of Great Britain

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Information centre
Book loans and information Library (loans, photocopies) 020 7572 2300; e-mail library@rpsgb.org; Information pharmacists, 020 7572 2302; fax 020 7572 2499; e-mail infopharm@rpsgb.org

Pharmacists' advisory service
Information on legal and ethical matters relating to pharmacy practice, 020 7572 2308; fax 020 7572 2510, e-mail ftp@rpsgb.org

Pharmaceutics information
Information, advice and problem-solving in pharmaceutics 020 7572 2302; fax 020 7572 2499; e-mail pharmaceutics@rpsgb.org

Benevolent fund
Financial help for pharmacists and their dependants and information about convalescence 01327 264739 or 01323 890135

Pharmacists' health support programme
Confidential help and support for pharmacists who experience problems with alcohol and other drugs of addiction 01327 264531

Listening friends scheme
Help from pharmacists trained in dealing with stress 020 7572 2442

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