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Royal Pharmaceutical Society of Great Britain

Council agrees that certain cases need not be referred to the Society's Investigating Committee

The Royal Pharmaceutical Society's Council has decided that certain cases, including single one-off dispensing errors (see *PJ*, 7 June, p677), need not be referred to the Investigating Committee providing none of the threshold criteria for referral is met.

At the **June Council meeting**, the Council considered a series of recommendation from the Law and Ethics Committee, which had been compiled after the public consultation on the matter (see *PJ*, 9 February, centre section) that had ended in April.

Among the recommendations, all of which were accepted by the Council, were:

- That cases involving single one-off dispensing errors should not be referred to the Investigating Committee (subject to threshold criteria).
- That the scope of a single one-off dispensing error should include errors made during the dispensing process, from receipt of prescription through to supply of the dispensed medicine to the patient. The scope of dispensing error should not include near misses, which are medication errors that never reach the patient/representative.
- That cases against registrants which are not referred should be disposed of by way of a letter sent to the individual by the office as a result of the findings of the inspector's investigations, where the individual admits the allegations made and accepts the advice provided. The letters should make it clear to registrants that they can seek legal advice prior to responding to the allegations against them. Records should be maintained for five years as part of the registrant's fitness-to-practise history to show that the individual has admitted to the allegations made and accepted the advice provided.
- That a further paper should be considered by the Law and Ethics Committee to discuss the use of records and fitness-to-practise history. The paper should take into account any advice, guidance from the Council for Healthcare Regulatory Excellence.
- That categories of cases that are suitable for non-referral to the Investigating Committee be extended (subject to threshold criteria).
- That the threshold criteria should apply to cases involving registered pharmacy technicians (including those voluntarily registered).

JOHN JOLLEY welcomed the recommendations but wondered what the effect would be on the workload of the statutory committees by imposing those criteria, because quite clearly there will be a reduction in caseload.

JACKIE GILTROW, said that up to, say, 200 cases could fall outside the Investigating Committee's remit. In terms of the effect on the Disciplinary Committee, there would be no effect, because these were the less serious cases. There would be no reduction in workload for the disciplinary and health committees. There would be a slight reduction for the Investigating Committee, as it would be looking at fewer non-serious cases, but it would still will be looking at all the serious cases.

ALAN KERSHAW thought it would be helpful if the Investigating Committee could see an aggregated report from time to time on cases dealt with in this way, with trends identified.

Mrs GILTROW answered that a quarterly report was currently provided to the Investigating Committee, and she expected to report quarterly, too, through the Law and Ethics Committee.

DOUGLAS SIMPSON, reminded the Council that he used to edit *The Pharmaceutical Journal* and that he had been alarmed at the fact that he could be subject to two years' imprisonment for breaching advertising regulations [cases thought to be suitable for non-referral to the Investigating Committee]. He said that, technically you could end up with a conviction under some of these regulations. What would happen if a conviction resulted?

Mrs GILTROW said it would depend on whether a prison sentence had been imposed. Within the fitness-to-practise rules there were routes that convictions had to take, so they would be dealt with.

GERALD ALEXANDER wondered how records would be kept. He thought it would be a good idea if affected registrants could see the form in which their records were kept.

Mrs GILTROW explained that there were standard templates already to handle single one off dispensing errors. They would be revised subject to the Council's recommendations. The Society sought to ensure that registrants were provided with a standard format for allegations against them and a standard format for advice given to them.

STEPHEN ACRES strongly supported the extension of the initiative to pharmacy technicians. He added: "If we could move the mandatory registration of technicians forward so it covers all pharmacy technicians that would be a significant step forward."

June Council meeting

The Council of the Royal Pharmaceutical Society met in London on 3 and 4 June 2008. News about various matters raised at the meeting appears on this and the following two pages. These reports will be supplemented in due course by a verbatim transcript of the meeting's open sessions published on the Society's website along with relevant agendas, supporting papers and minutes.

Attendance Those present at the meeting were the President (Steve Churton), the Vice-President (Martin Astbury), the Treasurer (Andrew Gush), Stephen Acres, Seema Agha, Gerald Alexander, Cathryn Brown, David Carter, Brian Curwain, Dorothy Drury, Catherine Duggan, Phillida Entwistle, John Gentle, Sylvia Hikins, Lorna Jacobs, Raymond Jobling, John Jolley, Alan Kershaw, Sue Kilby, Yvonne Liddell, Bob Michell, Alison Moore, Marcia Saunders, Douglas Simpson, David Thomson and the Chief Executive and Registrar (Jeremy Holmes). Also present were the chairmen of the English Pharmacy Board (Paul Bennett), the Scottish Pharmacy Board (Rose Marie Parr) and the Welsh Pharmacy Board (Peter Jones). Apologies were received from Margaret Allen, Nick Barber, Keith Wilson and Jane Ramsey

Guests Present by invitation were the following representatives of the Society's branches: Charles Flynn (Isle of Man branch), David Morgan (Clwyd branch), Mags Norva (Mersey region), Alan Robinson (Nottingham branch) and Jodie Taylor (British Pharmaceutical Students Association).

Branch observers may not attend Council's confidential sessions

Observers from the Royal Pharmaceutical Society's branches and regions are not to be allowed to attend the confidential business sessions of Council meetings, the Council decided at the **June Council meeting**. However, the Council agreed that every possible effort should be made to include items in public business and that items on the confidential agenda should indicate why they are so designated.

The Council agreed to proceed in that manner after hearing the recommendations of the Governance Committee. Before bringing its recommendations to the Council, the Governance Committee had considered the risk of allowing observers to attend all the confidential business of the Council. It took the view that those members attending as observers were not bound by the Council members' code of conduct. Neither did they have the same duties and responsibilities, particularly the fiduciary duties, of Council members. In addition, observers did not have a contractual duty of confidentiality, unlike the Society's staff. The Governance Committee also pointed out that a confidentiality undertaking did not guarantee confidentiality of itself and noted that the Society's position in negotiations, for example, with other pharmacy bodies, might be damaged if discussions were disclosed to other parties in those negotiations.

BRIAN CURWAIN wanted to know what the difference was between an invited pharmacist observer and a member of the public or a member of the press. "I can see good reasons why we need confidential items that are separate and are discussed in the absence of the press and any member of the public who may choose to come. I think there may be a different case to be made for pharmacist observers, who understand the need for confidentiality, who are bound by the Code of Ethics," he said.

LORNA JACOBS said that the Governance Committee had had a heated debate on that point. She said that it was on the basis of risk that the committee decided it would only be appropriate to have Council members present for confidential business. That was why it needed to be made clear what the logic was by which an item was in confidential business. She explained: "If you look at why something is in confidential business, then it becomes more clear why people should be excluded. If you are merely putting something in confidential business because you are a bit embarrassed to be discussing it in public, then it is gets a bit more woolly. If you are clear that it is to do with the fact that something is a policy in process, or something that it would be inappropriate for other organisations to know about at this stage, or things that relate to personal individuals, it then becomes much clearer that actually the reason this is in confidential business is good and sound. Therefore everyone, other than Council members, should be excluded."

DAVID THOMSON expressed disappointment. He believed that pharmacist members, governed by the Code of Ethics, might have been allowed to attend confidential business. They dealt with confidential business/patient identifiable material on a routine daily basis and were entrusted with that.

Mrs JACOBS said that the Governance Committee's view was that everything should be in public business unless there was good reason for it to be in confidential.

JOHN JOLLEY supported the recommendations on the condition that confidential items were kept to a minimum. There had been occasions when there had been certain items which only the Council could discuss, even to the exclusion of members of staff. He thought there should be procedures in place to allow the Council to continue to do that.

ALISON MOORE raised a point about freedom of information. She found it difficult to understand why things should be put in confidential business that could technically be released anyway under freedom of information legislation.

Mrs JACOBS said that that point served to make Council members aware that they should always choose their words with care.

JOHN GENTLE said he was embarrassed that observers got "kicked out" of meetings. He believed the principle should be that they be allowed to stay, giving undertakings on confidentiality, as has happened on the Scottish Pharmacy Board. The Council should be ashamed of itself for maintaining the current position.

SYLVIA HIKINS also believed that branch and regional observers should be trusted and included in the entire agenda. "If we exclude people who we should trust, our branch and regional observers, it can look like a stitch up, where we say certain things behind closed doors, and in the public arena say little indeed." However, she would want them to agree to some kind of confidentiality clause.

DOUGLAS SIMPSON said the Council had to recognise that from time to time matters of an intense personal interest crop up, where it would be quite unreasonable to have anything other than people with a proper fiduciary duty in the matter present. There were times when the proceedings had to be confidential. He agreed entirely with the direction of travel to put as much in public business as possible.

Society has a duty to secure a professional future, says newly elected President

The Royal Pharmaceutical Society has a duty to all those who work in the profession to secure a future for them, the President, Steve Churton, said following his election at the **June Council meeting** (*PJ*, 7 June, p677). Mr Churton's acceptance address is set out in the Panel on p730.

Mr Churton was one of three nominees for the position of President. His name was proposed by Andrew Gush and seconded by Margaret Allen. The others were Gerald Alexander (proposed by Douglas Simpson and seconded by Sue Kilby) and Brian Curwain (proposed by Stephen Acres and seconded by Sylvia Hikins). After the first round of voting Mr Curwain's name was eliminated and Mr Churton was elected by 13 votes to Mr Alexander's 12.

In the election of the Vice-President, David Carter, seconded by Dorothy Drury, proposed Martin Astbury. Gerald Alexander, seconded by Seema Agha, proposed Sue Kilby. Stephen Acres, seconded by Marcia Saunders proposed Brian Curwain.

In the ballot Mr Astbury received 13 votes, Mr Curwain eight votes and Mrs Kilby four votes. Mr Astbury was declared re-elected.

Andrew Gush, being the only nominee for the post of Treasurer (proposed by Marcia Saunders and seconded by Cathryn Brown) was re-elected for a further term.

In the election of a lay member to work with the Officers, Lorna Jacobs, seconded by Sylvia Hikins, nominated Alan Kershaw, who was duly elected.

There being no immediate past president, the Council proceeded to elect a member to work with the Officers. David Carter, seconded by, the Treasurer, nominated David Thomson. Catherine Duggan was nominated by Stephen Acres. Mr Thomson was elected by 15 votes to 10.

Council in brief

Transitional Committee

The Chief Executive and Registrar reported to the **June Council meeting** that Nigel Clarke, whom the Council had agreed should chair the new Transitional Committee, was keen that a flexible approach to Transcom membership be adopted in order to ensure that all relevant views are properly heard. Mr Clarke also wanted engagement with as many of the other groups who want to be part of the new professional body as possible, as well other groups that might not become part of the new professional body, but have a clear interest in its success. The CER said "we are on track to get that committee established".

The President's address to the Council after his election

Steve Churton was elected President of the Society at the **June Council meeting**. His acceptance speech is reproduced here

Let me begin by saying how honoured I am to be the 91st individual to be elected as President of the Society in our 167-year history. As I am a relative newcomer to this place, it's even more gratifying that you have placed your trust in me to lead Council, and the profession — a profession of which I am exceptionally proud to be a member.

Turning to the future . . .
I cannot personally recall a time of so much change within our profession. Pharmacy is undergoing seismic change, and the landscape in which we currently operate is likely to be unrecognisable in the not-too-distant future.

There are high expectations of what pharmacy can offer, and public and government interest in our potential, our enthusiasm to engage, and our value, is at an all-time high. You only have to look at the contents of the recent White Paper to appreciate this.

I believe that there are some key constituencies that Council has a responsibility to lead, influence and support – our people, our profession, our patients and ourselves.

First, our people . . .
Our members, our registrants, are rightly looking to us for leadership. We need to be truly responsive to the needs of those we represent. We need to accept the reality that the Society is not well regarded by some and, although we can hypothesise for ever as to why this is the case, the fact of the matter is that we need to raise our collective game to do more to overcome the criticisms — and to demonstrate just what we can achieve — before it's too late.

We should acknowledge that we have some great people working with us, and we should take every opportunity to let them know that we appreciate them. We must lead more by example, we must be more empowering, and we must support, encourage and provide them with the necessary resources and freedom to act in the best interests of the profession.

I believe we need to nurture our people and be tough on the issues — and not the other way around.

Secondly, our profession . . .
In a time of great change and uncertainty we need to demonstrate strong, responsible and supportive leadership. We were all elected or appointed to serve and lead the profession, and never has there been a time more demanding of truly inspirational leadership.

We have a pivotal role to play in bringing about what can only be described as a landmark moment in our proud history, and I really want us to pull together, and to bring about the changes so essential right now to secure the future of the profession.

For those of us who are counting, we have just 391 working days left until the doors of a future professional body open for business. Just 391 days to manage the effective and safe transition of our current regulatory responsibilities to the General Pharmaceutical Council and to harness the collective expertise of all those who wish to be associated with the Society's successor body. Just 391 days to construct the intellectual and tangible fabric of our future professional body, and to enthuse and engage our people around a truly compelling world class offer.

Thirdly, our patients . . .
We should never lose sight of the real difference that pharmacy makes to the millions of people whose quality of life depends on our members for world leading innovative scientific research, through to the development of new drugs and novel drug delivery systems, the safe and effective supply of medicines, and for the care which pharmacists provide every day in our hospitals and in the community.

We have a duty to protect and maintain the standards of healthcare delivery for which we are rightly renowned, and although right now we have to focus our resources on how this can best be supported in the future, through new models of professional leadership and regulation, we must not be distracted from our current responsibility to the public in upholding the highest standards of pharmaceutical practice and patient care.

Finally, ourselves . . .
I believe we need to take stock and recognise the need for us to work together in a more unified, constructive and productive partnership with each other. We need also to engender the trust and confidence of others in our intention and ability to do so.

It's sometimes easy to be overwhelmed, maybe even disheartened on occasion, with so much turbulence — but we need to remain focused, and have more belief in our ability to manage it.

We should celebrate our successes, and we should have confidence that together we can achieve great results — but only when we are aligned and motivated to.

For me, a good leader is someone who inspires others to have confidence in them, whereas a great leader is someone who inspires others to have confidence in themselves. I will work hard to re-energise and instil more confidence in all of us — so that we can absolutely achieve what we need to.

We need to stay focused on what really matters, not be distracted by what doesn't. We need to operate at a strategic level, and not get obsessed with the detail. It's vital that we should prioritise the important issues that are really going to make a difference, and not shy away from taking the tough decisions when we know we need to.

In terms of our values and behaviours, we need to actively live them, not just talk about them. I think we need to be honest with ourselves, and accept that there have been occasions of late when we could have demonstrated more respect for each other.

Great leadership is one which appreciates diversity of experience and cultivates a range of views. In my experience, the most productive dialogues are predicated on active listening, not active speaking. We need to learn to be more accepting of others' points of view, and be constructive in our comments when we disagree with something or someone.

We also need greater clarity in our thinking. We know that we are sometimes tempted to overcomplicate things or go off at a tangent. Let's accept the need to improve the efficiency of our decision making, and be less wasteful of our time and resources.

Let's be straightforward and transparent, not complicated and secretive. Let's use our time more constructively during our meetings and, in between, to enable us to operate at a more appropriate, more effective, level of leadership.

I believe passionately that we have both an obligation and an opportunity to make a step change in the way we support those we represent, and in turn to make a lasting impact on the health of those who are dependent on them for the quality of their lives.

We have a duty to all of those who work in our profession to secure a future for them — a future which is professionally fulfilling; a future which encourages and supports self development and everything we wish our profession to stand for.

It's absolutely right that we cherish our profession's heritage, and it's absolutely right that we champion our profession's future. We need to provide the firm foundation on which generations of pharmacists, and those who support them, will build their lives.

As I said in my election statement: "Together, as a Council with world class aspirations, a self belief in our ability to succeed, the effectiveness of a high performing team, and the determination and leadership to deliver, we have the potential and the opportunity right now to make a transformational difference — and to create something we can all be justly proud of."

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Society should help make MURs more professional

The **branch representatives' meeting** called on the Royal Pharmaceutical Society to find ways of helping pharmacists carry out medication use reviews in a more professional manner, not driven by targets and costs.

Proposing a motion to that effect, Shaheen Bhatti (Harrow and Hillingdon) said that patients should gain from the MUR experience, and doctors should be able to appreciate the value of pharmacists in the overall care of the patient. Most pharmacists wished to expand their professional role and saw MURs as an opportunity to deliver a relevant service to patients who would benefit. But pharmacists working for multiples had reported that company emphasis was on quantity, not quality. Their professional judgement was overridden to maximise financial income without consideration of benefit to the patient.

Companies set MUR targets without considering workload. Pharmacists were repeatedly harassed to deliver the required number. Some companies send out e-mails "naming and shaming" those not reaching their targets. Some companies threatened disciplinary action if pharmacists did not meet their targets.

Some forced their pharmacists to carry out unnecessary MURs on patients who did not need them while overlooking those with complex polypharmacy issues. Senior managers told pharmacists to do the easy MURs because they took less time. Some pharmacists were forced to perform MURs without patient consent and write up the forms later.

MURs were supposed to add value to patient care, but unless the outcome was followed through and the GP made aware, there might be no benefit to anyone. The selection of MUR patients should be up to the professional judgement of pharmacists. Rather than choosing patients randomly to meet the set targets, pharmacists should make a clinical assessment of every prescription and target those patients who might need clarification and explanation.

Shaheen Bhatti: emphasis should be on quality

Ken Gledhill: inadequate remuneration is a problem

Many companies had lost focus on the purpose of MURs and viewed them as a financial rather than a professional activity. MURs empowered patients, raised awareness of their condition and medicines they take. Remuneration should not be the issue. MUR should be patient-focused and not target-driven.

Seconding, Stephanie Bancroft (Harrow and Hillingdon) endorsed what the proposer had said and added that locum pharmacists were often in a difficult position when it came to medicines use reviews. They might not be employed if they were not accredited to carry out MURs. They might not be re-employed if they did not meet MUR targets. They did not know the patient well enough for an annual MUR, so could only do intervention MURs. They might arrive at work and find that MURs had been booked without any regard for the preparation required or the work planned for that day, and they often had to work with insufficient support staff.

Doctors did not want to be inundated with minor issues and could not deal with all the extra paperwork if pharmacists were forced to carry out unnecessary, irrelevant and unimportant MURs.

Paula Wilkinson (Chelmsford) said that her branch appreciated the sentiment of the motion but was concerned that the wording suggested that the Society should help pharmacists to carry out MURs in a more professional manner. Pharmacists should always carry out MURs in a professional manner.

Amy Lepiorz (South Cheshire) said that her only problem with the motion was that it was not the pharmacists who were "driven by targets and costs" but their area managers.

Ken Gledhill (Harrogate) said that the problem was a political one in that the Government did not adequately remunerate the service of medicines management. Maybe the Society should consider making representation to the Department of Health.

BRM asks Society to encourage preregistration training providers to increase the opportunities for cross-sector experience for trainees

The **branch representatives' meeting** unanimously carried a motion calling on the Royal Pharmaceutical Society to encourage preregistration training providers to increase opportunities for trainees to gain cross-sector experience.

Proposing the motion, James Davies (British Pharmaceutical Students Association) said that many BPSA members had asked for advice about cross-sector experience. But many large multiple companies were stopping preregistration trainees from taking parts in cross-sector experience.

On the advice of the Society, some preregistration trainees in community pharmacy had had their cross-sector experience limited to a single three-hour presentation relating to hospital pharmacy.

Mr Davies said that he agreed with the Council's comments that the objective of cross-sector experience was not to provide experience of every sector but to ensure that pharmacists were equipped with an understanding of patient care across boundaries. But he did not believe that true understanding of patient care across boundaries can be achieved in a three-hour presentation.

A friend who was a preregistration trainee with a large multiple company had used her initiative to organise a week with a primary care trust and some time in hospital practice to help break down the boundaries. Her tutor thought it was a great idea, but her area manager told her that it was totally inappropriate because the topic was covered in the three-hour training afternoon.

Mr Davies emphasised that the motion was not asking for compulsory cross-sector experience, which was not financially or logistically feasible. It was asking the Council to lobby the big multiples so that those trainees who wanted to do it had the opportunity and were not actively discouraged. At a time when pharmacy was changing rapidly, future pharmacists were looking to the professional body to support them in becoming better pharmacists.

Jheena Bhakta (BPSA), seconding the motion, said that from day one pharmacists were expected to be able to work in either main sector of pharmacy. But if they did not have the relevant experience in both sectors, then it was difficult to do their job as a day one pharmacist.

The reports on this and the following page conclude our coverage of debates at the Royal Pharmaceutical Society's **branch representatives' meeting** on 22 May.

Overseas pharmacists should have to prove their competence in the English language, BRM decides

Overseas pharmacists working in Britain should have to prove their competence in the English language, the **branch representatives' meeting** decided.

Steven Curtis (Harrow and Hillingdon) proposed that, before being allowed to practise pharmacy in the UK, all "non-UK-registered pharmacists" should be required to prove their ability to speak, read, write and understand spoken English by sitting a test such as that of the International English Language Testing System or the Test of English as a Foreign Language internet-base test (iBT).

Mr Curtis said that some pharmacists were allowed to practise without being able to communicate in English because the Royal Pharmaceutical Society was not allowed to test the language skills of pharmacists who qualified in the 25 non-English speaking countries within the European Economic Area.

In Ireland, the Pharmacy Act 2007 allowed the Pharmaceutical Society of Ireland to test registrants' linguistic competence before they could practise in any way that entailed dealing directly with the public. In Britain, the Royal Pharmaceutical Society could have followed its Irish equivalent's lead but had chosen not to.

In February 2007, the UK Government White Paper "Trust, assurance and safety: the regulation of health professionals in the 21st century" included arrangements for language testing within the context of the European law. The Department of Health went as far as to carry out a costing exercise, calculating that it would cost just £50,000 in total to the various regulators, and just £1m to the NHS to ensure that all healthcare professionals reached an appropriate standard of English. Was £1,050,000 too high a price compared to the risk to patient safety and its related potential costs when things went wrong?

Martin Bagley/Resources/RPSGB

Steven Curtis: onus on employers does not work

Martin Bagley/Resources/RPSGB

Shilpa Gohil: it is time to review the situation and act

The Society put the onus on employers to check pharmacists' communication skills. The Code of Ethics made it clear that all pharmacists must have sufficient language skills to do the job required of them. The problem was that it was not working.

European law allowed the UK government flexibility to take into account special circumstances. There was no reason why it could not produce a derogation for English language testing for pharmacists, if it felt this was an issue the Society needed assistance with. In fact, there were so many options that it was hard to imagine that none were being used.

Seconding the motion, Shilpa Gohil (Harrow and Hillingdon) said that she was aware of numerous European pharmacists who could not communicate clearly and adequately in English. It was time for the Society to review the situation and take action. It should urgently choose a mechanism to carry this out before lives were lost or further distrust was caused.

Ian Bell (Leicestershire and Rutland) said that the motion did not go far enough. The need to ensure that pharmacists could communicate with patients or customers meant not just Queen's English, but also the local English dialect and the languages spoken by people who have immigrated into the locality.

David Thomas (Thames Valley) said that the motion was important because its aim was to protect the public. The public needed to know that the pharmacist in the dispensary could speak, read and write English. He had seen the Irish legislation, and the Irish could so it, so could the British.

Easy-access medicine packs sought for patients with manual dexterity problems

Patients with manual dexterity problems should receive their medicines in packaging that is easy to open, in the view of the **branch representatives' meeting**.

Tony Pugh (Brighton) moved that the Society should as soon as possible bring pressure to bear on the Medicines and Healthcare products Regulatory Agency and pharmaceutical manufacturers to package all medicines intended for patients who have problems with manual dexterity in such a way that these medicines can easily be accessed.

Patients who could benefit included those with Parkinson's disease or arthritis,

Dr Pugh added that patient safety was compromised whenever a patient was unable to remove medicinal products from their packaging.

Society asked to support harmonisation of accreditations by primary care organisations

The Society should engage fully in supporting harmonisation of the accreditation of extended practices funded by primary care organisations (PCOs), the **branch representatives' meeting** decided.

The aim would be to ensure that certificated training gained in one PCO would also apply in any other PCO adopting the same scheme, and especially within the boundaries of the host strategic health authority in England or the equivalent bodies in Wales, Scotland, the Isle of Man and the Channel Islands.

Proposing the motion, Harlene Kithoray (Nottingham) said that England had 152 primary care trusts and 10 strategic health authorities. A pharmacist might be fully qualified to provide a service in one trust area but unable to offer the exact same service at a pharmacy located in an adjacent area.

Boundary issues prevented adequate patient care and stopped an effective service from being provided from competent pharmacy professionals, he said. There should be standard competencies for local enhanced services across PCO boundaries and applicable to all pharmacy professionals.

By implementing the motion the Society would be able to make harmonisation of accreditation a reality, enabling the profession to deliver a world-class clinical pharmaceutical service across Britain.

Gordon Ross (Nottingham), seconding the motion, said that harmonisation of accreditation was up and running and working well in NHS North West, with a range of agreed competency framework. He warned that a sense of urgency was needed if the Society in its present form was to ensure action across Britain.

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Proposed amendment to Rules: The Royal Pharmaceutical Society of Great Britain (Fees in Connection with the 2009 Registration Cycle) Rules — amended announcement

The Council of the Royal Pharmaceutical Society of Great Britain, in exercise of the powers conferred upon it by article 40(1) of the Pharmacists and Pharmacy Technicians Order 2007 and of all other powers enabling it in that behalf, and after consulting in accordance with article 40(4) of the Order and such persons as appear to it requisite to be consulted, hereby makes the following Rules:

Rule 1. Citation, commencement and revocation

(1) These Rules may be cited as the Royal Pharmaceutical Society of Great Britain (Fees in Connection with the 2009 Registration Cycle) Rules and shall come into force on [date].

(2) The Royal Pharmaceutical Society of Great Britain (Fees in Connection with the 2008 Registration Cycle) Rules 2008 are hereby revoked.

Rule 2. Interpretation

In these Rules: "registrant" means a person whose name is registered in the Register of Pharmacists; "Registration Rules" means the Royal Pharmaceutical Society of Great Britain (Registration) Rules 2007; and "retention fee" means the fee specified in Rule 4(1), (2) or (3) as appropriate.

Rule 3. Application fee in respect of registration in the Register of Pharmacists

The application fee for registration in Part 1 or Part 2 of the Register of Pharmacists shall be £198.

Rule 4. Fees in respect of retention of registration in the Register of Pharmacists

(1) The annual fee for a registrant who wishes to retain his entry in Part 1 of the Register of Pharmacists shall be [£410 or £413].

(2) The annual fee for a registrant resident in the British Islands or the European Economic Area who wishes to retain his entry in Part 2 of the Register of Pharmacists shall be £70.

(3) The annual fee for a registrant resident outside the British Islands or European Economic Area who wishes to retain his entry in Part 2 of the Register of Pharmacists shall be £123.

Rule 5. Fees in respect of voluntary removal from the Register of Pharmacists

A registrant wishing to remove his name from the Register of Pharmacists in accordance with the Registration Rules shall not pay any fee.

Rule 6. Fees in respect of restoration to the Register of Pharmacists

(1) Any person (a) who does not pay the appropriate retention fee as specified in Rule 4 and who is therefore removed from the Register of Pharmacists in accordance with the Registration Rules; and (b) who subsequently wishes to restore his name to the Register, shall pay a fee of £782 in addition to the appropriate retention fee for the year in which he is restored to the Register of Pharmacists.

(2) Any person (a) who has voluntarily removed his name from the Register of Pharmacists in accordance with the Registration Rules; and (b) who subsequently wishes to restore his name to the Register of Pharmacists; or (c) whose application for restoration to the Register of Pharmacists has been granted by the Society's Disciplinary Committee, shall pay a fee of £198, in addition to the appropriate retention fee for the year in which he is restored to the Register of Pharmacists.

(3) The whole of the restoration fee specified in paragraphs (1) and (2) shall be payable irrespective of the amount of time that the person has been removed from the Register of Pharmacists.

(4) The whole of the retention fee in respect of the year in which the person is restored to the Register of Pharmacists, as specified in Rule 4, shall be payable, irrespective of the date on which the person is so restored.

Rule 7. Fees in respect of annotation in the Register of Pharmacists as a supplementary prescriber or as an independent prescriber

(1) The application fee for annotating a registrant's entry in the Register of Pharmacists as a supplementary prescriber, or as an independent prescriber, shall be £51.

(2) A registrant wishing to remove an annotation from his entry in the Register of Pharmacists in accordance with the Registration Rules shall not pay any fee.

Rule 8. Fees in respect of transferring to a different part of the Register of Pharmacists

(1) A registrant wishing to transfer from Part 1 to Part 2 of the Register of Pharmacists shall not pay any fee.

(2) A registrant wishing to transfer from Part 2 to Part 1 of the Register of Pharmacists in any calendar year shall pay the difference between any retention fee already paid by him in respect of that calendar year, and the Part 1 retention fee for that calendar year specified in Rule 4(1).

Rule 9. Fees in respect of change of residential status in Part 2 of the Register of Pharmacists

(1) A registrant in Part 2 of the Register of Pharmacists who (a) is resident outside the British Islands or European Economic Area, (b) who wishes to change his status, in any calendar year, to that of a registrant in Part 2 of the Register of Pharmacists, resident within the British Islands or European Economic Area, and (c) who has previously paid the retention fee due in that calendar year, shall not pay be required to pay any additional fees, or be entitled to any refund.

(2) A registrant in Part 2 of the Register of Pharmacists (a) who is resident within the British Islands or the European Economic Area, (b) who in any calendar year wishes to change his status to that of a registrant in Part 2 of the Register of Pharmacists resident outside the British Islands or the European Economic Area, and (c) who has previously paid the retention fee due in that calendar year, shall pay a fee of £53.

Rule 10. Fees in connection with certificates

(1) The fee for replacement of a certificate of registration shall be £15.

(2) The fee for issue of a certificate of current professional status shall be £73.

Rule 11. Fees in respect of determining the route to registration of EEA applicants

(1) The fee in respect of initial scrutiny of an application to determine whether an EEA applicant has a qualification of work experience which complies with Article 23 or Article 44 of Directive 2005/36/EC shall be £100.

(2) If following initial scrutiny it is determined that the EEA applicant does not have a qualification or work experience which complies with Article 23 or Article 44 of Directive 2005/36/EC, the fee in respect of the assessment of qualifications and work experience in accordance with Articles 10 and 14 of Directive 2006/36/EC shall be £350.

Rule 12. Administration fee

The fee for reprocessing payments which have not been honoured by the bank of the applicant or registrant shall be £15.

Stephen Churton
President

Jeremy Holmes
Chief Executive and Registrar

(Notes overleaf)

Royal Pharmaceutical Society and Academy of Pharmaceutical Sciences

Symposium: Ophthalmic drug delivery

- **Date:** Monday 30 June 2008
- **Venue:** Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1
- **Content:** A drug delivery focused symposium discussing the current and future drug and device combinations on the market to treat diseases of the eye. This symposium will include topical delivery to the eye as well as retinal delivery options in the discussion. Also included will be a discussion on currently regulatory trends and "watch outs" for the industry to consider while developing drugs and combinations products for delivery to the eye.
- **Fees:** £125 for members of the Royal Pharmaceutical Society or Academy of Pharmaceutical Sciences or £140 for non-members (plus a discounted fee of £50 for students).
- **Further information:** Julie Churchill, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2261; e-mail science@rpsgb.org

NOTES

1. *At its meeting on 2 April 2008, the Society's Council proposed that the fees in relation to registration for pharmacists and pharmacy technicians, and fees relating to the Society's registration examination should be amended.*
2. *The reasoning behind the Council's proposed increases are fully set out in the document "2009 Fees Consultation". The document can be accessed via the "Consultations" button on the home page of the Society's website www.rpsgb.org. Paper copies of the consultation are available from on application to Fees Consultation, Chief Executive and Registrar's Office, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN.*
3. *Fees in relation to the registration of pharmacists are now set by Rules made under the Pharmacists and Pharmacy Technicians Order 2007. A draft of the Rules dealing with the 2009 fee cycle is set out above for consultation (see Note 2) and the consultation closes on 13 August.*
4. *The retention fee proposal for practising pharmacists for 2009 is an increase of either 3.9 per cent or 4.5 per cent, depending on the outcome of the consultation on reduced fees for pharmacists on low incomes and subsequently the decision of the Council.*

Alteration to the Byelaws: Fees payable to the Society — amended announcement

Notice is hereby given in accordance with section XXVIII of the Byelaws that the Council of the Society has approved proposals to alter the Fourth Schedule to the Byelaws — Fees payable to the Society — as hereunder and that it intends to make such alterations after the expiry of 60 days from the date of this notice, subject to such amendment as the Lords of the Privy Council may require.

The Fourth Schedule to the Byelaws shall be amended to read as follows:

Fees in respect of overseas pharmacists

The fees payable in respect of Section XIX (6)(e)(i) and (ii) of the Byelaws shall be as follows:

(a) The fee in respect of examination of evidence shall be £656

(b) The fee for inquiry before and interview by the Adjudicating Committee shall be £656.

Fees in respect of preregistration training

1. The fees payable in respect of Section XX (21)(b) of these Byelaws shall be £166.
2. The fees payable in respect of Section XX (26) of these Byelaws shall be as follows:
   (a) the examination fee shall be £196;
   (b) the late entry fee shall be £392.
3. The fees payable in respect of Section XX (27) of these Byelaws shall be as follows:
   (a) the examination resit fee shall be £196;
   (b) the late entry fee shall be £392.

Jeremy Holmes
Chief Executive and Registrar

NOTES

1. *The fees set out in this proposed amendment to the Fourth Schedule were determined by the Society's Council at its meeting on 2 April 2008.*
2. *Fees in respect of registration are now set out in Rules made under the Pharmacists and Pharmacy Technicians Order 2007, and are the subject of a separate consultation.*

Fees to be paid by pharmacy technicians

Fees to be paid to the Society by registered pharmacy technicians have been determined by the Council for 2008 as follows:

Technician retention fee practising £135
Technician retention fee non-practising £70
Technician upgrade — non-practising to practising £65
Technician returned application fee £44
Application route A fee £48
Application route B fee £198
Application overseas (EEA and non-EEA) fee £228

Jeremy Holmes
Chief Executive and Registrar

Royal Pharmaceutical Society of Great Britain

London headquarters
Switchboard 020 7735 9141; direct dialling, see 'Medicines, ethics and practice'; fax 020 7735 7629; e-mail enquiries@rpsgb.org; website www.rpsgb.org

Scottish office
Headquarters of the Society in Scotland (including library and information service) 0131 556 4386 (see also 'MEP' guide); fax 0131 558 8850; e-mail scotinfo@rpsgb.org

Welsh office
Headquarters of the Society in Wales 029 2073 0310; fax 029 2073 0311; e-mail wales@rpsgb.org

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 020 7572 2308; fax 020 7572 2510; e-mail leadvice@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 0161 427 9776 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

Pharmaceutical press
Purchase of books and subscriptions to journals 01767 604971; fax 01767 601640; rps@turpin-distribution.com; website www.pharmpress.com

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)

Tuesday 17 June

Chelmsford "POM to P Switches" by Helen Darracott (director of legal and regulatory affairs, Proprietary Association of Great Britain). Cosmopolitan Restaurant, 10 Broomfield Road, Chelmsford. 7.30pm for 8pm.

Harrow and Hillingdon "*Helicobacter pylori* testing and medicines use reviews". Cumberland Hotel, Central Harrow. Buffet 7.30pm, meeting 8pm.

Wednesday 18 June

Cambridgeshire "An insider's view of the future of the Royal Pharmaceutical Society" by Ray Jobling (lay member of the Society's Council). Addenbrooke's Hospital, Seminar Room, Level 3. Buffet 7.30pm, meeting 8pm.

South Essex "The NHS national bowel cancer screening programme" by Javaid Subhani (consultant gastroenterologist, Basildon Hospital). Postgraduate Medical Centre, Basildon Hospital. Buffet 7pm, meeting 8pm.

Wednesday 25 June

Halifax "Current affairs in pharmacy" by Martin Astbury (Vice-President of the Royal Pharmaceutical Society's Council). Learning and Development Centre, Calderdale Royal Hospital, Halifax. Buffet 7.30pm, meeting 8pm.

Thursday 26 June

Birmingham "Chronic obstructive pulmonary disease" by Anna Murphy (consultant respiratory pharmacist, University Hospitals of Leicester NHS Trust). Birmingham Medical Institute, Edgbaston. Buffet 7.15pm, meeting 8pm.

Morgannwg "Botanical browser". Penmaen Burrows. Meet at Penmaen car park (by old post office). Followed by meal at Gower Inn. 7.30pm.

Northamptonshire "An overview of insulins and medicines use review advice" by Amanda Cartmale (specialist diabetes nurse). Sunley Management Centre, Boughton Green Road, Northampton. Buffet 7pm, meeting 7.30pm.

DEATHS

Didsbury On 24 April, Brian Didsbury, MRPharmS, aged 73, of Eildon Cottage, 76 Chilton Road, Long Crendon, Aylesbury, Buckinghamshire HP18 9DA. Mr Didsbury registered in 1957.

Harris On 18 May, Colin Harris, FRPharmS, aged 81, of 7 Willow Bank, Welford On Avon, Stratford-upon-Avon, Warwickshire CV37 8HB. Mr Harris registered in 1949.