

■ RETENTION FEES

Answers to the more common questions

From Mr A. C. Gush, MRPharmS

I have been keeping up to date with the comments and concerns expressed by members regarding fees as a matter of priority and thought it would be useful if I provided answers to some of the more common questions being raised.

Can we have life membership for those over 90 years of age?

These members need to be recognised. Unfortunately, based on current legislation, we cannot introduce any fee category based on age. This would fall within the Age Discrimination Act which was introduced in 2006. However, the Royal Pharmaceutical Society's Council has been considering an emeritus category of membership which would lend itself to recognising the contribution of such long-standing members of the Society.

Can there be a nominal fee for members who have been on the Register for over 50 years?

We must find a solution for these important members of the Society that reflects their contribution and loyalty. The Society's Resource Management Committee and the Society's Council have discussed this for a number of years and, in fact, gave agreement to propose the fee as a new category in 2005 for introduction in 2006. However, advice received from Privy Council lawyers was that introducing a differential between members, based on age, would run foul of European legislation on age discrimination. The consideration of giving such members emeritus status is perhaps one solution but that could not apply to those on the practising Register for the reasons outlined above.

When are we due to consult on staged payments?

We know that staged payments are important to our members and therefore they are now a priority for the Society. Amending the registration Rules, which fall within the Pharmacists and Pharmacy Technician Order 2007, is a difficult and lengthy process. In order for the Society to consult on staged payments with members there is a significant amount of work that is required before any consultation. This work includes discussions with the Department of Health and various

sets of lawyers. The Council will have to put together, discuss and agree the new rules before the consultation too.

Can we still pay by cheque?

Members will still be able to pay their 2008 fees by cheque. However, it is the Society's intention to phase cheques out during the course of 2008. Cheques are costly to process through both bank and hidden administration costs. At the start of 2005 we undertook a costing exercise for the retention fee project and we were surprised at the cost of processing cheques. We estimated the cost to be around £15 per cheque. Therefore, over the past three years the Society has put in place alternative payment methods. The online payment facility has been a huge success with 60 per cent of the membership now paying their fees using this method and it continues to grow year on year. Of the remaining membership, 15 per cent pay by direct debit and the remaining 25 per cent by cheque. We are hoping that online payments will rise to over 75 per cent for 2008 fees.

For those members who do not have access to a computer or the internet, we recommend payment by direct debit. We are also investigating phone payments, where members can call a specific number and pay their retention fees over the phone using a touch-dial system. We will be making further announcements at the appropriate time.

What would the capital sum be if the Lambeth building was sold?

The Society's financial statements report the value of the Society's properties and are updated every three years in accordance with the financial reporting standards. The current value of the freehold and leasehold properties is close to £11m based on a valuation in 2004. The current net book value of the asset in the accounts is £7.2m giving a surplus of £3.8m to the accounts.

It seems that the pension fund deficit has existed for some time. Why the big rush to correct this now? Life now seems less predictable. Until recently, both the Society and the pension fund trustees were able to plan to address the pension fund deficit over a considerable period of time, based on a fairly predictable income. The Government's announcement that it will establish a new regulator for pharmacy has meant that the future is much less certain, so the pension

fund issue will need to be addressed over a considerably shorter timescale.

What is the breakdown of expenditure between professional and regulatory activities? Detailed figures were published in the Society's 2006 annual review and sent out to all the members via the *PJ* in April this year. They are also available on the Society's website (see www.rpsgb.org).

Members may like to know that an in-depth fees' Q&A, which will be updated on a regular basis, is now available on the Society's website. I also urge people to engage with the consultation process which still has five weeks left to run, since this is the most constructive way for members to make their opinions count. I would also like to thank everyone who has already sent in a reply to this important consultation.

Andrew Gush

Treasurer,
Royal Pharmaceutical Society

Taking the funding fight to Government

From Mr F. C. McCaul, MRPharmS

I was delighted to read the reaction from Andrew Gush, Treasurer of the Royal Pharmaceutical Society, accepting calls from the Independent Pharmacy Federation and Pharmacists' Defence Association for a far more active response from the Society in taking the funding fight to Government.

Unfortunately his complex and detailed arguments are hardly likely to have Government ministers rushing to change their policies.

The IPF's position calls for a robust and unambiguous stance from the Society's leaders. To be absolutely clear, the Society must organise a vigorous, high-profile campaign against the fee increase which itself has to be well funded and aggressively carried through.

Specialist external PR consultants must be hired who will go straight for the headline-grabbing approach designed to make both ministers and the membership believe that the Society has, for once, got some fight in it.

Fin McCaul

Chairman,
Independent Pharmacy Federation

There are areas where savings can be made

From Dr M. D. Jones, MRPharmS

Treasurer Andrew Gush states that half of the proposed retention fee increase (£3m) will be used to boost the Royal Pharmaceutical Society's reserves (*PJ*, 18 August, p191). The Society's Annual Review 2006 states the reserves as £4,003,000 (p35 and p38). When an organisation is facing new financial demands, it usually has to "cut its cloth to suit its purse", yet it seems that at such a time the Society is planning a 75 per cent increase in what are effectively its savings. How much money does the Society's Council want to hold in reserve? This is surely an area where a saving can be made.

Matthew Jones

London

ANDREW GUSH, Treasurer of the Royal Pharmaceutical Society,

Letters to the editor

Letters for publication can be posted, faxed, or sent by e-mail to letters@pharmj.org.uk and should not normally be of more than 400 words and should cover one topic only. *The Journal* reserves the right to abridge letters and to edit them for clarity and style. Pharmacist correspondents should supply their membership numbers and a contact telephone number should always be given. Women correspondents should specify a preferred title otherwise "Ms" will be used.

Letters are accepted for publication on the understanding that they have not appeared anywhere, including electronic media, previously. If the issue is of such significance that the correspondent has simultaneously submitted the letter elsewhere, it is the responsibility of the correspondent to inform *The Journal* at the time.

Letters that are critical of individuals, organisations or companies may be sent to the person or body concerned so that they are given a simultaneous right of reply. In these instances, the authors' identities will not be disclosed until publication, and publication will usually be delayed.

Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent.

responds: Transparency and accountability are essential for any membership organisation to remain relevant to its members. The Society has, therefore, always been transparent in terms of its reserves policy that was approved by the Society's Council in 2004. There is certainly no different policy being recommended with the increase in fees. The policy agreed by Council is underpinned by four key themes: develop a financial strategy to underpin its five year business plan; develop a reserves policy with a view to building its financial reserves; reduce its reliance on the financial contribution from publications; and move to funding all regulatory and professional activities from membership and premise fees. Decisions relating to fees are therefore being made within the context of this policy.

In the Society's statutory accounts for 2006, published on the Society's website, members will note that the reserves have reduced substantially over the past three years. It is of paramount importance that this is tackled so that the Society remains financially viable.

I would like to draw the attention of members to the comprehensive fees Q&A that is now available on the Society's website. The Q&A, which will be updated on a regular basis, addresses some key issues including the pension deficit, the demerger of the Society, Section 60 and the independent inquiry.

It is important to remain focused on the formal fees' consultation that still has some five weeks to run. I would urge those members who have yet to respond to engage with the process and help inform Council thinking; I would also like to thank those who have already replied.

Pension fund should not be supported by members

From Mr M. J. Moon, MRPharmS

I, like many others, suffered the result of a fiscal downturn and Gordon Brown's raid on pension funds. The result was that my privately financed pension fund produced a smaller pension at the age of 69 years than I could have taken at 60 years.

When I read that my retention fee is to be increased in part to support the pension fund of the Royal Pharmaceutical Society's staff, I wonder what this has got to

do with me. Where was the Society and what was it doing to help me when my fund was depleted?

I believe that the fund should not be supported by extra money from the members. Let the recipients suffer their losses in the same way as many members have done.

Michael John Moon
Bristol

Before the visit of the man with the scythe

From Dr R. Baker,
FRPharmS

Like Bill Brookes (*PJ*, 18 August, p179) I had assumed that I should remain a retired fellow of the Royal Pharmaceutical Society until the grim reaper called. Among the papers for my executor is a draft letter to the Society's Secretary and Registrar to say that I had departed. The new fee proposals cause me to consider whether I should discard that letter and leave now, before the visit of the man with the scythe.

Surely unblemished membership and fellowship of the Society for 54 years should lead to better treatment than that being proposed?

Rodger Baker
Hertford

COMMUNITY PHARMACY

Worries over PSNC article

From Mr C. Morris,
MRPharmS

I have just finished reading Lindsay McClure's article on IT (*PJ*, 18 August, p192). The second column of this piece brought me up short. Miss McClure is the head of information services at the Pharmaceutical Services Negotiating Committee. She wrote: "If regulatory barriers can be overcome, wholesalers equipped with sophisticated automation . . . are ideally placed to act as the hub for independent pharmacies . . .". She further wrote: "Future regulatory change to enable remote supervision could also potentially lead to the development of controversial new uses . . . such as unmanned dispensing kiosks . . .".

Now I know that this article may just represent the lone thoughts of a single person; I myself am now speaking as a

worried pharmacist rather than a member of the English national board. However, I am extremely worried that a staff member of the PSNC — the body that is supposed to fight for the rights and remuneration of community pharmacists — could put across the idea that two regulations that many pharmacists are desperate to keep are actually problems to be overcome.

Does the author of this article have any say in the team that argues for pharmacy remuneration and, if not, how much sway does she have with this group?

Remote supervision and the responsible pharmacist are two concepts that have made many members of our profession hot under the collar and I would hate to think that community pharmacy's voice against the Government would hold views which appear at such odds to what seems to be the undercurrent of professional thinking.

Chris Morris
Newquay,
Cornwall

LINDSAY MCCLURE, head of information services at the Pharmaceutical Services Negotiating Committee, responds: The article must be seen in the context of the series of articles which were commissioned by the Society to help stimulate debate within the profession in advance of the consultation on "Pharmacy 2020". The reader has misinterpreted the quoted sentences that deal with two separate issues.

There is nothing new about the concept of "hub and spoke" dispensing, where dispensing takes place in a centralised dispensary (hub), for the "spoke" pharmacists to hand to the patient with appropriate counselling. The regulations currently require such assembly of medicines to be undertaken within the same ownership group and offer various benefits. For example, many pharmacies now provide medicines in monitored dosage systems and, although expensive, there are systems now available which support automated dispensing of MDS. Using centralised assembly of MDS could alleviate many of the concerns being expressed to the PSNC about pharmacist and technician workloads. These benefits are currently available to multiple pharmacies but not single, independent pharmacists with one pharmacy. I suggested in the article that items delivered to a

pharmacy from its wholesaler might, if regulatory barriers were overcome, be packed in appropriate containers, ready-labelled for patients — this is not such a huge advance from the development of manufacturer's patient packs.

My reference to remote supervision referred to this being controversial. Let me repeat what I said: "Future regulatory change to enable remote supervision could also potentially lead to the development of controversial new uses for automation, such as unmanned dispensing kiosks to support patient access to medicines out of hours." Remote supervision is now technologically possible with only the regulations blocking this practice.

The PSNC responded in 2004 to the Government's consultation on skill mix and, as part of its response relating to pharmacist supervision stated: "The PSNC accepts that technology may allow this function to be provided remotely and would even allow patients and customers to use remote links to seek advice from a pharmacist. We advocate great caution in progress along these lines. Members of the public would, we believe, find remote consultation less satisfactory than face-to-face discussion and this could reduce the benefits in delivery of health services we are seeking to provide under the new contract". My article, drawing attention to the potential for technology to move in these controversial directions, was wholly aligned to the PSNC position. It is also worth noting that the Society's published policy on this issue is not set against remote supervision, but instead lists a number of safeguards, for example, "only pharmacists should be able to supervise remotely", and "pharmacists must have access to all relevant information that they would have if present in the pharmacy, eg, PMR, etc, and must have enough information to make an appropriate assessment" (see www.rpsgb.org).

As highlighted in my article, technology offers the profession benefits but also many threats. It is important that these challenges are recognised to ensure patient safety and to prevent the public's confidence in the profession being compromised.

Telephone number

All correspondents should supply a daytime telephone number, in case we need to contact them urgently

■ MURS

Employers applying pressure to conduct MURs

From Mr J. A. Murphy, MRPharmS

The issue regarding employers applying pressure on pharmacists to conduct medicines use reviews (MURs) has been raised through your columns before. A worrying development has now occurred.

We are aware of a pharmacist who has been disciplined by his employer for "insubordination" and "failure to follow company procedures" because he was, in their opinion, not achieving the targeted number of MURs. He has also been further warned that if he does not perform a minimum number per week he faces dismissal.

A carrot and stick approach has been used by many organisations to increase the pressure on pharmacists to perform MURs, either by creating incentives or by imposing significant financial penalties at salary review time. Disciplinary action is often threatened for MUR underachievement and is now being implemented against employees. Setting a target for commercial reasons may be appropriate if it is "aspirational" and achievable, but totally inappropriate if this forces a pharmacist to take into consideration the impact on his or her pay packet or job security when deciding if this professional service should take priority over others.

Internal communications within certain companies focus almost exclusively on quantitative targets and these are communicated and monitored in such a style that they are likely to engender behaviours which are not conducive to good pharmacy practice. Business managers who set these targets are only interested in income and profit and it is worth pointing out that we have not seen any evidence of targets that focus on patient outcomes or of a qualitative nature.

In our experience, pharmacists believe that the MUR is an important part of their role when done appropriately and effectively, and when, in their professional judgement, in the best interests of the patient. The judgement of the pharmacist is also key when assessing whether by performing an MUR on any single patient he or she is putting at risk the safety or the quality of service to other

patients. This is a dilemma most face as a consequence of balancing work load and the resources that are at their disposal.

With this new departure whereby pharmacists are being unreasonably disciplined or threatened for non-achievement of MUR targets, the Pharmacists' Defence Association is of the opinion that the time has come for the Royal Pharmaceutical Society to decide whether superintendent pharmacists are allowing business managers to override professional judgement in the interests of commercial gain.

This issue has now escalated beyond the point of being merely parochial employment disputes. The PDA may need to test our contention that the setting of targets for MURs and the commercial and job security pressures being placed on the pharmacist to perform them as a consequence, are contrary to the Society's code of ethics.

John Murphy

Director

Pharmacists' Defence Association

LYNSEY CLELAND, former head of professional ethics at the Royal Pharmaceutical Society, responds: John Murphy's letter raises some potentially serious issues. While the terms and conditions and performance targets set by employers will generally fall outside the scope of the jurisdiction of the Society, there are circumstances where this is not the case. The Society does have relevant guidance that should be applied in the circumstances outlined in Mr Murphy's letter.

Principle 2 of the code of ethics requires that, as a pharmacist or pharmacy technician, one must "exercise your professional judgement in the interests of patients and the public". In meeting this principle the code states that one must "make sure your professional judgement is not impaired by personal or commercial interests, incentives, targets or similar measures".

In addition, principle 7 of the code of ethics should be considered. This principle requires that as a pharmacist or pharmacy technician one must "take responsibility for your working practices". In adhering to this principle the code requires that one must "ensure that you are able to comply with your legal and professional obligations and that your workload or working conditions do not compromise patient care or public safety". It

also states that one must "make sure that your actions do not prevent others from complying with their legal and professional obligations, or present a risk to patient care or public safety".

The Society has also recently developed separate guidance entitled "Professional standards and guidance for pharmacists and pharmacy technicians in positions of authority". This expands on the principles of the code of ethics and sets out the professional requirements of those with managerial responsibilities. Section 4.2 states that, as a pharmacist or pharmacy technician in a position of authority, "you must ensure that financial or other targets do not compromise the professional services you and your staff provide".

If there are concerns that the Code of Ethics or the Society's supporting standards and guidance documents are not being complied with then this should be referred to the Society with full supporting information for consideration.

■ WHITE PAPER

A number of reservations

From Dr I. ab I. Davies,
MRPharmS

In response to the White Paper "Trust, assurance and safety", I have a number of reservations regarding the proposal for an appointed General Pharmaceutical Council (GPhC) to regulate the profession. These include:

- Who will appoint the members of its council?
- What qualifications will be required to be eligible for appointment to its council, especially for lay members? I would not expect to be nominated to serve on a board that was responsible for regulating air traffic controllers, since I have no experience in this area of work, so I would be concerned at the appointment of lay members, who have no knowledge or experience of the requirements to practise as a pharmacist, to the proposed GPhC, a body that will be involved in regulating the profession.
- To whom is the council responsible and accountable?
- To what extent would the council be responsible for "the education and training of pharmacists from

undergraduate to postgraduate level and also for the proposed revalidation of pharmacists to ensure their fitness to practise" (see *PJ*, 19 May, p573)? Such matters, surely, should be the responsibility of the profession itself.

The Pharmaceutical Society, since its inception in 1843 and the Royal Pharmaceutical Society have served the profession well for over 150 years. To jettison this foundation in favour of a college of pharmacy would be detrimental to the profession and serve no useful purpose. Creating a "Royal College of Pharmacy" is out of the question — see Raymond Dickinson's letter, *PJ*, 26 May, p607).

Why not model the Society on Parliament and the judiciary, where an elected parliament makes the laws that are regulated by an independent, appointed judiciary. If this were the case the elected Society could be retained to provide leadership and direction for the profession with regard to education and practice. The Society would also be instrumental in appointing the members of the GPhC thus ensuring that the GPhC is "fit for purpose" and not simply another unaccountable "QUANGO".

The GPhC could be responsible for the registration of pharmacists as a requirement to practise and also for the registration of premises. Its council could be responsible for the evaluation of educational standards and for monitoring the Society's programme for evaluating "fitness to practice". The GPhC could report to the Society and to Parliament so that any inconsistencies that might arise between the intentions in the Society's regulations and their application could be amended. A single fee for membership of the Society and the GPhC could be levied for practising pharmacists and there could be a reduced fee for non-practising or retired pharmacists — for membership of the Society only.

Regional variations could be accommodated by founding elected colleges of pharmacy, eg, England, Wales, Scotland and Northern Ireland. Members of these colleges could be elected to the council of the Society that would serve as an umbrella organisation for the whole of the UK.

Iolo Davies

Ballygowan, County Down,
Northern Ireland