

# Council's response to BRM resolutions

This report, approved by the Royal Pharmaceutical Society's Council at its August meeting (*PJ*, 16 August, p236), gives the Council's response to the resolutions passed at the Society's branch representatives' meeting that was held in May (*PJ*, 29 May, pp685–687)

## Recognising licensed medicines

*That the agencies responsible for the safety, quality and efficacy of authorised medicinal products, which are the Medicines and Healthcare products Regulatory Agency and the Veterinary Medicines Directorate, should be supported in their action to help the public to recognise and benefit from being more able to distinguish medicinal products which are authorised from products which are not.* [Birmingham]

In the regular meetings between the Society and these agencies, both presentation and licensing issues have been and will continue to be actively pursued. The Society will continue to emphasise to the MHRA the importance of effective communication with the public on the value of the medicines licensing system supported by the expertise of health professionals.

As part of its own public relations work, the Society regularly highlights to the public key messages about medicines, their safe and effective use and pharmacists' wide knowledge of them. The "safety, quality, efficacy" basis of marketing authorisation and the importance of understanding the implications of different categories of medicine, particularly the added value of the pharmacy medicine (P) category, are recurring themes in this work.

The Society's awareness messages about complementary therapies and their potential interactions with allopathic medicines also carry this message. The Society's policy on herbal medicines emphasises that, by choosing a licensed product, people can ensure that their pharmacist has access to useful data and information about their product.

The Society's "Scientist in the high street" initiative also gives the opportunity to promote the scientific basis of medicines and the importance of the pharmacist's advice as part of the safeguards in place for people using medicines.

The recent Government announcement focusing on children's medicine gives a further opportunity to bring such messages home to the public.

## Seeking BPSA views on student issues

*That the Society should consult the BPSA with regard to student issues within the profession for an official student opinion.* [British Pharmaceutical Students' Association]

The Council values the input of the BPSA into the life of the Society. Regular liaison meetings between the BPSA executive and the Society's officers and staff give the opportunity for dialogue on a wide range of

issues. Following the most recent liaison meeting, two review groups have been established to review the constitution of the BPSA and to work with the BPSA on governance arrangements. The BPSA is invited each year to nominate a student member of the Society's Education Committee. It is mainly within the Education Committee that the kinds of issue referred to in the motion are considered. For example, in the recent past, the Education Committee considered the White Paper "The future of higher education", which carried the proposal for variable tuition fees.

The input of the BPSA into the life of the Society is further supported by its right to submit motions to the branch representatives' meeting, to attend the branch and regional secretaries' meeting and to send delegates to the British Pharmaceutical Conference.

## Dosage instructions on all medicines

*That all prescriptions for medicines should carry clear and complete dosage instructions.* [Brighton]

The Council agrees that all prescriptions for medicines should carry clear and complete dosage instructions and will press for this principle to be enshrined in legislation and be built into the specifications for electronic prescribing in the NHS IT programme.

These matters are under discussion with a number of stakeholders, including doctors, nurses and other health professionals, as part of the work to implement the Society's policy that pharmacists should have access to appropriate patient information.

## Guidance on pharmacy staff rest breaks

*That the Council should issue specific guidance to the owners of pharmacies to ensure that provision is made for appropriate breaks to be taken by staff when working long shifts.* [Cheltenham and Gloucester]

The Code of Ethics requires owners of pharmacy businesses not to seek to impose conditions on pharmacists that may adversely affect their ability to comply with their professional and legal duties. Also, the code requires pharmacists only to accept work where they are fit for the task to be performed. It is up to the individual pharmacist to make a professional decision whether or not to accept employment at a particular pharmacy. The pharmacist would have to consider their individual expertise and the services provided by the pharmacy, the volume of dispensing, the number of trained support staff and any arrangements for rest breaks. Employers and

employees ought to take note of the intention of the Working Time Directive 1998 when agreeing breaks to be taken during the working day. This states that, if a worker is required to work for more than six hours at a stretch, he or she is entitled to a rest break of 20 minutes. The break should be taken during the six-hour period, rather than at the beginning or the end, but the exact time the breaks are taken is up to the discretion of the employer.

Employers are responsible for making sure that workers can take their rest, but are not required to make sure they do take their rest. However, the right to rest breaks does not apply where the job requires round-the-clock staffing, as in hospitals.

## Funding for Society group newsletters

*That the Society support the members by reinstating the funding of special interest group magazines.* [Hull]

The Council values its special interest membership groups and in principle is supportive of special interest group newsletters as a means of establishing two way dialogue between the members and the Society. It is noted that the preferred option by the Industrial Pharmacists Group is for their newsletter to be produced as a hard copy. The options for the production and funding for the newsletter for all the practice special interest groups are in the process of being reassessed by the Practice Committee.

The future options for the Industrial Pharmacists Group newsletter are actively under consideration, with the input of industrial pharmacists, over the period of this autumn with the aim of sending a recommendation to the Council by the end of the year. The Council will then make the decision on what is the most appropriate way to support these publications.

## Register of members' e-mail addresses

*That the Society sets up and maintains an electronic register of its members with e-mail addresses for branch mailing purposes using the annual subscription form to collect data.* [Oxfordshire]

The Society recognises that e-mail addresses are a useful means of communication with members and is actively exploring ways to optimise use of new technology, including e-mail, in communications with the membership. Some practical difficulties prevail. The principal obstacle is how to maintain a database of e-mail addresses in a way that would satisfy the data protection requirement of keeping such addresses up to date. The administration and maintenance of

this data would require considerable additional resources and evidence suggests that people frequently change their e-mail address or have several e-mail addresses. The Society currently has to deal with over 250 changes of postal addresses per week, which already consumes considerable resources. The maintenance of e-mail addresses would have even greater resource implications. Also, it should be borne in mind that some people do not have access to e-mail.

Use of e-mail is being developed at branch level. A number of branch secretaries collect and use their members' e-mail addresses for branch mailings. To comply with data protection legislation, branch secretaries must ask for their members' permission to use their e-mail address for bona fide branch purposes and should send mailings by "blind carbon copy" (BCC) to avoid e-mail addresses being transmitted to all recipients of the mailing. Branch members should be asked to give explicit consent for such use and assurances that their details will only be used for branch purposes and not be passed to third parties.

### Review of membership fee scales

*That the Society should review the scale of annual fees payable by members. It should include a fee for non-working members below retirement age, which is more commensurate with that payable by those over retirement age.* [South Cheshire]

A review of the entire retention fee structure has just been undertaken to address a number of anomalies and inconsistencies in the fee structure. The concerns expressed in this motion and the views of other members on this and related issues were taken into account and formed an important part of the Council's debate on this issue.

The Society's fee structure is detailed in the Byelaws and members are able to comment on any proposed amendment.

### Nominated contact for each pharmacy

*That each community pharmacy should have a nominated local contact, ideally a pharmacist, to develop effective working relationships with other health professionals and their local community.* [South Staffordshire]

The Society recognises that excellent communication is key to developing effective working relationships in every area of practice. In community pharmacy, it is important in fully integrating pharmacists into the health and social care team, successfully providing new and existing services and ensuring that each patient receives the best possible care. The Society agrees that a pharmacist or other regular member of staff should be nominated as key contact for each community pharmacy and will raise this with superintendent pharmacists and encourage them to address this issue.

### Reporting system for pharmacy errors

*That there should be a formal national reporting system for pharmacy related medication*

*errors.* [British Pharmaceutical Students' Association]

The National Reporting and Learning Scheme launched by the National Patient Safety Agency encourages the reporting of all errors that occur in the NHS in England and Wales. The scheme includes medication errors and plans are under way to ensure that all hospital and community pharmacies are able to report errors to the NPSA.

The learning from this scheme will be shared nationally and will be fed back to the profession and the NHS. We hope that Scotland will either adopt the NPSA's scheme or develop a similar error reporting and learning scheme of its own.

The Council feels that this scheme meets the concerns of the BPSA and encourages all pharmacists to report errors to this scheme.

### Patients' ages on prescriptions

*That all prescriptions should provide the age of the patient. This will ensure that the pharmacist is able to check the suitability of the dose and that the advice given about the medication is tailored to the individual and so will improve concordance.* [Brighton]

The Council would like to see pharmacists having access to a far greater range of information about patients to ensure that pharmacists can maximise their contribution to patient care. This is a key issue that the Society is discussing with the appropriate GP and nursing bodies as well as other stakeholders, including patient groups.

The Council believes that this information should include the age of the patient but would wish to see pharmacists having access to all relevant parts of the patient's medical records, with suitable patient consent. The Council recognises that this will require appropriate electronic links to be made and we are working with the NHS IT programmes to ensure that pharmacists have access to all the information that they need.

In Scotland, each prescription carries a 10-digit number identifying the patient, the first six digits of which are the patient's date of birth in the format DDMMYY.

### Language test for overseas pharmacists

*That, in the interests of patient safety, the registration requirements for European pharmacists wishing to work in Britain should include an assessment of competency in English, in law and in ethics, and that the Society should lobby for a change in European legislation to allow this to be done.* [West Metropolitan; Oxfordshire]

A European Economic Area national with a pharmacy qualification which complies with the relevant directives and which is listed in the Schedule to the Pharmacy Act 1954 as amended by the European Qualifications (Health Care Professions) Regulations 2003 and the Act of Accession of the 10 new member states, is entitled to automatic recognition of that qualification and registration with the Society and cannot be tested before

registration on language or any other knowledge.

This is anomalous for language and a new EU directive on recognition of professional qualifications (2002/0061) is currently being negotiated and is likely to be adopted in 2005. The purpose of this directive is to consolidate existing directives, take account of EU enlargement and promote greater mobility of workers and services. Under Article 49 it is proposed that EEA nationals who move to another member state to practise a profession "should have a knowledge of languages necessary for practising the profession in the host Member State".

As stated, it is not possible to test the language skills of EEA nationals before registration at this stage. A Health Service circular, "Employment of EEA nationals ensuring language competency" (HSC 1999/137) provides guidance to NHS employers in England. This guidance reminds employers that evidence of registration of EEA nationals does not of itself guarantee linguistic competence. It advises employers to assess competence to communicate in English, to the standard required by the post concerned, of all job applicants, regardless of their nationality. Under the Code of Ethics, pharmacist proprietors, superintendent pharmacists and pharmacist managers in hospitals must ensure that pharmacists employed by them are sufficiently competent in English. Before registration, all applicants must sign an affirmation confirming that they will adhere to the Society's Code of Ethics at all times and keep their professional knowledge up-to-date by undertaking continual professional development. Once on the register all applicants are bound by the Society's Code of Ethics and standards.

### Access to Society membership lists

*That the Society should amend the Data Protection Act registration, enabling other non-profit making organisations to access membership lists for educational and joint working purposes.* [South Cheshire]

The Society's current notification entry on the Information Commissioner's register of data controllers does not explicitly preclude any particular use or disclosure of data. The Society's privacy policy (available on the website) allows disclosure to third parties "where this is in pursuance of the Society's aims and objectives". If it is decided to disclose to a particular recipient group, the Society is responsible for ensuring, insofar as it can, that the data is correctly handled and only used for the purposes agreed.

There is a protocol for processing all data disclosure requests and these are judged against the policy. Where a request from a branch for a mailing list to be used by a third party has been agreed, it will become the branch's responsibility to ensure, insofar as they can, that the data is used solely for the specified purpose. This would usually be achieved by some form of written agreement between the branch and the third party.