

## BRM seeks mandatory signing-in scheme for locums

The **branch representatives' meeting** demanded that it should be mandatory for community pharmacies to operate a locum signing-in procedure, including the recording of a contact address and a home or mobile telephone number to expedite the resolution of any problems arising from the locum's work.

Proposing a motion to that effect, Tony Pugh (Brighton) said that the issue is one of accountability. Pharmacists need to be accountable for the work they do. When a

problem arises, it is important to know which pharmacist is responsible. The issue is particularly important with so many locums around because of extended hours premises and the shortage of pharmacists.

Roy Daisley (Brighton), seconding, said that the motion was a practical one and, from a safety and quality viewpoint, should be supported.



Tony Pugh: issue of accountability

Ken Gledhill (Harrogate) said that the problem is not just the handover between manager and locum but often a handover from locum to locum. The Society's Code of Ethics already covers it in a part, but is limited. He thought the requirement should cover locum pharmacists as well as pharmacies. It could be part of a standard operating procedure for the individuals concerned.

## Common coding system sought for medicinal products

A call for pharmaceutical packaging and dose forms to be marked with a common identification code was made by the **branch representatives' meeting**.

Steve Hughes (Lincoln) moved "that in the interests of patient safety all tablets and capsules be marked with a clear, identifiable, common code". He said the motion was also in the interests of pharmacists faced with identifying small, white tablets. Improved packaging was not a solution because patients decanted tablets.



Steve Hughes: patient safety

Philip Anson (Eastbourne), seconding, noted that the problem is an international one but said that if the world's airports can agree on identification codes, then so can the world's pharmaceutical industry.

Graeme Stafford (Lancaster) suggested that it was the packaging that needed sorting out rather than the tablets and capsules.

Tony Pugh (Brighton) cited a recent report of warfarin tablets found in boxes labelled bendrofluzide (*PJ*, 5 February, p142). He said that patient safety was what it was all about.

Andrew Hersom (Hull) said that the motion was well-meant but impractical. In an international drug market, with generics coming from India, for example, as well as the European Union, consistency is difficult to achieve. Mike Price (Gwent) said that he appreciated the international problem, but if Britain led then others might follow. He proposed an amendment to replace "tablets and capsules" with "all primary

and secondary packaging and dose forms". That would extend the motion but make it more specific for the process.

Mr Hughes accepted the amendment.

Mr Stafford said that he could not understand how putting a hardly readable code on different coloured tablets from different manufacturers would promote the profession.

Allan Asher (East Metropolitan) said that in a world of products of varying shape and colour, implementing the spirit of the motion was long overdue. The World Health Organization was the ideal body to do it.

## Better organisation of public health campaigns sought

The **branch representatives' meeting** called on the Society to urge the organisers of the health care campaigns it supports to ensure that support materials reach pharmacists in good time for the campaign launch.

Proposing the motion, Carol Lange (Leicestershire and Rutland) said that pharmacists should receive adequate supplies of campaign materials in time to plan professional displays or events to make the greatest impact.

However, literature often arrives too late to be of much benefit. Last year, many branch members received their "Ask about medicines" campaign material during the campaign week itself. Pharmacists need to take the lead in "Ask about medicines" week, ensuring that the public recognise them as the experts at medicines. That cannot be adequately emphasised if pharmacists are not seen to be identified with the official branding and by not having support materials to hand.

The lack of co-ordination did nothing to demonstrate to the public that pharmacists are part of the health care team.

The motion was carried without debate.

## BRM demands an extensive review of prescription charge exemptions

A motion calling for an extensive review of prescription charge exemptions was carried at the **branch representatives' meeting**.

Proposing the motion, Gautam Paul (British Pharmaceutical Students Association) said that Parkinson's disease, cystic fibrosis and asthma are among conditions that need life-long therapy but do not qualify for exemption. Having to pay for regular, often multiple, therapy can persuade patients not to use all of their medicines, with repercussions on their health. However, the BPSA also takes the view that exemptions should apply only to medicines pertaining to the exempt medical condition.

If a review is undertaken, community pharmacists would be a useful source of information on how best to rationalise and reform prescription charges. Pharmacists who carry

out medication reviews are well informed to help make judgements regarding exemption.

Pharmacists can help influence the outcome of a review by getting involved in studies that he hoped would be commissioned to look at the key issues.

The motion does not rule out the possibility of abolishing charges altogether, he added.

Amy Lepiorz (BPSA), seconding, said that full-time students should automatically be exempt from charges rather than have to fill in forms that are only given out in freshers' week.

The reports on this and the following three pages are of the debates on the motions presented at the Society's branch representatives' meeting on 25 May

# Society asked to reconsider fee for part-time practice

The Royal Pharmaceutical Society's Council should review its current policy with regard to registration fees, and in particular the fee for those who practise part time, the **branch representatives' meeting** decided.

Proposing a motion to that effect, Bruce Rhodes (Cheltenham and Gloucester) said he could not understand the rationale behind the new fee structure. In his opinion, the implications were either not fully appreciated or not properly communicated to the profession.

The Council may not have intended to remove people from the Register, but that was the effect of what it did. In addition, the



**Bruce Rhodes: maladministration**

declaration required from non-practising pharmacists is administrative bunkum. Some people altered it or even deleted it and yet are still on the Register. Through maladministration, the profession has lost many eminent members and is diminished by their absence from its ranks.

Mr Rhodes said that the profession and the public depend on part-time pharmacists. The category includes those who may

choose, or be only able, to work for a short period. To expect them to pay £256 is nonsense. Many have chosen to leave the Register and cannot return without paying a restoration fee, which may well mean losing them entirely.

Brenda Ecclestone (Cheltenham and Gloucester), seconding, drew attention to two groups — women pharmacists with young children who want to keep in touch with practice by occasional work at convenient times and older pharmacists with more free time who can sometimes provide valuable emergency cover. Not surprisingly, many in these groups have resigned, with a detrimental effect on the quality of pharmaceutical services.

Heather Elliston (South East Metropolitan) asked what the motion meant by "practising part-time". One needed to define the level of work that would qualify for a reduced fee.

Mr Rhodes, in reply, said that he is happy to leave it to the Council to decide on a maximum number of hours' work.

## Much reduced fee sought for retired members

Two motions carried at the Royal Pharmaceutical Society's **branch representatives' meeting** call for the reintroduction of a membership category for retired pharmacists and a much reduced fee for retired pharmacists with at least 50 years' service.

Keith Williams (Bolton) moved: "That the Society should permit permanently retired, non-practising pharmacists who have been on the Register for 50 years to remain members for life without further charge." He said that members with a lifetime of service deserve recognition when they retire. The Council's objection was a financial one, but in 50 years, at today's prices, a member will have paid the Society nearly £13,000. Qualifying members, all at least 71 years old, should not be cast adrift in their twilight years.

Alison Littlewood (Bolton), seconding, said that veteran members receive little recognition, and the disincentive to continue to contribute does not make things better.

John Balmford (Cheltenham and Gloucester) successfully proposed an amendment to substitute "at a much reduced fee" for "for life without further charge". He said it was important from a practical viewpoint because if no annual fee was levied no one would know whether a person was dead or alive.

Seconding the amendment, Allan Asher (East Metropolitan) added that the motion would also have the effect of allowing designated fellows to retain the honour into the twilight of their years.

The meeting accepted the amendment and carried the amended motion.

The second motion, moved by Zafar Khan (West Metropolitan), read: "That an extra membership category should be created, with an appropriate retention fee levied, to encompass retired pharmacists. This extra membership would be in addition to the practising and non-practising categories that are now in existence."

The motion was carried without debate.

## Retention fees by instalment

Members of the Royal Pharmaceutical Society should be able to pay their annual retention fees in instalments, the **branch representatives' meeting** decided.

Guy Jepson (Northumbrian) moved: "That, with respect to payment of annual retention fees, members should be provided with the facility to pay their annual retention fees in instalments (eg, by monthly direct debit) and that a reduced fee should be reintroduced for those practising pharmacists who work on an occasional basis, or part-time for an average of just a few hours per week." He said that the Society argued that instalment payments were not possible because the 1 January payment date is specified in the Byelaws. But Byelaws can easily be changed.

Mike Williams (Solihull) seconded the motion.

After comments that the motion contained two separate ideas, the proposer agreed to delete the second part, which was already covered by an earlier motion. The meeting then carried the amended motion.

## BRM asks Society for effort to curb fee increases

A motion calling on the Royal Pharmaceutical Society to "make best efforts in avoiding the need to increase members' retention fees, or at least keeping such increases below the level of the Retail Prices Index or any similar index in widespread use at the time" was carried at the **branch representatives' meeting**.

Mike Price (Gwent), proposing, said that the retention fee was still pretty good value, although perhaps at the nether end of good value. What his branch did not want to see was further sharp increases in ensuing years. The aim of the motion was to put pressure on the Society to think twice about further large fee increases.

## BRM seeks scope for recognising "veterans"

Royal Pharmaceutical Society branch committees should be able to recognise local veteran members of the Society in a manner that is suitably dignified and in keeping with the honour and status of the Society, the **branch representatives' meeting** decided.

Ian Bell (Leicestershire and Rutland) said that when his branch committee presented a locally designed certificate of recognition to six branch members who had reached more than 50 years on the Register, the Society objected, concerned that the public might confuse the certificate with a registration certificate.

Mr Bell said that he appreciated the need to safeguard the public, but struggled to see

how such a certificate would create a false impression — and anyone on the Register for 50 years or more is over 70 years old and highly unlikely to be working.

He also appreciated the Society's concern about bogus registration certificates being produced if the Society's coat of arms falls into the wrong hands. But coat of arms software is issued to all branch secretaries and they are entrusted to keep it safe.

He was not proposing that there should be only one way of acknowledging long-registered pharmacists. It should be at local discretion. The branches are in the best position to recognise deserving local pharmacists.

# Branch grants should be enough to end sponsorship of meetings

The **branch representatives' meeting** called on the Royal Pharmaceutical Society's Council to fund branches at a level that allows them to run a full programme without sponsorship.

Proposing a motion to that effect, Alan Cranke (Teesside) said that every branch relies on commercial sponsorship to run meetings. He was not totally against sponsorship. It was fine in the past when pharmacists dispensed and advised on medicines but did not prescribe them. But if sponsorship continued, the prescribing pharmacists of the future would be attacked for being influenced by the industry.



**Alan Cranke:**  
industry influence

Ian Boyd (West Cumberland) said that his small branch could not currently survive without commercial sponsorship. The motion should be supported wholeheartedly.

Anthony Cox (Birmingham), supporting the motion, said that with their enhanced role as experts in medicines there is an increasing need for pharmacists to be seen as independent professionals, free of the influences of the pharmaceutical industry. As a professional body, the Society should support its members as independent professionals. Allowing branches to return their begging bowls will help enable them to do so.

## Technicians should not hold office in branches, BRM says

Although speakers welcomed the participation of pharmacy technicians in Royal Pharmaceutical Society branch meetings, the **branch representatives' meeting** rejected a proposal that branch core funding should be expanded to allow registered technicians to be branch members with the right to participate in branch activities and stand for office.

Proposing a joint motion from the Clwyd and South Cheshire branches, David Morgan (Clwyd) said that the Society's view is that its role in relation to pharmacy technicians is that of regulator while the professional and leadership role is carried out by the Association of Pharmacy Technicians UK. But it would be advantageous for pharmacists and technicians to have the opportunity to meet locally to discuss professional issues and working arrangements.

The branch network could accommodate this development. It would encourage team-building and the use of both groups in a better way.

Seconding, Pam Copsey (South Cheshire) said that technicians are already encouraged to attend her branch's meetings. Technicians today are doing what pharmacists did yesterday and the two groups should act together. Technicians are also a pool of potential pharmacists.

Bruce Rhodes (Cheltenham and Gloucester) opposed the motion, which he said was the thin end of a large wedge. His branch always welcomed technicians to its meetings, but technicians and pharmacists had different, if complementary, roles. It was not appropriate for technicians to hold office in the branches.

## Call for review of structure and roles of regional committees

The Royal Pharmaceutical Society, in consultation with its membership, should review the structure, role, operation and functions of its regional committees, the **branch representatives' meeting** decided.

Proposing the motion, Alison Littlewood (Bolton) said that her branch acknowledges the valuable work of the regional committees but it has noticed that over the past few years they seem to have been less active. They can no longer run large scale events because of problems of funding, time and organisation.

It could also be argued that the regions no longer fall within the geographical bound-

aries recognised for delivery of pharmaceutical services, which could make the delivery of events more difficult.

Electronic transfer of information between branch secretaries and headquarters and the facilities of the Society's website have made their function as a link between branches and Council almost obsolete. Now is a good time for a thorough review of their function.

Keith Williams (Bolton), seconding, said that the branch was not trying to denigrate the work done by the regional committees. Whatever function they are asked to perform, they should be properly funded to perform it.

## Discretion needed for branches to pay fair rewards to their secretaries

Branches of the Royal Pharmaceutical Society should be able to reward their secretaries by paying fees that reflect their commitment, the **branch representatives' meeting** decided.

Guy Jepson (Northumbrian) moved "that, although we applaud the Society for allowing honoraria to be granted to branch and regional secretaries, we feel that a quorum of fellow committee members should be given the discretion to reward their secretaries with a fee that more fairly reflects the time he or she has devoted to secretarial activities". He said that branch secretaries play an invaluable role that few pharmacists are prepared to take on.

The Council had said that it cannot offer funds to reward branch secretaries, and yet a branch representative can attend the BRM or observe a Council meeting and walk away with £160 — 80 per cent of the maximum honorarium allowed for a branch secretary in a year. He was not proposing salaried branch secretaries, but urged the meeting to agree on

the principle that secretaries should be rewarded for their time.

Nicola Roebuck (Huddersfield) said that one does not become a branch secretary with thoughts of remuneration. No sum makes up for the time spent as a branch secretary.

Andrew Hersom (Hull) said that his branch grant was not enough to pay him a realistic rate for his work as secretary — about an hour a week. The motion was unrealistic.

Ralph White (South East Metropolitan) opposed the motion because the meeting had missed a deeper issue. The honorary nature of the branch secretary's position is incompatible with the enforcement of statutory provisions on things like continuing professional development. It needs deep thought as to what branch secretaries should in place on behalf of the Society's new organisational structures.

David Morgan (Clwyd), supporting the motion, said that, as a participant in the "Future branch" pilot scheme, his branch had had to

submit a detailed financial plan to the Society. It included remuneration for the branch secretary over and above the normal honorarium, but the Society had refused to allow it, even though the branch had the money. Branches should have discretion to make such payments.

John Balmford (Cheltenham and Gloucester), commenting on the differences between branch expenses and Council expenses, said that Council members' expenses have spiralled out of control, with one member drawing over £30,000 in each of the past two years. The new Council, under the new Charter, should review Council expenditure.

Steven Curtis (Harrow and Hillingdon) said that if the motion had set a maximum fee (say, £500) he would not argue with it, but as written it is too loose and is dangerous.

Responding, Dr Jepson said that the branch had purposely avoided a specific figure because people would have different ideas. It was the concept he was advocating.

# Call for retention of fellowship after leaving Register

The **branch representatives' meeting** called on the Royal Pharmaceutical Society to change its Byelaws to allow fellows who resign from the Register to retain their designated fellowship of the Society.

Proposing the motion, David Thomas (Thames Valley) said that it had been stimulated by the many letters in *The Journal* about the Byelaw changes relating to the new registration categories. They included letters from fellows who found repugnant the decision to require a signed declaration in the non-practising category rather than relying on members' professional ethics and integrity.

With the old categories of registration, 99.9 per cent of members would have remained on the Register until they died, with the fellows among them retaining their fellowship.

The Council had said that the Medicines Act 1968 restricted use of the title "fellow" to those on the registers. But in other professions fellows were allowed to retain their fellowships until they died. He asked the new Council to endeavour to change the rules so that fellows are treated fairly.

Dennis Higgins (Thames Valley), seconding, said that designation as a fellow is something to be grateful for and proud of. He

believed it was never envisaged that fellowship could be taken away from a pharmacist — or that a fellow would have to relinquish his award because of a conscientious objection to signing an impossible declaration.

He was aware that the use of the title of FRPharmS was controlled by Section 78 of the Medicines Act 1968, but Section 79 allowed Orders to provide exceptions under Section 78. Would it be helpful to suggest that the Society seek an amending Order under Section 79 to allow the continued use of the designation FRPharmS, subject to it not being used in the course of business?

## Meeting seeks overhaul of MPharm degree . . .

A motion calling for an urgent overhaul of the MPharm degree gained the approval of the Royal Pharmaceutical Society's **branch representatives' meeting**.

James Wood (British Pharmaceutical Students Association) said that the 2004 BPSA conference had called for a review of the MPharm. Although the Society has begun reviewing pharmacy education as part of the "Fit for the future" programme, the BPSA believes that it is important to articulate its policy at the BRM to continue to inform the work.

Pharmacists must have the appropriate education to ensure that they will be fit to practise for many years ahead. So why not lose a



**James Wood:**  
fitness to practise

couple of lectures on complex reaction mechanisms, and replace them with management and leadership training, prescribing and skills to influence the local health care decision-making and commissioners? Students have been calling for such things, while not wanting to lose sight of pharmacy's solid science background.

A review of the MPharm in conjunction with a wider review would also allow a serious look at clinical placements and at the relationship between the MPharm and preregistration year.

Seconding, Amy Lepiorz (BPSA) said that she had just finished her degree course but did not feel that it had fully prepared her for her preregistration training.

## . . . and review of registration examination

A review of the Royal Pharmaceutical Society's registration examination and a new focus for the preregistration year were called for by the **branch representatives' meeting**.

Francesca Ovenden (Northamptonshire) moved: "That registration examinations should undergo a review. Instead, the preregistration year should focus on competence-based learning and objective structured clinical examinations (OCSEs) and perhaps include a practice-based examination." She said that the registration examination appears to test academic ability that has already been determined by obtaining a pharmacy degree.

The preregistration year should be a time for professional development, but its focus is on passing the examination rather than developing the competencies required of a pharmacist. Failing the examination is not always proof of incompetence. Many graduates who do poorly under examination conditions, be-

cause of a lack of speed or nervousness, are able to use and develop their skills in practice.

The year should be structured with modular examinations on different aspects of pharmacy, allowing trainees to focus on different parts of the syllabus throughout the year, rather than all at the end.

The branch noted that the Society was already reviewing preregistration training. The review should include input from pharmacists who have sat the examination and have first-hand knowledge of its relevance to practice.

Michaela Cox (Northamptonshire), seconding, said that she works with preregistration trainees and newly qualified pharmacists who accept the need for a registration examination but believe that its content does not fit purpose. They have also suggested that the calculations should be removed from the examination and monitored in some other way earlier in the year. The branch realised that using OSCEs would be difficult logistically, but urged that they should be considered.

## Society should endeavour to increase the number of preregistration places

A request that the Royal Pharmaceutical Society should endeavour to increase the number of preregistration placements available to pharmacy graduates was made at the **branch representatives' meeting**.

Gavin Miller (West Metropolitan), proposing, said that the number of pharmacy graduates has increased over recent years and will further increase as new schools of pharmacy open. But what benefit will there be if large numbers cannot practise pharmacy because they cannot gain a preregistration placement?

The Department of Health has recently increased the preregistration grant from about £5,000 to just over £16,000. That should help, but the Society could also play a role. It may have no direct responsibility for providing preregistration placements, but it could aid the process in many indirect ways.

Pharmacy students and preregistration trainees are the life blood of the Society. All who gain the academic qualification should be able to become preregistration trainees.

Patrick O'Sullivan (West Metropolitan), seconding, said that a shortage of preregistration places could limit the quality of graduates by reducing applications to pharmacy schools. There was also a need to twist the arms of employers to take on more preregistration trainees, and that was a role for the Society.

Gill Hawksworth (Huddersfield) said that the Workforce Planning Advisory Group would shortly issue a report about modelling for future prediction of how many pharmacists are needed. Such information has not previously been available. The Society has been working hard behind the scenes to come up with work that will be relevant to the debate.

Peter Jones (Edinburgh and Lothians) wondered whether it would help if preregistration tutors had more support and better training from the Society. Should there not also be some recognition by employers for the responsibilities and duties that tutors take on?