



Dealing with workplace pressures — new campaign

A campaign to understand and address the issue of workplace pressure within the pharmacy profession has been launched by the Society. The new initiative has come about as a result of what members have been telling the Society about pressures in the workplace. It was introduced by RPSGB President Steve Churton in an open letter published in the *PJ* and *C+D* at the end of last month.

In it he said, "Alongside the huge sense of pride in our profession and the desire to provide the quality of service rightly expected of a highly valued healthcare profession many have spoken of the workplace pressures that pharmacists face and the lack of support to deal with these pressures."

Recent research commissioned by the Society reflects the members' concerns. It reports that the levels of stress in the profession are "extremely high" and related to "high levels of work overload, and working long hours."

As part of the campaign, the Society has introduced a raft of measures to explore the problem and offer help. It will:

- Share findings of research and feedback to superintendents and senior pharmacists within the major employers and support them to resolve the factors that lead to inappropriate work pressures.



Pharmacists are feeling the extra pressure at work as prescription numbers increase

- Host high level seminars to bring together employers, employee associations, trade bodies, unions, researchers and individual pharmacists to look for a collective solution.
- Share outputs from the seminars widely and use them to form the basis of best professional practice guidance and resources for employers and employees.
- Launch an online survey this month to seek the views of members on the causes of stress and the ways that pharmacists manage these pressures.

Pharmacists have told us that the reasons for extra work pressure include the fact that the role of pharmacists is becoming more clinically focused.

Prescription numbers have risen by over 30 per cent in the last five years, Medicine Use Review (MURs) and the Scottish Minor Ailments Service have been introduced, and pharmacists are enthusiastically striving to take on the extended and enhanced roles for which they are ideally placed.

THIS WEEK

- Find out about the next stage for the development of a Professional Leadership Body, p4
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NOTES FROM JEREMY HOLMES CHIEF EXECUTIVE

Bills, bills, bills . . . of all sorts!

I realise the Society's members have just paid their retention fees. Thank you — we are using your money wisely. Last year we said we would invest more in CPD support and education-related outputs; now we've completed the CPD consultation and we have the Practice Framework.

These will bear significant fruit in 2009.

We also said we would invest more in communications, which is what we've done. A key part of that activity is with Government. Our work behind the scenes on the Darzi Review has now been followed by the Government's new NHS Bill (published on 16 January). That in itself isn't earth-shattering, but the Bill does contain some important provisions for pharmacy, including Pharmaceutical Needs Assessments (PNAs) which all PCTs in England will have to undertake, and changes to the "control of entry" regulations.

PNA involvement

The Society is campaigning for the PNA process to be robust, to involve pharmacists, and to lead to a more open form of commissioning. We're also demanding a consistent series of Key Performance Indicators for commissioned services to apply in all PCTs and Health Boards across England and Wales, so everyone knows what they're working to.

The Bill is going to be followed by a "how to" guide on commissioning, being developed by the Department of

THE PROFESSIONAL BODY (AND THE ACCOMPANYING DESIGNATORY LETTERS FOR MEMBERS) WILL BE OPEN TO ALL PHARMACISTS, PRACTISING AND NON-PRACTISING



Health but which the Society is going to be closely involved in. I believe it's crucial that pharmacy services are commissioned more often and in a more sophisticated way — a way that recognises pharmacy's potential in public health and long term condition management, and properly remunerates its role in those areas as well as in traditional dispensing and minor ailment management.

Patient and the "pharmacist" choice

Both the Labour and the Conservative parties also want to introduce a system of personal accounts where patients are empowered to spend money on treatment at a place of their choice. We are contributing to the debate on how that would work, and briefing the key players — with the interests of pharmacy as well as patients at heart. We have already gained pledges of support from the two main opposition parties in Westminster, and we're due to meet with senior figures in the Labour Party to put our case. The President and I also recently met with Sandra Gidley MP, the "Pharmacist in the House", and had a very constructive discussion on the new professional body.

Using the term "pharmacist" has actually been in the news quite a lot recently. We are scrutinising the draft Pharmacy Order (currently out for consultation) and working closely with the Department of Health to establish exactly what the implications are of the proposal for the new regulator to have only a practising register, with the title "pharmacist" reserved for

people on that register. I am hopeful that someone who is non-practising should still be able to use the "pharmacist" title if they also use a form of words which makes it clear that they are not registered (eg "former" or "retired" pharmacist) and do not purport to offer professional advice or services. Even if this turns out not to be legally possible, the professional body (and the accompanying designatory letters for members) will be open to all pharmacists, practising and non-practising.

High standards

The Society's Treasurer, Andrew Gush, is well known for saying it's a privilege to be a member of a regulated profession. I agree. The public must have confidence that the professional they are seeing is fit to practise and up to date — regulation ensures there are no frauds at work and standards are properly maintained. But there are also others in pharmacy who don't deal with patients directly and who can contribute enormously to the profession. The new professional body will welcome them.

Both Andrew and I are also very conscious of the bill that comes with registration and retention on the register, particularly now the country is officially in recession. And the bill attached to our efforts with government. But if pharmacy is to grasp the opportunities in the new NHS, and secure its own rewards, it's a bill well worth paying.

NEWSROUND

MPs inquiry reaches conclusion

After a year-long inquiry, the All-Party Parliamentary Drug Misuse Group announced on January 21 painkillers containing codeine should be subject to stricter sales

criteria. The Society advocated the need to restrict certain medicines but urged for more research into drug misuse before making any decisions on

sales restrictions. The PR team secured an interview with BBC News, with an article subsequently being published on the BBC website.

Abolition of prescription charges

The Government has announced cancer patients, and those with other long-term conditions, would be able to apply for free prescriptions on the NHS, with charges being abolished as of 1 April 2009.

A media statement on behalf of Howard Duff, director for England, was issued by the PR team on 21 January, supporting the termination of prescription fees as it would reduce the financial burden on cancer patients and their families.

A radio interview with BBC Hereford & Worcester was arranged for Mr Duff.

Reclassification of orlistat

On 22 January, GSK announced its anti-obesity drug orlistat (trade name, alli), would be made available from pharmacies without a prescription later in 2009. The PR team responded with a media release supporting the move of Orlistat from POM to P.

Availability of the drug is a further tool for pharmacists to assist the public with their weight-management and health problems.

Radio interviews were arranged for Director of Policy and Communications David Pruce with BBC Radio 1, Radio Five Live

and IRN. Head of Professional Ethics Priya Sejpal was interviewed by BBC Radio 4, BBC Cornwall and BBC Hereford & Worcester, while Senior Professional Support Pharmacist Meghna Joshi was interviewed by BBC 3CR and BBC Radio Jersey.

Are pharmacy staff poorly trained or do *Which?* magazine and the *Daily Mail* have a poorer understanding?

More than 170 pharmacists, pre-registration trainees, pharmacy technicians and counter assistants met in January to discuss recent criticism by *Which?* and the *Daily Mail* about community pharmacy staff giving poor and potentially dangerous advice.

The majority of the Harrow and Hillingdon participants acknowledged the reality of working pressures within community pharmacy meant the standard of service could slip at times. They looked at training available for selling medicines and in particular whether it prepared staff adequately and how it could be improved. Most agreed that any training was useful,



Karen Marsden (left), from Tesco Stores, with Lesley Johnson and Jane Edmonds from Communications International Group

although lack of time and resources were a major barrier.

Other feedback included:

- Training was too theoretical and paper based which didn't help to develop practical skills.

- A call for more face to face training with oral as well as written assessments.
- Assistants felt there was a gap between the learning and real situation, and counter assistant training was often difficult to put into practice.
- Pre-registration trainees said a training programme during the undergraduate course would help before selling over the counter medicine.
- Locums found it hard to gauge the level and expertise of staff and some pharmacists felt ill-equipped to train others.

NEWSROUND

Development of the Professional Leadership Body is on track

Work to develop a new and modern professional body for pharmacy is starting to gather momentum.

Feedback on the prospectus consultation has been analysed by Nigel Clarke, who chaired independent group TransCom, and his recommendations were presented to Council this month.

Changes to the RPSGB's Royal Charter will also be needed to enable the transition to the new Professional Leadership Body and draft amendments were discussed at the same meeting.

All members can now give their feedback on the proposed Charter changes during a 12 week consultation period which opens on 14 February 2009 at www.rpsgb.org. There will also be a pullout in *The Pharmaceutical Journal* on 21 February and we look forward to hearing your views.

The TransCom work set up the framework for the services of the new professional body. These



One of the new professional body's proposed services is to help pharmacists advance their careers through training, career advice and good practice guidance

are: professional support, professional development and education, leadership, representation and advocacy, and networking.

The next phase will see the Transitional Working Group (TWG) oversee the successful delivery of the ambitions set out in the prospectus. The group will be made up of 10 work streams, each with three to four projects within them.

An external stakeholder meeting will be held on February 24 at the Society to give pharmacists a further insight into the proposals for the professional body and to help develop these plans. Over 100 individuals representing all areas of the profession have been invited to attend.

The meeting will be chaired by Nigel Clarke and will include market stalls to

show the TWG areas of work.

Programme Management Consultant, Steven Coggins, says: "At present a lot of work has been done to set up the programme structure and we are looking forward to meeting with stakeholders to engage with them and involve them in the planning and implementation process."

Have your say on the new regulator — the General Pharmaceutical Council

Just three weeks remain to give your views on the establishment of a new regulator for pharmacy in time for the 9 March deadline.

The Department of Health (DH) launched its joint consultation on behalf of England and Wales, with the

Scottish Government in December. The consultation on proposals contained within the draft Pharmacy Order 2009 will see the establishment of the General Pharmaceutical Council (GPhC) in 2010.

The Society's Council will submit a response on the

draft Order and is urging all pharmacists and pharmacy technicians to contribute so that their valued input helps to shape the GPhC, which will be responsible for the statutory regulation of pharmacists, pharmacy technicians and pharmacy premises in Great Britain.

To submit your views on the consultation, visit the DH website at: www.dh.gov.uk/en/Consultations/Liveconsultations/DH_091681. For further information, visit the Society's website at www.rpsgb.org/newpharmacyregulator/pharmacyorder.

NEWSROUND

Hot topics for BPC 2009 unveiled



The RPSGB's plans for the new-look British Pharmaceutical Conference (BPC) programme are taking shape and its more interactive format promises something for everyone.

Aimed at helping all pharmacists to develop new skills for their day-to-day job, it will include four days of lively sessions and workshops, a dedicated two-day pharmacy conference, and a three-day science conference.

John Gentle, BPC Conference Chair, says: "This year's conference is one not to be missed. I urge pharmacists across all fields to sign up and take advantage of the range of workshops, exhibitors, research presentations and speakers."

Practice@BPC

The theme for 2009, "Quality and safety: new vision, old values", will explore how the traditional core values of pharmacy are driving the development of the profession in the 21st century.

Streamed sessions will emphasise personal development and cover

community, secondary care, primary care and academic pharmacists.

Subjects under development include:

- Responsible pharmacists
- MURs
- A Dragon's Den session on commissioning
- Vascular Risk Assessments
- Advanced and specialist practice
- A debate on the new professional body

Science@BPC

This year will firmly focus on the diagnosis and treatment of disease and the theme, "Technologies for healthcare", will benefit every scientist and healthcare professional.

The conference will feature innovations in discovery, delivery and diagnostics aimed at three key diseases: cancer, infectious diseases and diabetes. Knowledge is vital

in tackling these devastating illnesses and science@BPC aims to give a preview of the necessary technology tools for tomorrow.

Science at the cutting edge will also be covered in areas such as:

- Novel targets for drug discovery
- Nanotechnology
- Cell therapies
- Materials science
- Bioprocessing
- Transdermal delivery

A new feature will be the Question Time panel discussion: "What can pharmaceutical nanotechnology do for me?" Key opinion leaders from industry and academia will be on hand to answer your questions and debate the issues around this hot topic. A lively debate called "This House believes that medicines are too expensive" should also lead to some heated discussions.

Early bird rates

Visit www.bpc2009.org to book at the early bird rate and register for Sunday 6 September for £25+VAT only.

practice@
BPC²⁰⁰⁹

Quality and safety: old values,
new vision

science@
BPC²⁰⁰⁹

Technologies for Healthcare:
from laboratory to practice

CALL FOR PAPERS

The closing date for submissions for both Practice and Science papers is Friday 13th March 2009 at 5pm. For more information about submissions of papers, please go to www.bpc2009.org and follow the instructions.

Don't miss the opportunity to be part of this new look British Pharmaceutical Conference, and book now to take advantage of the early bird rate. All the information on how to book is available online at www.bpc2009.org

NEWSROUND

Beating bowel cancer awareness campaign

Community pharmacies in central and north-west England will be displaying eye-catching “toilet door” posters and leaflets in a bid to increase awareness of bowel cancer, the UK’s second biggest cancer killer.

The new campaign is being rolled out in around 650 pharmacies this month, providing pharmacy staff and customers with important information on symptoms to look out for and encourages them to seek further support from their GP if they are concerned. The Practice Guidance for pharmacists was produced by the Society in conjunction with the Beating Bowel Cancer charity.

Research has shown that 93% of pharmacists felt in a better position to advise customers and direct them to a GP after receiving the campaign materials.



Don't hide your symptoms behind closed doors

Talk to your doctor about problems with your bottom or bowels.

Bowel cancer is Britain's second biggest cancer killer but over 90% of cases can be cured if diagnosed and treated in time.

If you have noticed the following symptoms occurring for 4 to 6 weeks, you should visit your doctor.

- A persistent change in bowel habit, especially going more often or more diarrhoea-like stools
- Bleeding from the bottom without any itching
- Abdominal pain, especially if severe

www.beatingbowelcancer.org Tel: 020 8892 5256

Registered Charity Number 1003014

Supported by an educational grant from 

Last chance for views on responsible pharmacist consultation

Members have until March 6 to input into the new draft *Professional standards and regulatory guidance for responsible pharmacists*.

The Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008 come into effect on 1 October 2009 and every registered pharmacy will be required to have a responsible pharmacist.

The Society is also seeking views on amendments to the *Standards for pharmacists and pharmacy technicians in positions of authority*.

To access the consultation, users should log on to the “Current developments in pharmacy” section of www.rpsgb.org/worldofpharmacy and click on “Consultations”.

Copies can also be requested from Priya Sejpal on 020 7572 2481 (e-mail priya.sejpal@rpsgb.org).

ETHICAL DILEMMAS

Last month’s ethical dilemma was about a 16-year-old girl who comes into your pharmacy with her mother, and presents a prescription for an oral antibiotic. When dispensing the prescription you notice that PMR shows that the girl is on “the pill”.

Do you:

- Tell the mother and daughter together about the possible interaction.
- Ask to speak to the daughter in private, or
- Keep silent as you are sure the doctor would have already told the daughter about the interaction.

Of the 296 of you who took part, 269 participants chose option B in last month’s dilemma, whilst 23 of you chose A and 4 of you chose C.

To get involved in ethical dilemmas, just visit www.rpsgb.org. Click on “myRPSGB” and enter your registration number or retention fee form number to set up an account. For assistance, phone 020 7572 2532 or email: registration@rpsgb.org.

Ideas for possible ethical dilemmas for this column can be directed to me at email: ethicaldilemma@rpsgb.org.

Priya Sejjal, head of ethics

ETHICAL DILEMMA 10

A lady comes into the pharmacy at 5pm on a Saturday, when the local surgery is closed, with a prescription for diamorphine ampoules for her elderly father, who receives it for pain control as part of his palliative care.

On checking the prescription you realise it is incorrectly written and not legally valid. Do you:

- Dispense it as it is?
- Refuse to dispense it?
- Try to put the patient in contact with another doctor?



VETERINARY PHARMACY GROUP

New charity calls for dogs to be prescribed on prescription

Dogs Trust, the UK's largest dog welfare charity, is calling on GPs and health professionals to prescribe the benefits of dog ownership to their patients following the launch of its Canine Charter for Human Health. The charity has compiled independent academic research from around the world to highlight the main nine areas in which owning or interacting with a dog can improve your health. They include things such as: owners who walk their dogs are healthier than non dog owners, owning a dog can help reduce stress and dogs can help the development of children with special needs.

For more information visit: www.dogstrust.org.uk.



Research has shown that owning and interacting with a dog can improve your health

Obesity problem in cats and dogs

Owners are damaging the health of their animals and incurring rising medical bills by overindulging their pets with treats, a survey of vets showed. More than four in 10 (43 per cent) animals were overweight, according to the vets who examined them. Almost half (47 per cent) of all dogs were too fat, with more than one in four (26 per cent) considered obese. The survey of 100 veterinary surgeons was carried out for a pet insurance

company. It also showed a weight problem amongst cats, with 19 per cent of them obese and 20 per cent slightly overweight. Obesity can worsen many pet medical conditions, including osteoarthritis and respiratory disorders. In Glasgow vets had to put a beagle cross on a drastic diet after he could no longer walk. They had to almost halve its weight after it ballooned to nearly 62lbs — the average weight of an eight-year-old child.

Changes in inspection arrangements

From 1 April 2009 the Veterinary Medicines Directorate (VMD) will be responsible for inspecting the premises of distributors who only wholesale veterinary products. Those that wholesale human and veterinary medicines will

continue to be inspected by the Medicines and Healthcare products Regulatory Agency. The change will make the VMD a "one stop shop" for veterinary wholesalers. For more information visit www.vmd.gov.uk.

Animal Health Distributors Association

It has been agreed that all VPG members will have access to free Animal Health Distributors Association (ADHA) membership until April 30, 2010.

VPG members will then have the option to continue membership, having had a chance to assess its benefits.

To secure membership, VPG members are now

required to complete the special AHDA form at: www.rpsgb.org.uk/societyfunctions/peopleandstructures/membershipandspecialinterestgroups/veterinarypharmacistsgroup.html.

For more information and to ensure you benefit, contact AHDA Secretary General Ian Scott by phone on 01780 767757 by fax on 01780 767221 or by email at ian@ahda.co.uk

VETERINARY EDUCATION

If you would like to find out more about the Society's Veterinary Pharmacy Education Programme see www.vpep.net

FOCUS ON STEPHEN GOUNDREY-SMITH IT PHARMACIST

Driving forward the use of the Electronic Prescription Service

In this interview, we talk to pharmacist Stephen Goundrey-Smith who has joined the Society as Healthcare IT pharmacist. His role includes helping pharmacists to engage with EPS and raising awareness of the Society's involvement with Connecting for Health and the wider health-IT environment. He has a background in hospital pharmacy and the pharmaceutical industry, and has a master's degree in Information Science.

Q: What is the EPS?

A: It's a service that enables GPs to generate and transmit electronic prescriptions to pharmacies for dispensing. EPS release 2 also enables electronic reimbursement claims to be submitted.

Eventually, in most cases, electronic prescriptions will replace paper ones.

Q: What stage is the service at?

A: By September 2008, over 24% of prescription messages were transmitted using EPS release 1. The latest step (EPS release 2) is a pilot of 17 PCTs across England this year, using fully electronic prescriptions, sent to a nominated dispenser. An important milestone was the passing of legislation to allow prescribers to use electronic signatures in 2005. However, at present, some prescriptions — for example, controlled drugs and private prescriptions — will still be written by hand.

Q: Why should pharmacists use it?

A: EPS will be an integral part of pharmacy practice in future and has many benefits for pharmacists:

- There will be a lower risk of errors because the prescription is transmitted electronically.
- It improves the efficiency of dispensing, by freeing dispensing staff from rekeying prescription information
- Repeat prescriptions can be prepared in advance using a scheduled download.
- It will reduce trips to the GP for patients with repeat medication and they can choose a convenient pharmacy, rather than one near their GP.
- Pharmacists will be able to claim NHS reimbursement electronically.

Q: What are the hardest challenges for developing EPS?

A: The efficiency of the service does depend on prescribers and dispensers gaining experience with the EPS. Many GPs and pharmacists have not been actively using EPS release 1, and some pharmacists have reported slow download speeds, limiting usability in their pharmacies.



Stephen Goundrey-Smith is pictured with a smartcard which users of Electronic Prescription Service need to gain access

Q: Who can I contact if I have problems with EPS or need to know more?

A: Engagement with EPS is really important for pharmacy. The Society's IT Conference in October 2008 was a milestone in this process, but it is an ongoing task for me. Operational guidance on EPS is available at www.connectingforhealth.nhs.uk/eps but I am here at the Society to represent the profession to stakeholders, to facilitate development of education and training on pharmacy IT, and to provide practice advice to the membership. Email me at Stephen.Goundrey-Smith@rpsgb.org

INTRODUCING E-NEWS

You may see *E-News* arriving in your inbox for the first time this month. This new monthly email communication will be in addition to *Your Society* and aims to give you more regular news from the Society. If you would like to be added to the mailing list, visit myRPSGB and leave your email address

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