

President Outlines Importance of New Professional Forum to the Future of Pharmacy in Northern Ireland

At the 83rd Annual General Meeting of the Pharmaceutical Society of Northern Ireland, Society President Raymond Anderson spoke of his aspirations for a new professional forum to provide leadership to pharmacy in Northern Ireland in the 21st century.

The creation of a Professional Forum is a key part of the Society's plans for the future, as laid out in the proposal document "The Future of Pharmacy Registration, Regulation and Representation in Northern Ireland" (February 2008).

The President explained how the new Forum could evolve to provide a distinction in functions between the Society's professional leadership and professional regulatory roles:

"In our model we have identified a way to help further develop professional leadership in Northern Ireland - through our Professional Forum. It is my belief that a professional leadership body cannot come from nothing. It is important to build on what we have and see the

seeds of life grow fully into a vibrant body.

That is why the Professional Forum is essential to provide a platform for the voice of pharmacy in Northern Ireland to develop further. The new GPhC in Great Britain will have very close connections with any new professional body, at least initially.



Society President Raymond Anderson emphasised the need for a new Professional Forum at the 83rd Annual General Meeting of the Society in October.

This should also be the case in Northern Ireland. Professional leadership will inform regulation and may to a greater or lesser extent facilitate CPD, revalidation and educational learning.

That is why we at the Society see the development of a Pharmacy Forum working with the regulatory body to help develop processes and procedures which make CPD and revalidation appropriate and achievable."

Over the coming months the structure, role and remit of the Professional Forum will be further developed with an intention to launch the forum in the first half of 2009.

The full text of the President's speech is available on the Society website.

If you would like to contribute thoughts or views on the development of a new Professional Forum for pharmacy in Northern Ireland please contact info@psni.org.uk

Society congratulate Minister McGimpsey on Free Prescriptions decision

The Pharmaceutical Society of Northern Ireland has warmly welcomed the Health Minister's decision to phase out prescription charges in Northern Ireland as a positive contribution to patient welfare.

Society President Raymond Anderson commented:

"The end of prescription charges is good news for patients in Northern Ireland.

"Prescription charges are a financial burden, particularly for those with long term conditions. This barrier in accessing pharmaceutical services can have serious consequences for

individual health.

Evidence presented to the Scottish Parliament and Welsh Assembly has highlighted the problem of avoidable hospital admissions that occur as a result of patients trying to save money on their prescriptions.

Removing cost as a barrier therefore improves health outcomes, reduces health inequalities and makes a positive contribution to patient welfare.

We congratulate the Minister in this decision. It demonstrates devolved government delivering—enabling Northern Ireland to "do things differently" to meet local need."



Health Minister Michael McGimpsey MLA has announced a phasing out of prescription charges in Northern Ireland from January 2009.

Meeting the Standard

Which? Magazine research: Are YOUR staff properly trained?



Recent research by Which? Magazine reported to have found unsatisfactory advice being given in one third of visits to pharmacies.

Consumer magazine Which? recently published research suggesting unsuitable and potentially dangerous advice is being given by staff in some pharmacies.

Which? investigators visited 101 pharmacies across the UK (including Northern Ireland) and reported to have found unsatisfactory advice on a third of

visits. Researcher sought advice in 3 principal areas:

- the migraine drug Imigram Recovery®
- traveller's diarrhoea; and,
- emergency contraception

Subsequent to the Which? Research publication, less than two weeks later a further "secret shopper" test was performed by journalists from the Daily Mail. The journalists claimed to have received poor advice from 11 out of 15 pharmacies visited.

Society Registrar Brendan Kerr expressed his concern at the findings: "The evidence

presented by Which? and the Daily Mail indicating that some pharmacists are not adhering to proper protocols on the sale of medicines is obviously alarming to the Society. We have written to all pharmacies reminding them of their responsibilities and hope that the Which? Magazine research can serve as a timely reminder to the profession in Northern Ireland of the need for vigilance and diligence in supervising staff in a pharmacy premises. At the end of the day, the buck will always stop with the pharmacist."

Pharmacists are urged to read the Which? Magazine findings and consider whether their staff are sufficiently trained. The findings are available on the consumer body's website at <http://www.which.co.uk/advice/pharmacists/index.jsp>

Society's New Code of Ethics Ready to Launch Following Consultation



Michelle McCorry, Code of Ethics Project Manager, reports on the recent Society consultation on its new Code of Ethics for pharmacists in Northern Ireland.

The Society's consultation on its revised Code of Ethics (Parts 2-5) closed on 6 October 2008.

Of the responses received, 50% came from individual registrants, and 50% from statutory or voluntary organisations such as the Ulster Chemists Association, the Northern and Western Health Boards, Disability Action, and the British Heart Foundation. In the main, comments were very supportive of the new Code document. All recommendations for changes were carefully considered by a local stakeholder group, prioritised and actioned as

appropriate. These included the formatting, layout and presentation of the new code, and appropriate definitions of terms within the Code.

In conducting the consultation, the Society hosted internal and external local stakeholder meetings, with representatives from all spheres of pharmacy, and a patient public focus group. The Society believes that local engagement and good communication have been key elements to the success of the process: openness and transparency have given the process integrity. Discussions have been animated, positive and constructive throughout and contributions from participants have helped shape the final documents.

The Code is based on eight mandatory core principles, these are:

1. Make the safety and welfare of patients your prime concern.
2. Respect and protect confidential information.
3. Show respect for others.
4. Exercise professional judgement in the interests of patients and public
5. Encourage patients (and/or their carers) to participate in decisions

about their care.

6. Maintain and develop professional knowledge and competence.
7. Act with honesty and integrity.
8. Provide a high standard of practice and care at all times.

The final version of the document will be presented to the Society's Council and a motion tabled recommending that the new Code be adopted. The Code will be launched with guidance documents in early 2009.

A second 6 week consultation will commence late October 2008 on guidance documents to accompany the code on:

- patient consent;
- patient confidentiality; and,
- pharmacist prescribing.

I encourage all registrants to read these documents and take the opportunity to comment on their content. All viewpoints are welcome.

If you have any queries about the new Code and/or the guidance documents please contact the Code of Ethics project manager, Michelle McCorry at PSNI, Society House on

Continuing Professional Development Results– What happens next?



Dr. Deirdre McAree, Post-Registration Facilitator provides an update on this year's CPD cycle

Pharmacists will be aware that once their CPD portfolios are assessed, they receive feedback with one of four possible results (Options 1,2,3,4). Where portfolios have been awarded options 1 and 2 no further action is required on the part of the pharmacist. Whilst option 3 portfolios have reached the required standard, the pharmacist will be asked to submit a CPD portfolio the following year. This is to help pharmacists to improve their documentation as some of their cycles have not met the assessment criteria. Where a portfolio has been awarded an Option 4, pharmacists will receive notification that they are to submit further CPD cycles as part of the Reassessment Process.

CPD and the reassessment process

The Society operates the reassessment process in order to assist individual pharmacists who have had difficulty recording their CPD. This involves the submission of three CPD cycles. Throughout the process, the Society can provide support and facilitation to pharmacists who request this. The support is provided through the network of trained facilitators and the Post-registration Facilitator. Anyone wishing to

speak to a facilitator should contact the Society in the first instance.

Reassessment portfolios

Reassessment portfolios are currently being assessed. The usual CPD assessment criteria apply. Detailed feedback is provided by assessors for each individual cycle in a reassessment portfolio.

- Pharmacists are asked to submit three CPD cycles, which will be part of the following year's portfolio. For example someone receiving an Option 4 result for 2006-07 portfolio will be submitting cycles which are part of their 2007-08 portfolio
- The online system for reassessment has been designed to enable pharmacists to make their submission once they have three completed cycles in the reassessment portfolio
- For paper-based submissions, again only three cycles will be required and pharmacists should not submit more or less than three cycles.
- Once assessed, the reassessment portfolio will either reach the Society's CPD standard or will fall below the standard

- The standard has been achieved if two or three cycles meet the assessment criteria
- A portfolio will not reach the CPD standard if less than two of the cycles meet the assessment criteria i.e. 0/3 or 1/3 reach standard
- The number of hours recorded for the CPD activities is included in each cycle, but there is NO current requirement to achieve a defined number of hours as part of the reassessment process

In the event that reassessment portfolios do not meet the CPD standard, pharmacists will be advised to make use of the CPD facilitation service. Pharmacists will be asked to submit three further CPD cycles for reassessment and will be advised of the deadline for submission.

Commenting on the end of this year's CPD cycle, Dr Deirdre McAree, Post-registration Facilitator said:

"I'm pleased to report that over 70% of all pharmacists assessed for 2006-07 met the Society's standard for CPD – a great result. For pharmacists who received an Option 4, the reassessment process should assist them to reach the Society's CPD standard next time their portfolio is assessed".

Table outlining the results for portfolios assessed 2006-07 (n=280)

Result	Range of CPD cycles meeting standard	% pharmacists
Option 1	≥70%	40%
Option 2	55 – 69%	13.9%
Option 3	40 – 54%	17.5%
Option 4	<40%	28.6%

Society to Inaugurate Patient and Public Involvement Forum

An integral part of the Society's vision for the Future of Pharmacy Registration, Regulation and Representation in Northern Ireland is the operation of a Patient and Public Forum.

This forum will act as an insurance mechanism that Society policy takes full cognisance of the views and aspirations of those who receive pharmacy services: the Northern Ireland public.

The first meeting of the forum will be held in the Radisson hotel on Tuesday 25th

November 2008 and will include representatives from the Commission for Healthcare Regulatory Excellence, Arthritis UK and the Citizen's Advice Bureau.

Whilst many industry regulators now operate such forums (such as Ofcom, the Financial Services Authority and the National Institute for Clinical Effectiveness) the Pharmaceutical Society of Northern Ireland will be amongst the

first of the nine health professional regulators in the UK to institute such a measure.

Commenting on the forum's construction, Mark Neale, Head of Public Affairs and Facilitator for the forum, said: *"The new patient and public forum is a great step forward in terms of how the Society forms policy. It will ensure we listen, take account of and respond to the views of the ultimate recipient of pharmacy services: the public."*



In a guest column, Carmel Hughes, Professor of Pharmacy at Queen's University, describes a current research project into prescribing in care homes.

Prescribing in care homes for older people is an important research area for the School of Pharmacy at Queen's University. In nursing homes the average age is over 80 years, over 70% are women, and they tend to be more physically and mentally impaired than those living in their own homes. Residents of care homes are prescribed multiple medications and a recent study completed in Northern Ireland has confirmed this. This work has shown that almost 50% of residents were receiving 10 or more medications, over 65% were receiving psychoactive medication (i.e. anti-psychotics, hypnotics and anxiolytics) and for over 70% of these latter residents, no documented reason could be found as to why they should be receiving these drugs. There are many factors that influence prescribing and

Control, Context and Culture in Care Homes for Older People.

researchers at Queen's have been focusing on three of these factors:

- Control (specifically regulation);
- Context (which relates to the characteristics of a care home); and
- Culture (which has sometimes been defined as 'the way we do things around here').

Control is best exemplified by American legislation that regulates prescribing of anti-psychotics, hypnotics and anxiolytics in nursing homes in the United States. The use of these drugs has to be clinically justified and documented. This legislation has led to a dramatic reduction in the prescribing of these medications.

However, the context of a nursing home is also important when considering prescribing. A nursing home is a home environment as well as an environment where health care is delivered. So in terms of context, nursing homes can be independent, part of a large chain and can have varying numbers of staff. Again, research in the School of Pharmacy using

US information has shown that a reduction in the numbers of staff can lead to greater use of antipsychotic medication. It has been suggested that these drugs may compensate for low levels of staffing. For another category of drugs, antidepressants, it has been found that if there were more nurses present on staff, there was greater use of antidepressants. This suggests that if there are more nurses on staff, they are more likely to identify depression.

Control and context have helped to explain some of the prescribing trends that are seen in care homes, but they don't explain the whole story. There appears to be quite marked variation in prescribing between nursing homes, even when residents are quite comparable. One factor that might help to explain this difference is organisational culture. There have been many definitions of this term, but one that is often used is 'the way things are done around here.' A study has now started that will examine organisational culture in nursing homes in Northern Ireland and whether it has any influence on prescribing.

Pre-Registration Corner: Some Practice Questions



Lisa Smith, Pre-Registration Facilitator

In September 2008 I joined the staff of the Pharmaceutical Society as Pre-registration Facilitator. The first few weeks have been a bit of a whirlwind - much like the start of many pre-registration years!

The pre-registration examination always causes concern for trainees and whilst it is important not to let it overshadow the entire year it is useful to practice answering questions. To help with this, the Society has and will continue to provide, a past paper in the Spring to help with preparation. A feature of this new Pre-registration corner in the Society newsletter will be four sample questions to provide practice. The answers are at the bottom of the page overleaf.

Closed book

1. Patients taking ciprofloxacin

A) May have a disulfiram-like reaction if they also consume alcohol T F

B) Are at risk of tendon damage including rupture T F

C) Should be warned that this medicine may impair performance of skilled tasks such as driving T F

D) Should be advised to avoid excessive sunlight T F

2. Regarding Imigram Recovery[®] (sumatriptan)

A) It is suitable for patients aged 12 and over T F

It is not suitable in pregnant patients T F

It is suitable for a patient presenting with a first ever migraine T F

It should not be used in patients with ischaemic heart disease T F

Open book

3. In relation to the reporting of suspected adverse drug reactions to the MHRA (Medicines and Healthcare products Regulatory Agency):

For established drugs only serious adverse reactions in adults and children should be reported. T F

With established drugs there is no need to report well recognised serious reactions such as anaphylaxis. T F

Patients can report suspected adverse drug reactions using patient yellow cards. T F

For medicines showing the black triangle symbol, the MHRA asks that all suspected reactions are reported. T F

4. A child weighing 9.6kg is prescribed 500 micrograms/kg of drug daily in four divided doses. A suspension containing 2.5mg/5ml is available. The volume of suspension required for each dose is 2.4ml T F

If you require any information regarding pre-registration training please do not hesitate to get in touch at lisa.smith@psni.org.uk

Government Plans on Responsible Pharmacist Regulations Take Shape Following Consultation

Following consultation earlier in 2007, the Department of Health in London has now considered responses and outlined its further intentions for the introduction of the Responsible Pharmacist regulations.

Due to be enacted in October 2009, the responsible pharmacist regulations will replace the current requirement for registered pharmacy premises to be under the "personal control" of a pharmacist, with a reworded requirement that the "responsible pharmacist" ensures the pharmacy operates safely and effectively in relation to the sale and supply of medicines. Further, the duty on the responsible pharmacist to secure the safe and effective running of the pharmacy makes clear that his/her responsibilities extend beyond the requirement to supervise individual transactions involving the sale and supply of medicines. These include, for example, arrangements for the safe ordering, storage and disposal of medicines (including controlled drugs) and

for ensuring the availability of trained, competent, pharmacy staff to undertake specific tasks in the pharmacy.

In its response to the January 2008 consultation, the Society expressed strong concerns about any proposals that could enable medicine sales to take place in a pharmacy without a pharmacist present. The Society has therefore been reassured by the Government's recent statements that during absence of the responsible pharmacist only GSL sales may take place.

Furthermore, the Government has now clarified its expectations around a responsible pharmacist's ability to be absent from the premises:

- The Responsible Pharmacist may only be absent from the registered pharmacy premises for up to 2 hours in any 24 hour period. This is a reduction from a suggested 3 hours.

- The absent pharmacist must be readily contactable and able to return to the premises with due promptness if required
- A Responsible Pharmacist may only take responsibility for more than one pharmacy if permission is given by the Secretary of State for Health or the Minister of Health in Northern Ireland (e.g. during a national emergency)

The Society is pleased that the Government has heeded the concerns expressed by Northern Ireland stakeholders and has amended its proposals accordingly.

The Society will continue to work with Government and others in developing the second stage of the Responsible Pharmacist regulations: the supervision elements. A further Government consultation will take place on this in the coming months, led from the Department of Health in England.

Pharmacists Urged to be Aware of New Cross-Border European Prescriptions Legislation

The Society is directing pharmacists in Northern Ireland to ensure they are ready for the advent of European prescription dispensing from Monday 3 November 2008.

UK legislation will shortly enable a prescription written by a doctor or dentist from another EEA country or Switzerland to be dispensed by UK pharmacies. This has particular relevance for Northern Ireland pharmacies given the Province's land border with the Republic of Ireland.

Minimum Standards for an EEA/Swiss prescription

The new legislation which comes into force on 3 November defines the minimum criteria to be met in order for an EEA/Swiss prescription to be issued:

1. The prescription must be signed in ink with the name of the prescribing doctor or dentist
2. The doctor/dentist must be registered and practicing in an EEA state/Switzerland.
3. The prescription is written indelibly and includes:
 - The address of the prescribing doctor/dentist
 - The date the prescription was signed
 - The qualification of the EEA/Swiss doctor/dentist
 - The name and address of the patient and the age if the patient is under 12.

As with UK prescriptions, the prescription is valid for 6 months from the date on which it is signed.

Controlled drugs not included

Pharmacists should note that under the terms of the legislation they will **NOT** be allowed to dispense **ANY** controlled drug from **ANY** schedule of the Misuse of Drugs Act on the authority of a prescription from an EEA/Swiss doctor dentist.

Pharmacists should also note that the legislation does **NOT** oblige a pharmacist to dispense an EEA or Swiss prescription, it merely removes the legal barriers which prevented a pharmacist from legally doing so in the past — Pharmacists should therefore continue to make a professional decision on the appropriateness of supply and refuse where necessary.

EEA/Swiss Prescriptions are classed as private prescriptions and therefore will be subject to the same record keeping requirements as private prescriptions issued by UK registered prescribers.

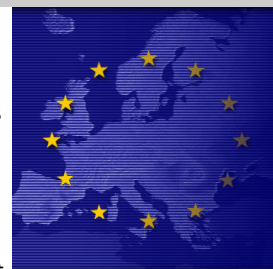
What to do if you have concerns

Pharmacists with concerns about an EEA prescription should take steps to check the clinical validity or the legality of the prescription form with the issuing prescriber. A link to regulatory authorities for the EU medical regulators is listed on the PSNI website

At all times, it remains the professional decision of the pharmacist whether or not to dispense the prescription and due diligence should be used in every consideration of dispensing in order that the patient is not put at any risk

If in doubt check with the prescriber. If the prescriber is not contactable then exercise professional judgment and review risk.

Further guidance will be issued on this issue by the Society.





Council Meetings Winter 2008

The Society's Council is the governing body of the organisation and consists of eighteen elected pharmacist members, two persons nominated by Queens University Belfast, one person nominated by the Department of Health, Social Services and Public Safety to represent the medical profession and one person nominated to represent Pharmaceutical Wholesalers. Legislation is currently being prepared to move the Council towards being wholly appointed, in line with the recommendations of the 2007 Government White Paper "Trust, Assurance and Safety".

The Council focuses on strategic development and major policy issues, while the Council committees concentrate on implementing policy within the framework that has been agreed by Council.

Meetings of the Council are held on the 3rd Thursday of the month (except August) and are open to members of the public and the profession to observe.

The next three Council Meetings will be held on the following dates in Society House, 73 University Street, Belfast:

Thursday 20th November 2008, 7pm

Thursday 18th December 2008, 7pm

Thursday 15th January 2009, 7pm

Should you wish to attend please contact Nicola Ramsbottom (Nicola.ramsbottom@psni.org.uk, 02890 326 927) at the Society in order that the requisite meeting papers may be prepared on your behalf or access arrangements made as required.

Applications to C.W. Young Fund Invited

In 1963, on the death of Charles W Young (former Head of Pharmacy at the Belfast College of Technology) the Society established a memorial fund, the CW Young Scholarship Fund for the encouragement of pharmaceutical research or scholarship.

Each year the funds available are competed for and the awarding committee have indicated that preference will be given to those projects which benefit society and the pharmacy profession through innovative research

or development.

Each May the Council invites applications from those involved, or about to be involved, in suitable projects. Application must be from members or students of the Society, working on projects in association with Queen's University, School of Pharmacy, Belfast.

While on an annual basis the maximum available for distribution is £5000, any one individual may receive up to £10,000 over three academic years.

Raymond Anderson, President of the Society, commented *"the CW Young Fund has significantly benefited those involved in research over the years and the Council are keen to see the greatest benefit to society and the profession being gained from this fund"*.

Further details of the criteria and application process will be made available from the Society in May. Should you have any questions regarding this fund, please contact Mr Trevor Patterson at Society House.

Invitation to Registrants to Nominate for Fellowship

Every year the Pharmaceutical Society of Northern Ireland recognises the outstanding contribution of a fellow registrant to the practice of the pharmacy profession in Northern Ireland. We accordingly invite readers to consider if they know of a pharmacist meriting recognition for their achievements.

A pharmacist wishing to nominate a colleague for a Fellowship of the Society must have the support of two other pharmacists and at least one of those making

or supporting the nomination must also be a Fellow of the Society.

Pharmacists being considered for nomination must be on the register of the Pharmaceutical Society of Northern Ireland and have distinguished themselves in the science, practice or profession of pharmacy and have promoted the profession to an exceptional degree or have rendered outstanding service to the community at large.

Applications should be made to the Director of the Society no later than 30 November 2008.



Professor Sean Gorman, Head of the Pharmacy School, QUB, recipient of a Society fellowship in 2008.

Aaron Duffy Wins Ronnie McMullan Award

On Monday 22 September the Society held its annual registration and prize night. Over 60 newly registered pharmacists, their parents and friends gathered at the Wellington Park Hotel to receive their certificates.

On this evening the new pharmacists were



encouraged *"to take pride and enjoy what they do"* by the main speaker on the evening, Dr John King. In his address Dr King explained how he and his partners built a small pharmaceutical company in Craigavon, Galen, into a multi billion pound, multi national organisation head quartered in America. He reminded the audience that to succeed, it was necessary to remain open minded and to build on their academic success

The evening rounded off

with the President, Mr Raymond Anderson, presenting each new registrant with their registration certificates and presenting Mr Aaron Duffy with the Ronnie McMullan Award for the registrant who received the highest mark in the pre-registration exam.

Answers to Pre-reg questions:

1 A F, 1B T, 1C T, 1D T;

2A F, 2B T, 2C F, 2D T;

3A F, 3B F, 3C T, 3D T;

4 T