

Consultation launched on Responsible Pharmacist Standards and Guidance

1 October 2009 heralds the enactment of new legislation governing accountability in a pharmacy: *the Responsible Pharmacist regulations*.

Pharmacists working in registered premises must now make preparations to ensure compliance with the new law.

New Legal Requirements

The new requirement for every registered pharmacy to have a 'Responsible Pharmacist' accountable for its 'safe and secure running' replaces the previous condition of the 1968 Medicines Act that every pharmacy have a pharmacist 'in personal control' - interpreted as meaning physical presence.

A summary of what's involved

The Responsible Pharmacist regulations can be broken down into four areas:

1. General Requirements;
2. The Pharmacy Procedures;
3. The Pharmacy Record; and,
4. Absence of the Responsible Pharmacist.

1- General Requirements

The Health Act 2006 requires every registered pharmacy premises to have a Responsible Pharmacist in order to operate lawfully. The Act requires the Responsible Pharmacist to secure 'the safe and effective running' of the pharmacy at all times. Under the Act, a notice must also be displayed on the premises stating the name and registration number of the Responsible Pharmacist at that time.

1- Pharmacy Procedures

The Responsible Pharmacist has a statutory duty to establish, maintain and review 'Pharmacy Procedures'. These include:

- arrangements for the ordering, storage, preparation, sale, delivery and disposal of medicines
- circumstances in which a member of the pharmacy staff, who is not a pharmacist may give advice about medicines
- identification of staff competent to perform specified tasks
- maintenance of records
- arrangements for the absence of the Responsible Pharmacist
- arrangements for the change of Responsible Pharmacist



The Responsible Pharmacist: the biggest change to accountability in pharmacy in two generations.

- complaints procedures
- procedures if an incident occurs which may indicate that the pharmacy business is not running in a safe and effective manner
- the manner in which changes to the pharmacy procedures are to be notified to the staff

3- The Pharmacy Record

It is also a new legal requirement that all registered pharmacies maintain a record ('The Pharmacy Record') with: the name of the Responsible Pharmacist; their

registration number; and dates and times of them being the Responsible Pharmacist.

4 - Absence

Finally, the Responsible Pharmacist Regulations enable a registered pharmacy to continue to operate for the sale and supply of General Sales List medicines (only) for a maximum of two hours in a twenty four hour period (midnight to midnight) without the presence of a Responsible Pharmacist, subject to specified conditions.

Consultation on Professional Standards & Guidance

The Pharmaceutical Society of Northern Ireland has now published draft Professional Standards and Guidelines on the Responsible Pharmacist Regulations for comment by Monday 27 April (www.psni.org.uk).

The Standards and Guidance covers, for example, the review of procedures, document control, and responsibilities and arrangements during absence.

The consultation is being accompanied by 3 events :

- Thursday 26 March 2009 @7.15pm, The Glenavon Hotel, Cookstown.
- Monday 30 March 2009 @7.15pm, The Lodge Hotel, Coleraine.
- Thursday 2 April 2009 @7.15pm, 73 University Street, Belfast.

Pharmacists are encouraged to attend to develop their understanding of the legal and professional requirements of the Responsible Pharmacist regulations. Places can be booked by email info@psni.org.uk or by phone on 02890 326 927.

Registration & Regulation

New Code of Ethics (2009) and Standards to be Launched in June:



On 11 June 2009, the Pharmaceutical Society of Northern Ireland will formally launch the revised Code of Ethics (2009), along with a suite of 7 supporting professional standards and guidance documents. This follows formal consultation and final approval by Council.

The launch will take place at Parliament Buildings, Stormont, from 11am to 2pm on Thursday, 11 June.

Many notable guests have been invited and, in addition, a limited number of places on a first-come-first-served basis, are being offered to interested pharmacists. It will be a unique opportunity to meet with politicians, patient and public representatives, pharmacy leaders and other professionals.

It goes without saying, the Code of Ethics is the single-most important document used by pharmacists. Adherence to the Code and Standards is essential to registration as a pharmacist. Its principles affect and impact every aspect of pharmacists' professional conduct and should be embedded into the fabric of their professional practice, irrespective of area of practice.

The launch is an opportunity for the pharmacy profession in Northern Ireland to demonstrate its commitment to the updated principles of the new Code of Ethics. It will send

a clear message of the profession's continuing pledge to patient welfare and public protection.

If you are interested in attending this special event, please contact the Pharmaceutical Society of Northern Ireland, as soon as possible, to reserve a place (02890 326 927).

If you have any queries or wish to receive further information regarding the new Code of Ethics (2009) or supporting standards and guidance, please contact project manager, Michelle McCorry on the phone number above or email: michelle.mccorry@psni.org.uk.

Hard copies of the new documents will be distributed to all pharmacists registered with the Pharmaceutical Society of Northern Ireland, before coming into force on 1 July 2009.

The future Code of Ethics (2009) is available to view at: www.psni.org.uk/professionals/code-of-ethics.php

Regulator introduces Fitness to Practise changes



The Pharmaceutical Society of Northern Ireland is committed to being a constantly improving regulator.

Accordingly, a number of recent reforms have been introduced, or are about to be introduced, to our Fitness to Practise processes. These include:

- **A new Complaints Portal**

This puts on a formal basis existing relationships between the Pharmaceutical Society of Northern Ireland, the DHSSPS Inspectorate and other parts of the health service. It will allow information sharing on complaints about pharmacists and determine the most appropriate and effective means for handling an issue.

- **A new Scrutiny Committee**

Following the completion of a formal investigation of a complaint/concern this Committee considers whether or not the case should be referred to a Statutory Committee hearing.

- **Co-operation with the Pharmaceutical Society of Ireland on Fitness to Practice**

Following the signing of a Memorandum of Understanding between the Pharmaceutical Society of Northern Ireland and the Pharmaceutical Society of Ireland, further agreement has been reached on operational levels of co-operation. This includes both organisations offering reciprocal observer status on relevant committees and a commitment to work together on harmonising, where possible, processes and standards to simplify movement between the

jurisdictions whilst maintaining high levels of public safety.

Commenting on the reforms, Director Trevor Patterson, said: *"Whilst we work towards comprehensive reform of the legislative basis of our Fitness to Practise function, these changes go much of the way to meeting the requirements of a modern regulator. What we are delivering is a transparent, consistent and fair set of arrangements for handling cases where a pharmacist's conduct has come into question."*

Trevor Patterson - Reforms are about delivering a transparent and fair Fitness to Practise regime for pharmacists and the public.





Dr Deirdre McAree, PSNI lead on revalidation, provides an update on the latest moves to introduce a revalidation requirement for all non-medical health professions.

The White Paper “Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century” (Feb 2007), set out the government’s aim to ensure all statutorily regulated health professions have revalidation arrangements in place for their registrants through which they can periodically demonstrate their continued Fitness to Practise.

Following this, the Non-Medical Revalidation Working Group (NMRWG), was established, comprising members from all of the UK healthcare regulatory bodies and of which I have been a member since July 2008. The work of the group resulted in the publication of “Principles for Revalidation: Report of the working group for non-medical revalidation” in November 2008 (See Table 1).

This defined a common purpose of revalidation: “to ensure that health professionals remain up to date and continue to demonstrate that they continue to meet the requirements of their professional regulator.”

Early scoping of revalidation model for Northern Ireland Pharmacists

Subsequent to the report of the NMRWG, the Department of Health in London requested all regulators provide an update of their views on how revalidation might operate for each of their respective professions.

Informed by participation in the Royal Pharmaceutical Society of Great Britain’s Revalidation Advisory Group (RAG) as well as local circumstance in Northern Ireland, an initial scoping was conducted of what a revalidation

model for pharmacists in Northern Ireland could look like. This was approved at the February meeting of the Council of the Pharmaceutical Society of Northern Ireland and submitted to the Department.

The model included 3 broad themes:

1. CPD
2. Self-certification; and
3. A review mechanism

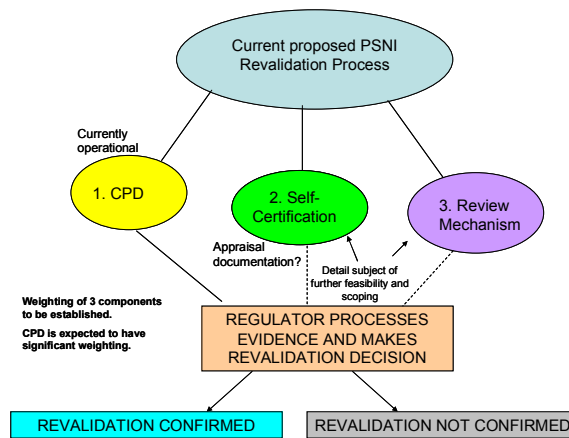


Figure 1: Visual Representation of PSNI proposed revalidation model

1. CPD

This is likely to have significant weighting within a revalidation exercise, particularly as the

Pharmaceutical Society of Northern Ireland’s system for sampling, assessing and providing feedback on CPD portfolios is considerably advanced.

2. Self-Certification

This would be a personal assessment of a pharmacist’s current level of performance against criteria/standards depending on their sphere of practice.

3. A review mechanism

This could be considered on a targeted and/or sample basis. This could involve a peer review exercise but requires research to enable a decision to be made on how feasible this would be. The system adopted will require sufficient rigour.

Next Steps

It should be noted that work on revalidation is at an initial stage. Further extensive research and consultation to refine proposals will be conducted. Accordingly, if you would like to contribute to the ongoing project work on pharmacy revalidation in Northern Ireland or otherwise share your views do not hesitate to contact me at deirdre.mcaree@psni.org.uk

Principle	Theme	Summary
1	Consistency	Models should be consistent with the Better Regulation Executive’s five principles of good regulation.
2	Professional Standards	The regulatory body for each profession should set out the contemporary professional standards, which registrants will have to meet in order to maintain registration.
3	Remediation	Where revalidation processes highlight performance concerns there should be scope for remediation of the professional but measures to secure public safety must remain paramount.
4	Patient and Public Involvement	A successful revalidation process must have the confidence of the public that it is appropriate, relevant and fit for purpose.
5	Continuing Professional Development	This is the process by which individual registrants keep themselves up to date in order to maintain the highest standards of professional practice.
6	Quality Assurance	Quality assurance mechanisms must be built into the revalidation processes.
7	Equality	Equality and Diversity considerations must be evident in the development of systems and processes for revalidation.
8	Integration	Clinical governance frameworks yield information on professional’s performance and practice. Where appropriate, effective connections need to be made between them and the system of revalidation.
9	UK-wide	Revalidation arrangements should be consistent in outcome across the United Kingdom.
10	Demonstrating Benefits	The structures and processes of revalidation should be effective in confirming fitness to practise.
11	Information	The nature of the information required by each regulatory body will be based on their risk profiling of the registrant groups.
12	Incremental Introduction	The introduction of revalidation should be incremental.

Table 1: 12 agreed principles of non-medical revalidation (November 2008)

Guest column: Royal National Institute for the Blind on Patient Information

RNIB
Northern
Ireland

supporting blind and
partially sighted people

How do I know these tablets won't give me a headache? This writing is so small!"

In a guest column, David Mann of the RNIB Northern Ireland, and member of the Pharmaceutical Society of Northern Ireland's public forum, gives a perspective on pharmacy from the standpoint of patients with visual impairment.

Any medicine dispensed to patients seems to come with a mass of information, on the packet and on the Patient Information Leaflet (PIL). But what if you can't read these?

PILs are often in tiny print, too small for a good proportion of the 48,000 patients in Northern Ireland with significant sight loss.

RNIB and the pharmaceutical industry have come up with an answer. A large print, audio or braille copy of an increasing number of PILs is just a phone call away. By ringing freephone 0800 198 5000 you can order the leaflet by simply quoting the Product code and name of the medicine. Anyone can ring, but if the pharmacist does it they can be sure of giving the right references. The

accessible copy of the PIL will come that much sooner if the pharmacist orders it while dispensing. Help in this way builds a valuable link between pharmacist and

patient.

Many PILs are also on a special website, www.xpil.medicines.org.uk. We appreciate that this information can also be found elsewhere on the Web, for example within the Electronic Medicines Compendium. The difference is that the XPIL site has been designed to make it fully accessible to blind or partially sighted people using "screen readers" which either magnify the display or turn it into synthetic speech or braille. Moreover, if it is on the XPIL site you can be sure that it is available in accessible hard copy as well.

This scheme does not solve all our problems in accessing information, of course. We still need to be able to read the dosage label applied by the pharmacist, as well as the information printed on the packaging.

The best way round this will vary from one patient to another, and this is where good interaction between pharmacist and patient comes to the fore. The dosage information could be written on a separate piece of paper, perhaps, in larger and bolder print, or the patient could note it in

their own way, perhaps on a pocket recorder.

Making sure that different tablets are in different size or shape jars may also help, and as readers will know there are various "compliance devices" for splitting up tablets into daily doses.

Braille now appears on many medicine packs. For those who can read it, this is invaluable. 2009 is the bicentenary of the birth of Louis Braille, and his creation remains the key to literacy for many. Medicine labels are in the simplest, unabbreviated form of braille and you only need to know the basics to read them.

Since few people yet know about XPIL, few will ask for it. This is where pharmacists can play a role in promoting the facility. Many patients whose sight has not declined to the level where they would describe themselves as "disabled" or "partially sighted" could still benefit from a larger print copy, or an audio one, if the option is presented tactfully.

For more information relating to RNIB facilities for people with sight loss, please contact me on 02890 32 9373 or david.mann@rnib.org.uk.

Professional reminder: Pharmacists should note it is a legal requirement that medicines are dispensed to patients with a current patient information leaflet.

Pharmaceutical Society activity at Major Northern Ireland Political Conferences

Beginning last September with the Alliance Conference and ending with the Sinn Fein Ard Fheis in February, the Pharmaceutical Society of Northern Ireland has briefed politicians at the major political conferences.

Time and again delegates at the conferences have engaged with those manning the Pharmaceutical Society stall to find out more about pharmacy and pharmacy regulation in Northern Ireland.

Key messages communicated to local

politicians have included:

- the need (and opportunity available) for regulation to take stronger account of local circumstances now that devolution is secure;
- the changing role of pharmacy and what this means for the future; and
- emerging matters of European pharmacy regulation.

Overall, as devolution is maturing,



evidence points to local politicians taking a greater interest in how important services such as pharmacy might begin to be delivered differently to reflect local need and increase benefit to patients and society.

Pre-Registration News and Practice Exam Questions



In this issue Pre-Registration Facilitator Lisa Smith gives advice to both Tutors and Trainees on the second half of the Pre-Registration training calendar and provides some practice questions before the June Registration exam.

We are beyond the half way mark in the 2008-2009 pre-registration training year. There are many issues to be considered for both trainees and tutors alike in order that the remainder of the training year is completed smoothly. A few of these are listed below:

1) For Pre-registration trainees

- Address any areas of weakness revealed in your 26 week appraisal.
- Ensure that your portfolio of evidence in respect of the performance standards programme is well advanced.
- Choose and work towards a suitable completion date.
- Ensure you have completed all the compulsory distance learning courses (or plan to by April 2009).
- Plan your revision schedule for the Registration Exam on 11th June 2009.

2) For Pre-registration tutors

- Agree an action plan with your trainee to focus on any areas of concern from the 26 week appraisal.
- Organise a 'mock' registration examination for your trainee using the sample papers supplied by the Society.

- Consider if your trainee requires additional experience such as visits to other health care providers, more experience with patients, more experience supervising staff in order to provide evidence in support of the performance standards and to cover the examination syllabus.
- Reflect on your tutoring skills and consider if further development should form part of your Continuing Professional Development.

Practice Registration Exam Questions



Answers to the following four closed book questions are overleaf.

1. Regarding Emergency Hormonal Contraception (EHC).

- A) If vomiting occurs within 2 hours of taking EHC, a replacement dose should be given. T/F
- B) EHC is less effective than insertion of an intra-uterine device. T/F
- C) EHC efficacy decreases with time and will only be effective within 48 hours of unprotected sex or failure of a contraceptive method. T/F
- D) The effectiveness of EHC is reduced enzyme inducing drugs. T/F

2. Regarding medicines which suppress the rheumatic disease process:

- A) Methotrexate should be given as a weekly dose. T/F
- B) Plasma concentration of ciclosporin is increased by indigestion of grapefruit juice. T/F
- C) Sulfasalazine helps suppress the

inflammatory activity of rheumatoid arthritis. T/F

D) Effects are seen almost immediately by the patient. T/F

3. With reference to nicotine patches.

- A) They cannot be used by pregnant smokers. T/F
- B) The 24 hour patch is more effective than the 16 hour patch. T/F
- C) They can be purchased over the counter and are available on prescription. T/F
- D) They treble the chance of success of smokers wishing to stop. T/F

4. The recognised side-effects experienced by patients taking the following medicines are:

- A) A persistent dry cough in patients taking losartan. T/F
- B) Corneal micro-deposits in patients taking amiodarone. T/F
- C) Hypokalaemia in patients taking bendroflumethiazide. T/F
- D) Constipation in patients taking verapamil. T/F

Dates to remember

Calculation training for trainees;

Course 1 - 23 March & 30 March 7-9pm

Course 2 - 26 March & 2 April 2-4pm

Course 3 - 30 April & 7 May 7-9pm

Tutor training courses - 22 April, 29 April & 6 May 2009.

Registration examination - 11 June 2009.

The events will take place at Society House, Belfast, except for the 29 April tutor training event which will be held at the Seagoe Hotel, Portadown.

If you require any information or support in relation to Pre-registration training please contact me on 028 90 326 927 or lisa.smith@psni.org.uk.

Continuing Professional Development News

Formation of General Pharmaceutical Council Progresses

A quick round up of CPD developments

1. CPD and Public Safety

An important objective of CPD for all health professionals is to ensure public protection through a workforce that constantly updates its skills and knowledge in light of developments in practice. Hence the Pharmaceutical Society of Northern Ireland requests pharmacists consider how their learning contributes to patient safety. Plans are progressing to enable pharmacists in Northern Ireland to assign each of their CPD records in future to particular categories, including patient safety. This will enable a clearer picture to be gained of the extent to which pharmacists are focusing on patient safety in terms of their CPD. Further information about this will be publicised in the coming months.

2. CPD and Maternity Leave

CPD requirements do not apply to you if you are on maternity leave. However you must write to us to advise of the dates of your maternity leave and when you plan to return to work. If you have a gap of longer than two years, you must submit a Personal Development Plan showing how you will meet your CPD requirements before returning to practice. If you are on maternity leave and undertake work as a pharmacist (e.g. one day's locum or a "keeping in touch day") you will be deemed to be practising and would therefore not be exempt from your obligation to complete your 30 hours of CPD. For further information please contact Dr. Deirdre McAree, Post-registration Facilitator (deirdre.mcaree@psni.org.uk).

3. Change of Circumstances

Please do keep us informed of changes in circumstance (e.g. address, practice). Occasionally there are registrants with very similar names so please also use your registration number in all correspondence.

The Department of Health in London recently closed its consultation on the legislation which will form the General Pharmaceutical Council for Great Britain. The GPhC, as it will be known, will take on all the regulatory functions of the Royal Pharmaceutical Society of Great Britain .

The consultation was a prelude to a "Section 60" legislative order being laid before the Westminster and Scottish Parliaments. As the legislation encompasses the regulation of pharmacy technicians (a "new" regulated profession) Members of the Scottish Parliament must signal their consent for the legislation to take effect over what is an area of their competence under the Scotland Act 1998.

The legislative order will also create new regulatory powers in pharmacy in Great Britain, including: powers to set standards for pharmacies, pharmacy owners and superintendent pharmacists; powers to request periodic declarations and self assessments; and, a range of new sanctions and enforcement tools, including 'improvement notices',

finances, prosecution, conditional registration and temporary suspension of registration.

As the proposed legislation will not have effect in Northern Ireland the Pharmaceutical Society of Northern Ireland submitted only a short response to the consultation. Our comments were restricted to expressing the desire for continued close working relationships between the new body and the PSNI in relation to common UK wide standards in pharmacy. The response also recommended that any similar change to how pharmacies and pharmacists are regulated in Northern Ireland should be conducted in a manner similar to that in Scotland.

As with the Scottish Parliament, the approval of the Northern Ireland Assembly should be sought about major changes in regulation for *any* health profession. Professional regulation in health is *fully* devolved under the Northern Ireland Act 1998.

It is envisaged that the GPhC will be operational from early 2010, initially in shadow form.



Scottish MSPs can veto Westminster pharmacy regulation that they judge inappropriate for Scotland. The Pharmaceutical Society of Northern Ireland consider that Stormont MLAs should have the same entitlement, in keeping with Northern Ireland's devolved competency over health professional regulation.

Answers to the Registration Exam Practice Questions:

1 AT, BT,CF,DT

2 AT,BT,CT,DF

3 AF,BF,CT,DF

4 AF,BT,CT,DT

New Advice from the MHRA on Cough and Cold Medicines for Children



The Pharmaceutical Society of Northern Ireland wishes to draw the attention of pharmacists to recent advice (2 March 2009) from the MHRA

on the use of Over the Counter (OTC) cough and cold medicines for children under 12 years.

A MHRA review found evidence to suggest the efficacy of use in children is more limited than previously considered. Therefore, in view of potential side effects, such as allergic reactions and effects on sleep or hallucinations, the MHRA recommend that OTC cough and cold medicines no longer be administered to children

under 6. Cough and cold medicines for children aged 6 to 12 will continue to be available but will only be sold in pharmacies, with clearer advice on the packaging and from the pharmacist.

More information at www.mhra.gov.uk

Pharmacists should also be aware that the MHRA has now launched a dedicated pharmacy information portal on its website available under the A to Z index at www.mhra.gov.uk, referenced under pharmacy.

Council considerations November 2008 to February 2009

**November 2008**

The November 2008 meeting of Council was addressed by Mr William Rial from the National Clinical Advisory Service (NCAS). Pharmacists will be able to access advice and support from NCAS from 1 April 2009.

The meeting also discussed the future regulation of internet pharmacy.

December 2008

The December 2008 meeting received an update on the progression of modernising pharmacy regulation for Northern Ireland, including arrangements for making appointments to Council and the future composition of the Statutory Committee.

The Director provided information to Council on future cooperation between the Pharmaceutical Society of Northern Ireland and the

Pharmaceutical Society of Ireland. The Head of Public Affairs presented a paper on public and pharmacist engagement with the Council.

The Council also agreed the nomination of Fellows.

January 2009

Amongst items under consideration at the January 2009 Council Meeting were: the Responsible Pharmacist Regulations; developments in the project to review and revise the Code of Ethics and supporting professional standards and guidance; and proposals to develop a Professional Forum. This will advise a future appointed Council on matters of public safety from the perspective of professionals.

A paper on co-operation with the Pharmaceutical Society of Ireland was agreed, including reciprocal observer status on relevant committees.

A revised proposal on the formation of a public forum was agreed, as well as protocol on public attendance at Council meetings.

A large number of matters relating to education were heard, including: guidance on professional behaviour for pharmacy students; CPD maternity exemption; CPD records and public safety; revalidation; and, return to practice courses for pharmacists.

February 2009

The February meeting of Council received a presentation from Ms Michelle McCorry on the development of the Code of Ethics review and supporting standards and guidance documents.

Council also gave consideration to potential governance models for a Professional Forum and rules underpinning the operation of a Scrutiny Committee.

Council agreed an initial paper on revalidation to be sent to the Department of Health in London, reforms to processes of internal risk management, and a reduction in the proposed increase in pharmacist retention fees.

Notes of Council Meetings, as well as advance agendas, are made available at www.psn.org.uk/about-us/council.php.


National Patient Safety Agency
National Clinical Assessment Service



Cooperation with the National Clinical Assessment Service and the Pharmaceutical Society of Ireland have been amongst matters under consideration by Council in recent months.

News from Society House

Council Meetings Spring 2009

The Council of the Pharmaceutical Society of Northern Ireland is the governing body of the organisation and consists of 18 elected pharmacist members, 2 persons nominated by Queens University, 1 person nominated by the Department of Health, Social Services and Public Safety from the medical profession and 1 person nominated on behalf of Pharmaceutical Wholesalers. Legislation is currently being prepared to make the Council independently appointed, in line with the 2007 Government White Paper "*Trust, Assurance and Safety*" recommendations.

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

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

Council Meetings in Spring 2009 will be held on the following dates in 73 University Street, Belfast:

Thursday 16th April 2009, 7pm.

Thursday 21st May 2009, 7pm.

Thursday 18th June 2009, 7pm.

Likely matters to be discussed at these meetings include: the further evolution of Professional Standards and Guidance for the Responsible Pharmacist regulations; the launch and implementation of the Code of Ethics (2009); the further development of revalidation proposals; the shape and form of a Professional Forum; and, guidance on Professional Behaviour for Pharmacy Students.

If you wish to attend please let us know at info@psni.org.uk or 02890 326 927.

New Manager appointed for the Benevolent Fund



Susan Taylor has recently been appointed as Manager of the Pharmaceutical Society of Northern Ireland's Benevolent Fund.

The Benevolent Fund exists to assist practising pharmacists and their families, retired pharmacists and their dependents and the spouses of pharmacists, who may benefit from additional information, advice, or assistance.

Susan comes from a background in social work, where for many years she gave support to children, families and people with disabilities. Often this involved

counseling individuals who had found themselves in stressful or distressing personal situations and it always involved treating people in a calm and considerate manner, and being respectful of privacy and confidentiality at all times.

Over the past 8 years Susan has held a number of roles in voluntary organisations such as the Alzheimers Society and the Vela Microboards, a regional agency which assists in the establishment and development of support networks for individuals in need.

Susan's professional life has been dedicated to ensuring that people receive the assistance they require to live as independently as possible.

Please contact the Benevolent Fund if there is any issue where you feel the Fund could be of assistance to you, or someone known to you.

Susan can be contacted by telephone on 02890 326 927 or by e-mail:

benevolentmanager@psni.org.uk

Have you views? Let us know!

If you have particular thoughts, queries or feedback about any of the matters covered in this newsletter, please contact the newsletter editor richard.price@psni.org.uk (02890 326 927).

Not receiving emails?

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