

Chair's (President's) Report

Your Guild Council continues to concentrate their efforts on issues which are important for their members and the practice of pharmacy in the NHS.

The two most significant events this year were the decision of UNITE to suspend the recruitment of our professional secretary and separately, the decision of the UK health departments to ignore the Pay Review Bodies recommendations around the Recruitment and Retention premium for Band 6 and 7 pharmacists.

As I described in my last annual report, and from a quick scan, most presidents have indicated the same, the work of GHP Council is significantly reliant on the capability and capacity of its professional secretary to carry out its duties to its members.

Most members will know that the professional secretary leads on our response to consultations from the myriad of organisations that affect the work life of our members. The role is also the 'glue' between UNITE and GHP Council, ensuring that both organisations work together smoothly and make the most of opportunities as they arise.

In light of the economic slow down, particularly affecting the UK car industry, where UNITE have many thousands of members, the union has undergone a cost reduction exercise. As a result of the post being vacant the union took the decision to freeze the recruitment process. GHP Council, particularly the Chair and Vice-chair have lobbied regularly since this decision in an attempt to overturn it. We have yet to reach a agreeable solution to this.

Our second most significant event was the refusal of the UK Health Departments to accept the objective, evidence-based recommendation of the NHS pay review body on the issue of RRP's for junior NHS pharmacists. This unjustifiable conclusion (on both financial (for the NHS) and safety terms) remained during 2009 and the report from the Chair of Terms and Conditions highlights our activities in this area.

Work we were involved in during 2009 included

- Lobbying with others on the issue of single dispensing errors and the need for clarity of the relevant elements of the Medicines Act – the MHRA are reviewing the current medicines legislation, with a view to firstly making it clearer, then consulting on possible change.
- Responding to consultations and inputting our views at committee stages on many subjects from General Pharmaceutical Council standards setting, NCAS Pharmacy services, pandemic flu preparedness, and so on
- Professional leadership issues – as the year has progressed so has the delivery of our new PLB. We have made our voice heard on most issues around the establishment of the new PLB and we will continue to do so.

- Professional liability insurance – we have now a product on offer to our members which has features and benefits to suit practitioners in a modern NHS. For more details please see our website www.ghp.org.uk.
- We continue to collaborate with many in pharmacy – UKCPA (including our successful joint conference), RPSGB hospital pharmacists group, Association of Teaching Hospital Pharmacists, NCAS, to name but a few
- We have a seat on the Modernising Pharmacy Careers programme board – which represents the process in England to review pre and post qualification education and training for the pharmacy professions – allowing us to put forward the view from the NHS and from individual employee pharmacists.
- Responsible Pharmacist regulations – by the end of the year we had worked with DH, MHRA, and RPSGB to construct advice and guidance to hospital pharmacists and pharmacy managers on how to implement the RP regulations. More importantly we also took the opportunity to clarify the law surrounding the supply of medicines to and from a hospital pharmacy. Professor Liz Kay led a working group which constructed the advice document, available via www.ghp.org.uk. This excellent document is a testament to Liz's thorough understanding of hospital services and her direction of the working group during the process of writing and refining. Our thanks go to Liz and her team.

We remain committed to the need for a strong regulator, a strong professional leadership body and a strong employee voice in our profession. It is only with these three elements in place can we expect to see our profession flourish in the manner we would like to see.

I end my term as Chair (President), feeling we still have much to do. I also reflect on how much we have done. I know that the talented pharmacists we have had around the Council table during my time in the chair, have represented their members well, maintained a loud and clear voice of NHS pharmacists and pharmacy, and developed and maintained relationships in this time of great change. I would like to thank all of Council for their support and hard work during 2009.

Richard Cattell
Chair, National Professional Committee

Organisation Report

In 2009, we held five NPC / Council meetings, involving all NPC members, devoted to review of major consultations and issues such as the setting up of the professional leadership body, the new regulator, advanced and specialist practice and issues surrounding responsible pharmacist regulations. These were held in Unite premises in London, apart from the meeting that immediately preceded the National Conference shared with the UKCPA in May, which was in Leicester

We continue to invite external bodies including the Association of Pharmacy Technicians UK, the Primary Care and Community Pharmacists' Network and the Royal Pharmaceutical Society's Hospital Pharmacists' Group to our open meetings, and this cooperative working both formally and informally has borne fruit on a number of professional issues over the year.

Group Secretaries Day

A successful day was held in November to brief the Group Secretaries on the work of the NPC and to seek their views on much of the work in progress. The programme covered terms and conditions including unsocial hours, the pay review body submission and other Agenda for Change related matters. We also discussed the swathe of consultation responses including the new standards for the GPhC

The 2010 event and all the meetings are listed on the website

NPC election process

At the end of 2009, the executive-elect was nominated by the outgoing NPC (these nominations will be ratified by the incoming NPC in February 2010) and the existing council was stood down pending elections. I am aware that some members will be standing down from the Executive including Bob McCartney, Andrew Alldred and Anthony Oxley and I would like to express my personal thanks for all their work.

Personally 2009 was an extremely difficult year as Unite due to financial issues were unable to replace the professional secretary although we are grateful that Kevin McAdam, the Regional Officer for Unite in Northern Ireland has volunteered to provide industrial support to the Council. Addressing this gap must be a priority in the next year in view of the rapidly changing and challenging external environment. Part of that change will be in 2010 the new RPSGB will arise from the ashes of the joint regulator and professional leadership body and we have already linked with colleagues both elected and staff within the new organisation to promote practice in the managed sector.

David Miller
Vice-Chair/Organisation Lead

Practice Committee Annual Report

The practice agenda for the Guild during 2009, has been dominated by the development of the future leadership body for the profession and GHP has been actively involved in these discussions. The broader professional agenda has however not stood still and we have influenced and taken part in discussion and debate in many other important areas.

The ongoing development of the leadership body (PLB) has gathered pace during 2009 in preparation for launch in 2010. Following the Clarke inquiry and the TransCom process, GHP has remained firmly engaged supporting the development of the new PLB. Particular emphasis has focused on the development of advanced and specialist practice, CPD and the leadership focus of the new body, working jointly with RPSGB transitional working groups, through stakeholder events, and through senior officers of the society. We remain committed to the development of a successful leadership body and seek to continue active dialogue as the Guild develops its own future in relation to the changing environment.

The consultation on the draft Pharmacy Order 2009, including the formation of the new General Pharmaceutical Council (GPhC) was published, and we have again openly debated and inputted to this process. This has included more latterly, discussion and feedback on the proposed new standards. We are supportive of the direction of travel of the new GPhC though recognise there is still much work to do. We are committed to working closely with the new regulator.

Collaborative discussion around the Pharmacy White Paper has moved into conversation around implementation and the Guild has facilitated and taken part in much debate through group meetings, conferences and joint working events. Discussions are also ongoing on how we can facilitate closer working across all sectors.

2008 saw the drafting of the Responsible Pharmacist (RP) regulations and the subsequent passing of these through parliament. This has significant impact on the way pharmacy operates. The Guild was directly involved with colleagues from the profession, in working with the Department of Health, MHRA and RPSGB during 2009, producing guidance for the hospital sector on implementation of the RP requirements. This was ready in time for the October implementation of the new legislation.

Preparedness for Pandemic flu has figured high on our agenda. We have provided support and advice to members and colleagues, and directly contributed to the advice provided by the Department of Health in relation to the management of antiviral agents and vaccines, and on ensuring a robust medicines supply chain.

Single dispensing errors have generated much debate over the last 12 months particularly following high profile media attention of specific cases. The Guild has been lobbying government about this issue for a number of years and supported the more recent lobbying by the RPSGB. GHP are encouraged by the developments in relation to consultation about the Medicines Act, in particular section 64, and look

forward to influencing this debate to ensure adequate protection for the public through modern, effective medicines legislation.

The number and breadth of public consultations has not abated. Since the retirement of our professional secretary and the subsequent decision by Unite to “freeze” this post, it has become extremely difficult, if not impossible, to actively respond to all consultations. I would reassure members, however, that we have contributed to the most significant consultations during the last 12 months and these have included the new Professional Leadership Body, the Section 60 Order, copayment and top up fees, unlicensed medicines, supply chain and counterfeit medicines, Responsible Pharmacist regulations and continuing professional development to name but a few. We have also contributed to the consultation on the developing professional agenda in Northern Ireland.

Finally I would like to pay thanks to all my NPC colleagues for contributing to the debates, discussions, occasional disagreements but always working professionally and diligently to support our members and the wider profession. I will be standing down as Chair of the Practice Committee in 2010, as I leave the Guild after over a decade of service. I wish my colleagues well for the future.

Andrew Alldred
Chair of GHP Practice Committee

Report of Education and Development Lead

Again the major focus for Education and Development has been the Joint Conference with UKCPA held in Leicester.

The venue I believe had more pluses than minuses and the conference was very successful both professionally and socially. I think we also managed to make a significant advance in the catering stakes from the previous year.

There were many excellent sessions and although the temperature was a little on the warm side in the main plenary room, it didn't boil over during the panel session.

I make no excuses that the continuing message from both organisations is around the need for strong and cohesive leadership within the practice of pharmacy. We also want to headline our role in patient safety and in pushing the boundaries of practice and the conference is full of evidence. In these hard economic times we must strive to ensure that our staff are invested in and developed to do the best we can for patients.

I am sure that the senior civil servants and newly appointed National Directors of Pharmacy for England will have been made well aware that we are doing our best to assure a positive future for our profession.

It was also pleasing to have one of the joint Heads of Health from Unite attend the conference and a Regional Officer who will be supporting the Guild in the coming year. We certainly went out of our way to show them what pharmacy is all about!

I am indebted to my colleagues both in GHP and UKCPA, but particularly Helena Hodges, and also Marie Matthews and her team, for organising so much of the Conference. Planning is well in hand for 2010 in Leeds with two new faces leading – Helen Bradbury from UKCPA and Roisin O'Hare from GHP.

I have continued to attend the NHS Pharmacy Education and Development Committee in 2009. This is a very valuable collaboration which benefits both the Guild and the Committee as our work is inevitably linked. Despite criticisms from some, the vacancy survey produced by this Committee remains the bed rock of our evidence to the Departments of Health and the Pay Review Body to support our claims for increased financial support for our junior grade pharmacists.

Funding of training posts and the impact of the significant increase in output from the Schools of Pharmacy continues to be a major topic and increasingly the MPC work streams will be valuable collaborations.

Unfortunately, my attempts to work with CUHOPs on issues around output from the Schools have failed to produce any information.

GHP has also attempted to work with the RPSGB as members of the Reference Group for the Professional Development and Education work stream but have received no communication on this for some time.

2009 is definitely my last year and I shall retire from Council after the conference in Leeds and once any necessary handover to Roisin has been completed.

Robert G. McArtney

Treasurer's Report

The National Professional Council continues to manage three accounts, as detailed below.

All outstanding monies have been recovered from Profile production. With the exception of a regular commitment to Ten Alps Publishing (Webmasters) there is no regular financial activity.

Account Details

Instant Access Account

Date	Description	Expenditure	Income	Balance
01/01/09	Opening balance			£0.52
		Nil	Nil	
24/12/09	Closing Balance			£0.52

14-Day Notice Account

Date	Description	Expenditure	Income	Balance
01/01/09	Opening balance			£34,954.81
	Transfer to current account	Nil		
	Transfer from current account & interest		£18,719.51	
24/12/09	Closing balance			£53,674.32

Current Account

Date	Description	Expenditure	Income	Balance
01/01/09	Opening balance			£9,332.82
	Transfer to 14-day notice account & miscellaneous expenditure	£20,487.72		
	Transfers from 14-day notice account, income from Profile Productions, miscellaneous income		£15,491.91	
24/12/09	Closing balance			£4,337.01

Overall financial summary

Date	Description	Expenditure	Income	Balance
01/01/08	Opening funds			£44,288.15
		£1,908.42	£15,632.12	
31/12/08	Closing funds			£58,011.85

Copies of all reports to the National Professional Committee can be made available upon request.

Simon Mynes
Treasurer

Terms and Conditions Committee (TCC) Report

The main focus of effort for TCC during the past year has been the serious issues with the recruitment and retention of band 6 and 7 pharmacists. In February, as part of the Unite team, I presented further evidence to the Pay Review Body (PRB) to build on the information provided in December 2008. In July the Pay Review Body's 24th report was published. In this, they acknowledged there was a national problem with the recruitment and retention of band 6 and 7 pharmacists. They recommended the use of a short term national recruitment and retention payment (RRP) ranging from £5000 to £500 per annum (depending on agenda for change pay point) to be paid from October 2009 for a fixed term of 2.5 years to March 2012.

The Secretary of State for Health in England, and the equivalent Health Ministers in the devolved administrations, rejected this evidence based recommendation by the PRB using the same reasons that had previously been rejected by the PRB. Karen Reay (Unite National Officer for Health) met with the Secretary of State for Health in England and I met with the Minister for Health and Well Being in Scotland to put the case for accepting the recommendation made by the PRB. During the summer, GHP was also involved in a Department of Health (DH) led working group looking to increase the number of pre-registration pharmacist posts in England. Whilst this initiative may improve supply of band 6 pharmacists in the next few years, it will have little impact on the immediate problem facing a large number of departments up and down the country.

Publication of the latest NHS Pharmacy Establishment and Vacancy Survey in November 2009 demonstrated that the overall problem with band 6 and 7 pharmacist vacancies had deteriorated compared to last year and, for the first time, the survey highlighted a significant problem in Scotland, with a vacancy rate of 40% for band 6 pharmacists. In November, I provided further oral evidence to the PRB to justify the continued and urgent need for a national RRP for band 6 and 7 pharmacists if the ongoing issues around recruitment and retention were to be addressed. This evidence was again accepted by the PRB who suggested the Secretary of State for Health in England, and the equivalent ministers in the devolved administrations, should reconsider their rejection of the recommendation made in the PRB's 24th report. As I write this report, the Secretary of State for Health has issued a written ministerial statement to say he is happy with the action currently being taken by the DH and does not feel there is any reason to reconsider the recommendations made by the independent PRB in their 24th report. I will continue to work with the Unite officers to try and change this view.

The other main area of activity has been around the on call arrangements under agenda for change. Graeme Richardson (vice chair TCC) and myself have attended several meetings of the Unite On Call Working Group and ensured the issues relating to pharmacists were highlighted. The protection of existing on call arrangements has been extended to March 31st 2011. The next step in the process will be a detailed data collection exercise to determine the systems / level of remuneration currently in place. Pharmacy involvement in those NHS organisations taking part in data collection will be very important.

In summary, the last 12 months have seen success through the recommendation made by the PRB and disappointment with the government's decision to reject this potential solution to a situation that causes me a great deal of concern. I can assure the members that I, along with the Unite team, will continue to work hard to try and change this decision.

Dave Thornton
Chair, TCC

Communications Officer's Report 2009

In the past year we have continued to publish Guild Matters in the Clinical Pharmacist supplement of the Pharmaceutical Journal and I am grateful to those members of the NPC for their help in providing copy for this.

Sadly, due to the loss of the Professional Secretary post, we have been unable to produce any electronic bulletins in the past year.

The GHP website continues to provide information as current and relevant possible under the watchful eye of our dedicated webmaster, Jim Bannerman.

With the help of the Unite Communications Officer, Shaun Noble, we have produced a recruitment leaflet which can be obtained through regional representatives.

Vilma Gilis

Recruitment Officer's Report

A goal of the Guild's 5 year plan, published in 2001, was to increase membership to 3000 by 2006. This target was exceeded in both numbers and timeframe with membership reaching 3000 in September 2003. Membership continued to rise to a peak of 4122 in January 2006. Since this time the membership has stayed within a few percent of this all time high with the membership in December 2009 standing at **3918** members.

Recent Developments

- A new feature in the membership reporting mechanism means we can be provided with a separate list of members who have joined or resigned since the previous months report, rather than just the entire membership list. The advantage of this is that it provides our first opportunity to identify new members so we can make direct contact with them. To make use of this facility they will receive a welcome letter from our President and contact details of their local branch.

- An e-mail capture facility installed on the GHP website means that the contact details of potential members who expressed an interest in joining through the GHP website can be harvested and enquiries made as to why they did or did not join. With this knowledge we hope further to improve services to the members.

Martin Pratt
Recruitment Officer

Mental Health Representative & UKPPG Liaison Report

The UK Psychiatric Pharmacy Group (UKPPG) and College of Mental Health Pharmacists (CMHP) committees have had a busy year and plans are well under way to form a single organisation, combining the two committees, which will be a registered charity and work with the new Professional Leadership Body

The press release in the PJ Nov 09 announced the imminent completion of this process, which will ensure members' liability is limited and promote the role of specialist pharmacists in mental health. The Guild provided advice on liability of members, in terms of PLI which is offered through Unite the Union, in relation to its activities. Currently the UKPPG provides patient information sheets on psychotropic medicines on a CD Rom and has maintained the ukppg.org.uk website for additional advice and information on mental illness. The last year has also seen the development of CHOICEANDMEDICATION.org.uk website by Steve Bazire with funding from a collaboration of sources

This year saw the launch of the NPSA Lithium patient pack, supported by data collected from the Prescribing Observatory in Mental Health which highlighted concerns that management of lithium is often inadequate. The Guild was invited to contribute to the preparation of this pack as well as to respond to other national consultations. UKPPG has been invited to participate in NICE consultations and to advise on the development of RPSGB documents on Dementia and mental health educational materials for primary care pharmacists. In addition the UKPPG and CMHP jointly responded to the CQC consultation on Mental Health and have been asked to contribute to implementation of New Ways of Working with the NHS Confederation MH work group

The UKPPG Corporate Partnership Scheme developed over the last year has generated income for the UKPPG to be able to continue to deliver these educational opportunities and other materials such as advice on administration of injectables which are available on the website. In addition the UKPPG was again able to offer bursaries for selected UKPPG members to undertake the post graduate certificate in mental health by distance learning from Aston University. Work is also underway to develop mental health materials for the UKMI training workbook

It was agreed this year to consider reciprocal arrangements between the UKCPA/GHP and UKPPG conferences. UKPPG's 2009 annual conference was held in Hinckley Island and featured Martin Stephens chairing the Saturday morning pharmacist and technician presentation sessions

In addition to the Guild's contribution to the Transcom working groups, the College of Mental Health Pharmacists have been contributing to the work of the PLB Specialist Groups and developing the mental health criteria and critical adjacencies for Advanced and Specialist Practice, based on the current procedure for accreditation as a specialist mental health pharmacist. UKPPG continues to run introductory weekend courses on medicines in mental illness called Psych 1 and, in more depth, Psych 2

Discussions by the NPC about Responsible Pharmacist legislation have continued to consider the impact on mental health trusts which often obtain their medicines from another, often acute hospital Trust.

Concerns have been raised that if these service providers are not registered they cannot continue to supply medicines, which may make them reluctant to continue with the arrangements in place

The Guild lead for pandemic flu continued to raise concerns about the need for longstay mental health trusts to manage outbreaks

Any Guild Members who are working in Mental Health and members of the UKPPG/CMHP and who would be interested in being the representative on the Guild National Professional Committee should contact the CMHP Chair the post is for 2 years

Trudi Hilton

Primary Care Representative Report

This year has seen continuing changes in the structure of primary care organisations. As Primary Care Trusts (PCTs) have become commissioning organisations and embraced the World Class commissioning agenda there has been a move to distance commissioners and providers. Previously primary care community services have been provided by most PCTs and these changes have brought about a move to this part of a PCT becoming an 'arms length' organisation or a separate provider organisation. The situation is not uniform across the country as some areas have moved more quickly to bring about the commissioner and provider split but this is the current direction of travel. For our members employed in these NHS organisations this has meant a period of uncertainty re transfers of employment rights including pensions. It also has the potential for small teams of pharmacy staff to be divided into smaller teams which implications for senior professional support

During the year I have represented the National Council at a Department of Health chaired Public Health Leadership forum for Pharmacy. This forum champions the role community pharmacy can play in the public health of a local population. Currently pilots being considered looking at community pharmacies becoming healthy living centres and the staff given additional training to provide an increased public health role. This forum also produced information for each community pharmacy which has been shared with secondary care pharmacies. Next year the forum is planning a series of workshops to share good practice

Discussions in Guild council have focus rightly on all members interests but of particular relevance to those of us who work in primary care organisations have been; preparations for the swine flu pandemic, interface issues between areas of pharmacy and the public health role of pharmacists

I attended the GHP / UKCPA conference in May 2009 and was pleased to see some primary care members also present. I hope to meet more colleagues from primary care organisations in Leeds during 2010

Heather Weaver
Primary Care Representative

International Committee Report

The committee members are:

Anthony Oxley (Chair) Immediate Past President

Richard Cattell President

David Miller Vice-President

Robert McCartney Scientific Committee EAHP Congress

Tony West EAHP Board

Funding of the Guild's participation in EAHP remains a source of friction with our parent body and we are working hard to remedy this as soon as possible.

EAHP in the person of its executive director continues to publish its EU Monitor updating members on developments within the European Parliamentary structures. This document is available via the GHP website.

The EAHP General Assembly took place this year in Dubrovnik, Croatia and I represented the Guild with Tony West attending the meeting in his role as an EAHP Board member. During the course of this meeting Roberto Frontini was elected as president taking over from Jacqueline Surugue. The Guild warmly congratulates him on this appointment.

Work continues on our response to the 74 consensus statements developed at the first Hospital Pharmacy World Congress.

My thanks go to all members of the international committee for their contribution during 2009.

Anthony Oxley

National Secretary for Scotland Report

Another very busy year.

Agenda for Change (AfC) is still rumbling on in Scotland. Most Boards appear to have completed their processes, but Greater Glasgow & Clyde, Lothian and Borders have yet to finish. Advice has been given on reviews, the process and completion of Job Analysis Questionnaires to members in these Boards. I was asked to assist with job matching on the Greater Glasgow & Clyde Review panels and performing quality assurance on the outcomes in November and December.

The review of pharmacy production in Scotland was completed and the final briefing agreed by the Chief Executives Group. Subsequent to the decision, some additional work was required to investigate any potential synergies with the construction of a new Scottish National Blood Transfusion Service facility. Staff at both Tayside Pharmaceuticals and the Western Infirmary Pharmacy Production Unit have been kept up to speed with developments and the process. Nothing has yet been heard of any group being set up to produce the outline business case.

In May I attended the Annual GHP/UKCPA Conference in Leicester. Some useful discussions with the four Chief Pharmacists were held over one lunchtime.

I wrote to the Cabinet Secretary for Health and Wellbeing in June, following a statement she made in the Scottish Parliament at the start of the month. It concluded that there were no pharmacist recruitment problems in Scottish Health Boards and evidenced it by the lack of any requests for local recruitment and retention premia (RRPs). I pointed out in the letter that it was difficult for any Board to apply, when “local” was interpreted as the whole of Scotland and gave various other reasons why applications had not been forthcoming.

In July, I met with Prof. Bill Scott and Michael Fuller R.O. The meeting was very informative and a report was sent to NPC members.

In September, further to the correspondence above, I met with Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing, Dave Thornton, Michael Fuller R.O. and various staff from the Health Department to discuss the national recruitment and retention premium proposal for pharmacists. It was a useful meeting and there was some discussion on the necessity for any RRP to be applied to all Health Boards and the definition of “local” as all Scottish Health Boards.

In October, I attended the NHS Health Sector conference in Glasgow. I have continued to attend and contribute to the series of meetings of senior representatives with Regional Officer Michael Fuller. They are very useful for information exchange and networking.

Pressure of work has meant that the www.ghpscot.org.uk website has not been kept as up to date as I would have liked. Any important issues, papers or press releases, however, have been sent out on the emailing list for GHP members in Scotland as soon as possible.

Colin Rodden

Procurement and Distribution Interest Group (PDIG) Report

Background

The current financial crisis facing and increased level of medicine shortages that the NHS is facing has raised the profile of the importance of effective procurement and supply chain management. The pressure which increasingly put on suppliers to reduce prices could, however, lead to poor relationships with the NHS.

The role of PDIG is not only to increase the understanding of critical issues through education of those involved in this market, but also to create opportunities for positive networking and an environment for effective working.

PDIG provides the appropriate forum and culture as well as an opportunity for those involved to attend an interesting range of educational sessions provided by an expert panel of speakers.

Main Events

The PDIG committee organised and held for the first time, three national symposia during the course of the year. These symposia were arranged on the 15 January, 11 June and 12 November 2009. A new venue, the National Motorcycle museum, Birmingham, was used for the PDIG symposia because the previous location had insufficient facilities for the growing number of delegates who wanted to attend. The previous symposium had forced the committee to turn away approximately 20 delegates due to lack of amenities and facilities.

All the symposia that were held by the committee are considered, by those involved to be well attended, with an average of over 270 delegates per event. A letter promoting PDIG was circulated to Chief Pharmacists through the Pharmacy Management Journal. The new venue was deemed to be large enough to agree arrangements for two further meetings in 2010. Positive and encouraging feedback was also received from the completed delegate evaluation forms. The conferences were all fully reported in the "*Clinical Pharmacist*" journal. The event was CPD accredited by the CPP.

The PDIG committee also organised a workshop at the GHP/UKCPA Annual Conference jointly with the UKCPA Leadership group and presented a mock trial. This involved accusing a Chief Pharmacist and an experienced clinical pharmacist of not following standard procedures with respect to the management of unlicensed medicines. The workshop stimulated much debate and clarified areas of risk and concern and where improvement could be made. There has been a request to repeat this very popular session at a future event.

Subjects of interest covered by the PDIG symposia in 2009 include:

1. Medicines Policy Developments – A DoH view
2. Will the new PPRS work?
3. Procurement Training – How to become an expert?
4. Medicines and the Supply Chain – an MHRA view

5. Are Private Patient "Top-ups" a good idea?
6. Why do medicines shortages still cause problems?
7. Advanced medicinal products – the new Paradigm
8. International Trading – The Real Story
9. Procurement and the Professional Leadership Body
10. Use of third party suppliers in the medicines supply chain
11. Purchasing for Safety: Injectable Medicines
12. Supplier Key Performance Indicators (KPI's)
13. Lessons Learned from the Swine Flu Pandemic
14. What is home care and why has the service expanded?
15. Improving standards - the contribution of National Homecare Medicine Committee
16. What is the role of key stakeholders in the medicines homecare market?
17. What are the challenges of successfully implementing home care?
18. Auditing Home care suppliers
19. Performance Management – The Leeds Survey
20. How successful has medicines home care services arrangements been?

PDIG Committee

Allan Karr (Chair)	Roger Tredree (Retired – November 2009)
Eamon Mullaney	Martin Anderson
Margaret Dolan (Vice-chair)	Howard Tebby
V'ain Fenton-May	Jean Fairhurst (Administrator)
Roger Miles	David Cook
Phil Deady	Alison Ashman
Tony West	Julie Mathieson
Dennis Lauder	

The Steering Committee met four times during 2009

Roger Tredree retired from the committee in November 2009 and has been replaced by Dennis Lauder

Other Committee Activities

(a) Encouraging Research and development – PDIG Award

A critical role for the PDIG committee is to also encourage research and development within the medicines supply chain. The method to develop improvements used by the committee is the yearly £1500 PDIG award for "Pharmacologistics". The Award has been funded by Pfizer and was presented at the November 2009 symposium. The winning research project due to be completed during 2009/10 is entitled "Developing e-homecare trading". The award winner was George Gannon, Pharmacy Operations Manager at UCL Hospitals.

(b) Supporting for Education and Training

The PDIG had additional funding which would be able to benefit NHS staff gain further knowledge about the medicine supply chain. The E&T courses would be related to progress towards the professional membership of the Chartered Institute

of Purchasing Supply. Some of the PDIG committee members have also assisted in developing the draft Specialist Curricula requested by the new PBL.

Funding of Procurement and Supply Courses

The PDIG committee have further increased the number of delegates that have been funded for advanced procurement courses that will lead to membership of the Chartered Institute of Purchasing and Supply (CIPS). To date there are 23 NHS staff who have benefited from funding towards their educational costs. Additional funding of £6000 has also been contributed by Unichem and £1500 by Medapharma, enabling twice as many students as originally planned. Sadly, one of the students had to retire from his studies to serious health reasons.

(c) Promoting Excellence – “The David Samways Award”

The PDIG committee has enhanced its role in the last few years to include the promotion of excellence in the field of the medicine supply chain. The committee’s yearly award called the “David Samways Award” is to celebrate the life of David Samways, a regional procurement specialist who died at a relatively young age. The Award is given to a person who, in the view of the committee, has contributed significantly towards the development of this specialist pharmacy service. The previous Award winners were Peter Sharott and John Sithers.

The “David Samway’s” Award winner for 2009 was V’Iain Fenton-May.

Allan Karr
Chairman, PDIG

National Secretary for Northern Ireland Report

The Guild in NI

The Guild of Healthcare Pharmacists convenes regularly in Northern Ireland (GHP-NI), coordinated by a dedicated team of local officers; Chairperson (Sheila Maltby), Secretary (Des Gourley) and Regional Member (Roisin O'Hare). All 3 members have stood down from office and new representatives were elected at the AGM in December 2009.

The GHP-NI had 5 ordinary meetings in 2009 and one extra-ordinary meeting at the PSNI regarding the formation of a professional forum.

AfC

Due to the fact that the majority of D and a significant number of E grade pharmacists have been banded as 7 in NI, there were a large number of appeals during 2009. The working group, led by Peter Beagon, with membership from each Trust pharmacy department as well as the Health Board has been instrumental in encouraging pharmacists to share information across Trusts regarding their appeal and JAQ experiences. Most pharmacists and technicians in NI are still waiting to hear the results of their review. Pharmaceutical advisers in the WHSSB have been successful at review and all are now graded at 8a and above. Other pharmacy staff across NI have been informed that they will start to hear results from November 2009.

Pharmacy in Northern Ireland

Stakeholder forum Confidence in Care

A Stakeholder forum was convened in 2009 by the DHSSPSNI. Mark Neale, Head of Public Affairs at PSNI, promoted the case for the continued existence of PSNI. The Health Minister, Michael McGimpsey has said that PSNI will continue to exist in current form until he makes his final decision after the formation of the GPhC. The Chief Pharmaceutical Officer, Norman Morrow, has stated that he is in favour of a UK resolution and although many members of GHP-NI would also support this solution, some are in favour of a NI-based professional body.

Meeting with the Permanent Secretary for Health, Mr Andrew McCormick

The GHP-NI along with Kevin McAdam, Regional Officer for Unite met the Permanent Secretary and Dr Morrow at Stormont regarding the future of pharmacy regulation in NI. Mr McCormick and Dr Morrow confirmed that a decision has not yet been made regarding this issue although our concerns were noted to inform further discussion with the Minister for Health, Mr McGimpsey.

Professional Forum for the PSNI

The PSNI intend to become a solely a regulator for pharmacists in NI and they (suggest) are actively developing (that the development of) a Professional Forum will provide pharmacists with local professional leadership and promote development of education and training. The PSNI intend to retain CPD and revalidation with the regulator and the Professional Forum will be a body which will support pharmacists with professional issues. The details of how this body will be funded and supported are not yet clearly defined. The GHP-NI responded to consultation regarding this body in September 2009.

Consultations

1. Health and Social Care Board (HSCB) – Organisational Structure consultation

GHP NI replied to this consultation regarding the restructuring of the current 4 boards into one Health and Social Care Board.

2. Pharmaceutical Society of Northern Ireland (PSNI) – creation of the Professional Forum

As described above, the GHP NI. The consultation is received 103 responses, 27 from managed sector employees who have been identified as a group with particular interests and concerns regarding the future of professional leadership in NI.

Educational

Responsible Pharmacist

GHP and RPSGB held a study day for senior pharmacists in Sept 2009 in order to explore solutions to common problems with implementation and to discuss the need for other licenses e.g. Wholesale dealing etc.

Educational needs of pharmacy staff in hospital in NI

The group discussed the current provision of education and evaluation of competence from an undergraduate level right through to consultant level practice. An evaluation of current pre-reg places, tutors, training schedules and evaluation of pre-reg competence was prepared and discussed. The group consists of pharmacy staff as well as workforce planning and HR staff who can advise on the feasibility of suggestions within the current climate. The aim of the group is to define a career pathway for pharmacy staff, from ATOs right through to Pharmacists, and to clearly define the steps needed to achieve each level.

Consultant pharmacists were also discussed. However, the group expressed concerns with following the 'medical' model i.e. basing consultants in specialities e.g. respiratory, in NI due to our small numbers and the difficulties with sustaining training for specialist areas. Suggestions were made in relation to e.g. public health, medicines management, which could be regional and supported by a team, to provide a 'pool' for succession planning.

Thank-you to all of those who regularly attend and support the GHP-NI, and to the NPC as a whole who have supported me daily! I have learnt a lot over the last 2 years as Regional Member and I know that I am leaving you in great hands with Mrs Sheila Maltby.

Roisín O'Hare

Regional Member for Northern Ireland.

ATTENDANCE OF NATIONAL PROFESSIONAL COMMITTEEMEMBERS AT
NPC MEETINGS 2008

Richard Cattell Chair	5
Andy Alldred	4
Neil Caldwell	5
Vilma Gilis	5
Trudi Hilton	4
Peter Leslie	5
Robert McArtney	4
David Miller	5
Simon Mynes	3
Roisin O'Hare	4
Anthony Oxley	4
Martin Pratt	5
Graeme Richardson	4
Colin Rodden	5
Scott Savage	3
Jane Swan	1
Dave Thornton	4.5
Heather Weaver	5
Tony West	3

Notes:

1. Data is for the January, April, May, September and November meetings of the National Professional Committee. The maximum value in the table above is therefore 5.
2. Attendance is defined as the NPC member being present for the majority of the day unless on other Unite business. Each NPC day contains a 'closed' and 'open' session, which counts as one attendance. Where 0.5 is shown this was for either the open or closed meetings. In May, these were held on 2 different days.

Vilma Gilis
Communications Officer

EXECUTIVE OFFICERS NATIONAL COMMITTEE 2009

CHAIR – Richard Cattell

VICE-CHAIR – David Miller

**IMMEDIATE PAST PRESIDENT/CHAIR OF INTERNATIONAL
COMMITTEE – Antony Oxley**

EDUCATION AND DEVELOPMENT LEAD – Robert McArtney

ORGANISATION SECRETARY – David Miller

CHAIR OF PRACTICE – Andy Alldred

CHAIR OF TERMS AND CONDITIONS – Dave Thornton

TREASURER – Simon Mynes

COMMUNICATIONS OFFICER – Vilma Gilis

RECRUITMENT OFFICER – Martin Pratt

**EUROPEAN ASSOCIATION OF HOSPITAL PHARMACISTS BOARD
MEMBER – Tony West (Co-opted)**

NATIONAL PROFESSIONAL COMMITTEE MEMBERS 2009

COMMITTEE CHAIRS AND NATIONAL REPRESENTATIVES

Richard Cattell	Chair
David Miller	Vice Chair and Organisation
Anthony Oxley	International Committee
Robert McCartney	Education and Development
Andy Alldred	Practice
Dave Thornton	Terms and Conditions
Trudi Hilton	Mental Health Representative
Heather Weaver	Primary Care Representative

REGIONAL MEMBERS

Roisin O'Hare	Northern Ireland
Colin Rodden	Scotland
Vacant	Wales
Graeme Richardson	Northern
Vacant *	Yorkshire <i>* Member interests looked after by Andy Alldred</i>
Neil Caldwell	North West/Mersey
Martin Pratt	West Midlands
Jane Swan	East Midlands
Peter Leslie	Eastern
Scott Savage	London
Vilma Gilis	South East/ South Central
Simon Mynes	South West

HONORARY VICE PRESIDENTS

Joan Greenleaf
Bill Brookes
Colin Hetherington
Colin Hitchings

GHP/UKCPA Leadership Group (LDG) Annual Report 2009-10

Committee: Cathy Mooney (Chair) Graeme Hall, Philip Howard, Richard Cattell, Pippa Roberts, Chris Green, Catherine Duggan, John Quinn, Scott Savage

The LDG is a joint group between the UKCPA and GHP with the key purpose of facilitating the development of leadership in all areas of practice and at all levels.

Mentoring database

We have been working with the Royal Pharmaceutical Society on a Memorandum of Understanding regarding handing over the database to the Society as part of the professional body's development of mentoring. This is a positive development as the database's success depends on mentors registering and active promotion. With limited resources this was a major problem. The MOU states the responsibilities of each organisation and confirms that intellectual property rights remains with the joint leadership group (and hence UKCPA and GHP). The LDG are awaiting confirmation that the database will be available to members of GHP and UKCPA who are not members of the NPB.

Leadership Development

We are also fulfilling our aim of ensuring that leadership is integral to individuals' development by working with the Specialist Curriculum Group and 22 other specialist groups to ensure leadership is identified in competency frameworks, training programmes and curricula.

Conference contributions

At the spring conference we did a joint workshop with the procurement group which was a very successful mock court case – 'pharmacist on charge', a session on 'PLB what's in it for me?' and the education group continued the theme of mentoring by looking at mentoring peer groups to support professional development.

As in previous years we delivered a successful set of workshops at the UKCPA conference in November, aimed at directorate pharmacists. These were: understanding yourself, aligning yourself within the organisation and working with others.

Award

We aim to recognise leadership achievements with the TEVA award and this was developed this year to attract both individuals and teams who wish to submit their own work, and those who wish to nominate others. It was won by 'A Lean Pharmacy Dispensary at Wishaw General Hospital - Gail Richardson'. Unfortunately TEVA are unable to continue to fund the award.

Plans for 2010

Following on from the leadership pack for chief pharmacists, we are developing a leadership pack for directorate pharmacists.

Develop scenario (rather than skills) based leadership development – workshops, presentations etc at conference

Cathy Mooney, Chair, LDG