

Delivery strategy for diabetes points way for pharmacists to extend services

PHARMACISTS could become more involved in providing extended services to patients with diabetes as a result of the second part of the National Service Framework for Diabetes.

The NSF delivery strategy was published last week by the Department of Health. It is designed to help the National Health Service develop a service based on the 12 standards of care set out in the first part of the NSF which was launched just over a year ago (*Pf*, 22/29 December 2001, p874).

The strategy specifically refers to pharmacists as being a regular point of contact for people with diabetes and says that pharmacists can play a central role in improved medicines management. It adds that diabetes services are "well positioned" to take advantage of extending prescribing to pharmacists.

Dr Gillian Hawksworth, chairman of the Royal Pharmaceutical Society's diabetes task force and Vice-President of the Society, told *The Journal* that while these could be interpreted as being the only specific references made to pharmacy in the document, the delivery strategy creates opportunities for pharmacists to establish themselves within the health care team. As no additional funding is being provided it will be up to pharmacists to seek local funding, perhaps through a local pharmaceutical services scheme.

The delivery strategy relies on primary care trusts (PCTs) making decisions about the best approach to delivering the diabetes standards and discusses steps that PCTs may wish to take over the next 10 years. It also offers a framework to support PCTs in agreeing local priorities so they can begin to

deliver the year-on-year improvements necessary to reach the NSF for Diabetes standards. The strategy proposes key elements that PCTs should consider and sets out national objectives against which local NHS performance can be judged.

To ensure all standards are met, the Department expects PCTs to set themselves challenging, measurable targets that will result in realistic service improvements.

The strategy says that PCTs should ensure that systematic treatment regimens for people with diabetes are in place by 2006. At the heart of these will be regular reviews based on a diabetes record and a care plan developed and agreed jointly between the patient and a member of the diabetes team. It adds that structured group education programmes are a good way for PCTs to give patients advice and information about the importance of diet, physical activity and about stopping smoking to help avoid the risk of developing complications of diabetes.

The strategy also refers to the document "Improvement, expansion and reform: the next three years", issued last year, which sets out priorities for the NHS, including specific targets for diabetes for eye screening and practice-based registers.

A range of targets for each intervention in the standards is on the diabetes NSF website and PCTs and diabetes networks should draw upon these and adapt them to agree and monitor local plans in line with local priorities. Implementation of the diabetes NSF will be subject to review by the Commission for Healthcare Audit and Inspection, which is to be established in 2004.

Full details of the NSF for Diabetes delivery strategy can be found through the

links page of *Pf Online* (www.pfonline.com/links).

News Feature, p75

Bigger co-payments lead to falls in compliance, new US survey finds

COMPLIANCE with prescribed medicines decreases as the amount that patients have to pay for them increases, a survey from the United States has found.

The survey of over 1,000 adults, carried out by Harris Interactive, found that as the proportion of the cost patients had to pay from their own pockets rose, they did four things: 18 per cent did not ask for prescriptions, 22 per cent did not have issued prescriptions dispensed, 15 per cent used lower doses to make their medicines last longer, and 18 per cent used the medicine less often than prescribed.

Among those with annual out-of-pocket costs of \$500 (£315) or more, the number taking these actions more than doubled to 42, 44, 41 and 46 per cent, respectively. Patients who described themselves as being in either fair or poor health were around

three times more likely to try one of these strategies than those in excellent or very good health.

In the 6 December 2002 issue of its *Health Care News*, Harris Interactive says that out-of-pocket costs for prescription drugs in the US have been rising rapidly because of the introduction of newer and more expensive drugs, changes to health insurance plans, greater drug use driven by direct-to-consumer advertising, and an increase in the use of tiered formularies with larger payments for higher tiers.

Harris Interactive says that increased non-compliance is likely to have a serious impact on people's health. Increasing co-payments may bring short-term cost savings, it says, but non-compliance could lead to more expensive treatment being needed in future.

NHS drug dictionary for sharing records

A DICTIONARY of drugs used in primary care, developed by the Prescription Pricing Authority, should allow greater sharing of electronic patient records in the future.

The National Health Service primary care drug dictionary (PCDD) currently contains unique identifiers for around 90 per cent of the most commonly prescribed medicines. It is to be updated weekly.

The unique identifiers will allow the transfer of information from one system of records to another. One of the principal uses of this will be in electronic transmission of prescriptions. The PCDD also contains linked information, for example, that a product is a generic version of a particular brand, similar to that included in the Drug Tariff. The drug dictionary will be available to suppliers of pharmacy computer systems, which can add their own enhancements.

Details can be found on the PPA's website (www.ppa.org.uk).

OFT REPORT

The Office of Fair Trading was to publish its report on the control of entry in to pharmacy contracts on 17 January, after *The Journal* went to press. Full details of the report and reaction to it will be included in next week's issue.

“Spotter pharmacies” could track illness patterns through OTC sales

A REPORT on the public health potential for community pharmacies in Scotland says that they could be used to track illness in the population.

Such pharmacies, called “spotter pharmacies”, could track the incidence of influenza-like illness, local outbreaks of disease or resistance to head lice treatments through monitoring over-the-counter sales or requests for information. A practical and robust way of doing this needs to be developed and a pilot study of spotter pharmacies should be considered.

Overall, pharmacy premises in Scotland should be modernised in order to allow them to become centres for public health advice, according to a new report.

The report, “Pharmacy for health”, says that the model pharmacies scheme set up as part of the Scottish pharmaceutical care strategy has shown that an environment “conducive to the delivery of health



A trial of tracking illnesses through pharmacy sales should be considered, report says

improvement” can be established. “The goal is to establish the pharmacy network as a primary source of advice and information

for health improvement.” The modernisation programme should be supported throughout Scotland by 2005, it recommends.

On emergency planning, it says that there could be great challenges in getting the right medication to patients in case of an accident or bioterrorism attack. Community pharmacy and its supply chain could be involved in this, especially in rural or island areas.

In conclusion, the report says that while pharmacists are already contributing to public health in a variety of ways and in many different settings there is enormous potential for them to play a greater role.

Copies of the report, “Pharmacy for health: the way forward for pharmaceutical public health in Scotland”, can be obtained from Sharon Wilson on 0141 300 1026 (e-mail sharon.wilson@phis.csa.scot.nhs.uk).

Recommendations

The report was written by a working group set up by the Public Health Institute for Scotland at the request of the chief medical and pharmaceutical officers and aims to complement the pharmaceutical care strategy. It makes 23 recommendations as to how pharmacy involvement in public health can be increased. Among its recommendations are:

- Establish electronic health information points in pharmacies
- Extend pharmacist prescribing
- Develop a child health strategy for pharmaceutical care
- Develop pharmaceutical public health within local health care co-operatives
- Train specialist registrars in pharmaceutical public health
- Set up “spotter pharmacies” to monitor public health problems
- Widen the range of products pharmacists can supply for health protection
- Involve pharmacists in emergency planning

Public still widely consult GPs on minor illnesses

LARGE numbers of patients with minor illnesses are still consulting general practitioners rather than pharmacists, new research shows. This is despite good apparent understanding that a visit to the pharmacy, rather than a doctor’s appointment, helps relieve pressure on the National Health Service.

The research, involving surveys of both the public and GPs, was carried out by Boots The Chemists.

GPs questioned said that over one fifth of their appointments could have been dealt with by a pharmacist. Nine in 10 GPs agreed that pressure on them could be relieved if patients consulted pharmacists about minor health queries.

The research also showed that a large majority of the public (84 per cent) felt strongly that visiting a pharmacist relieved pressure on GPs. People also believed that pharmacists were available at convenient hours (82 per cent) and that one of the

greatest advantages of pharmacists was that no appointment was necessary.

Pharmacists were seen as being a good source of health advice, and there was high awareness that pharmacists could offer advice about treatment of skin conditions, bites, stings and headaches. Awareness that pharmacists could give advice on areas such as contraception or conditions such as asthma or diabetes was much lower. Around half of men, but only a third of women, said that they would seek contraceptive advice from a pharmacist. Over a third of people surveyed said they would prefer to consult a GP, rather than a pharmacist, on possible side effects of drugs. This rose to 57 per cent of those aged 18–24 and 42 per cent of those aged over 65 years.

Professor Tony Moffat, chief scientist at the Royal Pharmaceutical Society, commented that the constant message from pharmacy organisations, including the Society, was that the pharmacy should be the

first port of call for minor ailments. He added that he would welcome further campaigns from the Government and large pharmacy retailers to reiterate that message, particularly in television advertising.

Pam Prentice, deputy director, Doctor Patient Partnership (DPP), said that patients’ behaviour had been ingrained over the past 50 years and it would take time for it to alter. She believed perceptions were changing and that young people in particular were moving away from having the GP as their sole health care provider. The DPP will be launching a new campaign on how best to use GP services in April. Ms Prentice said that this would highlight self care.

Boots has produced a new in-store leaflet, “Take control of your health”, which sets out health care options, such as the pharmacist, GP, NHS Direct and accident and emergency departments. It also highlights the advice available from pharmacists and various treatments for minor illnesses.

Little evidence to link NRT with cancer

FOLLOWING reports of a study linking nicotine with the activation of pathways leading to lung cancer, the charity Cancer Research UK has responded by saying that there is little evidence to link nicotine use with an increased risk of cancer.

The study, published in *The Journal of Clinical Investigation*, suggests that nicotine, along with another component of cigarettes known as NNK, a tobacco-specific carcinogen, activates a pathway in airway epithelial cells that may contribute to carcinogenesis (2003;111:81).

However, Professor Martin Jarvis, of Cancer Research UK's health behaviour unit, points out that the research was conducted in test tubes. "In real world situations where people use nicotine without burning tobacco (as with Swedish use of

moist oral snuff), there is little evidence of an increased risk of cancer," he said.

He added that giving up smoking is the most effective way of reducing cancer risk, and nicotine replacement therapy (NRT) products are effective aids to quitting. "Nicotine patches and gum save lives. Stories speculatively linking cancer risk to gum and patch use may influence smokers not to use these products, hence not to quit successfully, and so may lead to more rather than fewer cancer deaths."

Nicotine is almost certainly not completely free of health effects but any risks should be seen in the context of the risks of smoking. "Brief use of patches or gum (typically for no more than six to 12 weeks) has an excellent safety profile and doubles smokers' chance of quitting," he concluded.



NRT patches have an excellent safety profile

Drug combination more effective in renal disease

PROGRESSION of renal disease in patients without diabetes is slowed more effectively by using a combination of an angiotensin-converting enzyme (ACE) inhibitor and an angiotensin-II receptor blocker rather than by using each drug alone, according to Japanese researchers.

Dr Naoyuki Nakao, of the Showa University, Fujigaoka, and colleagues wanted to see whether management of progressive non-diabetic renal disease would benefit from complete inhibition of the renin-angiotensin-aldosterone system. They therefore randomised 263 patients to one of three treatments — monotherapy with tran-dolapril (Gopten/Odrik), monotherapy with losartan (Cozaar) or a combination of these drugs — to test the efficacy of each regimen on renal survival.

After three years the trial was stopped early because of a significant difference in survival seen among the three groups. At this time, 11 per cent of patients in the combination group had reached the primary endpoint of time to doubling of serum creatinine concentration or end-stage renal disease compared with 23 per cent in the angiotensin-II receptor blocker group (hazard ratio 0.40, 95 per cent confidence interval 0.17–0.69, $P=0.016$) and 23 per cent in the ACE inhibitor group (0.38, 0.18–0.63, $P=0.018$).

The researchers comment that the most striking difference in the groups was the antiproteinuric effect of combination treatment and suggest that the three-year renal survival rate reported for patients in this group is mainly attributable to this effect (*Lancet* 2003;361:117).

Place for COX-2s in cardiovascular disease?

INITIAL evidence that selective cyclo-oxygenase-2 (COX-2) inhibition might improve a component of cardiovascular disease was reported in a small study this week.

Dr Frank Ruschitzka, Zurich University Hospital, explains that evidence indicates that atherosclerosis is an inflammatory disease and that anti-inflammatory agents, such as COX-2 inhibitors, used in arthritis could produce the same benefit in blood vessel walls.

The crossover study looked at endothelial function in 14 patients with severe coronary heart disease. All were taking concomitant aspirin and most were taking a statin. Each received celecoxib (Celebrex, 200mg twice a day) or placebo for two weeks.

Celecoxib improved endothelium-dependent vasodilation compared with placebo (3.3 per cent compared with 2.0 per cent, $P=0.026$). Levels of C-reactive protein (a protein released in reaction to inflammation) were lower after celecoxib, as was oxidised low-density lipoprotein. Levels of prostaglandins did not change.

"Because the reduction of vascular inflammation and oxidative stress have been well documented to contribute to the beneficial prognostic effects of statins and angiotensin-converting enzyme inhibitors, the results of our study suggest that COX-2 inhibition with celecoxib holds the potential as an add-on therapy to presently established standard pharmacotherapy in patients with atherosclerotic vascular disease," the authors say, suggesting large-scale trials are now undertaken.

The study is published online as a rapid track report on the *Circulation* website (www.circulationaha.org).

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Clozapine reduces suicidal behaviour in patients with schizophrenia

SUICIDAL behaviour among patients with schizophrenia can be reduced with clozapine (Clozaril) treatment, a new study suggests.

The international suicide prevention trial (InterSePT) involved 980 patients with schizophrenia or schizoaffective disorder who were judged to be at high risk of suicide. They were randomly assigned to open-label treatment with either clozapine or olanzapine (Zyprexa) and followed up for two years.

Suicide attempts were identified by the study investigators and then reviewed by an independent, blinded suicide monitoring board. Rescue interventions to prevent suicide were analysed as secondary end-points. Olanzapine was considered to be a suitable comparator drug because there is some evidence that it, too, may reduce suicide attempts among patients with schizophrenia.

The investigators found that patients treated with clozapine attempted suicide less frequently than those treated with olanzapine (see Panel). There was also a delay in

the time taken to attempt suicide for these patients. Professor Robert Kerwin, lead study investigator for the United Kingdom and professor of clinical neuropharmacology at the Institute of Psychiatry, King's College London, said: "We already knew that clozapine could help people with schizophrenia. Now it is apparent that the Government's suicide reduction target could be reached more quickly if these study data lead to the wider use of clozapine in people with schizophrenia at high risk of suicide."

Presenting the results, Professor Kerwin explained that the two drugs were broadly similar as antipsychotic agents. "The suicide effect is therefore not a secondary effect due to one drug being a better antipsychotic," he said.

The researchers comment that clozapine treatment requires extra clinical contact (due to white blood cell count monitoring) that is likely to reduce the risk of suicide. However, they point out that equivalent clinical contact given in the study to patients treated with olanzapine demonstrates that increased contact alone cannot account for clozapine's effect.

"Mechanisms that have been suggested for the effect of clozapine include an intrinsic antidepressant activity, as also suggested by effects on mood symptoms and the differential antidepressant drug use in this study," they say. The study, funded by Novartis, is published in *Archives of General Psychiatry* (2003;60:82).

David Taylor, chief pharmacist at the Maudsley Hospital, London, commented: "The National Institute for Clinical Excellence has recognised the benefits of clozapine in the treatment of refractory schizophrenia by recommending a three-fold increase in its use. The results of this

study provide another compelling reason for the earlier, more widespread use of clozapine."

A spokeswoman for Lilly, manufacturer of Zyprexa, said the company was pleased with the study results, which had confirmed that both drugs were equally effective as antipsychotics. She added that the investigators had acknowledged that olanzapine also reduced the risk of suicidal behaviour in high-risk patients and pointed out that the number of completed suicides was actually lower among patients treated with olanzapine.

Indication for suicide prevention A spokeswoman for Novartis, manufacturer of Clozaril, told *The Journal* that the United States Food and Drug Administration had recently approved Clozaril for the treatment of suicidal behaviour in patients with schizophrenia or schizoaffective disorder who are at high risk of suicide. An application has also been submitted to UK regulatory authorities and the company hopes to gain approval in the UK this year.

Main study results

Compared with olanzapine-treated patients, fewer of the patients who received clozapine:

- Attempted suicide (34 vs 55, $P=0.03$)
- Were admitted to hospital to prevent suicide (82 vs 107, $P=0.05$)
- Required rescue interventions to prevent suicide (118 vs 155, $P=0.01$)
- Required concomitant treatment with antidepressants (221 vs 258, $P=0.01$) or treatment for anxiety/difficulty sleeping (301 vs 331, $P=0.03$)

Use of best therapy for treatment resistant schizophrenia delayed

USE of clozapine (Clozaril) in treatment-resistant schizophrenia is probably delayed for longer than is clinically desirable, results of a case note review by pharmacists have suggested.

David Taylor, chief pharmacist at the Maudsley Hospital, London, and colleagues examined the prescribing histories of 112 patients treated with clozapine in four south London hospitals. For each patient they calculated the time between first use of clozapine and the time at which the patient might first have been considered to be resistant to treatment. "Clozapine was delayed, on average, for up to five years," they say.

The researchers concede that the data do not show unequivocally that clozapine treatment was unnecessarily or inappropriately delayed. However, they say that the

high rates of antipsychotic co-prescription before use of clozapine, and the high number of episodes of antipsychotic use and of different drugs used is evidence that clozapine was used later than was desirable.

Mr Taylor told *The Journal*: "Clozapine is clearly the only treatment likely to be effective in refractory schizophrenia yet, as this study shows, its use is delayed while a succession of other drugs are prescribed, often in combination. Many prescribers have concerns about clozapine's toxicity and tolerability but it seems unsupported to prescribe instead other apparently better tolerated drugs which have little or no chance of being effective."

The study, funded by Novartis, is published in the *Journal of Clinical Psychiatry* (2003;64:30).

Alzheimer's: call for broader research

CHOLINESTERASE inhibitors have only a modest impact on neuropsychiatric and functional outcomes for patients with Alzheimer's disease, according to a meta-analysis published recently.

The authors of the analysis say that research has focused on reducing cognitive decline. However, as many as 80 per cent of patients experience neuropsychiatric symptoms such as hallucinations, paranoia, agitation and affective disturbances during the course of their illness. They suggest that further research, focused on these components, is now needed to assess how improvements translate into long-term outcomes.

The analysis included 29 trials involving patients with mild to moderate Alzheimer's disease treated for at least one month with a cholinesterase inhibitor (*JAMA* 2003;289:210).

MCA must be more open, Auditor General says

MORE should be done by the Medicines Control Agency to provide better information and advice to the public about medicines. It also needs to work harder to make sure that messages about suspected adverse drug reactions get through to the people who need to hear them.

In a report to Parliament on the quality of the MCA's work ("Safety, quality, efficacy: regulating medicines in the UK"), Comptroller and Auditor General of the National Audit Office Sir John Bourn says that its system for monitoring the safety of licensed medicines is leading edge and ensures that they are generally of high quality. But better reporting by clinicians of adverse reactions is needed. Sir John says that clinicians report only a quarter or less of suspected adverse reactions.

His report says that the MCA should consider whether its public profile enables it effectively to provide information that contributes to the safe and effective use of medicines and in what ways this profile can be strengthened. It should build on its existing regional networks, and work with others, such as hospital and community pharmacists and consultants, to spread key information on medicines safety more effectively to both health professionals and the public.

The NAO also wants the MCA to improve its drug alert distribution system for recalling defective medicines across the UK. Drug alerts need to reach appropriate health professionals, especially in the light of widened prescribing powers and recent changes in the structures of the NHS.

Sir John said: "The MCA has a good record and its work is highly respected around the world and forms a model in many countries. But it needs to do more to communicate directly with health professionals and the public and improve the effectiveness of its safety messages."

He warns that pharmaceutical licensing and regulation in Europe are becoming increasingly centralised and that the merged MCA and Medical Devices Agency will need to focus on continuing to protect pub-



The Medicines Control Agency has a good record but must do more to communicate with health professionals and the public

lic health in the United Kingdom while maintaining its existing strong position to influence developments in Europe. Sir John reports concern that the MCA is entirely funded by fees paid by the pharmaceutical industry and that this could lead to conflict with the public interest.

ROYAL PHARMACEUTICAL SOCIETY NEWS

Resuscitation

The Royal Pharmaceutical Society's Bristol branch has put 48 members through a refresher course on cardiopulmonary resuscitation (p95).

More education will improve treatment of high cholesterol

MORE education of patients and health care providers is needed to improve the treatment of people with familial hypercholesterolaemia and their compliance with medication, the authors of a new study say.

The Dutch study of 747 patients assessed treatment and compliance following diagnosis of familial hypercholesterolaemia through a genetic screening programme. At screening, 38 per cent of patients were already receiving cholesterol-lowering medication, but undertreatment was identified in these patients.

At a two-year follow up, the number of patients being treated rose to 86 per cent. As expected, patients not previously treated experienced decreases in total cholesterol, triglycerides and low-density lipoprotein (LDL) cholesterol, and increases in high-density lipoprotein cholesterol.

Though important decreases in cardiovascular risk were likely as a result of the changes, the authors note that a third of patients were still not achieving target levels for LDL cholesterol after two years. In addition, 103 patients at follow-up (14 per cent) had either discontinued or never started medication. For 51 patients, this was on the advice of their physician. For others it was due to general disinterest.

For this group of patients and their physicians, additional education is required, the authors say (*Archives of Internal Medicine* 2003;163:65).

n Aspirin in hyperlipidaemia Patients with high levels of total and low-density lipoprotein (LDL) cholesterol may be poor responders to the antiplatelet effects of aspirin, a study suggests.

Nine out of 13 patients identified as hyperlipidaemic had poor responsiveness to aspirin. Most of the poor responders were taking lipid-lowering medicines. Poor responders may need to take higher doses of aspirin (more than 325mg/day), alternative antiplatelet agents or further reductions in concentrations of total cholesterol and LDL cholesterol, the authors say (*BMJ* 2003;326:82).

Advertisement

New Welsh quality control unit opened

THE Welsh quality control centre, St Mary's pharmaceutical unit, has moved to new purpose-built premises at Llanishen, Cardiff.

The £750,000 building contains the All-Wales quality control laboratory and offices for three All-Wales specialists and their staff. It also houses a non-sterile production unit manufacturing oral preparations, capsules, liquids and creams for local hospitals and community pharmacies, and warehouse space for a short-line service for Welsh hospitals. The unit employs 25 members of staff, including seven pharmacists.

V'Iain Fenton-May, All-Wales quality assurance pharmacist, told *The Journal* that the unit was one of the largest complexes of its type in British hospital pharmacy, covering 1,150 sq m. Its specialists are responsible for the quality of medicines manufactured in Welsh hospitals, the quality of purchasing and contracting for pharmaceuticals and supporting research projects by pharmacists in both primary and secondary care. The unit has also been involved with developing clinical trials material for the pharmaceutical industry and in analysing imported products.

The unit was formerly housed in a converted isolation unit at St Mary's Day Hospital, Penarth, Cardiff. The new unit was officially opened by Welsh Health Minister Jane Hutt last week.



Jane Hutt (left), with V'Iain Fenton-May, opens the new production and quality control unit at Llanishen, Cardiff

Trust awards first research training bursary for community pharmacy

THE Pharmacy Practice Research Trust has awarded its first training bursary in a scheme, launched last year (*PJ*, 11 May 2002, p640), designed to help community pharmacists develop their research skills.

The bursary goes to Susan Hind, from Leicester, who will use it to fund a masters degree research project at the University of Nottingham, building on a two-year diploma in pharmacy practice. The bursary covers salary, course fees, research costs (up to £250) and conference fees (up to £200) to allow attendance and presentation of work at one or more conferences in the United Kingdom.

Ms Hind said: "This bursary will allow me to develop my skills and offers me the opportunity to work outside the dispensary and to work more closely with general practitioners and other health care practitioners. I think it is important for pharmacists to develop these skills and to get recognition for the work outside the dispensary."

The Pharmacy Practice Research Trust is an independent research charity, for which the Royal Pharmaceutical Society provides core funding as part of its investment in practice research. The bursaries are funded by the Leverhulme Trade Charities

Trust. The research trust's training bursaries are available to community pharmacists interested in developing their research skills relating to everyday practice, most commonly through taught masters degree courses. Applicants do not need an established research record but should have an interest in becoming part of the larger research network.

Applications for 2003 bursaries are now invited (*PJ*, 4 January, p34). Further information and application forms are available from Kerry Crabb at the trust's secretariat (tel 020 7572 2275; e-mail kerabb@rpsgb.org.uk).

£75,000 for research on pharmacy errors

THE Community Pharmacy Research Consortium is offering up to £75,000 to support research into the main types of errors and near misses in community pharmacy, their incidence, their causes and how they can be reduced by improved systems (see Article, p91).

The consortium expects the project to take no more than nine months to complete. It wants the research to be generalisable and applicable across all community pharmacy settings. Further information is available from Zoe Whittington at the Royal Pharmaceutical Society (tel 020 7572 2276; e-mail zwhittington@rpsgb.org.uk). The deadline for applications is 14 March.

PJ Online

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BRIEFLY

Welsh contractors approve CPW

Pharmacy contractors have approved a new representational structure, with Community Pharmacy Wales being supported by regional committees covering north, mid and west, and south and east Wales. The CPW will move to offices near the National Assembly building.