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The PHARMACEUTICAL JOURNAL

BIN YOUR SCISSORS — IT'S TIME FOR PATIENT PACKS

For more than four decades pharmacists in Great Britain have wielded their scissors, cutting and snipping at perfectly sensible patient packs and giving patients the mangled remains. There should be no place for this in the modernised pharmacy service of the 21st century and this week we launch a campaign to see this antiquated relic of pharmacy's past consigned firmly to the dustbin of history (see p683).

Twice in the recent past both the pharmaceutical industry and the pharmacy and medical professions have agreed to move over to patient pack prescribing and dispensing. On the last occasion, in the mid-1990s, a well-founded initiative was suddenly stopped in its tracks by the intransigence of Alan Milburn (then Minister of State for Health).

The patient pack problem is one of Mr Milburn's causing. With new contracts for general practitioners and community pharmacists under consideration, the time has come for him to make the necessary changes and introduce patient packs. Mr Milburn is a strong advocate of modernisation. Here is a tangible idea that would be welcomed on all sides. Action this day might be too much to ask but action this year would seem achievable. Pharmacists — put down your scissors and join our campaign. Please let us have your views.

WHAT IS PHARMACY PRACTICE?

The Royal Pharmaceutical Society's Council has proposed that pharmacists working in any sphere of pharmacy practice — and this includes administration, industry, academia and pharmacy publishing — must undertake continuing professional development if they want to remain members of the Society. Those who have retired and those, such as barristers and accountants, who declare that they will not engage in pharmacy practice may choose to be on an "inactive" register but may still call themselves pharmacists (see p669).

Now that the Council has concluded that the public interest is not compromised by having officially sanctioned, non-practising pharmacists, it must define clearly what pharmacy practice is in order to avoid misinterpretation; to refer to pharmacy practice "broadly" will not do. For instance, the public might think that owning a community pharmacy would be practising pharmacy in its broadest sense. However, it appears from an exchange at the recent Council meeting (see p700), that pharmacy owners who happen to be pharmacists will be able to choose whether to categorise themselves as "active" or "inactive" and, if the latter, remain on the register without providing CPD records. How can a pharmacist who owns a pharmacy not be considered to be engaged in the practice of pharmacy?