

# All seven SOS campaigners elected to Council as motion on proposed new Charter is passed at AGM

Candidates from the Save Our Society campaign have captured all seven places in this year's election to the Council of the Royal Pharmaceutical Society.

And in a double blow to those on the outgoing Council who voted to petition for a new Charter, the annual general meeting on 12 May carried a motion seeking the petition's rejection (p652).

The AGM vote was close, with 56 votes for the motion and 54 against, but the election re-

sult is decisive. Between them, the seven SOS candidates gained 48 per cent more votes than the other eight candidates together, and the official election report (p655) shows a gap of more than 500 votes between the lowest scoring SOS candidate and the best of the rest.

Top of the poll, with 5,338 votes, was Sid Dajani, seeking re-election after six years' Council service. Behind him, in vote order, were Davan Eustace (5,294), Hassan Argomandkhah (5,282), Graham Phillips

(5,164), Maurice Hickey (5,101), John Jolley (4,736) and Shiv Bagga (4,411).

The six new Council members replace Helen Howe (3,892), Sally Greensmith (3,265), Andrew Burr (3,233), Wally Dove (2,727), Ashwin Tanna (2,678) and Marshall Davies (not seeking re-election).

The SOS campaign now has 11 declared supporters on the Council and believes that at least two other Council members are ready to lend their support.

## Case for summary judgment heard in court

**Christine Glover, Council member, Phil Green, Deputy Secretary and Registrar, and Nicola Gray, Council member, arrive at the High Court on 19 May, the first day of the case for summary judgment in the Save Our Society claim against the Royal Pharmaceutical Society's Charter petition. The case was due to continue on 20 May**

### The Society

Central News Press Agency

#### Annual general meeting

The 163rd annual general meeting heard that the Society is a "vibrant and influential organisation" (p650) and is in sound financial health (p651).

#### Proposed new Charter

During a debate at the Society's AGM, the Council was criticised for failing to seek the membership's consent to its proposal for a new Charter (p653).

#### Charter medals

The Society's Charter gold medal has been awarded to Linda Stone and the Charter silver medal to Martin Bennett (p654).

## October implementation of new pharmacy contract seems unlikely

October implementation of the new community pharmacy contract in England has been effectively blocked by the Department of Health. Unless the DoH dramatically changes its position in negotiations over funding this week then it is likely that implementation will be delayed.

The DoH made its opening position on funding the new contract on 7 May, a position that the Pharmaceutical Services Negotiating Committee has rejected as "wholly unrealistic". Sue Sharpe, chief executive, PSNC, said that the result of this is that the negotiating process looks set to be lengthy. "We do not believe that the DoH could ever have thought that this offer was anywhere near a credible position," she commented. She was not prepared to divulge the details of the offer.

The PSNC and DoH were due to meet this week, after *The Journal* went to press. "By the end of this week, we will know whether we are still looking at an October contract or if the DoH is walking away from it," said Mrs Sharpe. "If we are not near agreement by

then, I simply do not see how we can get the discussions on distribution completed, hold the roadshows and get the ballot out before everyone goes on holiday in the summer." She added: "We are extremely concerned that delays by the DoH mean that we are no longer working to an October timetable."

Asked why the opening offer was so low and whether or not the new contract was still scheduled for October, a DoH spokesman said: "We want to negotiate a deal which is fair for pharmacists, patients, taxpayers and fair for the NHS. We want to make best use of the skills of community pharmacists and their staff in delivering modern NHS services for patients." He added: "We are still negotiating with the PSNC and it is therefore not appropriate to comment further at this stage, but we want to implement the new contractual framework as soon as is practicable."

A delay in implementation of the new contract could bring further complications since announcements on control of entry and generics are expected to be made alongside the new contract. "It is possible that new con-

trol of entry regulations could be introduced separately from the new contract and officials clearly wanted to get moving on generics," commented Mrs Sharpe. However, she suggested that contractors will not be able to weather significant changes to income from generics unless changes to income are made elsewhere.

She added that contractors who were currently refitting their premises in preparation for the new contract were not wasting their money. "The future of community pharmacy services has to be in developing capacity and providing one-to-one advice and support for patients," Mrs Sharpe said. "I am still optimistic about the new contract; my concern is with the timescale," she said.

The National Pharmaceutical Association said that it was disappointed and frustrated to hear that the DoH had made an unrealistic opening offer. Ash Soni, NPA chairman, commented: "It would appear that the Government is walking away from its stated commitment. This is a totally unacceptable state of affairs."

# Modernisation board notes a prescribing revolution

Last year marked the beginning of a prescribing revolution, according to the 2004 annual report from the NHS Modernisation Board. The report considers changes being made to the NHS from the point of view of patients.

Writing in the "Caring in many ways" report, board member Beth Taylor, specialist principal pharmacist, London pharmacy services, Southwark Primary Care Trust, says that there is overwhelming interest in more flexible access to medicines.

"People want to be able to get more prescription medicines from community pharmacies, but they also want their GP to be kept in the loop when appropriate."

The report notes the progress being made in prescribing rights for pharmacists and other health professionals.

Mrs Taylor also comments: "Team working is becoming more prevalent. Take mental health for instance, where dedicated teams are established to treat clients, drawn from across the professions to which pharmacists con-



**Beth Taylor: people want to get more medicines from pharmacies**

tribute. This is already happening in cancer care, which is supported by specialist pharmacists." She added: "So much has happened so

quickly that we need to be alive to all these new options and consider how our patients can benefit. The 1968 Medicines Act has had more changes in the past five years than in the previous 30, so it really is a new era in the history of prescribing."

Mrs Taylor explained to *The Journal* that patients were interested in getting the medicines they needed when they needed them conveniently from pharmacies. But that GPs only needed to know about relevant prescription treatments and not one-off purchases for acute conditions.

So far as pharmacy and the development of a patient-centred NHS is concerned, Mrs Taylor said: "Pharmacists need to look at the overall direction of travel that has been reported. They should take on a patient focus on services and how they are provided."

She explained that pharmacists should be getting involved with primary care trusts and patients to design local services. "The Government has made it clear that they want local decision-making."

## Deficiencies in GP prescribing systems

Computer systems used by three-quarters of GP practices have important deficiencies in their prescribing safety features, researchers report in an e-health themed issue of the *BMJ*.

Bernard Fernando, a GP in Kent, and colleagues evaluated the safety features, such as alerts for contraindicated drugs and hazardous drug-drug combinations, of the four main GP computing systems used in the UK.

They tested 18 prescribing scenarios to find out if the systems produce appropriate safety alerts. Examples used included methotrexate being prescribed in pregnancy, the combined contraceptive pill being prescribed for a patient with a history of deep vein thrombosis, propranolol prescribed in a patient with a history of asthma and a repeat prescription of salbutamol being issued before it was scheduled.

None of the computer systems produced alerts for all of the 18 scenarios, and the number produced ranged from three to seven.

The researchers comment that the com-

puter systems "may fail to warn in a situation when a warning is expected, thus potentially creating a health hazard to patients" (*BMJ* 2004;328:1171).

In an accompanying editorial, Robin Ferner, director of the West Midlands Centre for Adverse Drug Reaction Reporting, said that timely and relevant warnings are needed.

"The systems could be improved. They might list every contraindication to a drug whenever it was prescribed. That change would trap more errors but risk overwhelming the user with alerts: primary care physicians ignore alerts from nagging computers. Relevance is key," he said (*ibid*, p1172).

The study was funded by the National Patient Safety Agency, which is now examining ways to resolve the problems identified. In a press statement, Sue Osborn, joint chief executive of the NPSA, said: "This study highlights the importance of looking at the system rather than the individual."

## Liverpool hospital pharmacy department wins IT award

A system of electronic transfer of discharge prescriptions has won pharmacists in Liverpool a national award. The pharmacy department at the University Hospital Aintree, won the 2004 First DataBank Guild of Healthcare Pharmacist IT award for the system, designed to transfer patient discharge information between the hospital and primary care securely and quickly.

Alex Jennings, clinical pharmacist for elderly medicine at the hospital, said: "We now have in place an effective system which ensures that we e-mail a legible copy of each discharge prescription, in batches, to each participating GP within one day of discharge. It has significantly improved communication, saves time and the potential improvements in patient safety are enormous."

The department was awarded a cheque for £2,500 at the GHP IT interest group seminar on 28 April.

**Notice-board, p637**

### Eating fish boosts fetal growth

High levels of fish consumption during pregnancy seem to boost fetal growth rate, reveals a study published in *The Journal of Epidemiology and Community Health* (2004;58:486).

### Simvastatin of benefit in MS?

Data from a study suggest simvastatin may be of use for treating multiple sclerosis (*Lancet* 2004;363:1607).

### Letters to the PJ

Each week's *Pharmaceutical Journal* appears on *PJ Online* on Friday morning. However the letters pages are available as a PDF file by 5pm on Thursday. *PJ Online's* homepage. [www.pjonline.com/whatsnew](http://www.pjonline.com/whatsnew)

### Council meeting transcripts

These are now available for meetings in 2004 onwards. [www.pjonline.com/reports](http://www.pjonline.com/reports)

### Law and Ethics Bulletin

The bulletin is available online, from 2001. Bulletins are listed in date, alphabetical and subject order. [www.pjonline.com/lawandethics](http://www.pjonline.com/lawandethics)

# Boots launches internet-based pharmacy services

Boots The Chemists launched an internet-based medicines ordering service last week. Using the new service, people can have their prescriptions dispensed and buy pharmacy medicines. Orders will then be dispatched to customers within two days.

Digby Emson, director of professional services, commented: "This makes medicines more accessible, gives customers choice, makes health care available to busy people and backs up the comprehensive health care offer we already have available from our stores. This service provides a great platform to extend into the electronic transmission of prescriptions when it goes live in 2005."

Boots says that the internet service, available at [www.boots.com](http://www.boots.com), meets all the ethical

and legal guidelines with regard to the sale and delivery of medicines. The service is under the personal control of a pharmacist based in a pharmacy contract store.

For prescription medicines, customers will be asked to post their prescription (NHS or private) to a Freepost address. Delivery of the dispensed items is free and there is no minimum order value. Controlled Drugs and refrigerated lines are excluded from the service for safety reasons.

To buy pharmacy medicines, customers will be asked questions when the item is placed in an on-line shopping basket. The answers will be reviewed by a pharmacist to ensure that the requested medicines are appropriate.



The new Boots homepage

## Internet and mail order delivery not a threat to traditional pharmacies

Pharmacists need not fear new technologies such as internet and mail-order pharmacy, a recent review published in the *International Journal of Pharmacy Practice* suggests.

The review, by pharmacists from the University of Manchester and Monash University, Australia, says that many countries have proved alternative delivery methods for pharmacy services exist symbiotically with traditional pharmacy.

They comment that the debate about the impact of such new services on quality of care and patient outcome continues. The authors looked at alternative methods of health care provision and discuss the implication for delivery of pharmaceutical services, particularly supply of prescription medicines and pharmaceutical advice. They examined pa-

tient satisfaction with various services and highlight the consequences for the profession.

For internet pharmacy, patients appreciate immediate connection to a pharmacist via e-mail, but were disappointed when requests for advice were delayed or ignored. The authors advise pharmacists not to feel threatened by internet services but to look at them as an opportunity to expand or diversify. "Clicks and mortar pharmacies" consisting of internet sites linked with high street stores are popular in America, they note.

Mail order pharmacy also offers community pharmacies the opportunity to diversify, as these services could "easily be incorporated into traditional community pharmacy practice". Community pharmacists could make

patients more aware of collection and delivery services and remind patients by telephone to order their prescriptions (after having obtained consent to do so). In addition, pharmacists could provide advice on medicines by telephone.

Medical helpline services were of specific relevance to pharmacy if they dealt with urgent needs for advice on drug-related problems. In one study of a hospital-based medicines information helpline, it was found that two thirds of callers avoided a medication problem as a result of the call. The authors say that commitment by the UK Government may provide pharmacy with the opportunity to provide innovative extended hours services.

Article p644

### News in brief

#### Scottish IT user groups planned

Pharmacy software user groups are to be set up in Scotland later this year to help software suppliers develop future products. Similar user groups have already been set up by GPs. Pharmacists interested in joining the pharmacy user groups should contact the SPGC (tel 0131 4677766).

#### Violence in pharmacies survey

Employer attitudes to the problem of violence in pharmacies are to be examined by the Pharmacists' Defence Association. The PDA says that it intends to use the results of the survey to lobby relevant authorities to develop a programme to improve safety of staff in pharmacies. The survey can be found at [www.the-pda.org](http://www.the-pda.org).

## Torbay PCT plan to cut hospital admissions

A new scheme to reduce unplanned hospital admissions is due to start in Torbay Primary Care Trust this summer. The aim of the scheme is to identify vulnerable patients with chronic disease and draw up a care plan for them to prevent hospital admission.

Shivaun Gammie, pharmaceutical adviser, told *The Journal*: "Torbay PCT has an elderly population. We know there are people who are bouncing in and out of hospital with chronic diseases. The trouble is that we are not keeping an eye on them in the community so the first time we know if they have deteriorated is when they are admitted to hospital."

Therefore, the new scheme was drawn up as part of the PCT's plan to redistribute care services to support patients. The first stage is to identify patients at risk of unplanned hospital admission, something that the local hospital will help with by informing GP practices about patients who are regularly ad-

mitted to hospital. Patients targeted include those with heart failure, chronic obstructive pulmonary disease and diabetes, and older people who do not comply with medicines.

Next, the GP practice will review the patient and develop an individual care plan. "One aspect of this is medication problems which is an area that pharmacists can have a role in," said Dr Gammie. "We would actively encourage pharmacists who want to become involved." She added that there is a shortage of pharmacists in the area so this might not be easy, although some GP practices now have a practice pharmacist and some community pharmacists undertake sessional work at the surgeries.

Funding for the scheme is through GP practices. They will be paid £75 to develop a care plan for patients. As a further incentive, an additional £25 will be paid for each patient in the scheme who is not admitted to hospital during the year-long pilot.

# Epilepsy patients want more medicines information

People with epilepsy want more information about their medicines, results from a new survey commissioned by the National Society for Epilepsy suggest.

The NSE sent a questionnaire to its members to collect opinions on how well their epilepsy is being managed. Of 197 respondents, just over half had not discussed the side effects of their anti-epileptic medication with their GP and 13 per cent of patients had not had a medication review for at least two years.

When asked how their care could be improved, 22 per cent said they wanted more information about their condition.

Commenting on the survey, Riaz Esmail, of Fairview Pharmacy in Harrow, Middlesex, said that community pharmacists could help to provide this information. "I would encourage all epilepsy patients to form a partnership with their local pharmacist."

He added: "In Harrow we are in the process of investigating the benefits of full medication reviews in community pharmacies." In Mr Esmail's pharmacy there is a small library and internet access so that on-line information is accessible for patients to conduct their own research (*PJ*, 3/10 January, p19). "Results can be discussed with the pharmacist and interpreted where necessary in the patient's own context."

The NSE highlights recommendations for pre-conception counselling for women with epilepsy that are set out in recent National Institute for Clinical Excellence guidelines. However, only 29 per cent of women surveyed had discussed this with their GP. A similar proportion had discussed potential risks to a baby during pregnancy while taking anti-epileptic medicines.

The NSE also commissioned a national survey of 202 GPs, and found that although most doctors were following good practice advice, such as recalling patients with epilepsy on an annual basis, 21 per cent said they only perform a review of patients' epilepsy when the patient visits about another matter. Ten per cent of GPs said that they only carry out such a review if the person is visiting about an epilepsy-related matter.

□ **Take control campaign** Epilepsy Action has launched a "Take control" campaign to coincide with national epilepsy week (16–22

## Information for women with epilepsy considering pregnancy is not always forthcoming from GPs

May). The charity estimates that up to 70 per cent of people with epilepsy could become seizure-free with the appropriate treatment, but only around half currently achieve this. The new campaign aims to help people with epilepsy work with their doctor towards a better quality of life.

Campaign packs, containing a booklet, action card and seizure diary, are available free to pharmacists or customers on 0808 800 5050.

## Lancet concludes that OTC statins are not the answer

The UK public will be guinea pigs in what *The Lancet* describes as a large-scale over-the-counter experiment when simvastatin becomes available for sale through pharmacies this summer. "If the Government is serious about preventing heart disease then privatisation of that prevention is not the answer," an editorial says (2004;363:1659).

*The Lancet* asks whether pharmacists will have the time to determine somebody's heart disease risk before selling simvastatin. It raises concerns about the lack of evidence for using statins in primary prevention and reminds pharmacists that they will have to be vigilant about possible drug interactions.

## Treatment for advanced myeloma launched

Patients with advanced multiple myeloma may now benefit from a new treatment available in the UK.

Bortezomib (Velcade) is a proteasome inhibitor licensed for use in patients whose disease is progressing after receiving two other therapies. Ortho-Biotech, the company launching the drug in the UK, says that in a phase II study of 202 patients, 59 per cent of those treated with the drug saw a stabilisation of their disease, or better, and 10 per cent had a complete remission.

Bortezomib is administered as an intravenous injection twice weekly for two weeks, followed by a 10-day rest period. Patients with a confirmed complete response should

then receive two additional cycles of bortezomib. It is also recommended that patients who respond to the drug but who do not achieve a complete remission receive a total of eight cycles.

The company says that with appropriate monitoring and, if necessary, dose modification, bortezomib has a generally predictable and manageable safety profile.

Velcade is being co-developed by Millennium Pharmaceuticals, Ortho-Biotech and Johnson & Johnson, which plan to investigate the potential use of bortezomib for the treatment of a variety of solid and haematological cancers.

Notice-board p637

## Reports of rhabdomyolysis prompt prescribing reminder for Crestor

Four UK reports of rhabdomyolysis associated with rosuvastatin (Crestor) have prompted AstraZeneca to write to prescribers reminding them of the drug's start dose. All four cases involved patients who received start doses that were higher than the recommended 10mg and who had pre-existing risk factors for myopathy.

A spokeswoman for AstraZeneca told *The Journal* that a start dose of 10mg should be

used in all patients, including those transferred to rosuvastatin from other statins, whatever the previous dose. The letter suggests that a dose adjustment up to 20mg can be made after four weeks but that 10mg is sufficient to provide control of lipid levels in most patients. It adds that a 40mg dose is rarely necessary.

The spokeswoman explained that data from large statin trials, such as the Heart

Protection Study, had influenced prescribing patterns. She suggested that there was now a tendency for doctors to prescribe high doses of statins and to use rosuvastatin in the same way as simvastatin or atorvastatin.

AstraZeneca recommends that patients initiated on rosuvastatin at doses greater than 10mg should be reviewed at their next GP appointment and that a down titration of the dose should be considered.

# Aspirin does not extend benefits of clopidogrel

Adding aspirin to clopidogrel (Plavix) does not reduce the risk of secondary ischaemic events in high-risk cerebrovascular patients, new trial results show.

In addition, the study findings reveal that patients taking the combination had significantly more life-threatening bleeds compared with those treated with clopidogrel alone.

The results of the multinational MATCH trial (management of atherothrombosis with clopidogrel in high-risk patients with recent transient ischaemic attack or ischaemic stroke) were announced at a European stroke conference in Mannheim, Germany, on 13 May.

The 7,599 patients involved had suffered a recent ischaemic stroke or transient ischaemic attack (TIA) and were at high risk of further events such as recurrent stroke or myocardial infarction (MI) because of risk factors, which included previous ischaemic stroke or myocardial infarction, symptomatic peripheral arterial disease, angina and diabetes.

All patients received clopidogrel 75mg once daily as part of standard therapy and around half were randomised to receive aspirin 75mg daily, with another group receiving placebo.

Although some previous trials had suggested the possibility of synergy between aspirin and clopidogrel in high-risk patients,

this study showed that additional aspirin had no significant effects on preventing either a combined endpoint of various ischaemic events or its components.

Presenting the trial results at the stroke conference, Hans Christoph Diener, department of neurology, University of Essen, Germany, said that although many doctors had traditionally used the combination of aspirin and clopidogrel off licence, it was now shown not to be a good idea, at least for long-term treatment (bleeding risks increased over time in this 18-month trial).

Professor Diener said that he would be using aspirin as secondary prevention in patients with a relatively low risk of further ischaemic events after stroke. For those at higher risk, he would use clopidogrel monotherapy for those with coronary artery disease such as angina, and he would use a combination of dipyridamole and aspirin for other patients.

Professor Gary Ford, a stroke physician at Freeman Hospital, Newcastle, said that the aspirin/clopidogrel combination remained appropriate for some stroke patients — those who have had unstable angina or a coronary stent inserted within recent months and those at very high risk of stroke who have had continuing TIAs despite aspirin and dipyridamole

## Aspirin appropriate for some patients

or clopidogrel and who are at low risk of bleeding complications and where anticoagulation is not indicated. "This is a small group of patients," he added.

He advised that those who have had a stroke or a previous TIA should discuss with their consultant or GP whether they should continue to take the combination.

TEK Image/Science Photo Library

## Handful of strokes attributed to underuse of preventive medicine

Around nine strokes per year in a population of 100,000 can be attributed to underuse of preventive medication, according to a Danish study reported at a European stroke conference last week.

In a Danish population of 302,000, researchers studied 487 patients admitted to hospital with stroke over an eight-month period. Of 61 patients suffering stroke with prior known atrial fibrillation, only 21 per cent had been taking warfarin to help reduce the risk of this event. Many of this group had been discharged previously without warfarin because of concerns about bleeding risks or compliance problems. Using relative risk reduction data for warfarin, researchers calculated that warfarin could have prevented at least seven of these strokes. In 206 stroke patients with known prior stroke or myocardial infarction/angina, 58 were not protected against secondary events with a platelet inhibitor. Assuming that a platelet inhibitor reduces the risk of second stroke by 20 per cent, the researchers attribute 12 strokes to non-use of these agents.

According to a Dutch study also presented at the conference, about 18 per cent of patients given aspirin after cerebral ischaemia had prematurely stopped this treatment after two years. Patients aged 65 years or over stopped more often than younger ones, as did those with a history of prior myocardial infarction and those with diabetes.

□ **Aspirin resistance** Over a fifth of patients who have had ischaemic stroke or acute coronary syndrome may be resistant to aspirin. Researchers from the University of Oxford studied 314 patients with ischaemic stroke, transient ischaemic attack or acute coronary syndrome. Twenty-two per cent of patients were found to be aspirin-resistant. Resistance increased with age but was unrelated to dose or duration of treatment, type of presenting event or prior aspirin treatment. In stroke, resistance was strongly associated with increasing severity. The results were presented at a European stroke conference last week.

Advertisement

# World health professions' leaders demand urgent action by all nations against HIV/AIDS pandemic

A plea to all national governments and health professionals to stop procrastinating on the HIV/AIDS pandemic has been issued by leaders of the world's pharmacy, nursing and medical professions.

Meeting in Geneva, Switzerland, at the first symposium of the World Health Professions Alliance last weekend, the professions' leaders unanimously passed a resolution urging governments to recognise the scale of the tragedy facing the world and to commit the necessary funds and resources to fight the pandemic without delay.

The meeting formulated and adopted the resolution after hearing from Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa. He told the assembly of leaders that no one can escape the carnage of AIDS and that the world desperately needs the advocacy of professional groups, especially from the health and social sciences disciplines. There is insufficient focus on AIDS,

and the WHPA, if mobilised, could make an enormous impact, he said.

UK pharmacy was represented at the meeting by Gill Hawksworth and Ann Lewis, President and Secretary and Registrar, respectively, of the Royal Pharmaceutical Society. Also representing the UK were Beverly Malone, general secretary of the Royal College of Nursing, and Vivienne Nathanson, director of professional activities at the British Medical Association. Representatives from more than 60 countries attended.

Speaking to *The Journal* after the meeting, Dr Hawksworth said that the WHPA leadership symposium was an important milestone for collaboration between the health professions. She added: "I strongly support the resolution, the most important outcome of this meeting. The pharmacy profession has an important part to play in the fight against HIV/AIDS and the Society will continue to support this role."

## HIV/AIDS is a tragedy facing the world

The World Health Professions Alliance was established in 1999 by the International Pharmaceutical Federation, the World Medical Association and the International Council of Nurses ([www.whpa.org](http://www.whpa.org)). A report of its inaugural meeting will appear in next week's issue of *The Journal*.

Chris Sattlerberger/Science Photo Library

## New appointments at Medway school

Five pharmacists have been appointed to clinical lecturerships at Medway school of pharmacy, which is due to open its doors to students in September.

The new lecturers will be responsible for undergraduate teaching on the MPharm course, as well as running courses for practising pharmacists, conducting research and supervising postgraduate students. The new appointments are:

- Sarah Corlett, currently principal oncology services pharmacist at Kent and Canterbury Hospital
- Linda Dodds, who will hold a joint post between the school of pharmacy and the NHS, where she is currently working as a specialist pharmaceutical adviser based in Ashford Primary Care Trust
- Min Keating, former chief pharmacist at Dartford and Gravesend NHS Trust and currently working as placement officer at Medway
- Ruth Rodgers, currently leading the Community Pharmacy Collaborative for Kent and Medway PCTs and studying for a doctorate in pharmacy ethics

■ Trudy Thomas, a tutor for postgraduate pharmacy training in West Kent

Clare Mackie, head of Medway school of pharmacy, said: "All five new members of staff have impressive records of achievement in different areas of pharmacy. They bring experience of teaching, professional development, research and ethics, and have worked in varied settings from universities and hospitals to high street pharmacies."

Professor Mackie told *The Journal* that the school is currently applying for an NHS contract for provision of extended services so that it can manage patients with chronic diseases in close partnership with local general practices. Students will initially be able to observe consultations with patients and eventually become involved in the consultations themselves. "It will be like a clinical attachment but within the premises," explained Professor Mackie.

The school of pharmacy at Medway gained approval for its MPharm degree course from the Royal Pharmaceutical Society in March and has received 350 applications for places on the course.

## Technicians' ethics code has conflicting responsibilities

Close similarities between a draft code of ethics for pharmacy technicians and the Royal Pharmaceutical Society's Code of Ethics will lead to difficulties deciding who holds ultimate responsibility for certain activities, the National Pharmaceutical Association has said.

The NPA response to the draft technicians' code, published by the Society earlier this year (*PJ*, 7 February, p165), says that this will be a particular issue in community pharmacy, where technicians work under direct pharmaceutical supervision. The NPA points out that the proposed key responsibilities of technicians are almost identical to those of pharmacists. Bearing in mind that the Society is clear that pharmacists will remain accountable for the actions of technicians, even if supervision requirements are relaxed, the NPA believes that a key responsibility of technicians should be to work within guidelines and procedures agreed between technicians and their accountable pharmacists.

Other areas of similarity include obligations to ensure professional competence and to have access to facilities and equipment suitable for the provision of acceptable standards of service.

The NPA conclusion is that the Society's Law and Ethics Committee has failed to develop a separate code for technicians, rather than fulfil its decision not merely to adjust the pharmacists' Code of Ethics. It says that a much simpler code should be drafted for technicians focused on professional competence and a need to follow protocols set by pharmacists.

## SPCG elects Alex MacKinnon as new vice-chairman

The Scottish Pharmaceutical General Council has elected Lloydspharmacy pharmacist Alex MacKinnon as its new vice-chairman following the retirement of Ron Shiels. Frank Owens has been re-elected as chairman.

Mr MacKinnon said: "I am looking forward immensely to supporting Frank Owens as we work together to realise the enormous opportunities for community pharmacists presented within the new pharmacy contract."