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Royal
Pharmaceutical
Society
of Great Britain

Practice Committee calls for brand name prescribing for SR opioids

In the interest of patient safety, the Practice Committee of the Royal Pharmaceutical Society's Council is to press for brand name prescribing of sustained release morphine preparations and opioid patches.

The committee agreed to pursue the matter with the British National Formulary and then take it back to the Council.

At its meeting on 18 January, the committee agreed that it was important for the dosage of morphine and other strong opioids to be carefully titrated to a patient's individual need because of the fine balance between underdosing and overdosing. In the case of sustained release preparations, this balance could be affected by small but significant differences in release rates between brands.

The committee was concerned that generic prescribing could create confusion for both prescriber and patient. Generic prescribing gave no guarantee that patients would receive the same brand each time they had a prescription dispensed, since community pharmacists often had no way of knowing what had been dispensed previously. This problem has been highlighted by the former chief medical officer at the Department of Health, Jim Smith, in his 2004 report "Building a safer NHS for patients: improving medication safety", which recommended brand prescribing of oral sustained release preparations.

The committee noted that patients could be confused by a change in the appearance of a prescribed medicine if there was not appropriate

counselling. A subsequent failure to take or use the medicine appropriately could have serious consequences. With strong opioids this could lead to unnecessary pain as a result of an underdose or to hospital admission — or even death — as a result of an overdose.

The committee agreed that the issue was particularly significant with opioid patches. Patients often developed a preference for a specific brand. This could be for a variety of reasons, including shape, thickness, colour, type of adhesive, incidence of skin irritation or type of packaging. Inadvertently changing the brand could affect the way patients use the medicine. From a patient safety perspective, patients should have continuity of supply. The committee considered that the issue was particularly important in the case of fentanyl, for which both matrix and reservoir patches are available.

Speaking after the meeting, committee chairman Sid Dajani said: "To improve patient safety, compliance and efficacy, the Society strongly endorses the continuity of supply of the same brand of sustained release morphine preparations and opioid patches for patients and would support the requirement to prescribe these products by brand name."

He added: "To help identify which brand of sustained release morphine or opioid patch a patient has received, pharmacists should record the brand dispensed in the patient medication record, especially as many prescriptions are currently written generically.

BPC £5 deal now open to third-year students

The special £5 fee for the British Pharmaceutical Conference student day is this year being offered to third-year MPharm students as well as to final-year students and preregistration trainees.

The student day will be on Wednesday 6 September, the third day of the conference, which takes place at Manchester International Convention Centre. Students will be able to visit the conference science and practice sessions during the morning and attend a special student session in the afternoon.

Student places are available on a first-come, first-served basis. Bookings can be made through the BPC website (www.bpc2006.org)

or through Angela Lyons at conference organiser Health Links (tel 0121 248 3399; e-mail allyons@health-links.fsnet.co.uk).

The special fee has been made possible by sponsorship from Merck Sharp & Dohme and Pfizer.

The chairman of the Royal Pharmaceutical Society's Conference Committee, Colin Ranshaw, said: "It is vital that students are actively encouraged to be part of BPC as they are the lifeblood of our profession."

The president of the British Pharmaceutical Students Association, Gautam Paul, said: "The special student rate offers us a unique opportunity to be part of an exciting event."

This week

■ Opioid prescribing

The Practice Committee is campaigning for sustained release morphine preparations and opioid patches to be prescribed by brand name in the interest of patient safety (p215).

■ Statutory Committee

Ethnicity data have been included for the first time in the latest annual report of the Statutory Committee (p216).

■ Rest breaks

A Law and Ethics Bulletin this week gives guidance on making adequate provision for pharmacists to have appropriate rest breaks so that they retain their ability to practise safely (p216).

Details announced for inspector's preregistration talks in north-east

Details have now been announced for the two north-east England sessions in this season's series of presentations for preregistration trainees given by the Royal Pharmaceutical Society's inspectors.

Because the appointment of a new inspector was awaited, details for Darlington and Newcastle upon Tyne could not be given when the main list of presentations was published (*PJ*, 22 October 2005, p533).

Following her appointment to the team of inspectors, Helen Dolan is to present the Darlington session on Thursday 30 March, from 9.30am to 12.30pm, in Training Room 1, Morton Park Business Training Centre, Morton Park, Yarm Road, Darlington. She will then present the Newcastle session on Wednesday 12 April, from 1.15 to 4.15pm, in the Sir James Spence Lecture Theatre, Royal Victoria Infirmary, Queen Victoria Road, Newcastle. Booking is not necessary for either presentation.

Further information, including travel advice, is available from the trainees page in the preregistration training section of the Society's website (www.rpsgb.org).

Queries about any of the inspectors' presentations should be addressed in writing to the individual inspector at the Fitness to Practise and Legal Affairs Directorate, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN.

Statutory Committee publishes ethnicity data for its 2005 inquiries

Ethnicity data relating to individuals who appear before the Statutory Committee of the Royal Pharmaceutical Society are now being included in the committee's annual reports.

The data are derived from census information collected by the Society.

The committee's annual report for 2005 shows that of 16 pharmacists who were ordered to be removed from the Register in 2005, eight described themselves as white British, one as "white other" and two as Indian. Ethnicity data were not available for the remaining five because they failed to return the Society's census form.

Of 18 pharmacists who were reprimanded by the committee, two were white British, four "white other", four Indian and one Chinese, with the remaining seven not having returned the census form. The one pharma-

cist who received an admonishment in 2005 was classed as white British.

The report also says that the committee is now using its own audit and monitoring form to collect data on the ethnicity, age, disability and field of practice of respondents.

The report says that in 2005 the committee sat for a total of 177 hours on 41 days. It considered 57 inquiries and two applications for restoration to the Register. Forty-five of the inquiries related to allegations of misconduct, eight arose from convictions and four were inquiries into both convictions and separate allegations of misconduct. Excluding one atypical case that was heard over three days, the average length of an inquiry was three hours.

The report says that 16 of the inquiries into allegations of misconduct incorporated concerns relating to the pharmacists' health, and it expresses concern that the Society still

has no health committee able to deal more appropriately with pharmacists whose fitness to practise is impaired by reason of ill health. It says: "The Society has repeatedly emphasised concerns to the Department [of Health] about its inability to protect the public from ill pharmacists and continues to be concerned at delays to the anticipated Section 60 Order [under the Pharmacy Act 1999]".

The report also notes that the Council for Healthcare Regulatory Excellence, in its scrutiny of regulation in the health care professions, has not referred any decision of the Statutory Committee to the High Court under the powers conferred on it by Section 29 of the National Health Service Reform and Health Care Professions Act 2002.

The annual report for 2005 can be downloaded from the Statutory Committee section of the Society's website (www.rpsgb.org).

Law and ethics bulletin

Making adequate provision for pharmacists to have appropriate rest breaks

Pharmacists' prime concern must be for the safety and well being of patients and the public. Working for extended periods without taking appropriate rest breaks can adversely affect a pharmacist's ability to practise safely and may compromise patient care. Pharmacists, pharmacy owners, superintendent pharmacists and pharmacy managers should therefore ensure that provisions are in place to allow pharmacists to have appropriate rest breaks.

The Code of Ethics supports this requirement by stating that pharmacists should ensure that they do not work in conditions that do not enable them to comply with the key responsibilities of a pharmacist. Similarly, there is a professional requirement for pharmacist owners, superintendent pharmacists and pharmacy managers to ensure that they do not seek to impose conditions on pharmacists that may adversely affect their ability to comply with their professional and legal duties. It is essential to encourage pharmacists to take appropriate breaks, and requiring an employee pharmacist to work for extended periods without adequate provision for rest breaks could constitute a breach of the Code of Ethics.

A pharmacist's capacity to undertake his or her professional duties safely for specified periods, without a break, will differ between individuals. It will also depend on various factors such as the tasks being undertaken, the complexity

of patients' needs, the level of trained support staff on duty, prescription volume and the level of over-the-counter business. Pharmacists and their employers should give particular consideration to the provision of appropriate rest breaks for pharmacists who work in extended hours pharmacies, provide on call services or travel long distances to their place of work.

When agreeing working hours and breaks to be taken during the working day, employers and employees should take note of the Working Time Regulations 1998. These state that if an employee is required to work for more than six hours at a time, he or she is entitled to a rest break of 20 minutes. The break should be taken during the six-hour period rather than at the beginning or the end, but the exact time at which breaks are taken is left to the discretion of the employer. Employees are also entitled to have a minimum 11 hours rest between working days and cannot be forced to work more than 48 hours a week on average.

While the Working Time Regulations can provide a useful benchmark, more frequent breaks may be required, for example, where high volumes of prescriptions are being dispensed.

Under the Working Time Regulations, employers are responsible for making sure that their employees can take a rest break, but they are not required to make

sure that the break is taken; employees can agree to opt out of the working time limits. Employees who agree to work more than 48 hours a week should sign an opt-out agreement, which they can change at any time. Should an incident arise that may be attributable to a pharmacist's failure to take adequate rest breaks, or a pharmacy owner or superintendent pharmacist's failure to make provision for adequate rest breaks, the reason for not taking a break may be considered during any subsequent investigation by the Society.

The right to rest breaks does not apply where a job requires round-the-clock staffing, such as in hospitals, and exceptions can be made for emergencies or busy periods. Further information on the Working Time Regulations can be obtained from the Department of Trade and Industry website (www.dti.gov.uk/er/work_time_regs/wtr8.htm#exceptions).

The above principles and guidance also apply to registered pharmacy technicians.

While a pharmacist is taking a break, robust standard operating procedures should be in place to ensure that no activities take place that require the pharmacist's personal involvement or oversight. All pharmacy support staff should be aware of these procedures and patients should be advised of when the pharmacist is not available and when he or she is due to return.

OFFICIAL NOTICES

Communications to the Royal Pharmaceutical Society should be addressed, unless otherwise stated, to: The Secretary and Registrar, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629). Official Notices also appear in the Notice-Board section of PJ Online (www.pjonline.com/notices).

Statutory Committee inquiries

The Statutory Committee will meet at the Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1, at 9.30am on Monday 20 February, Tuesday 21 February, Wednesday 22 February and Thursday 23 February 2006 to hear the following inquiries:

Monday 20 February 2006

1. A resumed inquiry into a complaint by the Council of the Society against **Maysa Jibreel Al-Natshah** (registration number 90768) and **Preston Park Chemists Ltd** (identification number 1087052) which alleges that a failure to ensure that the pharmacist in charge had the requisite knowledge, skills and fitness to perform the work delegated to him, a failure to ensure that he was sufficiently competent in English, a failure to ensure that he was properly informed of the professional duties he was expected to undertake, a failure to supervise and support the pharmacist in charge, and a failure to exercise proper control over the business may amount to misconduct.

Tuesday 21 February 2006

2. An inquiry into a complaint by the Council of the Society against **John Brian Price** (registration number 54597) which alleges that a failure to provide the best possible health care to a patient, a failure to adhere to accepted standards of professional conduct and engaging in behaviour likely to undermine public confidence in the profession and the use of a SCENAR [self-controlled energy neuro adaptive regulation] device despite having no training or accreditation in the use of complementary therapies for the treatment of facial infections may amount to misconduct.

Wednesday 22 February 2006

3. An inquiry into a complaint by the Council of the Society against **Hassan Pyarali Mohammedali Merali** (registration number 69675) which alleges that the supply of methadone without the authority of a prescription may amount to misconduct.
4. An inquiry into the case of **Michael Murray** (registration number 67466), who was convicted of driving a motor vehicle after consuming so much alcohol that the proportion of it exceeded the prescribed limit, contrary to Section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 of the Road Traffic Offenders Act 1988.

Thursday 23 February 2006

5. An application for restoration by **John Colin Hodges** (former registration number 61745) whose name was removed from the Register in April 2003.
6. An inquiry into a complaint by the Council of the Society against **Rashmikanth Bhogilal Patel** (registration number 70694) which alleges that the supply of citalopram tablets 40mg against a prescription calling for simvastatin tablets 40mg and a failure to respond to requests from a Society inspector regarding a formal interview may amount to misconduct.

David Gomez
Secretary to the Statutory Committee

Council election 2006

Nominations for election as pharmacist members of Council in unreserved places should be received by the head of central administration, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN, by noon on Friday 3 March 2006. Nominations for pharmacist members in the Council election must be signed by 10 pharmacist nominators.

There will be five vacancies for elected pharmacists, in unreserved places.

Nominees who are accepting nomination to the Council must enclose with the nomination form the declaration and undertaking for candidates for election to the Council, duly signed, a declaration of relevant interests, and a declaration of any relevant adverse decisions, as shown in the Council statement of policy on election procedures.

The deadline for receipt of all the supporting material, including the candidate's biographical details, photograph and election statement, is noon on Friday 3 March 2006.

All nominations must be made on an official nomination form. To obtain a nomination form and guidance papers, please contact the head of central administration (tel 020 7572 2204; e-mail averil.ridgway@rpsgb.org) The nomination form and the guidance papers are also available from the Council page in the "About the Society" section of the Society's website (www.rpsgb.org/society).

Ann Lewis
Secretary and Registrar

Community Pharmacists Group Committee election 2006

The seven elected places on the Royal Pharmaceutical Society's Community Pharmacists Group committee fall vacant at the end of May 2006.

Members of the Community Pharmacists Group are invited to nominate candidates for election to the group committee. Please note that candidates must be members of the group and that the group committee also includes two members appointed from among the Council of the Society.

Nominations should be received by the secretary to the group by 18 March 2006. Each nomination must be signed by at least five members of the group.

Those accepting nomination as a candidate are asked to send their biographical details, with a statement of policy amounting to not more than 200 words.

Nomination forms are available from the secretary to the Community Pharmacists Group at the Society's headquarters and from the CPG section of the Society's website (www.rpsgb.org).

The election will be conducted using the single transferable vote system. Voting papers will be sent to the members of the group in April. The closing date for the receipt of voting papers will be noon on 12 May 2006.

Elected members of the group committee normally serve for three years. However, the structures supporting the Council will be reviewed as the reforms stemming from the Society's new Charter and the proposed new legislation are agreed and implemented. Depending on the timing and outcomes of this review, the term of office for

members elected in this election might be reduced.

Sadia Khan
Secretary to the Community Pharmacists Group

Hospital Pharmacists Group Committee election 2006

Nominations are invited from members of the Royal Pharmaceutical Society's Hospital Pharmacists Group for candidates to stand for election to the committee.

There are vacancies for two committee members to represent England and one to represent Wales.

Candidates to represent England in the election must be group members resident in England and may be nominated only by group members also resident in England.

The candidate to represent Wales in the election must be a group member resident in Wales and may be nominated only by group members also resident in Wales.

Nominations should be submitted to Robert Clayton, secretary to the Hospital Pharmacists Group, at the Society's headquarters, and should be received by 18 March 2006.

Nominations need not be made on a special form. The proposer should state his or her registered name, registered address and registration number. The nominee must submit confirmation that he or she is agreeable to the nomination.

If more candidates are nominated than there are places to fill, an election will be carried out by postal ballot in April 2006. Only members of the group living in England will be eligible to vote for two committee members to represent England. Only members of the group living in Wales will be eligible to vote for one committee member to represent Wales. Candidates will be required to submit a statement of policy amounting to no more than 200 words.

Elected members of the group committee normally serve for three years. However, the structures supporting the Council will be reviewed as the reforms stemming from the Society's new Charter and the proposed new legislation are agreed and implemented. Depending on the timing and outcomes of this review, the term of office for members elected in this election might be reduced.

Robert Clayton
Secretary to the Hospital Pharmacists Group

DEATHS

Curry On 14 February, Mary Edwina Curry, aged 93, of c/o 66 Douglas Road, Longniddry, East Lothian EH32 0LJ. Mrs Curry registered in 1937 and retired from the Register in 2004.

Falconer Recently, William Gibb Falconer, MR.PharmS, aged 84, of 65 Beresford Road, Lilydale, Victoria 3140, Australia. Mr Falconer registered in 1943 and retired from the Register in 2001. He worked in community pharmacy until 1976, when he joined Allen & Hanburys as a medical representative, retiring from work in 1986. He is survived by his wife Susan and daughter Ann.

TRIBUTES

Humphreys In a tribute to the late Kenneth John Humphreys (*PJ*, 11 February, p187), DRUMMOND FORBES writes: As the district pharmaceutical officer appointed to move hospital pharmacy in Southampton forward from the old cottage hospital to the challenges of a new teaching hospital, I could not have made a better appointment than Ken Humphreys.

There was no clinical pharmacy input and Ken charmed his way to establish the ward pharmacy service for me. There was often suspicion and perhaps resentment by some consultants that pharmacy should check up on them. Ken managed to win over the doubters by offering his unique blend of wit, charm and gentlemanly conduct.

Coming from an academic background at Sunderland, his clinical knowledge was thorough. He never hesitated to admit his weaknesses and then work with medical staff to gain a better understanding. He was also a great tutor.

Clinical pharmacology under Professor Charles George was just beginning and Ken and I worked with Charles to establish a great relationship that was to prove so fruitful in the years that followed at getting clinical pharmacy in Southampton established.

Ken and Joan offered their enviable home hospitality to many staff, visitors and preregistration trainees who passed through the department. My family remember Ken with great affection. He was a wonderful raconteur and we had so many wonderful times together. But, most of all, Ken was "top drawer" and I am desperately sorry to lose such a good friend.

DIARY

Headquarters meetings

The following meetings take place at the Royal Pharmaceutical Society's London headquarters

Monday 20 February
Statutory Committee. 9.30am.

Tuesday 21 February
Statutory Committee. 9.30am.

Wednesday 22 February
Statutory Committee. 9.30am.
Community Pharmacists Group
10.30am

Thursday 23 February
Statutory Committee. 9.30am.

Friday 24 February
Adjudicating Committee. 9.30am.

Local meetings

Events listed below are meetings of Royal Pharmaceutical Society branches. Details of all future meetings notified to *The Journal* appear in the Diary section of *PJ Online* (www.pjonline.com/diary)

Tuesday 21 February
Ayrshire "The role of the National Pharmacy Association development pharmacist" by Billy Templeton. Gables Lodge, Irvine. Finger buffet 7pm, meeting 7.30pm.

Brighton "Asthma" by Mark Jackson (consultant in respiratory medicine). Audrey Emerton Education Centre, Eastern Road, Brighton. 8pm. (Check with secretary in advance for supper availability.)

Dudley and Stourbridge "The community pharmacy contract" by Duncan Jenkins (adviser in pharmaceutical public health) and Patrick McGrath (community pharmacy clinical governance facilitator, Dudley PCTs). Clinical Education Centre, Russells Hall Hospital, Dudley. 8pm.

Durham "Lipid profiles in diabetes" by a local diabetologist. Eden Arms Hotel, Rushford. Light buffet 7.30pm, meeting 8pm.

Liverpool "Inflammatory bowel disease: an overview" by Gareth Nickless (senior pharmacist, Royal Liverpool and Broadgreen University Hospitals NHS Trust). Liverpool John Moores University. Buffet 7.30pm, meeting 8pm.

Mid Glamorgan East "Responding to symptoms: eyes" by Michael Johnson (senior optometrist, Bristol Eye Hospital, and associate lecturer, Cardiff University). Rhondda Heritage Park Hotel, Porth. Buffet 7.30pm, meeting 8pm.

Wednesday 22 February
Barnet "Hands-on diabetes" by Andrea Ng (diabetes specialist nurse manager, Barnet Primary Care Trust). Education Centre, Barnet Hospital. Buffet 7.15pm, meeting 8pm.

Bedfordshire "Everyday decisions you make in pharmacy and the consequences that arise" by David Pruce (director of practice and quality improvement, Royal Pharmaceutical Society). Main Building, Cranfield University, Silsoe. Buffet 7.30pm, meeting 8pm.

Bristol Pharmacy technicians meeting: "Chronic obstructive pulmonary disease" by Caroline Bazell (specialist respiratory nurse). BAWA Leisure Centre, Southmead Road, Filton, Bristol. 8pm.

Teesside "Stress relief for pharmacists" by Kurt Ramsden (public relations officer, Teesside branch, Royal Pharmaceutical Society). Parkmore Hotel, Eaglescliffe, Stockton on Tees. Buffet. 7.30 for 8pm.

Thursday 23 February
Bath "Online continuing professional development workshop" (please bring passwords). Room 3.22, Clinical

Pharmacy and Pharmacy Practice Learning Centre, University of Bath, Claverton Down, Bath. 7.30pm for 8pm meeting.

Lanarkshire "Medical use of cannabis" by Tony Mofatt (School of Pharmacy, University of London). Hilton Strathclyde Hotel, Bellshill. 8pm.

Monday 27 February
Bristol "Dermatology principle and practice — at your fingertips" by Tim Mitchell (dermatology GP specialist). BAWA Leisure Centre, Southmead Road, Filton, Bristol. 7.30 for 8pm.

Bury and Rochdale "Pharmacy support staff education and development" by Alison Simpson (North West lead for pharmacy support training and development). Village Hotel, Waterfold Business Park, Rochdale Road, Bury (off M66 at Junction 2). 7.30 for 8pm.

South Lincolnshire "Top tips for continuing professional development made easier" by Diane King (local CPD facilitator, Royal Pharmaceutical Society). Marriott Hotel, Grantham. Buffet 7.30pm, meeting 8pm.



Royal Pharmaceutical Society of Great Britain

London headquarters

Switchboard 020 7735 9141; direct dialling, see 'Medicines, ethics and practice'; fax 020 7735 7629; e-mail enquiries@rpsgb.org; website www.rpsgb.org

Scottish Department

Headquarters of the Society in Scotland (including library and information service) 0131 556 4386 (see also 'MEP' guide); fax 0131 558 8850; e-mail info@rpsis.com

Welsh Executive

Headquarters of the Society's Welsh Executive 029 2041 2800; fax 029 2041 2810; e-mail wales@rpsgb.org

Information centre

Book loans and information Library (loans, photocopies) 020 7572 2300; e-mail library@rpsgb.org Technical information, 020 7572 2302; fax 020 7572 2499; e-mail techinfo@rpsgb.org

Pharmacists' advisory service

Information on legal and ethical matters relating to pharmacy practice, 020 7572 2308; fax 020 7572 2510, e-mail ftp@rpsgb.org

Pharmaceutics information

Information, advice and problem-solving 020 7572 2302; fax 020 7572 2499; e-mail pharm.div.rpsgb@dial.pipex.com

Benevolent fund

Financial help for pharmacists and their dependants and information about convalescence 01926 315994 or 01323 890135

Pharmacists' health support programme

Confidential help and support for pharmacists who experience problems with alcohol and other drugs of addiction 01926 315138

Listening friends scheme

Help from pharmacists trained in dealing with stress 020 7572 2442

Pharmaceutical press

Purchase of books and subscriptions to journals 01767 604971; fax 01767 601640; custserv@turpin-distribution.com; website www.pharmpress.com