

CPD

Reimbursement for workshop is not enough

From Mr R. E. Levy, MRPharmS

I am in receipt of an invitation from the Centre for Pharmacy Postgraduate Education to attend a workshop in which I will have the "opportunity to contribute to CPD Pilot Phase II."

My participation, I am told, will help "identify further learning needs and issues that need to be addressed to ensure success in helping colleagues involved in the next phase of this CPD Project".

A useful workshop I thought. My chance to have a say and make a worthwhile contribution. That is until I read the final paragraph which informed me that attendees would be reimbursed with "standard-class travel costs and the normal Department of Health contribution to locum fees". After ringing the CPPE offices I was informed that the normal DoH contribution is £40 per day. "Wow," I said, "that much?"

I am a full-time locum, and to cancel a booking to attend this workshop will cost me approximately £200, only to find myself being reimbursed to the tune of £40.

In the year that our retention fee has risen astronomically, and we are told that most of the extra amount is to cover CPD expenditure, I find this state of affairs insulting to say the least. Why cannot some of this money be released to reimburse fairly those wishing to attend such workshops? After all, this is what the increase was levied for, was it not?

Robert Levy
Manchester

ROBERT DEWDNEY (head of education division, Royal Pharmaceutical Society) replies: Readers should note that although the CPPE and the Society work closely with each other on a variety of projects they are independent of each other. The CPPE has no access to, or accountability for, the fees levied by the Society.

The CPPE is a Department of Health-funded organisation based within the University of Manchester that provides continuing education workshops and distance learning materials free of charge to pharmacists (and modest reimbursement of some of pharmacists' incidental

expenses). Increasingly, CPPE tries more broadly to facilitate pharmacists' continuing professional development.

Readers will be pleased to know that the pilot workshop on CPD, in preparation for the roll-out of a Society-led CPD system for pharmacists, was valued by participants and presenters alike and proved a useful test-bed for more such workshops later in the year.

CLINICAL GOVERNANCE

There but for the grace of God

From Mr S. A. Reeve, MRPharmS

Every pharmacist knows the sickening realisation of making a bad mistake. You agonise about what to do, what to say, whom to tell. Later, the event replays itself over and over in your mind. You become the "second victim" as described by Wu.¹

Being involved in an error or patient injury is extremely distressing but it is the attendant feeling of guilt or remorse and the desire to prevent it happening again that makes you a true professional. However, the very existence of this error damages your professional self-image.

Medication errors are a fact of life. Errors are not all due to the individual. They can arise from poorly designed procedures, premises or systems. These are "errors waiting to happen" — critical incidents. Refinement of our procedures, processes and systems is one aspect of clinical

governance. Planned improvement will minimise errors. Well-trained staff, clear procedures and a safe environment are essential. Early recognition of poor standards, decisive intervention, effective self-regulation and feedback on performance and error reporting, are all part of the clinical governance process.

The question is, are we up to it? When given the opportunity to help and the barriers of shame and blame of punishment are removed, then pharmacists will eagerly work to improve the safety of their patients, and will be in a position to help others to minimise the chances of error occurring.

"Local champions"— individual pharmacists — can, by their enthusiasm, motivate others to make improvements. However, major system changes require direction from the top — leaders to communicate their commitment, and that of their organisation, to their fellow pharmacists.

A system of "no blame" error reporting is a start to this process. Communication of ideas to prevent errors, for example, not relying on memory, not using out-dated literature sources, using computer generated standard prescription doses, redesigning patient packs, segregating oral anti-diabetic medicines, and separating "look-alike" patient packs within the dispensary.

When errors occur, we should learn and prevent rather than blame and hide. It is time to channel attention to our error-prone health care systems. We need to learn from failures and

spread good practice. Let us talk about it.

Stuart Reeve
Clinical Governance Lead
Pharmacist,
Leeds Health Authority

REFERENCE

1. Wu AW. Medical error: the second victim. *BMJ* 2000; 320:726-7.

CHECKING TECHNICIANS

Need a nationally approved qualification

From Mrs L. E. Henderson,
MRPharmS

What is a checking technician? What are their qualifications? Who is their regulatory body?

Is any self-respecting pharmacist going to allow someone with an unspecified dispensing qualification dispense medicines on their behalf when this person does not take ultimate responsibility?

I am not anti-technician. I have worked with excellent dispensers whose abilities I would trust implicitly but, over the past 30 years, I have also worked with some who have been less than responsible and, sometimes, dangerously incompetent.

The Royal Pharmaceutical Society should take the lead in controlling this issue, not allow a commercially orientated multiple with a pharmacist manpower problem to introduce its home grown checking technicians. We need a nationally approved qualification which is independently examined and a register of all persons who have attained and maintained this standard. The checking technician must also be legally accountable for his or her own actions and errors.

I agree with Andy Murdock (*Pf*, 27 April, p569) that community pharmacists must embrace change and an extended role as we have always had an underused knowledge of drugs. But we must not lose the confidence of the public, who trust our dispensing skills, by rushing into employing checking technicians before we have organised, as a professional body, appropriately qualified personnel to take over this essential duty.

Linda Henderson
Chester

ADVICE FOR CORRESPONDENTS

Letters for publication can be posted, faxed, or sent by e-mail to letters@pharmj.org.uk and should not normally be of more than 400 words. The Journal reserves the right to abridge letters and to edit them for clarity and style. Pharmacist correspondents should supply their membership numbers and a contact telephone number should always be given. As a result of changes to the Annual Register of Pharmaceutical Chemists, women correspondents should specify a preferred title otherwise "Ms" will be used.

Letters are accepted for publication on the understanding that they have not appeared anywhere previously. If the issue is of such significance that the correspondent has simultaneously submitted the letter elsewhere, it is the responsibility of the correspondent to inform The Journal at the time.

Letters that are critical of individuals, organisations or companies may be sent to the person or body concerned so that they are given a simultaneous right of reply. In these instances, the authors' identities will not be disclosed until publication, and publication may be delayed.

Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent.

Roche should pay for blood glucose meter checking

From Mr B. Patel, MRPharmS

I read K. P. Chandi's letter about checking patients' glucose meters free of charge and the response from Jason Lovatt of Roche Diagnostics (*PJ*, 30 March, p431). Instead of giving Mr Chandi, and, indeed, the rest of us, an answer to his question, Mr Lovatt thrills us with his business acumen and customer service philosophy.

I have shown Mr Lovatt's response to several of my patients and his assertion that checking meters would only take five minutes was met with incredulity by one and all. They all said several tests are required.

Roche Diagnostics should pay someone to service its meters. I am sure there was a queue of people who were willing to buy the checking solutions and do the checking free of charge. But out of the goodness of its heart Roche chose pharmacists. Well thanks, but no thanks.

Bakul Patel
Purley,
Surrey

Time to stick labels where they belong?

From Mr D. R. Kaye, MRPharmS

Although I have never been to Germany one of the things that strikes me about the place is that they do not label medicines. Here is the home of the Audi TT, and a health system that is the envy of Tony Blair, yet there are no labels on boxes of tablets.

Could anyone estimate the amount of money that the National Health Service spends on labels and labelling? In hospital, how many over-the-counter packs are relabelled with the same information to provide a space for accident and emergency staff not to write the patient's name? There are pre-packing units which specialise in the business. Changes in out of hours services means that the

need for pre-labelled products will increase further. The use of patients' own medicines in hospital means that packs are constantly relabelled as doses change. The time spent relabelling could be used to explain to patients why their dose had changed.

So why do we label everything? Do we label things as a substitute for two-way communication? As we move from patient compliance to concordance labels are an out-moded concept, a symbol of medical hegemony. Being British are we so reserved that we use labels as an opportunity to avoid talking to a stranger? If we did not label drugs pharmacists would have to discuss the contents of a bag of medicine with a patient, rather than hand it to them as happened with a recent prescription of mine. I might have well have received my prescription in the post.

Verbal communication should be part of pharmacy's defence against electronic retailing.

Pharmacists would be able to identify those patients who do not understand the instructions given, in the time that is currently taken up preparing, applying and checking labels.

There would be other benefits. Manufacturers would no longer have to put panels on boxes which say "affix label here", yet which are too small to fit a label. Patients would no longer risk poking their eyes out on flagged labels on eye-drops. Children would no longer be advised to avoid alcohol, driving or operating machinery.

As the NHS is modernised it is time to stick labels where they really belong, into Room 101 at the Department of Health?

David Kaye
Swinton, Manchester

The gagging code for Council

From Mr R. Blyth, FRPharmS

So, the majority of would-be members of the Royal Pharmaceutical Society's Council are apparently happy to submit to the gagging code which members of Council are expected to observe (*PJ*, April 27, pp584-6).

The price of freedom, including free speech, is eternal vigilance. Of course, freedom

brings problems, but lack of it brings greater problems. We fought for freedom at great expense of life and wealth two or three generations ago. Does the younger generation need to be reminded of that?

It is a truism that all politicians dislike dissent. Hence the need for a free press, the great bulwark of democracy.

Suppression of free speech silences the whistleblowers. Corporate governance programmes have not always proved an effective substitute for whistleblowers.

Moreover, the mania for keeping ranks closed has done the medical profession no favours in recent years.

The Society's motto expresses concern for health. A healthy Society, like society itself, requires freedom of speech.

Robert Blyth
Milton Keynes,
Buckinghamshire

Information on financial accounts unsatisfactory

From Mr R. C. Mills, MRPharmS

I would strongly support the members of the Hull branch (*PJ*, 13 April, p498) in their efforts to obtain fuller and clearer statements of the financial accounts of the Royal Pharmaceutical Society. Surely, it is not acceptable for the Council merely to tell the membership that there are internal committees overseeing the Society's financial activities and ensuring all is under control. Even the local sports clubs of which I have been treasurer would expect a higher degree of transparency than this.

May I therefore add to the list of questions to which I believe the membership are entitled to have more detailed answers. We have heard much about the purchase of the President's new flat and I am sure that I am not alone in asking:

- 1 How much money was spent on the furnishings of this property?
- 1 What is the budget for the annual maintenance of this property?

At the same time, as we are now being asked to elect new honorary auditors for the next three years, perhaps we could be given answers to the following:

- 1 How long are the honorary auditors given to examine the account?
- 1 Do the honorary auditors get a final set of accounts?
- 1 Can the honorary auditors ask for further information and, if so, do they receive it?
- 1 Why did all the honorary auditors not attend the auditors' meeting in 2001?

I would also be interested to know whether the members of other equivalent professional bodies receive more information than we do from the Royal Pharmaceutical Society.

R. C. Mills
Ascot,
Berkshire

ANN LEWIS (Secretary and Registrar, Royal Pharmaceutical Society) replies: The honorary auditors receive the final account and attend the meeting at which they can ask for further information and at which they sign the accounts.

We will press for answers

From Mr G. M. Hill, MRPharmS, and others

We were disappointed by David Allen's reply to our letter (*PJ*, 13 April, p498). We asked him 12 direct questions and he failed to answer a single one of them. Non-financial questions about benefits to be gained from a new database system, why the results of the CPD pilot have not been published and milestones for the modernisation process were completely ignored. Further, his reply stated that there were a number of misconceptions in our letter, yet he failed to highlight or correct any.

Mr Allen indicated that he was only prepared to answer questions on the 2001 accounts at the annual general meeting. Rest assured we will be asking him about the costs of the previous database update and how much has been spent on the modernisation process to date. If answers to these questions are not forthcoming, we intend to

press the Royal Pharmaceutical Society, its Council and the Treasurer for answers by all means possible.

G. M. Hill
Cottingham,
North Humberside

P. J. McGorry
M. P. Smith
A. S. Hersom
B. Wells
Hull,
North Humberside

J. McDonald
Beverly,
North Humberside

Retention fee payment by credit card

From Mr M. H. Anisfeld,
MRPharmS

Today I received at my United States home, by second class United Kingdom mail, the annual request for my retention fee which, because I live in the US, means I need to obtain an international money order to make the payment. This costs me US\$75 in bank fees, almost 40 per cent of the overseas retention fee itself, takes several days to obtain, and is a major hassle to get.

I do not understand why the Society cannot do what all other UK professional associations I belong to are able to do, and that is to accept my annual membership payment by credit card. Even charging me an extra 3–4 per cent over and above my retention fee to offset any charges the credit card company would make against the Society still means that I, and I am sure most members, would be well ahead. In fact the Society could hold my credit card details and automatically bill me every year, significantly improving the Society's cash flow by receiving prompter payments.

I am not suggesting this is rocket science, or even that it is a major breakthrough in creative accounting. I only want the Soci-

ety to be responsive to and convenient for members. Even emailing the annual reminder or being able to renew membership on the Society's website would save the Society a fortune in postage and administrative costs. We keep hearing about how cash poor the Society is — these are simple, 21st century ways to save significant amounts of money and to provide a convenient and decent service to the membership.

Michael Anisfeld
Illinois,
United States

SOCIETY FELLOWS

Status used to be by examination

From Mr R. I. Felix, FRPharmS

I agree with William Peberdy (*PJ*, 20 April, p537) that all fellows of the Royal Pharmaceutical Society should be listed and have the prefix "F" on the Society's website. I have no objection to the Society electing fellows, but it should be remembered that the 632 fellows omitted from the website achieved their status by examination. Many worked hard, often under financial constraints to achieve a higher standard of education in order to pursue more scientific careers outside community pharmacy, for example, in the pharmaceutical and allied industries.

R. I. Felix
Heswall,
Wirral

PJ ONLINE

Does *PJ Online* negate the need for *The Journal*?

From Dr T. C. Hamilton,
MRPharmS

The positive comments from Tim Saunders (*PJ*, 27 April, p572) concerning the

attributes of *PJ Online* reflect my own views. First, for those members abroad who wait three months to receive *The Journal*, and have access to *PJ Online*, what is the point in posting *The Journal* to these members? Secondly, for any member such as myself who has access to *PJ Online* at home (or at their business), it is not necessary to receive *The Journal*.

Cost savings should be achieved by offering members the option of whether or not to receive the paper copy. In addition, members should be given a discount on their annual membership fee to the Royal Pharmaceutical Society. If, as I suspect, access to *PJ Online* is free to all interested readers whether they are members of the Society or not, then I suggest that limited access should be available to the general public unless the individual commits to a subscription to the online version.

Each week *The Journal* contains a limited number of articles of genuine interest to me, but I particularly dislike the high number of pages devoted to advertisements. For example, the issue of 27 April contains 43 pages of advertisements and fewer (39) pages of editorial material. Admittedly, a few of these advertisements contain useful information about new products but most are for recruitment. Although the latter may provide some amusement about the claims being made in the job descriptions, I find it difficult to accept that each week I am compelled to receive *The Journal* containing all of these advertisements. Obviously these adverts are invaluable to job seekers, and presumably provide an important source of revenue for *The Journal*, but I suggest that members should be able to decline *The Journal* in favour of *PJ Online*.

Tom Hamilton
Bishop's Stortford,
Hertfordshire

The Pharmaceutical Journal, as the official publication of the Royal Pharmaceutical Society,

has to be sent to all members in order that they receive information about the Society's business. Moreover, *The Journal* has to be sent to a pharmacist's registered address to ensure that the official notices are received (as enshrined in the bye-laws). Although web technology is becoming increasingly sophisticated, the Society cannot guarantee that an official notice has been received if an individual does not receive *The Journal* but uses *PJ Online* instead.

Members of the Society who live abroad pay a reduced retention fee and are able, upon payment of a supplement of £35 per year, to have their *Journals* sent on a priority basis.

We are sorry that Mr Hamilton objects to the volume of advertising that is carried by *The Journal*. Not only does it make *The Journal* a highly successful commercial publication, it also contributes substantially to the Society's coffers; without it the retention fee would have to be significantly higher. Wherever possible we try to ensure that the advertising/editorial ratio is no more than 50/50. However, some weeks there is much more advertising than has been envisaged and sometimes there is not always enough high quality editorial material ready for publication to maintain the editorial/advertising ratio. — EDITOR.

PJ ONLINE

The Pharmaceutical Journal's website, *PJ Online*, can be found on the internet at www.pjonline.com.

At the site, pharmacists can take advantage of a daily news services and can view the contents of the current weekly issue.

The site also contains a searchable archive of *PJ* material and a searchable database of current job advertisements.

There is also a feedback facility, whereby browsers can send e-mails to the editor and to the advertisement manager.