

CPD

## CPD will kill the profession's public image

From Mr R. Richardson,  
MRPharmS

I would ask every single member of the Royal Pharmaceutical Society's Council and the profession to stop, blank their minds of the past, and read the past two months' *Journals* properly. The image projected appears to be of fiddling with switches and knobs while the bus goes over a cliff.

Since retirement I have read avidly almost every word in *The Journal* and feel better informed now than before I retired, as do other retired pharmacists I have spoken to. Can anyone tell me how a pharmacist dispensing upwards of 5,000 items per month — that is at least the number required to pay for the pharmacist's salary — will have the mental energy to lead a normal family life and complete all this extra continuing professional development? Also, when they know absolutely everything, how will they be able to impart this knowledge to the public in the one minute and 30 seconds that they will have free for the client?

What will happen when retired pharmacists cannot immediately turn up for emergency locum duties because they have not completed the required amount of CPD? Why do I, and my pharmacist peer group, receive comments such as "I am glad it's you today. The young man or woman is so busy that I do not like to ask them"? Educa-

tion is wonderful, but the slippery slope that the Society is now on will kill the public image of the profession. A mentally taxed person does not have the reserves left for the job.

Roland Richardson  
Monaco Ville, France

PROFESSIONALISM

## Need for a strong set of core values

From Mr S. Rajani, MRPharmS

The highlights from Ian Caldwell's presentation to the International Pharmaceutical Congress (*PJ*, 21 September, p401) provide a useful summary of characteristics required to make a good professional.

I agree that identifying and appraising people's professional characteristics is a complex and difficult task. We often rely heavily on indirect and perceptual approaches. Therefore, many organisations are now using competency modelling<sup>1</sup> to assess required professional characteristics.

An approach to professional building, echoing Mr Caldwell, uses a two-dimensional plot of requirements, where one dimension is the importance of the requirement to the professional, and the other is the person's strength in that requirement relative to his or her peers. Gaps exist where a requirement is absolute, but where the person's position is one of inferiority to that of his or her peers. These displays show that continuous

self-investment in professional characteristics is required over a long haul to build and sustain professionalism.

Finally, a person's professionalism may depend not only on his or her own characteristics but also on their organisational culture. This broadly relates to the values, traditions and social norms of the organisation. The development of professional characteristics may be best observed in organisations with a strong set of core professional values.<sup>2</sup>

Sbane Rajani  
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### REFERENCES

1. Spencer L, McClelland D, Spencer S. Competency assessment methods: history and state of the art. Hay/McBer Research Group; 1994.
2. Grant RM. Contemporary strategy analysis (3rd ed). Oxford: Blackwell; 1995. pp106–39.

SMOKING CESSATION

## Funding must be maintained

From Dr T. Maguire, MPSNI

I was saddened to read A. F. Huntley's outburst on funding for smoking cessation clinics (*PJ*, 21 September, p393). His paternalistic, dogmatic and insensitive opinion is unworthy of a caring professional. Smoking is highly addictive — more addictive than heroin — and many smokers experience considerable problems attempting to stop. Smokers should stop smoking but to blame them for their habit is to forget that four out of five want to stop but find they are unable to do so.

Mr Huntley's simplistic scare tactics have not been shown to be effective and therefore less reactionary approaches to helping smokers quit have been developed and have been shown to work.

Pharmacy has an impressive record in tackling smoking and around the United Kingdom there are excellent examples of pharmacy-based smoking cessation services that boast impressive cessation rates. Pharmacists who provide these services have developed the skills necessary to

facilitate smokers to stop. It is vital that funding for such services is maintained.

Terry Maguire  
Belfast

HEALTH EDUCATION

## Developing closer links with schools

From Mrs J. Bryan and others

We were interested to read your editorial "Back to school" (*PJ*, 14 September, p348).

Wellingborough Local Health Group is co-ordinating a project entitled "Primary school primary care links", of which there are around 50 Government-funded pilots. Our remit is to develop closer links between health professionals and primary schools to develop health education. We encourage children to acknowledge that anything they put into their bodies — whether it be a prescribed medicine, an illegal substance, nicotine or a hamburger — will have an effect.

To help us, we have a willing band of local community pharmacists who are able to visit schools and talk to children. At the same time this gives children an understanding of pharmacists' role in the community.

Readers who would like more information, are invited to contact us.

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THE SOCIETY

## Financial questions

From Mr I. M. Caldwell,  
FRPharmS

The report (*PJ*, 17 August, p228) on the costs of the President's new flat is somewhat simplistic in its understatement

### 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. 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, including electronic media, 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 will usually 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.

of the true cost to the balance sheet. As I have written in the past, the expenditure of some £600,000 on the purchase of a lease results in a loss of income to the Royal Pharmaceutical Society of at least £30,000 per annum even in these days of abysmal interest rates. If this is added to the indicated running costs and the total set against the reported savings on 24-hour security of £40,000, the result is at best cost-neutral, not a saving.

I also find it unclear as to whether the reported saving on our museum activities is gross or is exclusive of the costs of packing, transport and storage on a secure site. I am intrigued by the suggestion that what I assumed was a "one-off" saving resulting from a cessation of a service to members will in future continue to generate an ever increasing saving, ie, next year we will save 13.5 per cent more, and that no account is given of the redundancy costs. I also understand that the Society will continue to be liable for storage charges on a unique collection which is no longer available for inspection.

*Ian Caldwell*  
Larkhall,  
South Lanarkshire

ANN LEWIS, Secretary and Registrar, Royal Pharmaceutical Society, replies: The property owned by the Society in "Parliament View" provides a long-term capital investment. Given the current environment, property offers a reasonable return compared with the money markets. By removing the need for 24-hour security, the Society is saving some £40,000 a year. This has also allowed the President's and caretaker's former flats to be reassigned as office space that otherwise might have needed to be rented elsewhere.

The saving referred to for the museum represents the difference between the original projected budget and the actual budgets for a three-year period of 2002 to 2004. The need for controlled climate storage for the collection had been identified irrespective of the decision to close access to the general public. As before, displays featuring elements of the collection are available for pharmacists and other users of the building to view. Researchers continue to have access to stored parts of the collection by appointment.

## Ethnic origin question is "unacceptable"

*From Dr A. B. Elliot, FRPharmS*

Having received a request to complete the document entitled Pharmacy Workforce Census 2002, I attempted to complete it and found it unacceptable that I should be asked to enter my ethnic origin. I have declined to complete this section and I have stated that "I consider that the collection of such data is racist and undesirable".

I hold this view with regard to all such collection of data on racial origins, but find it particularly objectionable that the Royal Pharmaceutical Society should reveal in its covering letter that the data are to be used "to allow

us to monitor our regulatory processes more effectively in the future".

Surely the criteria for membership and fellowship of our Society should be professional ability and integrity — not ethnic origin.

*Annie B. Elliot*  
Sheffield

ZOE WHITTINGTON and Dr SUE AMBLER, pharmacy practice research division, Royal Pharmaceutical Society, reply: The Society performs an important public function by maintaining the register of Pharmaceutical Chemists and is thus required under race relations legislation to promote race equality. It is, therefore, incumbent upon the Society to collect and analyse data about the ethnic origin of the people on the register. That means that the Society has a duty

to ask members about their ethnic origin. If the Society does not comply with the duty placed upon it, it could be challenged by an action for judicial review. In fact, the Society has collected and analysed such data since 1999.

In the most recent national census, the categories used to describe ethnic origin were changed. To ensure that the Society's data can be compared with national statistics, we have taken the opportunity presented by the workforce census to update our ethnic origin data in a cost-effective way.

The ethnic origin data are being collected to update our registration database, not to help plan for the future of the pharmacy profession.

Further information about the collection of ethnic origin data was published recently in *The Pharmaceutical Journal* (14 September, p378).

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