

Petty outburst

From Mr C. Dokier, BDS, and others

It is with grave concern that we find it necessary to share our disgust over the comments of Lloyds superintendent Andy Murdock in reply to criticism of the company's television advertising (*PJ*, 26 October, p606). Surely someone in his position should not find it necessary to stoop to the level of personal insults to defend the decisions made by his company in depicting pharmacy as a profession to the general public. Suggesting fellow professionals suffer from amnesia is insulting and more at the level of the playground bully. This is not the kind of behaviour that befits any professional.

Community pharmacy has little hope of improving its standing within the health care environment when this approach is taken by senior members of the profession. Furthermore, this kind of petty outburst does little to endear this company to pharmacists. Jealous? Not likely.

Chethan Dokier
Nottingham

Ben Hewitt
Nottingham

Richard Harris
Birmingham

Patrick Wilson
Reading, Berkshire

Marek James Dingley
Worcester

Stereotypical image

From Miss S. B. E. Dua, MRPharmS

I was surprised by the personal response of Andy Murdock to the letter from Mark Bartley "Laughing stock of the medical profession" (*PJ*, 26 October, p606). I agree with Mr Bartley.

In general, public memories are short and it is unlikely that people remember last year's advertising campaign — amnesia or not. It may be necessary for a firm to advertise a valued prescription collection service to potential customers but not in this way and at the exclusion of every other service a pharmacy offers.

I work in the hospital sector and really cringed at the advertisement. Not only is it fictitious, but it publicises a stereotypical pharmacist image/service at a time when we are trying to move forward and change public perception.

Sharron Dua
Southampton

Think again, Mr Murdock!

From Mr S. Vobra, MRPharmS

I find the sheer arrogance of Andy Murdock's reply to Mark Bartley's letter "Laughing stock of the medical profession" (*PJ*, 26 October, p606) nauseating. Mr Bartley was correct in his assertion that the advertisement in question is highly irresponsible

and ridicules the entire profession. If Mr Murdock, a superintendent pharmacist, cannot understand this, then it raises serious concerns about the professional commitment of the second largest chain in this country. Considering his reply, I am surprised that the Lloyds job advertisement in the same issue did not carry the prerequisite that all prospective candidates should hold or be willing to acquire (after appropriate training) a licence to drive motorbikes and the provision of a motorbike and crash helmet free to all successful applicants.

Think again, Mr Murdock!

Samir Vobra
Preston, Lancashire

Unprovoked attack on Lloyds

From Dr B. Wells, MRPharmS

I was astonished to read the totally unprovoked attack on the professionalism of a major pharmacy chain by Mark Bartley (*PJ*, 26 October, p606).

I do not regard the advertisement in question as being in the slightest bit unprofessional. True, it does feature a rather corpulent, slightly balding actor portraying a pharmacist, who sheds his white coat to become "Moped Man", a leather-clad superhero who collects repeat prescriptions. However, this is essential to the plot, which is to emphasise service to the customer. Also it appears that no effort was spared in the filming of the advertisement (presumably shot on location) where the actor performed his own stunts as he left the pharmacy via a back alley before roaring through the local surgery past astonished patients.

Mr Murdock was quite right to point out in his reply that the company in question has produced another advertisement, which, I recall, demonstrated other skills in addition to moped riding. If I remember correctly, an embarrassed patient attended a pharmacy and explained that he was suffering from a complaint relating to a part of his body, which he identified by emitting a whistling noise, rather than giving a graphic description. I assume that this was necessary to enable the advertisement to be transmitted before the 9pm watershed. The pharmacist spoke the same language as the patient and also identified the

patient's affected area, with the same whistle, when supplying appropriate medication.

This clearly demonstrates that pharmacists employed by the company are able to relate closely to the patient and can use colloquialisms to describe body parts as well as the next man. This must be reassuring to their clients. They must also be pleased that there were no other customers in the pharmacy at the time of such an apparently potentially embarrassing consultation, presumably because they had all been drafted into the local surgery to remove tyre marks from the reception area carpet.

I believe that to accuse any company which takes public relations this seriously of turning pharmacy into a laughing stock is totally unfair.

Brian Wells
Aldbrough,
East Yorkshire

Ebixa — potential for confusion?

From Mr D. R. Kaye, MRPharmS

Another new drug has been launched (*PJ*, 19 October, p563) with the potential to cause considerable confusion. Ebixa liquid is available as a 10mg/g (*sic*) solution. This has surely been formulated by a scientist and not a pharmacist, someone who has never tried to teach junior doctors to prescribe liquids in millilitres not milligrams, or tried to enter an unusual product on to a dispensary computer system. The Danes may have designed some great chairs and the Sydney Opera House but whoever did this must have had several Carlsbergs too many. The maintenance dose is 40 drops, which is impossible for a nurse to count to on a ward without the telephone ringing or a patient falling off a commode.

Measuring it could be used as a concentration test in itself. Is this a plot by the European Union to get rid of the millilitre? As for original pack dispensing, the product comes in a 50g or 100g pack, presumably to increase wastage, or is it that it is so difficult to measure that it may last a month rather than the 25 or 50 days intended?

Avoid this product whenever possible to prevent confusion.

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.

The Medicines Control Agency should not licence products when there is a risk of errors.

David Kaye
Swinton,
Manchester

JARNE ELLEHOLM, managing director, Lundbeck Ltd, replies: Ebixa is the first in a new class of treatment for Alzheimer's disease and is the only product licensed for the moderately severe stages of the disease. Ebixa is licensed for *bd* administration. Ebixa oral drops come in a concentration of 10mg per gram. This means that 20 drops need to be administered twice a day. The built-in drop dispenser dispenses easily and safely 20 drops within 10 seconds. This method is equally as safe and accurate as a syringe or any other measuring device. Pharmacists are welcome to contact Lundbeck for a sample for identification purposes. Ebixa is also available in 10mg tablets.

FLU VACCINATION

Choice or exploitation?

From Mr D. J. Savage,
MRPharmS

Are general practitioners able and willing to satisfy the demand for influenza vaccination? Asda and Doctorcall must think not and are prepared to bet money on it with their joint investment in a scheme to entice people to go outside the National Health Service to obtain 'flu vaccination as private patients at almost twice the price of an NHS prescription charge supply. Something is wrong here. Choice is normally a good thing, but is this innovative scheme choice or exploitation?

It was with some dismay that I read in my local evening newspaper a report about Asda's proposal to "sell" 'flu vaccinations, in store, to anyone who is interested for approximately £12 once the customer has filled out a questionnaire.

The customers they attract will presumably have been unable to obtain this worthwhile prophylaxis from their general practitioner under the NHS arrangements. The *PJ* of 5 October confirmed that Asda is to make 'flu vaccination available at its stores nationwide starting on 12 October through a collabora-

tion with Doctorcall (p470). The spokesman for Doctorcall was careful to point out that Asda would not be selling the 'flu vaccine (a prescription only medicine); it was selling a vaccination service. Similarly, Doctorcall would not be selling or dispensing vaccine; it was selling a medical service deemed to be under medical supervision despite the absence of an on-site doctor, provided the nurses administering the vaccine follow a protocol. Doctorcall will accept full responsibility for anything that goes wrong. Asda and Doctorcall must have calculated that they will attract sufficient customers to make the venture mutually profitable: dare I say, the main concern?

The report in the *The Journal* does not comment on the desirability of a supermarket as the venue to base such a service or speculate on what sort of a message this development gives to the general public about health care provisions from the NHS. The NHS is failing each and every citizen who finds that their own GP cannot or will not offer them an influenza vaccination if they are not in any of the at-risk groups or an old age pensioner, who all qualify for free vaccination. Nonetheless these people who will go along to Asda and pay are demonstrating a responsible attitude and acknowledging the value of preventive medicine, which is commendable, and the NHS should encourage them.

Was Asda correct in taking Doctorcall's assurances that "everything is legal and safe"? Who gave Dr Omar Shakoor this assurance? Could Asda be persuaded to divulge some sensitive commercial information and reveal the extent of the uptake of their 'flu vaccine in connection with this scheme? It would provide food for thought for the Department of Health and satisfy my curiosity.

There is just a hint of a silver lining to these clouds in the report on the same page of the *PJ* that pharmacists in Aberdeen are easing the workload of GPs by administering 'flu vaccine under a patient group direction. It is to be hoped that this pilot scheme works well. If it does, I would like to see it go national, provided the fee was realistic and the NHS makes 'flu vaccination available to everybody who can see the value of risk prevention.

D. J. Savage
York

Dr OMAR SHAKOOR, deputy superintendent pharmacist, Asda Stores Ltd, replies: In many stores we were overwhelmed by demand for the private vaccination and therefore share Mr Savage's view that we need to consider the positive role that retailers like Asda, with 11 million customers visiting each week, can play in meeting Government targets for vaccination programmes such as these.

Even though we are still ploughing through the data from the pilot, we are already satisfied that the demand for such a service warrants a follow-up 'flu vaccination programme on 9 November this year.

I am happy to confirm that we do not regard the information we gained from the trial as confidential and would be pleased to share the findings with any health bodies; in fact we would welcome the opportunity to share our full analysis with the Department of Health and local primary care trusts. It already seems clear that we should work closely with PCTs next year to facilitate increased uptake of 'flu vaccinations for those in defined risk groups and we may have a

role to play in relieving some of the pressure placed on the NHS to hit vaccination targets for the most vulnerable.

Let me also reassure Mr Savage on the mechanics of the service. While this was a one-day pilot, Doctorcall was in close contact with the Medicines Control Agency and the National Care Standards Agency, and offered the service in a safe and controlled manner within the current legislative framework. And it was certainly clear from customer reaction, that our price of £11.97 offered real value compared with the normal cost of around £20 for a private 'flu vaccination.

In the current uncertain climate of what should and should not be provided from community pharmacies I believe our 'flu vaccination pilot offers some food for thought for those in the profession who ask what additional roles can pharmacists fulfil. If we, at Asda, have a reputation of questioning and challenging the current system it is only because we want to provide a better service for the only people that matter — the patients.

Advertisement

Identification of crude drugs

From Professor E. J. Shellard,
FRPharmS

I would like to comment on the Evans's *Materia Medica* cabinets mentioned by your correspondent Alan Kendall (*PJ*, 26 October, p607). When I started my apprenticeship in 1930 they were still available and I had a set, although I purchased it from a pharmacist who had just qualified. When I started teaching pharmacognosy at the Bristol School of Pharmacy in 1946 students asked me about the cabinets because some of them were able to obtain them from previous students. I made enquiries and, like your correspondent, Evans Sons Lescher & Webb sent me representative samples. I have an idea that Southall Bros & Barclay, of Birmingham, also prepared sets of drugs. They certainly published an excellent book which described in detail the crude drugs in commercial use.

But the purpose of the sets of crude drugs was quite clear — it was certainly not to teach pharmacists and doctors how to prepare herbal remedies (*PJ*, 5 October, p473). Since the Pharmaceutical Society first established examinations for pharmaceutical chemists and chemists and druggists, students were required to identify, from memory, at least 20 crude drugs — and even the particular variety in some cases. Students obtained these sets in order that they could spend much of their free time looking at them so that they could easily identify the drugs put before them during the examinations.

I do not know when this practice ended but, in the 1970s, when I was responsible for the pharmacognosy course for the London BPharm at the Chelsea School of Pharmacy, I decided not to include this test in the practical examination because I did not think recognising crude drugs from memory was commensurate with a university education, especially since pharmacists were no longer handling the vast majority of these drugs in their businesses or in hospital practice.

Edward Shellard
Hounslow, Middlesex

Are we really behind Europe?

From Mr C. Morris, MRPharmS

I would like to ask a simple question. If, as we are always told, we are lagging far behind the rest of Europe in the patient pack stakes, where do the drug companies sell the packs of 10s, 20s, 30s, 50s, etc, that I always find as parallel imports?

C. Morris
Newquay, Cornwall

How perspectives on practice differ

From Mr R. B. A. Johns,
MRPharmS

I have to suggest that both Martin Stephens and Naomi Burns (*PJ*, 26 October, p605), in expressing in their different ways a degree of optimism about the future of pharmacy, may be guilty of reasoning from the particular to the general.

Throughout my 46 years on the Register, the widespread perception (surely well-founded) of hospital pharmacists has been that of a group of people practising their profession untainted by any hint of commercialism. Lest that seem like a suggestion of "ivory tower syndrome", may I say that through my occupation as a medical representative and consequent contacts with senior pharmacists (some of whom became and remain personal friends) I formed the highest opinion of their professionalism and dedication. However, it is an inescapable fact that their perspective differs from that of their colleagues engaged in either community pharmacy or in the industry, and that the latter emphatically do not share the optimism of your two correspondents (*vide* the letter from Peter Mutton on the same page).

Finally, may I emphasise that I mean no disrespect to Mr Stephens or Ms Burns in drawing attention to their use of the sort of language ("planning", "vision", etc) employed by the denizens of that ultimate ivory tower, the Department of Health.

R. B. A. Johns
Boston, Lincolnshire

Is anyone listening to the academics?

From Mr I. M. Caldwell,
FRPharmS

Broad Spectrum articles are among *The Journal's* jewels. The catholicity of content and the oft-times unique perspectives make the page required reading. In a year in which the representation of the membership and the way in which our Royal Pharmaceutical Society governs itself have dominated both your Society pages and your letters columns, there have been two Broad Spectrum articles which have raised fundamental questions about the future of the profession of pharmacy. The first was written by Professor Sandy Florence (*PJ*, 13 July, p58). In spite of highlighting the danger of losing our leading-edge scientific knowledge, this article elicited not one single response. The second is that of Geoffrey Harding and Dr Kevin Taylor (*PJ*, 26 October, p604), which emphasised that our specialist knowledge must be combined with a specialised professional attitude, and that such a combination is threatened by a decreasing input from pharmacists within the academic ambit of our universities.

If Florence, Harding and Taylor are correct, there is an urgent need to shift our focus from the current navel contemplation of modernisation to look at the horizon of the future shape of the profession and of the means of attaining that model. Indeed, last week's article pointed to a "binary divide" between pharmaceutical science and practice, whereas there must be a bipartisan approach by both

these elements. Should we lose this duality, we can bid farewell to pharmacy having a place of right in academia, industry and administration and we can anticipate further encroachment by other professions into the practice area.

Harding and Taylor also pointed to the academic manpower implications of up to nine additional universities offering degrees in pharmacy. They omitted to acknowledge that we trawl the same limited student pool as other health professions. No one has yet speculated on the impact on the "A"-level scores of future intakes resulting from admitting seven or eight hundred additional students.

Eminent academic pharmacists are using Broad Spectrum to rattle our bars. Is anyone listening?

Ian Caldwell
Larkhall, South Lanarkshire

Branches low on Society's list of priorities

From Mr W. T. Brookes,
FRPharmS

One of the main items on the agenda of the Royal Pharmaceutical Society's branch secretaries' meeting on 16 October was a discussion on the implementation of the Council's decision to change the method of funding branches as a result of its decision to reduce the allocation for this purpose. This is the second time in less than a year that the Council has cut back funding to the branches, the first being

the abolition of funding for delegates to the British Pharmaceutical Conference.

Many present at the meeting spoke against the principle of the decision — a reduced “core” fund for the administration of branches and a centrally held (and therefore controlled) “pot” against which branches could bid for extra funds. Even more had serious doubts about the practicalities of implementing this bidding system. It seems that the Council, having come up with the idea (one rejected by branch secretaries last year), had only questions as to how it would work. It seemed to have no thoughts on a method which would be quick and easy to operate, not require extra staff at Lambeth or be a burden on already hard-pressed branch officers. Hence the Council’s request for ideas from the meeting — a bit like sentencing the branches to death by hanging and then asking them to choose the rope and depth of drop. Needless to say there were only questions, mostly on the problems of devising a branch programme without knowing what funds would be available.

Since less than half the Society’s branches were represented at the meeting I would urge all branches to let Lambeth have their views on the Council’s decision and their ideas, if any, on how the bidding system could operate in a quick, simple and effective way without more staff or being a burden to branch officers.

Once again I fear that the Council has shown how far down on its list of priorities is the branch system and its members.

W. T. Brookes
Stoke on Trent

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.

WORKFORCE CENSUS

Who can be sure of their ethnic background?

*From Mr M. S. Kaufman,
MRPharmS*

It should now be becoming clear to Zoe Whittington and Dr Sue Ambler of the Royal Pharmaceutical Society’s practice research division that a significant proportion of our colleagues object in principle to classification by “ethnic origin”.

For those who need an explanation of the objection it must be pointed out that the entire concept of ethnicity is arbitrary, unreliable and fraught with danger.

For confirmation please refer to historical accounts and news reports from around the world.

It is indeed a wise child who knows his own father, but which of us can name with certainty our great-grandfathers?

Extramarital relationships are not exclusive to the 21st century and used to be well-guarded secrets. The pursuit of tracing

one’s origins through the generations is a harmless interest at the personal level but dangerously divisive racialism when demanded by a government department or a professional body on the pretext of promoting “race equality”.

At one time there was a high proportion of males of Jewish origin joining the register; more recently one sees few Cohens or Levys but quite a number of Patels. I have every confidence that the pharmaceutical needs of the community will be just as well served by Ms Patel as by Mr Cohen.

Who can predict the “ethnic origins” of pharmacists joining the register in 50 years’ time? And who cares? And why?

If it ever becomes a legal requirement to disclose one’s “ethnic origin”, I shall wear my yellow star with pride. In the meantime, the fact that some of us decline to give the information requested or give deliberately misleading answers invalidates the entire misguided exercise.

Martin Kaufman
Hemel Hempstead,
Hertfordshire

Looking forward to voting in Council election

From Mr F. R. Bayliss,
MRPharmS

I am pleased to see that elections to the Council of the Royal Pharmaceutical Society will be on the basis of first past the post (*PJ*, 12 October, p545). I, for one, look forward to voting again. When the single transferable vote system was first introduced I was not happy. The candidate I voted for came fifth on the first count but after the wheeling and dealing with second choices, etc, he was deemed to be seventh, and not elected.

The *Daily Mirror* cartoonist summed up my feelings when Andy Capp once said: "What's the use of a democracy when the person you vote for doesn't win?"

My only misgiving about the recent reforms is that non-pharmacists are to sit on the Council. Surely, in any club or organisation, the people who stand for committee at the annual general meeting must be paid-up members?

F. R. Bayliss
Cuckfield,
West Sussex

What is the meaning of "clinical governance"?

From Mr N. R. Frith, MRPharmS

I have just received the Royal Pharmaceutical Society's videotape on continuing professional development, which I like. Indeed, I have been performing CPD for some time now. However, I have a certain unease with clinical governance. I found it difficult to put my finger on the problem and then I realised it was the vocabulary.

I referred to my dictionary (Chambers 21st Century). It gives three definitions for governance: (i) the act or state of governing, (ii) the system of government, and (iii) authority or control. For a community pharmacist, definitions (i) and (ii) would be grandiose; even defini-

tion (iii) makes me feel uncomfortable. I suppose it is because I consider myself a public servant and do not like even a suggestion of authority, even if it is only over clinical matters.

Can someone reassure me about the use of "governance" so as to bring me into "compliance"?

Bob Frith
Chatbam,
Kent

How will the oddballs fit?

From Mr M. J. How, MRPharmS

I have received the Royal Pharmaceutical Society's videotape on continuing professional development and also revisited the Code of Ethics statements and the Society's website. Under the areas of competence for all pharmacists are several areas that I have no means of gaining information on and, in fact, have no need for in my area of competence and professional endeavour. As examples of this I would mention prescription interpretation, health education and promotion, and NHS reimbursement systems. The Society's website is silent on the areas of competence that should be the subject of CPD for industrial pharmacists.

I fully support the need for CPD and revalidation of professional competence. I understand the priority for those of our profession that have a direct relationship with patients. I am extremely concerned that in the headlong rush to implement this there are those of us who feel strongly that we, too, are professionals in the practice of pharmacy and we are being forgotten. I am concerned that I will be rejected by my profession, not for incompetence or malpractice, but because I do not fit.

Perhaps it is time to split the register so that there is a facility such that those of us who do not come into contact with patients can still carry out our practice in a regulated environment. This feeling is further reinforced by

the change to the voting system for the Society's Council. It is clear that industrial pharmacists have no further way of getting their voice heard. Perhaps the register could be split into NHS practitioners and non-NHS practitioners with appropriate regulation for each.

I strongly believe that we deserve better than the meagre, ill-defined scraps we are thrown at the moment. Despite the warm words about oddballs like me fitting, this is not the message I am picking up.

Mike How
MJH International Ltd

What about non-practising pharmacists?

From Miss S. Rai,
MRPharmS

After registering as a pharmacist, I became a barrister and I continue to practise as a barrister. The last time that I practised as a pharmacist was about four years ago. I have no intention to return to the pharmacy profession, and pharmacy has no relevance to my current specialisation. I do pay the same retention fee as those members of the Royal Pharmaceutical Society who practise full-time and who welcome the articles in *The Pharmaceutical Journal*. Unfortunately, the *PJ* is of no relevance to me. However, if I had the time, I might show some interest in the dealings of my past profession. In view of my current profession's requirements, I have little time to do so.

I think that compulsory CPD is essential for any profession to maintain a high level of professionalism and competency. I currently have to do compulsory training to carry on being a practising barrister. What occurs if a person does not do CPD? If a person does not do their CPD points, they should be given a short period to complete them, and thereafter be struck off the register, with an appeals process in place. However, the main issue that concerns me, and many other people who are members of the Society and who no longer practise as a pharmacist or in the pharmaceutical industry, is that doing CPD is, frankly, a waste of time. Thus, it would seem sensible to have a register for practising and non-practising members

(with a reduced retention fee). In order to be restored to the practising register, certain courses or CPD hours would need to be completed. Thus, those who are competent can practise, and those who are not cannot until they become competent.

I will not do any CPD, but I would like my links (however tenuous) to the pharmacy profession to remain, because my first degree was in pharmacy and I am proud of being recognised as a pharmacist. However, if there is no non-practising register, then I will have no links.

It is essential that the Society sets up some form of process to discuss these matters, and deal with them in such a way that the profession can be recognised for the knowledge that pharmacists possess and the high degree of professionalism that the majority have. I certainly do not possess the same knowledge as those pharmacists who currently practise full-time, and the Society needs to recognise that.

Sonia Rai
South Kensington,
London

The Society deserves credit

From Mr P. J. Sealey, MRPharmS

Robert Dewdney was right: the letter from A. X. Paschalides (*PJ*, 26 October, p606) prompted me to watch the continuing professional development videotape, which had lain unopened on my sideboard for rather longer than it should have done. OK, so it did not have me on the edge of my seat with excitement, but then neither did I squirm with embarrassment.

"Surely not actors," Mr Paschalides says, and here lies the key to the success of the video: use real pharmacists in their work-places, together with a professional presenter/interviewer, to convey their apprehensions and experiences of CPD to the enlightenment of the rest of us (though not Mr Paschalides, of course, who clearly is already in the fast lane of the CPD highway). No amount of *PJ* articles could hope to achieve what the videotape does and I think the Royal Pharmaceutical Society deserves credit for this.

Philip Sealey
Warwick

TELEPHONE NUMBER

It would be helpful if all correspondents, including e-mail correspondents, would supply a daytime contact telephone number.