

PSNC should seek judicial review

From Mr J. M. Goldie, FRPharmS

The season of goodwill and pantomime was upon us as the "Broker's men" in the form of the Government once again released bad news when practitioners had other matters upon which to concentrate.

I refer to the news that community pharmacists will no longer be paid the "Fee related to threshold quantities" (*PJ*, 14 December 2002, p835). It was item H under "Professional fees" in the December 2002 Drug Tariff but is omitted from the January 2003 edition — another surreptitious attack on our remuneration.

In conversation with a Pharmaceutical Services Negotiating Committee member who agreed with my disgust at the underhand manner of its introduction and the fact that pharmacy was again the butt of Government's parsimony, I was asked what could the PSNC do?

It was only subsequently that I realised what the PSNC could do — they could seek a judicial review of the Department of Health's action. When the cost plus contract was unilaterally ended by the Government, the PSNC failed initially to take any action; eventually it sought a judicial review only to be told that had it objected at once it may well have succeeded but by delaying it had accepted the state of affairs.

If contractors feel sufficiently strongly, they should write to the PSNC along these lines expressing their views and asking that action be taken while they are still in business to benefit from a victory.

(If there is a good reason why this payment is discontinued contractors should be told: come on PSNC, or perhaps the Department, why has this payment been ended, where has the money gone? The profession is hanging on your every word.)

If pharmacy contractors are prepared to suffer in silence and not to object to these repeated attacks on their income then they will have only themselves to blame for the eventual demise of their business. Make a fight of it, if you are going to be sunk then go down with the band playing and the guns blazing; do not fade out in a whimper. It is your business and your future as well as the future of community pharmacy.

J. Malcolm Goldie
Newcastle upon Tyne

Possible fraud with NRT

From Mr J. P. Mason,
MRPharmS, and Ms B. M. Baxter,
MRPharmS

One of our pharmacist colleagues has brought to our attention a scam involving nicotine replacement therapy (NRT) products. Apparently, some patients who have received NRT at National Health Service

expense, either on FP10 or via a patient group direction or other service, have been attempting to return the product to a pharmacy in order to gain a refund.

We are aware that a similar approach has been used in the past for other over-the-counter products supplied at NHS expense. A common example is Wysoy, where parents attempt to return it for a refund claiming that they purchased the wrong product. To indicate that the product was provided at NHS expense a number of pharmacists mark tins of Wysoy with the *Recipe* symbol.

We have been informed that in the case of NRT, at least one pharmacy's staff have taken to writing "FP10" or "NHS" across barcodes to counteract fraud.

We would advise our colleagues to ensure that dispensary staff are aware of the potential for fraud when OTC products are supplied at NHS expense, in order that they can take appropriate action.

Jonathan Mason
Prescribing Adviser

Brigid Baxter
Prescribing Support Pharmacist
Canterbury and Coastal Primary
Care Trust

Laws of supply and demand

From Mr J. Silcock, MRPharmS

Some *PJ* authors and letter writers are busy misinterpreting the standard laws of supply and demand with regard to fees for locum services. Briefly, if a large number of small suppliers and consumers have perfect knowledge about a service, then its price should reach a stable point at which everyone who wishes to trade does so. Fluctuations in locum rates are to be expected as supply and demand vary throughout the year and geographically. A flat rate for all locum services anywhere in the UK would indicate the absence of normal market forces.

Naturally, if a locum is required quickly or with particular skills, then the fee will be higher because supply is limited. Major distortions may arise from the actions of large suppliers and consumers. Thus, PPLS, one of the largest locum agencies, is able

to set default rates and enforce them reasonably well. Lloyds, one of the largest users of locums, may also be able to enforce a low fee or (more likely) constrain price inflation in the short term.

Reliable information about locum quality and working conditions is in short supply, but will also influence the market as it is revealed by experience. Multiple pharmacies without regular managers and good support staff are unpleasant places to work and will have difficulty paying low fees. Trustworthy pharmacies will have advance bookings for good locations or high fees, or both.

Jon Silcock
Research Practitioner
School of Healthcare Studies
University of Leeds

Minimum rates should be set

From Mr A. Patel, MRPharmS

The profession has yet again disgraced itself. Locums have now taken another step back. I think it is up to all the agencies to demand that their locums will only accept a minimum of £20 per hour (normal rate) and £25 per hour on a Saturday. Emergency rates should be left open. After all, it is important that the pharmacy stays open so that we provide a professional and efficient service to our patients.

I think that the locum agencies should stand up for themselves and for their locums, otherwise we will see ourselves getting paid the same rate as five years ago. We are professional, university graduates, not shopkeepers. If the agencies do not set a minimum rate, we will soon be getting paid a similar rate to senior assistants or supervisors.

If the multiples and independent pharmacies want an efficient, reliable and professional level of service they should start thinking like professionals and promote our profession. Paying us a mere £17 per hour is not a step in the right direction.

The agencies must have a stronger say in setting minimum rates and help us move the profession forward.

Ajay Patel
Croydon,
Surrey

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.

It is about time we stood strong and united

From Mr G. Singh, MRPharmS

It is about time we had an organisation that looks after and protects the interests of the unrecognised National Health Service workforce, one of the most important cogs within its mechanism. Yes, us, the independent pharmaceutical chemist locums whose numbers are increasing year on year. We work extremely long, unsociable hours, on most occasions without adequate tea and dinner breaks and often with staff that are inadequately trained or power drunk with authority.

As independent pharmaceutical chemist locums we have no influence over other organisations, such as locum agencies, multiples and supermarkets, the Royal Pharmaceutical Society, the National Pharmaceutical Association, the National Health Service, the Pharmaceutical Services Negotiating Committee and its many contractors. And, to top it off, we are not recognised by the paymaster and so cannot be remunerated accurately for the professional services that we provide. For example, we take the daily risks of dispensing items, which include Controlled Drugs, and preparing extemporaneous products, and the professional fees, which should rightly be ours, go to contractors or, in the case of multiples and superstores, to fat cats and shareholders.

The Independent Pharmacists' Association gets my full support (P_J, 11 January, p40). Anybody who feels as strongly as I do about the present decline in our pharmacy role and the forever increasing workload without forthcoming professional remuneration should, like me, send for

more information by e-mailing barrister@netway.at.

It is about time that we stood strong and united in the face of tyranny and take pharmacy back to its professionalism, forward in new development and out of the hands of shareholders.

Gurnam Singh
Dudley, West Midlands

Proposed rewards not adequate

From Ms C. H. G. Gilmour,
MRPharmS, on behalf of the
Association of Scottish Trust Chief
Pharmacists

We refer to the Government's proposal to modernise the pay system for National Health Service staff. This is without doubt the most radical of all the changes to be introduced into the NHS in recent times, if not since the NHS was created. The principles of this proposed equal pay policy are well meaning and are to be commended.

Nursing staff in the NHS, like other public sector workers, deserve a fair wage that reflects their responsibilities, knowledge and competency. It is therefore to be welcomed that substantial pay increases are likely for our nursing colleagues. However, it has been suggested in some professional press that up to 8 per cent of NHS staff will be adversely affected by the proposals. Rumours are afoot that pharmacy staff employed by the NHS will be among these.

Some of the elements of the documentation published by the Department of Health/Scottish Executive Health Department so far seem to reflect this. For example, the proposed unified on-call allowance for all NHS staff could

result in a substantial decrease to the emergency duty allowance for hospital pharmacy staff. If implemented, this could result in the collapse of the hospital pharmacy on-call service, a service that is crucial to ensuring individual patients have access to medicines in an emergency.

Of the rumours, perhaps the most worrying is where newly qualified or junior pharmacists pay will sit in the new pay scales. Although pay protection is promised, pay cuts of any kind must not be allowed to happen. Pharmacy is a small profession with a limited workforce, where the balance of staff between primary and secondary care is critical. All of the UK Government's pharmacy strategies recommend further changes to skill mix. Part of the aim is to use further all pharmacy staff in clinical activities, so as to achieve the Government's objectives of ensuring that patients get the right care in the right place at the right time. Hospital pharmacy has perhaps led this change in skill mix. Now while market forces will, for the foreseeable future, be a factor in pharmacy staffing levels, there is a fine line between ensuring sufficient staff in the primary care setting meet the demands facing the service and continuing to provide a safe service in the secondary care setting. Pay cuts at the top end of the NHS pharmacy employee scale might only serve to compress the scales below. Taken together, the recruitment retention problem in pharmacy, particularly in the secondary care setting would only be made worse. The recruitment retention allowance proposed in "Agenda for change" must, for these reasons, be applied to pharmacy.

It is understood that, in the not too distant future, the results of benchmarking studies of all jobs in the NHS will be published. Again, rumours suggest that pharmacy will not come out of this particularly well. The perception of the pharmacy profession that this will create will only serve to worsen recruitment and retention problems. This will impact on both hospital and community pharmacy.

Pharmacy has embraced the modernisation agenda. In order to deliver further significant changes, the Government needs to be fully aware that to do this will require motivated staff who are adequately rewarded. The rewards predicted from "Agenda for change" for pharmacy do not

appear to be adequate. They could therefore exacerbate the already severe recruitment and retention problems and will have a significant detrimental effect on quality of patient care.

Christine Gilmour
Secretary
Association of Scottish Trust Chief
Pharmacists

PILs generated by computer are the way forward

From Mr M. P. J. Hadley,
MRPharmS

Recent correspondence in *The Journal* has missed the obvious point that many pharmacists can print out patient information leaflets from their patient medication records system.

Eclipse PMR leaflets include information contained in the manufacturers' leaflets plus, in some cases, important information from the data sheet or British National Formulary that the manufacturer has omitted. One example of this sort of information is the PIL for proguanil which does not inform pregnant patients that they need to take 5mg of folic acid instead of 400µg.

These leaflets can also be rapidly updated with information that has only recently become available. Our leaflet on warfarin now incorporates recent advice featured in *The Pharmaceutical Journal* regarding the consumption of green vegetables.

The Association of the British Pharmaceutical Industry recently stated that there are 12,000 changes made to Summaries of Product Characteristics each year. This means that thousands of PILs are given out each year, which are well out of date. Our leaflets are immediately updated to incorporate these changes as they are posted on our website.

The leaflets are also personalised so that they are more likely to be read and they enhance the reputation of the pharmacist as a provider of medicines information.

Computer generated patient information leaflets are a much better way forward.

Mike Hadley
Hadley Healthcare Solutions Ltd

Arrangements for sending e-mail to *The Pharmaceutical Journal* editorial department are as follows. Letters intended for publication should be sent to letters@pharmj.org.uk (the text for publication can be included in the e-mail message or sent as an attachment). All other material that is not intended for a specific member of *The Journal's* staff should be sent to editor@pharmj.org.uk.

Messages intended for a specific member of staff can be sent direct to that person. Staff e-mail addresses are in the form firstname.surname@pharmj.org.uk. The names of all editorial staff are listed on the leader page in *The Journal* each week.

REQUIP

Potential for error when switching packs

From Mr D. J. Hamblin,
MRPharmS

I write to highlight potential for error with the ReQuip starter pack. This new 105-tablet pack replaces the 210-tablet starter pack which consisted of 210 × 0.25mg tablets (*PJ*, 21/28 December 2002, p883). The new pack has three strengths of ropinirole in it: 0.25mg, 0.5mg and 1mg tablets.

It appears that wholesalers are simply replacing the old with the new on the order code and this can cause difficulties if only the 0.25mg tablets are required.

Although we have had a mailing from GlaxoSmithKline to point this out, there are, nevertheless, inherent dangers in switching these products.

David Hamblin
Norwich

THE PROFESSION

No more seminars and conferences

From Mr P. Jenkins, FRPharmS

Conferences to be held to publicise a new report or to bring together experts with the aim of getting cover in the pharmaceutical press pepper the new calendar. Whether they serve any other purpose is debatable. Those with a real science base mean that researchers or workers in a narrow field can meet face to face and benefit from the spin-offs but in the fields of politics and administration the value of such gatherings must be suspect. It is often the case of confusing movement with progress, for by publicising an event and getting it written up, work is seen to be done.

The magazines all benefit because their pages are filled, but other benefits are not so clear. The sponsors are almost always drug companies so they spend their public relations budget but it is debatable what it means for them or even if they get respect for what they do.

Their sponsorship means the organising body can claim no

costs to their budget and although this may be true in financial terms, what about the time spent on organising meetings and not spent on progressing the work of their employers? Add to this the total time taken up by the attendees, their sitting and listening times plus their travelling times, all spent away from their places of work and only then can the true costs be appreciated.

The whole exploit could be justified if there was an adequate dissemination of information as a result — but this is never the case.

In this coming year there will be changes made to our profession that are nothing short of stupendous. To get the possible consequences of these to the membership will be the main aim of the major organisations — or at least it should be — but, please, not by running seminars and conferences.

Properly written reports sent direct to each member at each important stage is a better and more cost-effective route even if it is more expensive up front. The membership is concerned at the problems ahead but believe they are not sufficiently in the know. It is said that many members will not read any material but these are special times.

We have a new set of problems so new solutions must be attempted to keep the membership informed. It is our livelihoods after all.

Peter Jenkins
Cardiff

APSGB

The Academy of Pharmaceutical Sciences is an independent professional body which aims to provide scientific training through conference and seminar programmes, support focus groups for networking in specialised subject areas, collaborate with other organisations in Europe and the United States and represent views nationally and internationally. The academy works in partnership with the Royal Pharmaceutical Society in a formal agreement to co-develop programmes for scientific events, including the British Pharmaceutical Conference science programmes. Further information on joining the academy and the benefits of membership can be found on its website, www.apsgb.org.

WOMEN'S HEALTH

Cranberry tablets/capsules are no substitute for juice

From Professor R. Corder,
MRPharmS

There is a clear need for more research on herbal medicines to ensure maximum benefit can be obtained from such therapies. Hence I found Dr Jo Barnes's article on "Women's health" (*PJ*, 4 January, pp16–18) to be interesting and timely since it covered a number of important areas.

To establish the value of these herbal preparations it is important that pharmacists play a key role in verifying the quality and efficacy of available preparations. For this reason I think it should be emphasised that cranberry tablets or capsules are no substitute for cranberry juice. Typical preparations are made from 3,000mg to 5,000mg fresh cranberries (*sic*), which represents three to five whole cranberries. You do not need to be a

mathematician to calculate how little juice can be extracted from such limited starting material. Moreover, research in my laboratory has shown the recoverable proanthocyanidin contents of five different commercial tablet/capsule preparations to be equivalent to 0.1ml to 2.5ml cranberry juice per dose. Hence, a glass of cranberry juice cocktail, even as a 25 per cent dilution, offers 25- to 600-fold more proanthocyanidins with the added benefit of the diuresis caused by consumption of the liquid formulation. In my opinion cranberry tablets or capsules should never be recommended as an alternative to juice.

The sugar content may be a problem for some, but "light" versions are also marketed. I think this further highlights how much more needs to be done in this area to develop the optimal formulation and demonstrate its efficacy for preventing urinary tract infections through properly controlled clinical trials.

Roger Corder
Professor of Experimental
Therapeutics
William Harvey Research Institute,
London

Advertisement

No justification for removal

From Mrs B. M. C. Norton,
MRPharmS

Dr Stephen Axon (*PJ*, 21/28 December 2002, p886) expresses the thoughts and concerns of many of us who are retired and non-working and was justified in being critical of the response to Dr G. B. Drummond (*PJ*, 14 December 2002, p846) by Dr Robert Dewdney, who suggested referral to the Pharmacy Act 1954 as a source of relevant statutory powers with respect to registration. Having now read the Act, a very salient point therein reads as follows: "Every person registered as a pharmaceutical chemist pays an annual retention fee and is a member of the Society. If he ceases to be registered, he ceases to be a member".

I see no reference to being removed from the register on reaching retirement age, not working and not undertaking continuing professional development. If we pay our retention fee, then there is no justification for removal without some form of appeal or representation. Even someone whose name is removed from the register for some gross misdemeanour has the right to appeal for reinstatement. If the Society is bent on this course of action, then let it behave in a truly professional and humane manner, by giving at least a minimum of three months' notice of the date of removal taking place, so that we may retire from the register rather than be erased.

With the recent arrival of the retention fee renewal form, I had considered retiring forthwith, but have decided to pay the fee and stay on the register so that I may receive *The Journal* and keep up with further developments of this ignominious proposal.

Barbara Norton
Bath

Dr ROBERT DEWDNEY, head, education division, Royal Pharmaceutical Society, replies: The 1954 Act is what presently regulates the profession. Mandatory CPD will be introduced by an Order under Section 60 of the Health Act 1999, which will supersede relevant parts of the 1954 Act — the draft Order will be the subject of consultation.

Draconian restrictions on canvassing in elections

From Mr M. R. Hickey,
MRPharmS

Inoted Roger Mills's letter (*PJ*, 11 January, p50) regarding canvassing restrictions with interest. I presume that any changes in the situation regarding canvassing for election to Council will also apply to the Society's Scottish Executive.

In the latter case restrictions on canvassing are even more draconian. Council candidates are allowed to make a policy statement, but candidates for the Scottish Executive are allowed to state nothing other than limited personal details. Although this may be adequate for candidates who belong to branches with around a 1,000 members, it is wholly inadequate for a candidate like myself who belongs to a branch with around 80 members.

It means I am asking the other 4,000 Scottish pharmacists to elect me on the basis that they most probably have no knowledge of me, of my abilities, my talents and, most important, my policies for pharmacy. I may have no ability, no talent and no policies, but no one is ever any the wiser.

As things stand, there is nothing in the Bye-laws or Charter to say that someone cannot canvass, it is a procedural precedent. It is also against the will of the membership at large — motions requesting that Council should reconsider the restrictions on canvassing by electoral candidates have been passed at several recent Branch Representatives' Meetings.

More importantly the restriction on canvassing is also contrary to the European Convention on Human Right, Article 10, Freedom of Expression, which states: "Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers." This was incorporated into United Kingdom law by the Human Rights Act 1998.

Consequently should I decide to accuse the Society of breaching my human rights, by

disallowing me from disseminating my views and policies as a candidate for Council or the Scottish Executive, then the Society will have to demonstrate relevant and sufficient reason for such interference. In the case of the Scottish Executive, where even a candidate's policy statement is not allowed, I believe the Society would experience difficulty.

The Society could be held to account as a public authority. The Society's statutory activities and public significance mean that it can be regarded as such. Public authorities should act in a way that positively reinforces the principles of the Human Rights Act.

I believe the Scottish Executive should examine this issue as a matter of urgency, or face the possibility of a court case they would surely lose.

Maurice Hickey
Forres
Morayshire

Council must be seen to justify its decisions

From Mr I. M. Caldwell,
FRPharmS

The December 2002 meeting of the Royal Pharmaceutical Society's Council embraced some of the most momentous events for the profession in 70 years, yet *The Journal* (14 December 2002, pp863–6) treats us to bullet points and statements of decisions. Although Hemant Patel's well-intentioned little motion on smoking merited quotations from five speakers, reports on the future shape of the Council, the possibility of a change to charitable status and the restructuring of our publishing arm for possible future disposal quote only one minor interjection by one elected member on only one of these topics. Was there no dissent, no praise, no condemnation? Was testing of administrators and committees totally absent? Have we really moved from debate to diktat, or has reporting of Council meetings been extinguished, like Burns's "strangled babe"? What is needed in these circumstances is not communiqués from the Council or considerations by correspondents but detailed

reports of the proceedings leading to these decisions.

Any self-respecting conspiracy theorist could be forgiven for seeing a parallel between "a good day for burying bad news" and the announcement of these wide-ranging and far-reaching decisions published a mere 10 days before Christmas and the seasonal gap in *PJ* publication. Since I am more of a realist, I was entranced by the dangling carrot of a potential tax saving to the Society of £1.1m per year through the adoption of charitable status — this by a Society which has only once ever had a tax provision of £0.5m. Is the Exchequer really going to pay us for being a charity? I would suggest that the membership might appreciate a more detailed explanation of such a magical mechanism as well as the other information on the possible benefits of the proposed change on which the Council based its decision.

Given the poverty of reporting on the decisions of the December Council, it may well be that the electorate will be anxious to learn of the stance of those who seek re-election and those who seek to replace them. Remembering that much has been made in past manifestos of the virtues of open government, there is a requirement for clear and accurate reporting of the manner by which decisions are reached by our elected representatives. Not one single member of Council has been elected with a mandate to change the nature of our Society or to change the nature of our publications division. There may well be some slight possibility that such alterations could be beneficial but the Council must be seen to justify the reasons for its decisions and to credit the electorate with the ability to evaluate these reasons.

Ian Caldwell
Larkhall,
South Lanarkshire

Problems with branch funding formula

From Mr W. T. Brookes,
FRPharmS

There are two issues arising from the new branch funding formula agreed by the Royal Pharmaceutical Society's Council at its December 2002 meeting

(P7, 14 December 2002, p865) upon which I wish to comment.

First, despite strong representations made at the branch secretaries' meeting in October 2002 and at branch and regional committee meetings in the north west, it is still not clear whether the Council will take account of sponsorship or equipment reserves when allocating funding over and above the reduced basic grant. The Society's circular MS044 of 11 December 2002 states: "Only those branches holding less than £1,000 in their accounts will be eligible to apply for this extra funding." Thus, many branches may be penalised because sponsorship money or equipment reserves would take them over the £1,000 limit if included in the calculations. This would be a major disincentive to such branches seeking sponsorship in the future. There needs to be a clear statement from the council that the £1,000 limit relates only to money from the branch grant and will not include sponsorship or equipment reserves.

Secondly, an additional sum of £25,000 has been earmarked to help branches discuss and communicate issues arising from the modernisation of the Society. The ring-fencing of such a sum is another instance of central control over branch activities. I would have thought that the Council had spent more than enough of members' fees on modernisation issues already. It would be far better to let branches decide on which professional activities this money could be spent or let it be used to increase the miserly £250 being made available to send one first-time attender to the British Pharmaceutical Conference.

I hope that the implementation process will be simple and effective. In the meantime, perhaps these issues can be addressed speedily.

W. T. Brookes
Stoke-on-Trent

JEAN-PIERRE MOSER, head of public relations and membership, Royal Pharmaceutical Society, replies: The new grant funding system should not deter branches from seeking appropriate support from commercial companies for their meetings. Generally speaking, sponsorship is offered to support a specific event rather than as general funding to be held by a branch in reserve.

REGISTRATION EXAM

It doesn't add up

From Mr I. Rooney

I am a preregistration trainee and as the new year begins, I am beginning to think about the examination that looms and, in particular, the dreaded calculations examination, where calculations are prohibited.

I am concerned that although I may be able to understand and learn the methods required to answer the questions, my poor mental arithmetic will come back to haunt me.

I understand that calculators are currently banned due to the belief that the student could easily press the wrong button, which would ultimately result in an incorrect answer. I think that this is a poor argument and is one that discriminates against my generation who have been given access to calculators throughout their secondary education.

I believe that mistrust over the use of calculators stems from a lack of experience in their use. Older generations were taught by a system that encouraged mental arithmetic. My generation was not.

I think that we should be given the choice to be able to use calculators if we wish. That way, if students do not trust their ability to press buttons accurately, then they can choose to use mental arithmetic.

In practice I would always use a calculator. I would not be so arrogant as to trust my mental arithmetic over that of a machine that I am confident in using.

Come on pharmacy! Leave your archaic leanings behind. Come into the real world.

Iain Rooney
Edinburgh

Dr ROBERT DEWDNEY, head, education division, Royal Pharmaceutical Society, replies: Reasons for not allowing candidates to use calculators are linked to the learning objectives of being able to operate without a calculator if necessary and, more importantly, to having an understanding of arithmetical operations along with the capability to estimate the order of magnitude of the "right answer" when faced with a computation.

Mr Rooney makes the case for not allowing calculators very effectively in his second para-

SUPERVISION

Pharmacists are uniquely qualified to supervise a pharmacy

From Ms E. M. O'Shea,
MRPharmS

Modernisation, modernisation. That is a word I hear a lot these days in relation to the National Health Service consultants' new contracts, the Fire Brigade's Union and indeed our own profession.

I realise that each profession is under enormous pressure from Whitehall to shape-up or ship-out — I am all for it. I have no desire to be tied to the dispensary bench for my entire career. I will gladly embrace the roles of pharmacist prescriber or medicines manager as they emerge. However, I believe that in accepting these roles I cannot, and should not, sacrifice my legal, moral and ethical right and responsibility to supervise a pharmacy. This is a role for which I am uniquely qualified.

The technology that may allow a pharmacist to be accountable for one pharmacy on any given day without actually being present would surely work in reverse and allow the pharmacist who is supervising to perform other duties without leaving the building. Why else are we working towards electronic prescribing and other initiatives?

Eithne O'Shea
Birmingham

THE REGISTER

Omitting addresses is a backwards step

From Mr G. Dilley, FRPharmS

The proposal of the Council of the Royal Pharmaceutical Society to seek power to limit pharmacists' addresses in the Register of Pharmaceutical Chemists to the postal town (P7, 7 December 2002, p825) should be abandoned. A detailed criticism of the proposal, including the claim that it would bring extra security, has been forcefully made by Dr J. A. Hunt (P7, 21/28 December 2002, p886). The registers form a unique fund of

information both for current use and for many aspects of historical research. Members should not be deprived of the full references that, traditionally, they have enjoyed.

Moreover, to list pharmacists as little more than names and numbers would reflect on pharmacy — particularly when compared with other professions, including medicine. Such a shortening would be redolent more of a remote regulatory authority than a professional organisation of members.

I hope that the Council will have second thoughts on the proposal and so avoid a historic backwards step.

Gordon Dilley
Exeter

CHRISTMAS MISCELLANY

Several versions of the Beecham's hymn book story

From Mr A. T. Kendall,
MRPharmS

Further to Stuart Anderson and Peter Homan's interesting and comprehensive article on the history of Beecham's Pills in your Christmas Miscellany (P7, 21/28 December 2002, p921), there must be various versions of the gift of hymn books to an impoverished church.

The one I know related to an East End church where the congregation found themselves singing in "Hark the Herald Angels Sing":

They are gentle, they are mild
Two for adults and one for a child

I have also read somewhere that the incident occasioned a question in Parliament and is mentioned in *Hansard*. However, the Oxford 'Dictionary of humorous quotations', edited by Ned Sherrin (1999), gives the version:

Two for a woman, one for a child,
Peace on earth and mercy mild

The source is attributed to Neville Cardus in his biography of Sir Thomas Beecham (1961) in which he states that it was an advertising jingle which was never used.

Alan T. Kendall
Stockton-on-Tees