

PATIENT PACKS

## The industry is part of the problem

From Ms J. M. Maynard,  
MRPharmS

I agree with the general view that patient packs should be dispensed and that the present system is unsatisfactory. However, I would like to challenge Dr Trevor Jones about his article (*PJ*, 17 May, p687). He comments that “the industry has kept its side of the bargain, it is now time that the Government kept its side”. Surely much of the problem in introducing patient pack dispensing is because the industry cannot agree on whether to use 28- or 30-day packs.

Many surgeries I work in are keen to prescribe in such a way that patients synchronise their medication. This is mainly in an attempt to reduce wastage but with some medicines in 28-day packs and others in 30-day it is an impossible task.

Another problem in introducing patient pack dispensing is that many community pharmacists use parallel imports that are packaged in different amounts to the British product. For example, until recently many community pharmacists used PI simvastatin packed in 30s. If the law is changed so that patients are dispensed the nearest patient pack size to that prescribed then will pharmacists who use PIs dispense 30 tablets? How will the Prescription Pricing Authority regulate this? Will pharmacists using

PIs still cut off two tablets and therefore continue with the same problems?

The Government has a major role to play in sorting out the patient pack problem but the industry and community pharmacists themselves need to recognise their roles in bringing this long-running problem to a successful conclusion.

J. M. Maynard  
Exmouth, Devon

UNLICENSED MEDICINES

## A plea for clarification

From Professor H. McNulty,  
FRPharmS

I make a plea for clarification of the term “unlicensed use” since it is ill-defined but increasingly features in your columns and in the media. Chi Cheung and colleagues (*PJ*, 8 March, p334) raised the potential distress caused by unlicensed use of medicines, though they now accept some unlicensed use is necessary. Recent awareness of the subject is rising but offers no clear definition of what is intended.

The children’s national service framework refers to unlicensed medicines and “off-label” use (yet another piece of confusing terminology in this area since label information is limited) as having implications for clinical governance (*PJ*, 19 April, p539). Its interest is in the need to have more licensed commercially manufactured products wherever possible.

Department of Health Controls Assurance standards say: “Unlicensed medicines should only be used where a licensed alternative is not available and pharmaceutical quality assurance has been demonstrated for both the procurement and use of such products”. I hope the interpretation of this does not promote stock pack supply rather than individually dispensed products.

Medicines Control Agency Guidance Note 14 on unlicensed medicines states it does not apply to unlicensed products made in a pharmacy, repackaged products, reconstituted intravenous additives or licensed products used “off-label”.

The term unlicensed covers a number of different scenarios with widely ranging risk profiles. It potentially covers all dispensed items, assembled and repacked stock products, reconstituted products, and specials manufactured for individual patients. Product safety and quality for these are within our areas of professional responsibility and guaranteed by our pharmacy label.

The term unlicensed could equally apply to off-label use (use outside the licence of a licensed product), such as use of formulations by non-licensed routes, use of licensed products in higher or lower doses, use in non-approved indications, and use outside licensed ages or modified formulations, such as crushing tablets. Some of these are low risk but choosing the wrong injection route or dosage could be fatal. Again our pharmacy label can guarantee these have been checked for the patient, but the use of manufacturers’ stock packs rather than individually dispensed products in hospital increases the chance of such practices occurring outside pharmaceutical influence.

High risk unlicensed products may include those made outside the pharmacy, such as novel specials, use of chemicals in formulations or self imported products that bypass pharmacy and quality assurance systems.

Even the word use is ambiguous — it can relate to use by pharmacists or other professionals to produce a dispensed product or dose form or the use of the product in patients.

As Cheung *et al* say, the use of licensed products does provide some confidence, but so should our professional skills and services. There are other standards that offer product safe-

guards that also apply to dispensed products — the Medicines Act specifies the British Pharmacopoeia and European Pharmacopoeia standards, the NHS Act quotes the Drug Tariff, etc. There are drug alerts and withdrawals of licensed products to remind us not to depend on licenses unquestioningly. Some standardisation of licensed information will be required to help Cheung *et al* achieve their goal because similar products (such as generics) may have conflicting doses, age ranges, side effects, etc.

Clarification of the terms and the high-risk areas will make it easier to develop solutions to individual problems. The Society should take a lead here to ensure our professional role is not undermined in any potential legislative changes and also aid teaching and practice in this area where many dilemmas may arise within and beyond paediatrics.

Howard McNulty  
Visiting Professor  
Department of Pharmaceutical  
Sciences  
University of Strathclyde

SPECIAL GENERAL MEETING

## Members will be given a say

From Mr M. Koziol

Your report of the discussion on modernisation that took place before the Royal Pharmaceutical Society’s annual general meeting did not report, probably due to space considerations, one important occurrence.

A suggestion was made to the President from the floor that the AGM represented a superb opportunity to gauge the level of support among the membership for the Society’s current proposals on modernisation through a show of hands.

The President chose to reject this proposal and the opportunity was lost.

It would be a shame if this fact was never brought into the broader public domain. More importantly, on Sunday 1 June, the members will finally be given a say, by a show of hands, at the special general meeting. I urge all pharmacists to attend.

Mark Koziol  
Birmingham

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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.

## I wish to see the Society modernised

From Ms S. A. Haynes,  
MRPharmS

Your editorial "Winners" (*PJ*, 24 May, p708) implies that the "Save Our Society" campaign does not have the support of the majority of members. You cite the fact that "only" three out of the seven candidates were elected and highlight a lack of letters regarding the forthcoming special general meeting. You draw the conclusion that the modernisation team can afford to relax a little.

It is precisely because I wish to see the Royal Pharmaceutical Society modernised that I support the SOS campaign. Not only do I object to the removal of the representative function from the new Charter, but I would like to see the Society become a body that truly does represent the profession. That it does not perform this function well at the moment is shown by the fact that years after the introduction of patient packs, "snipping" is still being discussed in the letters pages. Surely an effective representative body would have lobbied successfully to eradicate this dangerous activity which is still a daily necessity.

I am happy to add my small voice to the much more prestigious ones of Robert Blyth and Douglas Simpson (*PJ*, 24 May, p718) in urging members to attend the SGM.

Sally A. Haynes  
Birmingham

## I hope members will show their support

From Mr N. J. Wicks, MRPharmS

Find your interpretation of the recent Council election results (*PJ*, 24 May, p708) both amusing and disturbing. The successful "Save Our Society" candidates were ranked first, second, fifth, eighth, ninth, 10th and 13th out of a possible 18. All of the SOS candidates received more votes than some Council members who were standing for re-election, including the current Treasurer. So can the Royal Pharmaceutical Society's mod-

ernisation team really afford to relax, as you suggest?

Let me quote some facts: the seven SOS candidates received 45 per cent of the total number of votes cast both overall and in the top seven, three retiring Council members failed to be re-elected (including a past president and the current Treasurer), and the percentage of members voting went up to its highest level for the past four years at least.

I think these facts speak for themselves as to how the members feel and the success of those pharmacists who are prepared to "Save Our Society". The modernisation team cannot afford to relax any more than Council members up for re-election next year can.

It is small wonder then that members have stopped bothering to write to *The Journal* when it seems incapable of balanced and factually orientated journalism over this matter. Some members have taken matters into their own hands and have published their own newsletter which can be read at [www.saveoursociety.org.uk](http://www.saveoursociety.org.uk). I hope members will again show their support in trying to "Save Our Society" by attending the special general meeting.

Noel Wicks  
Stirling

## Let Council know how you feel

From Mr M. R. Hickey,  
MRPharmS

How your leading article "Winners" (*PJ*, 24 May, p708) can say that the Royal Pharmaceutical Society's modernisation team can afford to relax a little is beyond me.

I would argue that the vote in the Council election was indeed an endorsement of the "Save Our Society" campaign. Although only three candidates were elected (incidentally the same number as sitting Members of Council), a fourth candidate, independent of SOS, was elected — Martin Astbury. Furthermore two of the SOS candidates failed to be elected by 11 and 41 votes — hardly a crushing defeat for SOS when 53,569 votes were cast. The same can hardly be said for the defeated members of Council; they all failed by several hundreds, or a thousand or more, votes.

An analysis of the vote shows that 23,611 (44.1 per cent) of

votes were cast for SOS candidates, while only 18,198 (34 per cent) were cast for candidates supporting Council policy. Many of the remaining 11,760 (22.0 per cent) of votes were certainly cast for candidates also opposing the modernisation process.

A cursory reading of the report of the annual general meeting in the same issue of the *PJ* shows a membership overwhelmingly opposing Council policy. Indeed, it was obvious to those present that Council policy on the night was "we are listening to you, but we actually know what is good for you, so we are going to ram it down your recalcitrant throats anyway, so there!". Democracy within the Society was finally extinguished that night.

When members read the reports of the branch representatives' meeting they will see that the Council was repeatedly and overwhelmingly defeated on the modernisation process, on branch funding, on plans for the Pharmaceutical Press and on the move to charitable status.

Yet still it claims to be engaged in a process of consultation. I have attended several recent Society-initiated meetings about the Charter, and again and again it trots out its mantra that if the members knew what it knew, they would do the same. Oh really! The process could accurately be described as "consultation without listening". Perhaps the Society could do the membership the favour of telling them what it "knows".

The Council has lost every open vote it has had to allow over the modernisation process, consistently and comprehensively. That is why it is advocating a new Charter rather than the reform of the existing one; it is the only way it can progress its policy without consulting the members through a vote. That is why the special general meeting is so important and that is why it is imperative that members attend and once again let the Council know how they feel.

Maurice Hickey  
Forres, Moray

### SEARCH THE JOURNAL

*The Pharmaceutical Journal's* website, PJ Online, contains a fully searchable archive. Visit [www.pjonline.com](http://www.pjonline.com) to see how easy it is to use. The archive starts from August 1999.

## Is the Society seeking charitable status, or is it not?

From Mr P. Walton, MRPharmS

At the recent annual general and branch representatives' meetings the President insisted that there was no proposal for the Royal Pharmaceutical Society to seek charitable status. One member stood up brandishing a copy of *The Pharmaceutical Journal* in which there was a statement to the effect that there was such a proposal. This was almost flippantly put down to journalistic misrepresentation (*PJ*, 24 May, p733). I know that there were scribes present who undoubtedly took a word-perfect account of the proceedings, and believe that this slur on the *PJ* should be investigated and clarified. A professional journal is a window on the profession itself. Therefore it is important that cheap shots at its journalists are not allowed to go without comment.

Philip Walton  
Manchester

ANN LEWIS, Secretary and Registrar, Royal Pharmaceutical Society, replies: It may be helpful to set out the facts of the position. The Council has considered charitable status on three occasions.

Initially, the subject was raised in December 2001 in a presentation by Horwath Clarke Whitehill (HCW), the Society's external auditors.

The Council has a responsibility for prudent management of resources and a proper exploration of measures to minimise the tax burden and maximise available resources for the benefit of the Society is a proper application of good governance.

The Council agreed to seek advice on whether the Society was already under a duty to register as a Charity under Section 3(7) of the Charities Act 1993. The advice received was to the effect that there is no duty to register.

The Council considered the issue of charitable status again both at an informal discussion on 3 December 2002 and again at its formal meeting on 4 December.

At the meeting on 4 December, the Council made an in-principle decision to seek registration

with the Charity Commission, once the implications of charitable status had been explored. The Council decided to make this decision public and a press notice was issued.

Before any application to register with the Charity Commission could be made, there would have to be a detailed proposal to the Council. This would require: (i) a further analysis of the benefits and any possible disadvantages of charitable status, (ii) an explanation as to how the Society might gain charitable status, and (iii) a proposed resolution to be considered and (if thought fit) passed by the Council to authorise an application for formal registration with the Charity Commission.

No such proposal has been framed or brought before the Council at this time. It follows, therefore, that there is no proposal made or pending to the Charity Commission.

#### TELEPHONE NUMBER

It would be helpful if all correspondents could supply a daytime telephone number.

## Is charitable status a boon or a burden?

*From Dr M. A. Cymbalist, FRPharmS*

I write as a non-practising pharmacist and a non-practising law graduate. My view is that our Royal Pharmaceutical Society with its special dual role should beware of the financial lure of charitable status. Many of the Society's activities that we take for granted at present could fall foul of the rules. I can all too easily envisage endless dialogue with the powers that be over such activities, with inevitable delays: a characteristic of officialdom not unfamiliar to pharmacists.

We do not know if the Council wishes to fetter itself with such restrictions or indeed whether it knows what it is taking on. In fact we know little of what has been taken into account in its deliberations.

Should the Council wish to go ahead with the proposal, it is only reasonable that every member should have the opportunity to make an informed assessment.

To achieve this, advice from those well qualified and experienced in the practicalities of charitable status, should be sought and made available, together with reports of subsequent discussions and draft proposals of Council, to the membership for consultation before any further move is made. Till then, for my part, I remain firmly opposed to placing the Society at the tender mercies of the Charity Commissioners.

*Michael Cymbalist  
London NW11*

#### CPD

## Workbooks, task sheets and ticks from teacher

*From Mr J. B. Paige, MRPharmS*

Whenever I am prompted by a prescription for a new medicine or an unusual over-the-counter query, I look up the medicine (or whatever) in various publications and then distil the information into a form I can use

later when advising customers or giving regular radio talks on pharmacy matters.

Now I am told that my right to practise will depend on carrying out a form of schooling (workbooks, task sheets and ticks from teacher) that I thought I had left behind when I took my O-levels at the age of 15.

*Barrie Paige  
Guernsey, Channel Islands*

#### THE REGISTER

## A simple differentiation

*From Mr R. G. Dawson, MRPharmS*

A simple solution as to how to differentiate between a non-practising pharmacist and a practising pharmacist would be to use a method based on the European system: simply give practising pharmacists the courtesy title of "Doctor".

*Roger Dawson  
Lytham St Annes, Lancashire*