

MODERNISATION

Confidence needs rebuilding

From Mr G. S. Phillips,
MRPharmS

The article from Dr Gill Hawksworth, the new President of the Royal Pharmaceutical Society (*PJ*, 21 June, p871) was both timely and welcome. As your editorial suggests (*ibid*, p848), following the turbulence of the annual general meeting and the special general meeting, a change of style and attitude at Lambeth is needed.

Where I have to disagree with your editorial is that we should wait two years until Dr Hawksworth's presidency is over to make a judgement. The profession has nothing like that amount of time in which to accommodate the Government's regulatory changes and the membership is certainly not willing to wait for two years.

So, if, as she claims, the President is truly a listening president, I hope she will take on board the following suggestions. After all,

the Save Our Society campaign, too, is acting in good faith.

The profession is happy with the way the Society performs its regulatory role. It is also happy that the Society should retain its professional representative role. So the Council and the membership are not really that far apart. In fact the only real point of difference is the prominence of the representational role, the adequacy with which the role is fulfilled, and whether the Society is truly committed to it.

In this context one has to question why the representational object within the Society's current Royal Charter — "to maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy" — fails to appear in the draft new Charter.

This is of the utmost significance. A chartered organisation can only carry out those functions set out in the charter objects. Charter powers are subsidiary to the objects — indeed the draft new Charter states (p7) that the powers can be exercised "in furtherance of the objects but not otherwise". Thus the absence of representation within the objects

means that this function is irretrievably lost.

The need for a new Charter remains in doubt. It would seem perfectly feasible to amend the existing one, and no justification for not doing so has been offered.

One has to question why a move toward charitable status was ever proposed, given that such status is incompatible with a representative function.

One also has to question why the Council has previously failed to pursue seriously the two-board model proposed and overwhelmingly supported at the special general meeting.

Your editorial is right in that the new President must take the opportunity to rebuild members' confidence in Lambeth. It was reported in *The Journal* (14 June, p841) that Hemant Patel suggested that the Council should meet those who proposed the SGM to help settle these issues. This would be a significant step towards healing the wounds of recent years. Significantly, Immediate Past President Marshall Davies, who still leads the modernisation steering group, said there are "no plans to do so". It is time to replace him with another

Council member who enjoys the members' confidence.

To date, the Society has sought legal advice from Robert Bulling, a Charter expert. However, his is not the only valid legal opinion. The Council should arrange for a presentation by the SOS campaign's legal expert. His advice will be invaluable in refining the two-board model, which can then be put to the minister for health.

May I respectfully ask the President to consider these suggestions as a way to end the internal divisions?

There is no reason why pharmacy should continue as the "Cinderella" profession. If the Society performs the representational role in the way that we are all agreed is necessary, pharmacists can look forward with confidence to a secure future within the NHS, based upon the application of pharmaceutical care. If, however, there continues to be no commitment to the membership we can look forward only to more blood on the carpet.

Graham Phillips
St Albans,
Hertfordshire

Advertisement

Trust and openness have been lost

From Mr S. R. Maconochie,
FRPharmS

I attended the last of the Royal Pharmaceutical Society's roadshows at the Society's headquarters on 30 June. I had followed with both interest and frustration the correspondence in *The Journal* and the proceedings of the special general meeting. I could not but feel that the debate and suspicion surrounding the seeking of a new Charter mimicked the debate in the country as to whether or not we had been misled by the Government about the extent of the threat from Iraq.

There appears to be a fundamental lack of trust between the membership and its ruling Council and Officers. I believe that the regaining of this trust is fundamental to the health of the Society in whatever form the new Charter finally appears, so that it will be endorsed enthusiastically by the membership at large.

The incoming President has indicated that she will do a lot of listening and that is to be welcomed. But I would have much more confidence in her if she had not had to refer everything to the Secretary and Registrar for response at the roadshow meeting. The Secretary is there to support the President not to be her mouthpiece.

Trust and openness has, for the time being, been lost.

Stuart Maconochie
London SW10

The Council's plan is not a pup

From Mr M. J. S. Burden,
FRPharmS

Hemant Patel (*PJ*, 14 June, p825) asks, where is that bogeyman? The bogeyman, like the devil, is in the detail. Whether we look at the Kennedy report and the Government's response to it, or the Shipman enquiry and the reaction to that, or the Royal Pharmaceutical Society's Council's modernisation suggestions, or the discussion draft Charter, it is in the detail that the difficulties lie.

I have struggled during the past few months to get to grips with these difficulties. We are indeed faced with a complex set of situations.

For instance, Mark Koziol, speaking at the recent special general meeting (*PJ*, 7 June, p802), claimed that maintaining the honour and promoting the interests of the members lies at the soul of the profession. My own, equally passionately held view is that it is by promoting the interests of the public we serve that we will most successfully maintain the honour of the profession and promote the interests of the members.

Mr Koziol said that the Society would never be able to sell the members a pup. The Council's plan is not a pup, but it may well need to be reviewed and refined, even groomed. I hope the Council will now do that but unless, and until, we, the profession, put the patient and the public at the centre of our thinking we shall rightly be accused of self-interest, and we will not enjoy the support of the public or the Government — which we seem desperately to want and need.

Michael Burden
Leicester

English tests for foreigners are not too hard

From Mrs G. A. Brown,
MRPharmS

I am a British pharmacist wishing to work in Canada.

As a requirement for registration with the College of Pharmacists of British Columbia, I have had to take the academic version of the International English Language Testing System. The college asks for an overall average score of at least 7 with a minimum of 6 in each module.

I disagree with Gareth Davies (*PJ*, 28 June, p879). I believe the test is quite fair and that highly educated first-language English speakers can easily achieve the standards required for non-European overseas pharmacists seeking registration in Britain.

The test therefore should not be deemed too hard.

Gail Brown
Denbigh

DRUG TARIFF

Do we have to dispense a prescription item at a loss?

From Mr C. E. H. Thimbleby,
MRPharmS

Milan Amin (P7, 28 June, p888) says that I am under no contractual or indeed any obligation to dispense a prescription item at a loss. The NHS (Pharmaceutical Services) Regulations clearly state: "Supply of pharmaceuticals, dressings and surgical items — All valid prescriptions for drugs that are presented must be supplied with reasonable promptness."

Handing back to the patient a prescription, the dispensing of which would have guaranteed a financial loss, would seem to be the sensible and easy approach. However, I would like to know what position the Royal Pharmaceutical Society holds on this issue from both the legal and ethical perspective. Similarly, if the assertion that no court of law would allow dispensing at a loss is true, why has this not been tested rigorously by the Pharmaceutical Services Negotiating Committee or the National Pharmaceutical Association?

We are professionals with clear ethical obligations. It is neither fair, nor possible, to be forced to pick and choose when medicines are to be supplied.

Christian Thimbleby
Titchfield,
Hampshire

STEPHEN LUTENER, head of pharmacy law, Royal Pharmaceutical Society, replies: Mr Thimbleby raises an interesting legal, ethical and practical dilemma. The NHS Regulations do require a prescription for a drug (not being "scheduled drugs") or appliances (where these are normally supplied through the pharmacy) to be supplied with reasonable promptness. Under our Code of Ethics, "personal responsibilities" (see 'Medicines, ethics and practice' guide, p86), pharmacists are expected to comply with statutory provisions.

Pharmacists would probably agree that the equally important obligations arise under the "key responsibilities" (see MEP, p85) under which a pharmacist must

"act in the interests of patients... and seek to provide the best possible health care...".

So I am afraid that the statutory and professional requirements point to a requirement to supply rather than turn the patient away. It would be difficult, if not impossible, to support the profession if a patient were forced to travel from pharmacy to pharmacy, trying to find someone to dispense a prescription.

ZINAMIDE

Is this another example of profits before patients?

From Mr A. R. Smith,
MRPharmS

May we through your columns express our utter dismay with both the decision of Merck Sharp & Dohme to discontinue Zinamide in the United Kingdom and the short notice given, in that we were informed it had ceased production after the event.

At a time when it is well recognised that *Mycobacterium tuberculosis* is anything but beaten. (The World Health Organization estimates that, between 2002 and 2020, two million people worldwide will die of tuberculosis each year.) We can only think this is another example of putting profits before patients.

We also wonder at the ethical basis of this decision since it would clearly seem to be in conflict with the principle that "at all times pharmacists must act in the interests of patients and other members of the public".

Allan R Smith
Ian MacDonald
Ysobel Gourlay
Gartnavel General Hospital
Glasgow

Dr JOHN YOUNG, medical director, Merck, Sharp & Dohme Ltd, replies: Merck & Co Inc discontinued the production of Zinamide (pyrazinamide) 500mg tablets in June 2003 following supply problems of the active ingredient from our authorised suppliers.

As always when dealing with these difficult situations, MSD explored alternative sources and hoped to ensure that patients

would continue to have uninterrupted access to pyrazinamide after the exhaustion of company stock in the retail chain.

In this instance and due to unforeseen circumstances, the notification process for announcing the discontinuation of Zinamide via the pharmaceutical press and individual mailings was shorter than normal.

We are aware that pyrazinamide is still available through other suppliers. Other products are also available for treating tuberculosis.

On behalf of MSD I would like to apologise for this situation and assure your readers that every effort will be made to ensure that the appropriate notification process will be implemented in the future. Pharmacists with further inquiries can telephone 01992 467272.

OMEPRAZOLE

I am not in favour of omeprazole's reclassification

From Mr P. Shelley, MRPharmS

I am not in favour of the reclassification of omeprazole (P7, 24 May, p709).

Eleven years ago my wife started getting periods of vomiting and visited our general practitioner. He could not immediately recognise anything specific and referred her for an endoscopy. This showed a large gastric ulcer and the initial biopsy indicated that it was benign.

The consultant prescribed a double dose of omeprazole and we went on a trip abroad during which my wife felt quite well. When we returned my wife had another endoscopy and it showed no improvement. This time the biopsy was inconclusive and she was referred to a surgeon who performed a sub-total gastrectomy. The diagnosis was a high grade non-Hodgkin's lymphoma.

With intensive chemotherapy and a stem-cell bone marrow procedure, my wife made a good recovery. The point is, of course, that had she been able to buy omeprazole over the counter, the symptoms may have been masked until it was too late.

Peter Shelley
Newport, Gwent

CARDIAC DISEASE

We need a "Take responsibility for your health" campaign

From Mr J. Benouaich,
MRPharmS

Although many people believe that the overworked businessman is at greater risk of a heart attack, deaths from coronary heart disease are more common in manual workers. This is because these people have not usually improved their lifestyle to the same extent, eg, improving their diet, reducing alcohol consumption, stopping smoking, etc.

Should not community pharmacists organise a "Take responsibility for your health" campaign that is specifically targeted at these people? Such a campaign would lead to an increased life expectancy for many, resulting in public health benefits as well as financial benefits for community pharmacists.

Jacob Benouaich
Manchester

PENICILLIN

More snippets of information

From Dr R. Baker,
FRPharmS

Further to recent correspondence on the discovery of penicillin, in a public lecture 50 years ago, I heard Sir Alexander Fleming say that, although he realised that the clear areas on his bacterial plates were due to some substance which was toxic to the micro-organisms he was using, he "did not know enough chemistry to try to find out what it was".

On the question of deep fermentation, Sir Harry Jephcott, chairman 1945–61 and managing director 1935–56 of Glaxo Laboratories Ltd, told me that, in the 1940s and 1950s Glaxo had a leaning towards trying a process first and theorising about it afterwards. While others were doing "elegant" chemical engineering studies on the possibility, Glaxo was making the process work in milk churns.

Roger Baker
Hertford

How foolish to disregard experience and knowledge

From Dr N. D. Harris,
FRPharmS

I wholeheartedly support David Shenton's comments (P7, 5 July, p13). Lay people are able to talk to groups, promoting remedies which are of doubtful value and sometimes hazardous. How foolish to discard the knowledge and experience of retired pharmacists.

I retired nearly 20 years ago and have been on the Register for over 50 years. I taught pharmaceuticals for about 30 years, finally running the clinical pharmacy unit at the Chelsea school of pharmacy, and I am co-author of the successful undergraduate textbook 'Pathology and therapeutics for pharmacists'. Fortunately, I am still active mentally and have run for many years well-supported courses for the University of the Third Age, a registered charity, on "Microbes and man" and "Diseases and medicines". I am currently preparing a course on genetics. Further, I participate in an "Interest in science" group and occasionally talk to lay groups on pharmaceutical, medical and scientific topics.

For all of these I have necessarily had to read the current literature extensively. These activities keep me mentally and physically active — if you do not use it you lose it — and in the process promote the image of pharmacy.

I have always been proud to belong to the profession but when mandatory continuing professional development becomes effective I have no intention of

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engaging in the bureaucratic business of justifying my activities. If the current proposals come into force I will simply resign from the register. I commend this regrettable course of action to Mr Shenton and others in a similar position.

Norman Harris
Emeritus Reader in Pharmaceutical
King's College London

Foambrain!

From Mr M. J. Moon,
MRPharmS

Recently I received from the Royal Pharmaceutical Society a letter containing information about continuing professional development. I will, it would seem, shortly be receiving a CPD pack which will get me started, and the Society would prefer me to keep my records online. I would like to point out that the only line I have is a washing line.

I have been given a username and password in order that I

might log on — or is it log in? The password I have been given is "foambrain"! Well, well. Am I known at head office? Perhaps I have a reputation since I do write to you now and again.

M. J. Moon
Bristol

Where is the common sense?

From Mr A. Phillips, MRPharmS

Some things never change. The old woman who used to work in our fruit shop can, and indeed invariably does, give out health information on a voluntary basis. But apparently, according to Robert Dewdney (P7, 5 July, p13), the retired pharmacist may not, even to correct erroneous statements, I assume. Where is the common sense in that? Long may they rule in their ivory towers.

Alun Phillips
Liverpool

Position of BPA explained

From Mr P. J. Walker,
MRPharmS

I must correct the impression given that the Boots Pharmacists Association was established by the Boots Company (P7, 28 June, p889).

The BPA was formed in 1973 by the employee pharmacists of Boots The Chemists because of the then threat from the European Community, whereby all pharmacists would need to own the equipment and fixtures of the pharmacy. This would have threatened the existence and development of pharmacy in the United Kingdom, particularly in relationship to employee pharmacists.

The BPA is a certificated trade union and works independently from Boots The Chemists. However, it is recognised by Boots as an appropriate additional line of communication for its members, individually and collectively.

Peter Walker
Chief Executive Officer
Boots Pharmacists Association

Refreshing

From Mr A. Moss, MRPharmS

Onlooker provides an interesting, varied and stimulating miscellany which is a refreshing change from the many complaints that too often fill the pages of what I reckon is a very good value journal.

Arthur Moss
Shrewsbury