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MODERNISATION

How ironic!

From Mr A. R. Cox, MRPharmS

I cannot be alone in noting the irony of receiving a letter from the President, informing me about the submission of a new Charter, enclosed within a Electoral Reform Services envelope. At the last special general meeting a motion calling for a referendum on any proposed new Charter was carried unanimously, yet this was ignored by the Council. Next time the Society calls upon the Electoral Reform Services, let us hope that it is because it is required for its usual activity of counting votes.

Anthony Cox
Honorary Auditor
Royal Pharmaceutical Society

ANN LEWIS, Secretary and Registrar, Royal Pharmaceutical Society, replies: The Electoral Reform Service provides a variety of services which involve high volume mailings. The ERS was used for this mailing as it was important to send this information to all members as soon as possible and this was the fastest, most efficient means of doing so.

Lambeth chequers championship

From Mr H. Argomandkhah, MRPharmS

May I start by congratulating you upon your comprehensive coverage of the debate at the last meeting of the Royal Pharmaceutical Society's Council (*PJ*, 13 December, p819–25). However, unless you were aware of this trick (I used to call it the Lambeth chequers), you would not have identified it for what it was. Allow me to explain. I was present for part of the Council meeting (Tuesday afternoon), observing from the back while holding a box of over 1,000 members' signatures supporting a referendum on the final Charter document.

The rules of "Lambeth chequers" are as follows:

1. Identify the awkward subject you wish ratified.
2. Get everyone together (Monday's strategy day) with an external expert (Robert Bulling).
3. Get a general consensus (19 out of 24) over a new form of words ("to safeguard, maintain the honour and promote the effectiveness of the profession of pharmacy and the interests of pharmacists in the exercise of their profession").
4. Spread the rumour before the meeting that you have thrashed out a solution to the main difficulty.
5. Ten minutes before the start of the meeting produce a totally unacceptable form of words that was not discussed or agreed when the consensus was reached ("to safeguard, maintain the honour and promote the effectiveness and interests of the profession of pharmacy and to support pharmacists in the exercise of their profession").
6. Try to sell it by explaining that the expert was not there when the consensus was reached, and hope you can get away with it.
7. If someone spots that, actually, he was (Mr Alexander and Mr Wicks), explain that he had not been at the close of the meeting, and upon reflecting on the earlier form of words (3), he no longer thinks that they are suitable. Hence the officers' proposed new wording (5).
8. Resist any sensible proposal for lack of time to reflect on the new form of words, remembering that it had taken an entire day to reach consensus on the form you do not want.
9. If resistance becomes unruly, put this item on hold and get the Council to agree the rest of the document word by word and postpone the decision on the new form of words until last.
10. Once all the other items are agreed, have a tea break.
11. During the tea break get a seemingly neutral member (Clive Jackson) to produce another new form of words similar to yours ("to safeguard, maintain the honour and promote the effectiveness of the profession of pharmacy and to support the professional interests of pharmacists").
12. Inform the Council members that, while they were enjoying their tea break, the expert (Robert Bulling) was contacted and he not only liked but approved the latest new form of words (11).
13. Restart the debate on the final form of words (11) knowing that you are pressed for time and must make a decision.
14. Totally resist any motion to refer back, and stick to your guns to get a decision.
15. Allow the opposition to go in first, followed by a line up of all your supporters to the latest new form of words.
16. Put the motion to vote.
17. You have won (17 to 7).
18. Tidy up all the loose ends and collect other winning votes (16 to 6), (16 to 5) and (16 to 5) (*PJ*, 13 December, p822).

Congratulations, you are now the new "Lambeth chequers" master. If the issues here were not so important to the future of our professional body you could almost laugh at the entire episode.

By petitioning the Privy Council without the full approval of the membership, the Council is acting outside the current Charter, which governs its current existence, and as such is acting *ultra vires*. If the Council is then pursued in a court of law, it will not and should not enjoy the protection of the current Charter and individual members of Council may be personally responsible. Unfortunately, although this point was mentioned by Sultan Dajani, his advice fell on deaf ears.

The saddest part of this whole episode is that the Council would have moved forward with wide support had it stuck to the first form of words (3) and not engaged in the "all manner of tricks" described. I will leave others to judge what this says for governance at Lambeth.

The Society may have ignored the membership for one last time, but the Save Our Society campaigners may also have a few "tricks" up their sleeves.

Hassan Argomandkhah
Liverpool

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.

Stripping away the wrapping

From Mr D. Simpson, FRPharmS

Whichever way you want to wrap it (*PJ*, 13 December, p800), there is a strong element in the Council of the Royal Pharmaceutical Society that wants to be rid of the Charter object of promoting the interests of the members in their exercise of the profession of pharmacy. This despite the fact that the Code of Conduct for Council members requires them to fulfill the Charter objects, and also the fact that members, at the special general meeting in June (*PJ*, 7 June, p807), voted overwhelmingly for the object to be retained. The Council members who back the Save Our Society campaign believe that the attenuated wording that the Council eventually came up with — "support the professional interests of pharmacists" — was unacceptable and voted against it. In doing so, incidentally, they complied with the Code of Conduct.

Douglas Simpson
Member of Council
Royal Pharmaceutical Society

MODERNISATION

Is this the year of arrogance?

From Mr L. David, MRPharmS

Is this the year of arrogance? First, the Government is trying to decide the make-up of our Royal Pharmaceutical Society's Council. Secondly, the Council is attempting to deny us freedom of speech and democracy: the former regarding advice given if we do not continue with continuing professional development, and the latter regarding the Charter.

May I suggest that members supply the Council with a version of the Sword of Damocles. I suggest that all members send in to the Registrar an undated letter of resignation from the Society. This will give the Council sufficient clout to tell the Government that we are a professional body who should be properly recognised and not interfered with. In addition, it should remind the Council that it should respect and follow the wishes of the members and not be autocratic.

Leo David
Hounslow, Middlesex

Negates the image of a modern profession

From Mr A. Watson, MRPharmS

Up in our little remote corner, there is a weekly paper (the *Ross-shire Journal*), which features a couple of columns entitled 88 and 44 years ago. Usually in this section, there is a report on some fête, prize-giving or sale of work, etc, where some local minor member of the ruling class had "graciously consented" to open the event. How we laugh at this sycophantic style of reporting and recognise that in those days how the local peasantry was expected to jump smartly into the gutter when one of the local toffs appeared, at the same time of course smartly removing one's bunnet!

We rejoice that such "cap in hand" presentation is no longer relevant in today's brave new world — sadly not quite the case apparently. I am no longer involved in the practice of pharmacy and therefore have little interest in the merits or otherwise of this new Charter. What does disappoint me, however, is to see such archaic, stylised language in the petition. It may be the recognised way of presenting such a document but it rather negates the image of a modern profession in the 21st century.

Tony Watson
Fearn,
Ross-shire

MHRA LEAFLET

Leaflet could be dangerous

From Mr M. Bennett, FRPharmS

I note your report (*PJ*, 29 November, p733) on the leaflet and posters being sent for distribution via pharmacies encouraging patients to report problems with medical devices and equipment direct to the Medical and Healthcare products Regulatory Agency (MHRA).

I consider that this leaflet could be dangerous. I believe that, in the first instance, the person should contact whoever supplied the item so that they are able to take immediate action. After that, if they are not satisfied that the problem has been dealt with correctly, they could then contact the MHRA.

In the past we have had instances where patients have reported a problem (more often than not due to incorrect use) where we have been able to attend almost immediately and resolve it. This is particularly important with power-driven wheelchairs and scooters where there is potential for a serious accident to occur.

The advice in the leaflet implies that the first response should be to contact the MHRA and, since an address is provided, it would not be unreasonable for a patient to consider posting the information. How long it will take for anything to happen is anyone's guess.

Until the leaflet is amended to emphasise the need for patients to report any problems as soon as possible to whoever supplied the item, I will not be distributing them.

Martin Bennett
Associated Chemists (Wicker) Ltd,
Sheffield

Qualified for the World Inane Metaphor Cup

From Mr P. B. Lowe, MRPharmS

I know we are all tremendously excited by the President's prediction in her letter to all members that a new Charter will make the Royal Pharmaceutical Society a "world-class profession". No breath can now be unbated until we achieve our inevitable (and belated) victory over Germany on penalties. And Jonny Wilkinson will be forgotten as euphoric crowds cheer the Council heading for Buck House on an open-topped bus. Next year, who can stop us? We have qualified for the finals of the World Inane Metaphor Cup.

Peter Lowe
Newcastle Upon Tyne

AQUEOUS CREAM

Involve patients in choice of emollient

Dr R. P. Tucker, MRPharmS

I read with interest the article by Michael Cork *et al* (*PJ*, 29 November, p747) on the problems associated with aqueous cream. This mirrors to some degree my own experience of dealing with patients with skin problems. I have also noticed that patients complain that the cream can cause a burning or stinging sensation, although I should add that such adverse reactions can also occur with other emollient preparations. As a result, I tend to recommend that patients use aqueous cream as a soap substitute (though many also find it of benefit for shaving) and allow them to select an alternative product for use during the day.

The simple fact that aqueous cream is inexpensive should not be the main reason for its inclusion in primary care trust formularies. Although there is a paucity of clinical evidence to demonstrate superiority of one emollient over another, the importance of patient choice should not be overlooked. Furthermore, involving patients in the choice of an emollient achieves a greater degree of compliance. With a potentially large number of patients with atopic eczema and other dry skin conditions, helping patients to select an appropriate emollient, and advising on its use, is perhaps an ideal role for community pharmacists as suggested in a recent report.[1] Such a role will be of enormous benefit and serve as yet another example of the ways in which community pharmacists can make a valuable contribution to the health and well-being of the general public.

Rod Tucker
Beverley, East Yorkshire

REFERENCE

1. Report on the enquiry into primary care dermatology services. London: Associate Parliamentary Group on Skin; 2002.

Patients should try a variety of emollients

From Mr P. Lapsley

We were interested to see the paper "An audit of adverse drug reactions to aqueous cream in children with atopic eczema" (*PJ*, 29 November, p747). In the study, an irritant reaction occurred in 56.3 per cent of children with atopic eczema when aqueous cream was used as an emollient, compared with only 17.8 per cent of children using all other emollients.

This is of serious concern to the Skin Care Campaign (SCC) and provides research evidence of a problem of which we have been aware anecdotally for several years.

Reports to the SCC suggest that many health care professionals are not aware either that aqueous cream used as an emollient causes such irritant reactions or that such irritant reactions are frequently a cause of non-compliance with agreed disease management regimens.

We are sometimes asked which emollient we would recommend. The answer is that we cannot recommend any particular treatment. People's skins vary and different people react differently to different treatments. People with eczema and related conditions tend to have very sensitive skin, and not every product is suited to every patient. Some people will need a range of treatments for different degrees of dry skin, different body sites, different social situations, to

encourage compliance and reduce topical steroid use, to address personal preference issues, and on occasion to avoid contact hypersensitivity or other irritant side-effects. And needs may change over time.

If a patient dislikes a treatment, he or she may not use it, which undermines the treatment regimen and is wasteful of National Health Service resources. It is therefore important that the widest possible range of treatments — including a wide range of emollients — should be available. It is important also that people with skin diseases should be given every opportunity to try a variety of emollients to find the ones that suit them best.

The SCC is an umbrella organisation representing the interests of all people with skin diseases in the United Kingdom (www.skincarecampaign.org).

These views are endorsed unreservedly by the British Association of Dermatologists, the Primary Care Dermatology Society and the British Dermatological Nursing Group.

Peter Lapsley
Chief Executive
Skin Care Campaign

CPD

Need an incentive to take part in CPD

From Dr M. P. Short, MRPharmS

As a semi-retired, former proprietor of a busy pharmacy now contemplating changing to the "part-time" retention fee, I have decided against doing continuing professional development. I do feel some sadness with this decision but like many in their late 50s, with years of unrecorded experience, I have the opinion that CPD in the format dictated is for the new generation of pharmacists.

That was until I recently discussed the issue with my next door neighbour, the local veterinary surgeon, who at my age is really excited about CPD. Why? Because he is off to Orlando in January to complete, in one week, his annual CPD.

I am concerned that CPD in its present format will result in a much more serious shortfall of working pharmacists than the fallow year inflicted on the profession by short-sighted academics. The difficulty in finding suitable locums for a busy dispensary to allow the proprietor time off is still fresh in my mind.

It would be in everybody's interest, perhaps by sponsorship in part from industry, to provide some incentive for us with more time on our hands to take part in CPD in the same way that is available to vets, dentists and doctors. This would in part way alleviate the forthcoming shortfall and particularly help those independent pharmacies who seem to rely on the older experienced locums, partly by choice and partly because the multiples mop up the more recently qualified and more mobile locums.

M. P. Short
Fareham, Hampshire

RAMIPRIL

Why can't we take the responsibility?

From Mr M. Cottingham, MRPharmS

I would be interested to know if any doctor had not given their consent for Tritace (ramipril) tablets to be dispensed on prescriptions written for Tritace capsules. Why as the "health expert in the High Street" can I not take that responsibility?

How can we be taken seriously as a profession if we must bother the prescriber on what is essentially a technicality?

Mike Cottingham
Grimsby, South Humberside

COMMUNITY PHARMACY

Should I retrain as a nurse?

From Ms D. A. Allen, MRPharmS

I read with interest an article in *The Guardian* (3 December, Society section) entitled "What else can I do?".

It described Claire, a 28-year-old nurse with a diploma in higher education nursing. She loves working in primary care, but she has been at the same practice for five years and does not want to get stuck in a rut.

It suggested that "Claire could consider working in a local pharmacy, alongside a community pharmacist carrying out clinical assessments of patients as part of a medicines management initiative. The duties include giving patients advice about over-the-counter medicines or dealing with queries about their medication. She is likely to be employed by the primary care trust rather than the pharmacist. The salary is negotiable but she could expect to be H grade earning £30,000 to £35,000."

I would like a well-paid job and an index-linked pension with a future in community pharmacy. Should I retrain as a nurse?

Deborah Allen
Stourbridge,
West Midlands

FELLOWSHIPS

Where are the community pharmacist fellows?

From Mr M. Goldin, MRPharmS

I want to congratulate the nine pharmacists who have been designated as fellows of the Royal Pharmaceutical Society (*PJ*, 6 December, p794).

Their elevation will give great pleasure and satisfaction to their families. But I must say that I was dumb-struck when I read about them. Not one community pharmacist among them. All academics and bureaucrats.

Are there no community pharmacists in this year of 2003 worthy of such an honour?

What message does that give to all those thousands of ordinary community pharmacists toiling away at the coal face of our NHS pharmacy service.

The help, advice, care, patience and restraint shown by this faceless mass of dedicated professionals who day after day, week after week, and year after year, give their all to try to ensure that the public is adequately served.

As an itinerant locum pharmacist I do not know any established, settled community pharmacists, but there must be some of my colleagues out there who know someone deserving of this honour.

Monty Goldin
London NW11

TOP-UP FEES

Impracticable to have scholarships

From Mr A. F. Huntley, MRPharmS

Ian Caldwell advocates scholarships for undergraduates (*PJ*, 13 December, p811) for brilliant students — a good idea but impracticable given present student numbers. I too received a modest, if adequate grant, for which I am ever grateful following Royal Air Force service in the 1940s.

The only way in which I recognise this good fortune is by regularly supporting the Royal Air Forces Association charity, independent of the mother service, ie, the RAF.

Further Education and Training grants were paid to those who served in the air force, army, navy and not least, the Bevin boys — these latter were one and all unsung heroes.

A. F. Huntley
Bristol

PRODUCT NAMES

Suggestions for new names

From Mr A. Williams, FRPharmS

Although retired I maintain an interest in aspects of pharmacy. However, I find the names of the new high-tech products difficult to spell and even more difficult to pronounce. It is clear that drug companies must have problems finding suitable names for their products. Perhaps it would be helpful if they consulted a gazetteer of the United Kingdom as a source of inspiration.

I offer the following for consideration: Ardavasar (Skye), Bluenffos (Pembrokeshire), Contin (Ross), Dalnoid (Perth), Edradynate (Tayside), Elgol (Skye), Orseinon (Glamorgan), Niarbul (Isle of Man) and Sannox (Arran). There are probably many more, but Prestatyn (Flint) readily brings to mind an old enemy, polypharmacy, however the wisdom of combining a statin with an antihypertensive must be questionable.

I await with interest any follow up.

Arthur Williams
Inverurie, Aberdeenshire