

■ THE SOCIETY

## Let us put further litigation behind us

From Mr A. Tanna, FRPharmS

On 28 May in the High Court Mr Justice Park ruled that the Council of the Royal Pharmaceutical Society behaved lawfully when it petitioned the Queen for a new Charter and awarded an initial sum of interim costs of £30,000 against the Save Our Society litigants. The SOS group is disappointed by the judgment and has decided to appeal (*PJ*, 29 May, p659).

Earlier in the same week, seven SOS candidates were elected to the Society's Council (*PJ*, 22 May, p629) and it is my understanding that the following motion is being put at the forthcoming June Council meeting: "In view of the support shown by the members for the policies of the SOS campaign in recent Council election results and AGM, the Council should in the best long-term interest of the Society and without seeking the recovery of the costs, resolve all proceedings brought against individual members and former Council members in respect of the Council decision to petition for a new Royal Charter."

The proposer of this motion must realise that the SOS group took 16 individual Council members and the Society to court and, having lost its case, should consider carefully whether to proceed to the Court of Appeal and incur further legal costs not knowing what the outcome of the case would be. The SOS group should adhere to Mr Justice Park's judgment.

We must all put this further unnecessary litigation behind us and pull together in the interests of the membership and the profession. Perhaps the Council may decide at the June meeting to withdraw the petition. If it does, it will then have many decisions to make. How much of the new Charter will be preserved? Will Object 3 of the 1953 Supplemental Charter be retained? How will the new Charter be in the interest of pharmacists and the public?

SOS campaigners may decide that an appeal is not worthwhile and may go for a referendum once the new Charter has been finalised by the Council.

**Ashwin Tanna**  
*Sydenham, London SE26*

## Strength in unity

From Mr D. Leach

The Royal Pharmaceutical Society is to be the future regulator for pharmacy technicians, with a register planned to open in January 2005. The Association of Pharmacy Technicians UK will remain the professional, representative voice for pharmacy technicians, but the role and credibility of our future regulator — the Society — will become an equally important issue for pharmacy technicians, too.

We recognise that although there are important issues at stake and strong feelings on all sides, the recent Society Council election and the events surrounding it have all been conducted in full view of the Government and the public at large. It is clear that these events have helped neither the image nor the standing of the wider pharmacy profession in anyone's eyes.

When Gill Hawksworth was elected President of the Society last year, she said: "Let us all work together for a brighter future" (*PJ*, 21 June 2003, p871). As all parties prepare to work in what has now become an uncertain future, my association hopes that this commonsense message — of strength in unity — will be remembered by all over the coming weeks.

**Darren Leech**  
*President, Association of Pharmacy Technicians UK*

## New Council must pull together

From Mrs S. J. Greensmith,  
MRPharmS

Most supporters of the Save Our Society group have sincerely held views but I hope the newly elected members of the Royal Pharmaceutical Society's Council are beginning to realise how the actions of the SOS group may be destroying the credibility of our profession within the Department of Health and the newly formed Council for the Regulation of

Healthcare Professionals (CRHP). To disregard the Government's direction of travel will only lead to exactly what the SOS group does not want: our Society will be controlled by the CRHP and we will lose the autonomy we have enjoyed since the profession began.

Moreover, the judge in the recent court case ruled the Council, acting on behalf of the Society, acted lawfully in submitting the petition for the new Charter in December (*PJ*, 29 May, p659).

If we want our profession to retain self-regulation then the new members of Council must immediately get up to speed with all the issues and reasons for the previous Council's decisions and vote to retain the existing Officers.

There is a vast amount of work to be done and many challenges ahead and I trust that the newly elected members of Council will be worthy of the faith that has been placed in them and use their own integrity to work as individuals in the Council team rather than as part of a "single issue" group.

**Sally Greensmith**  
*Godalming, Surrey*

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## Letters to the editor

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Letters that are critical of individuals, organisations or companies may be sent to the person or body concerned so that they are given a simultaneous right of reply. In these instances, the authors' identities will not be disclosed until publication, and publication will usually be delayed.

Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent.

## THE SOCIETY

**Why I am dismayed by Council election results**

From Mr P. J. Curphey, FRPharmS

I suppose, after an election, defeated candidates are allowed to complain just as winners are allowed to gloat. This year, like the others, I was defeated by the Save Our Society group's sabre-rattling and shroud-waving, which attracted an extra cohort of voters in the Royal Pharmaceutical Society's Council election.

I was dismayed by the election result, but not only on my own account. My main concern lies with the hard-working Council members who were removed by an organised cabal, which many of us think brought the High Court action as a delaying tactic. (The High Court has made it clear that the Council did not break the rules, whatever the SOS group says.) In addition, there have been clear breaches of the election "rules", which I accept are unenforceable, by supporters of the SOS aims.

The loss of accumulated wisdom, expertise and experience over the past two elections we will all, I fear, surely rue.

What has happened is that a small number of committed activists, members of my profession, have wasted nearly a year of the Council's time when their eyes should have been on the ball of Government intent and public will. They needed only to mobilise a mere 11 to 12 per cent of the electorate to make the whole profession appear shambolic.

And what of the Privy Council nominee members of Council? They have behaved impeccably over the whole matter but to my mind they are likely to be dismayed by the outcome.

We can hope, of course, that the new Council members can show some humility and knuckle down to the really important work that has to be done.

But they should rest assured there are some of us who will not stand idly by and see an entire profession go to the wall and those who have been newly elected may well find themselves challenged at every turn. They have represented themselves as guardians of the popular will; now we will see if they listen to any of their opponents at special general meetings, branch meetings, etc.

**Peter Curphey**  
*Ballaugh, Isle of Man*

**Focus now on pharmacy's future role**

From Mr M. W. Beaman, FRPharmS

I write in support of the sentiments expressed by Charles Butler (*PJ*, 29 May, p669) concerning the move towards a new Charter for the Royal Pharmaceutical Society.

It is now time for the membership to draw a line under the present Save Our Society campaign, now that the High Court has issued the summary dismissal of the claim last week (*PJ*, 29 May, p659).

I find it appalling that at a time when there should be a public display of unity, in supporting such higher issues as the developing professional role of pharmacy and the new contract, there is still so much in-fighting going on. What image does this project to other professions, the Department of Health and the wider public?

Admittedly the Council could have improved its communications and presentation of the new Charter and there is no better person to rectify that situation than the current President.

I would urge all SOS Council members now to focus on realising the potential of the future role of pharmacy; after all, that is what they are there for.

**Mike Beaman**  
*St Albans,*  
*Hertfordshire*

**Let us not lose self-regulation**

From Mrs K. L. Simister, MRPharmS

As you rightly say in your leading article (*PJ*, 22 May, p628), the pharmacy landscape may well be about to change as a result of the recent election to the Council of the Royal Pharmaceutical Society.

I cannot claim to understand the subtleties of the discussions that have taken place regarding the new Charter, however this is now a difficult and decisive time in the Society's history.

The present Government has made it clear that, in the light of cases such as the Bristol children's surgery inquiry and Shipman, the regulation of health care professionals requires considerable change. Few could argue with that.

The right of a professional body to self-regulate has come under particular scrutiny. One only has to note the ongoing debate regarding the role of the General

Medical Council, in particular with regard to the Shipman inquiry.

The risk we could face now, as a result of the Council election, is that in the near future the Government may conclude that the Society is unable to put in place a satisfactory form of self-regulation for the profession. Should this occur we may find that our Society becomes a powerless representative body, while the formulation and implementation of the regulations whereby individual pharmacists practise will be set by an external body.

At a time of unprecedented opportunities for the profession it would be sad to see the regulatory role at risk of passing to an external organisation, where pharmacy might be regarded as one of a myriad of allied health professions in terms of regulation.

The Society has a respected self-regulation profile; one hopes that that will not be lost as a result of the recent election results.

**Katrina Simister**  
*Chester*

## MALARIA AWARENESS

**It may be appropriate to record supplies of antimalarials**

From Professor L. I. Goodyer, MRPharmS

On 26 May a new malaria awareness campaign ([www.malariahotspots.co.uk](http://www.malariahotspots.co.uk)), aimed at the travelling public, was launched by Sir Ranulph Fiennes in London. A large number of leaflets are to be sent to pharmacies and GP practices throughout the UK carrying a message that people should see their GP, practice nurse or pharmacist before travel regarding advice for protecting themselves against malaria.

I am pleased that community pharmacists have been identified as having an important role in this field of travel medicine and are well placed as an accessible health professional for the travelling public. In particular, they can offer advice regarding bite prevention and chemoprophylaxis and help raise awareness of this dangerous disease. In many cases a referral to the GP will be required in order to obtain a prescription for an appropriate chemoprophylactic agent since currently only chloroquine and proguanil are available as P medicines. I would like to remind community

pharmacists that for many parts of the world these two agents are no longer recommended due to widespread resistance of *Plasmodium falciparum* and great care should be exercised if supplying them over the counter. It is my opinion that all sales of chloroquine and proguanil should be recorded with a note of the area of intended travel.

**Larry Goodyer**  
*Head,*  
*Leicester School of Pharmacy*

## PI INSURANCE

**NPA always comes down on the side of its members**

From Mr G. Southall-Edwards, MRPharmS, Barrister-at-law

I wrote to *The Journal* recently (*PJ*, 15 May, p606) in an effort to clarify the difference between the two common bases of personal indemnity insurance and also to state my legal reasoning as to why I believe both employees and self-employed locums should insure themselves against claims for negligence.

On the same page as my own letter, was a contribution from the NPA's chief executive John D'Arcy, which confused the issue; I say this because I have since received many requests from pharmacists to explain matters more fully, clearly indicating a misunderstanding of the PPI policies he referred to.

Mr D'Arcy refers to the NPA's "claims occurring" insurance (what I described as "incident-based") and, apart from seeking to extol the virtues of Chemists' Defence Association insurance provided to members by NPA membership (not available to locums and employees), Mr D'Arcy states that his organisation offers, through its subsidiary Pharmacists Professional Indemnity Limited Ltd, PI policies for individual employees and others, eg, locums, who are engaged in community pharmacy. He does not actually say that these are also "claims occurring", but the clear impression given to readers by the omission to state the basis, is that they are, as I know from those who have contacted me with questions since reading his letter. In fact, they are not — they are claims-based, just like those offered by his competitors, the Pharmacy Insurance Agency/Pharmacists' Defence Association, which he and Brian Threlfall (*PJ*, 3 April, p413)

have criticised both directly and by implication.

This failure to clearly state the basis of PPI policies is regrettable and I would wish to ensure that readers are aware of the true facts, which are that both the PPI Ltd and the PIA/PDA Ltd offer policies on a "claims made" basis, where the policy must be in force when a claim is made, not just when the error or omission occurs.

Finally, I note that Mr D'Arcy seems to have anticipated the printing of my letter when he wrote his, since he was at pains to give assurances that "we have never, nor will we ever, seek to reclaim any costs from an individual pharmacist or member of pharmacy staff". This seems to be a clear response to my legal point about the rights of employers and their insurers to sue employees and locums alike. In response thereto, I would simply make the further point that his statement is what lawyers term an "agratuitous" promise, unsupported by consideration and that the NPA is free to change its mind about this at any time it pleases. As an experienced pharmacist and tort/contract lawyer who has handled many claims against

pharmacists and most of those passed from the NPA to the PDA, I can state with confidence that when it comes to the crunch, the NPA always comes down on the side of its member; how, therefore, can this employer's organisation claim to be able to offer to protect the interests of individuals insured by the NPA's wholly owned subsidiary PPI Ltd?

**G. Southall-Edwards**  
*Tirol, Austria*

### **Confusion over NPA PI insurance**

From Mr M. Koziol, MRPharmS

In seeking to clarify the National Pharmaceutical Association position on professional indemnity insurance, it would appear that John D'Arcy, has managed to confuse matters — his letter of 15 May (p606) is highly misleading.

Judging by the calls that we have at the Pharmacists' Defence Association (PDA) he has wrongly given the impression to many individual pharmacists that the NPA PI scheme for individual pharmacists is provided on a "claims occurring" basis. This is not

the case, the policy provided by the NPA for individual pharmacists is provided on exactly the same basis as that of the PDA policy, ie, on a "claims made" basis.

He then goes on to say that the NPA provides its individual pharmacist insurance through a subsidiary called Pharmacists Professional Indemnity Limited (PPI). I presume that PPI was set up to help deal with the conflict of interest that the NPA has with providing protection to both NPA members and also to individual pharmacists.

What he does not make clear is that PPI Limited has been operating as a dormant company as is evidenced by the accounts that it has filed at Companies House. This means that the true insurer of individual pharmacists is not PPI Limited at all, but the parent company, the Chemists Defence Association, which is owned by the NPA. This means that NPA members enjoy manifestly different treatment from the NPA than do the individual pharmacists who take out their cover with PPI.

This is only to be expected, because the constitution of the NPA says: "Where a conflict arises [between an employer and an

employee/locum] the Associations 'allegiance' must lie primarily with the member — the owner of the business."

It is abundantly clear that the interests of the individual pharmacist can never be served by relying on the NPA — an employer organisation — for their individual PI insurance.

**Mark Koziol**  
*Director*  
*Pharmacists' Defence Association*

JOHN D'ARCY, chief executive, National Pharmaceutical Association, replies: The principal purpose of my letter was to highlight to NPA members — many of whom have been contacting the NPA to clarify the position — that the indemnity and defence benefits provided by the NPA are written on a "claims occurring" basis. This is a reflection of the added value of the cover offered by the NPA to members and is becoming increasingly unusual in today's insurance market. It was never our intention to confuse or mislead anybody. As your correspondents point out, the benefits offered by PPI are offered on a "claims made" basis.

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## ■ STATINS

**Customers will need to make informed choices**

From Mr D. G. Phizackerley,  
MRPharmS

In his letter (*PJ*, 22 May, p638), Hemant Patel argues the case for over-the-counter simvastatin. He cites the Heart Protection Study<sup>1</sup> as evidence of the benefit of treating patients at low risk of coronary disease.

Unfortunately this is not the case. The rate of vascular events (ie, the level of risk) in the group of patients in the trial who received placebo was 25 per cent over five years, which equates to 50 per cent risk over 10 years. The anticipated use of OTC simvastatin is in patients who have a level of risk of between 10 and 15 per cent risk over 10 years, so it may not be appropriate to extrapolate the benefits from this trial to a lower risk population.

Interestingly, in the Heart Protection Study the active treatment was 40mg simvastatin daily and this produced an absolute risk reduction (ARR) in major vascular events of 5.4 per cent and a relative risk reduction (RRR) of 21 per cent with an NNT (number needed to treat) of 18 (ie, 18 patients needed to be treated for five years to prevent one event). The ARR for death was 1.8 per cent (RRR = 12 per cent) and this means that to prevent a death, 56 patients would need to be treated for five years.

In their review of the evidence for statins for primary prevention, researchers at the University of British Columbia have analysed the results from five primary prevention trials.<sup>2</sup> They conclude that 71 patients with cardiovascular risk factors have to be treated with a statin for three to five years to prevent one myocardial infarction or stroke. Therefore, 70 people gain no benefit from taking a statin for three to five years. The authors also comment that their analysis showed that total mortality was not reduced by treatment with a statin.

Based on the findings of the paper from the University of British Columbia, and assuming that a dose of 10mg simvastatin produces the same level of benefit as the much higher statin doses used in the primary prevention trials, it is possible to estimate the investment required to prevent one event. Assuming a price of £12 for 28 days, between £33,000 and £55,000 will have to be paid by customers to prevent one vascular

event (although the cost to the individual will only have been between £468 and £780). Customers will need to make a judgement on whether this level of investment is worthwhile.

The challenge for the profession will be to explain to customers what taking (and paying) for a statin for a long period will mean to them. Customers will need to be involved in discussions that help them to understand their current level of risk, the evidence supporting the use of statins, the likely benefits in terms of absolute risk reduction and the choices that they can make between this and other interventions (including lifestyle changes). Baseline risk, absolute risk reduction, relative risk reduction and numbers needed to treat are all terms that confuse some health professionals.<sup>3</sup> Pharmacists will need to ensure that their customers understand these issues so that they are able to make an informed choice about whether to invest in simvastatin or membership of their local gymnasium.

**David Phizackerley**

Prescribing Team Manager  
Western Sussex Primary Care Trust

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## ■ METHADONE MAINTENANCE

**British pharmacists should cherish role**

From Dr R. Newman, MD

I realise plenty has been said already both for and against pharmacy dispensing of methadone. However, as an outspoken advocate of strong reliance on community pharmacists for the treatment of addiction, I must express my dismay over the letters published in the 6 March issue. All four commentators clearly express the sentiment that the goal of methadone maintenance is to achieve total, lasting abstinence. How can professional pharmacists, active participants in this

treatment, be so misinformed? In the 40 years since Nyswander and Dole first published their observations on methadone maintenance, the fundamental rationale for the treatment has been that, for many opiate-dependent individuals, "addiction" is a medical problem that defies "cure". Can some achieve and maintain abstinence without need for ongoing medication? Of course, just as many (the majority) of people with adult-onset diabetes can overcome their "dependence" on insulin by compliance with a regimen of diet, exercise, etc. Your writers, however, view the patients to whom they administer methadone as failures — precisely because their physicians have determined that this medication is necessary and appropriate. It seems likely that the behaviour problems described are at least in part a response to this pejorative, illogical, contradictory judgement conveyed by the pharmacist.

In the US, the pharmacist has for almost 100 years been excluded by law from participating in the care of the disease of addiction. British pharmacists should cherish the role that they are privileged to play and ensure that they understand the treatment that they provide.

**Robert Newman**

Director  
Baron Edmond de Rothschild  
Chemical Dependency Institute,  
Beth Israel Medical Centre,  
New York City

## ■ THE JOURNAL

**What is *The Journal's* policy on conference attendance?**

From Mr M. I. Almond, MRPharmS

Over the past 25 years, *The Pharmaceutical Journal* has supported the Institute of Pharmacy Management's conferences. However, it has been noticed that *The Journal* has not sent a reporter to either of the last two conferences. The reason for not attending the conference at Stratford-upon-Avon last November was that the topics were not new and it was expected that nothing new would be said. No reason has been given for the *PJ's* absence from Bath in April.

Speakers at Stratford included someone from the Department of Health and someone from the NHS Confederation. In Bath one of the speakers was from the

Pharmaceutical Services Negotiating Committee. The list of speakers in Bath also included the President of the Royal Pharmaceutical Society and the head of a pharmacy school with radical ideas about the teaching of pharmacy practice. These speakers should not have been missed by a leading professional publication.

It came as a surprise, therefore, to read that *The Journal* sent a reporter to Monaco in April 2004 to listen to some of the same speakers presenting the same topics. The report acknowledged that the journalist was present courtesy of the conference organisers; I presume that this means a free ticket.

Is it now policy to attend conferences only in the more attractive venues when the bill is picked up by sponsors? *The Journal* should send a journalist to all pharmacy conferences at its own expense. Accepting sponsorship would appear to compromise the independence of the publication.

**Malcolm Almond**

Brighouse, West Yorkshire

The invitation for Monaco (17–22 April) from AAH arrived some weeks before the notice about the Institute of Pharmacy Management's Bath meeting (23–25 April) at which time we had already accepted the former. Our decision was not influenced by the venue or the fact that our attendance was sponsored. We then had to make a decision about whether or not to attend the Bath meeting and we decided that it was not possible. We spoke to Howard McNulty, general secretary of the IPMI, explaining that the contents of the meeting were not, in our opinion, newsworthy. Sometimes speakers present the same speech — or variations of it — on many occasions and in such instances there is often nothing new or of value for *The Journal* to report.

We would like to point out to all groups who invite us to meetings that it is the interest and value of the meeting that is the prime factor in our decisions whether or not to attend. Occasionally we have to decline invitations to some major meetings but, when this is the case, the organisers could consider sending a press release after the event detailing any developments. In addition, we will consider reports for publication if attendees care to submit them within two weeks of the meeting (see advice for contributors at [www.pjonline.com](http://www.pjonline.com)).—EDITOR.