

■ COUNCIL ELECTION

Ability to compromise makes man noble

From Mr C. Ranshaw, FRPharmS

I was extremely disturbed about the High Court action being taken against named individual members of the Royal Pharmaceutical Society's Council, so it was reassuring that the judge agreed that the correct legal and proper process had been followed for petitioning the Privy Council for a new Charter (*PJ*, 29 May, p659).

The election to our Council of seven members who campaigned on that single issue is a worrying development in the electoral process (*PJ*, 22 May, p629). It is of concern because it demonstrates that it is possible to be elected not for overall experience in areas of practice, management abilities, professional commitment and participation on committees, but for a single issue. We have lost a depth of experience in this election. Is this really an anti-establishment vote?

As a hospital pharmacist I am concerned that at a crucial time because of "Agenda for change" we have lost a voice on the Council. During my time as chairman of the Society's Welsh Executive, the political landscape changed following devolution and the Executive, through hard work, became recognised by the Welsh Assembly Government as a "must consult", credible organisation. We must not lose that credibility. We are a mixed profession, not just community pharmacists and an extension of the NHS.

I argued against the annual general meeting motion on the Charter petition on the grounds of representational democracy. I also argued that the Council is elected to represent the profession and members, not to act as delegates. In the same spirit I wish the new Council well and hope that it will constructively challenge accepted facts and views, and use its members' capacity to think independently after assessing all information, viewpoints and arguments but with the ability to withstand external and peer pressure. I know that we all have the best intentions, and we wish to do what is right for the profession and society at large.

It is easy to criticise the Council on a single issue from the outside than it is when participating in the Council's wide agenda. The seven members elected on the Save Our Society label now have to offer leadership and statesmanship to the

whole of the profession on a wide range of issues. The paradox is that they no longer have the luxury of falling back on a single cause and may have to take a view that conflicts with that single issue. They must remember that there is a larger representational democracy to which they will be held accountable. Public confidence in our profession is paramount.

Progress requires change, and change will not always be pain free: no pain, no gain. It is not possible to sit in the "comfort zone" of the status quo; progress should be evolutionary, not revolutionary, and some degree of continuity within Council is essential.

It is the ability to compromise that makes man noble and I sincerely hope that we will have a noble Council offering strong leadership. Pharmacy has a tremendous future. Let us work together so we do not destroy our profession.

Colin Ranshaw
Barry, Vale of Glamorgan

Is the new Council truly representative of the membership?

From Mr J. T. Mearns, FRPharmS

We have now experienced two Council elections using the first-past-the-post (FPTP) system, which replaced the single transferable vote (STV) system. The change in the method of voting was intended to increase the numbers of members voting because it was thought they could not understand that STV system. However, even with an important issue at stake, like the Council's petition for a new Charter, the numbers voting increased by only 2.7 per cent since the last STV election in 2002 (*PJ*, 22 May, p649). This is not what was predicted.

We have now seen what is, in my view, the disadvantage of the FPTP system, where a group of electors supporting a particular point of view can block vote and, in this election, all seven Save Our Society group candidates were elected. In such a scenario, the FPTP system makes it more difficult for members of even substantial minority groups like hospital pharmacists to get elected to the Council, as has been shown this year.

In block voting, a proportion of the votes for the seven SOS candidates will have been cast by members with interests common to those of the SOS candidates. Hence the new SOS members of Council

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represent only a small percentage of the total membership. Is this really the "decisive election result" that you claim it to be (*PJ*, 22 May, p628)? We should remember that only 22.8 per cent of voting papers have been returned from a membership of 46,445 pharmacists (*PJ*, 22 May, p649). And you will recall that the judge in the High Court said that he was "wholly unable to form a view over whether the opponents were a majority or a minority of the membership" (*PJ*, 29 May, p665). David Sharpe described the 59.7 per cent of votes cast for SOS candidates as "fairly substantial" (*PJ*, 29 May, p659). But if this figure represents only around 10 per cent of the total number of votes that could have been cast, is it significant?

In a few years' time, the members, unhappy with the FPTP method of election Council members, may return to the STV system. The STV system gives minority groups a fairer chance of being elected to the Council.

J. T. Mearns
Bristol

A breath of fresh air

From Mr J. D. Thomas, MRPharmS

I was delighted to read Peter Curphey's jaundiced comments on the result of the recent Council election (*PJ*, 5 June, p704). Over the past decade, continuing electoral apathy has been fuelled by apparent lethargy and disdain for the membership by our elected members, such as himself. The silent majority only awake when there appears to be a real problem that will affect their professional status and well-being. This has certainly

happened at this election. Anything that increases electoral turnout can surely only be to the benefit of our Royal Pharmaceutical Society.

Perhaps the breath of fresh air from these newly elected Council members will replace the rarefied atmosphere in the Lambeth glass-house that has seemingly denied our defeated members the necessary oxygen for clear thinking.

David Thomas
Patshull, Shropshire

Let us hope things improve

From Mr S. M. Hayes, MRPharmS

The result of the recent Council election (*PJ*, 22 May, p649) demonstrates a resounding judgement from the electorate in a way that parallels the 1997 general election.

Peter Curphey (*PJ*, 5 June, p704) has yet to come to terms with being part of an establishment that has been roundly punished by a membership aggrieved at its failure to listen. So far, the will of the membership, "committed activists" and otherwise, has been expressed at a special general meeting, the Royal Pharmaceutical Society's annual general meeting and the past two years' Council elections. Any Charter is not worth the parchment it is written on if a ruling elite is able continually to ignore the wishes of members exercising legitimate democratic rights provided under that Charter.

In the past nearly 20 years that I have been entitled to vote and have exercised that vote, the turnout in every Council election has been notoriously low. By implication, the jibe "needed only to mobilise a

mere 11 to 12 per cent of the electorate to make the whole profession appear shambolic" applies to all recent manifestations of Council, even more so if "an extra cohort of voters" was persuaded to vote this time around. "Accumulated wisdom, expertise and experience" was not enough to prevent the onset of arrogance and complacency.

Let us hope "things can only get better".

Stephen Hayes
Nottingham

Misplaced interpretation

From Mr C. J. Livsey, MRPharmS

I note with incredulity the interpretation Peter Curphey placed on the Council election results (*PJ*, 5 June, p704). He attributes his loss to the "extra cohort of voters" allegedly attracted by the Save Our Society group. In fact only 357 more voting papers were returned than in the 2003 election (*PJ*, May 22, p649).

As Franklin P. Adams (1856–1950), English dramatist and critic, once said: "Elections are won by men and women chiefly because most people vote against somebody rather than for somebody."

Christopher Livsey
Preston, Lancashire

Time for the Society to split into two bodies

From Mr C. O. Agomo, MRPharmS

Now that the Council election has been held, it is time for us all to accept the outcome and move on, believing that the simple lesson, that power belongs to the people, has been learnt. It is a good lesson for all politicians, in both governments and professional bodies: it is necessary to keep in touch regularly with the electorate to ensure that your agenda is in line with theirs. After all, they elected you. However, there remains a fear by many pharmacists that if we do not sort ourselves out adequately and impress the government, the likely outcome will be that an external body, such as the Council for the Regulation of Healthcare Professionals, will be asked to regulate us.

In my view, it is no longer acceptable, however one looks at it, for a professional body to continue to regulate itself. It is like asking a

student to set examination questions for himself, supervise the test, award marks and a certificate, and then try to convince the public and employers that this result should be trusted.

The Government wants openness and the only way to meet that expectation would be to go on with the new Charter with the unacceptable consequence of losing the Royal Pharmaceutical Society's strong representative role. An alternative will be to see if the Save Our Society group option (having a regulatory board and a representative board) is workable. Otherwise let us do the most honourable thing and split the Society into two separate bodies (regulatory and representative) as practised by most leading professions in the UK and worldwide. In this way, we avoid

the unfavourable imposition of the CHRP upon us.

Chijioke O. Agomo
London N7

Bad taste?

From Mr D. J. Livingstone, MRPharmS

May I draw your readers' attention to an interesting little beverage, "Cuvée Curphey" (*PJ*, 5 June, p704)? It is a rather bitter w(h)ine made entirely from Manx sour grapes. Also known as "Chateau(ed) Dreams", some may find it hard to stomach as it is clearly past its best. Available from Didn't-wins.

Duncan Livingstone
North Lancing, West Sussex

■ PARACETAMOL

Overdosage guidelines

From Dr G. Brandon

"Guidelines for the management of acute paracetamol overdosage", distributed by the Paracetamol Information Centre to accident and emergency departments, are not routinely distributed to pharmacists. However, it may be helpful for pharmacists to know that the full guidelines can be accessed on the PIC website at www.pharmweb.net/paracetamol.html and, if required, can be downloaded from the website for further reference.

Geoffrey Brandon
Director
Paracetamol Information Centre

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REPEAT DISPENSING

Just common sense

From Ms S. Graham, MRPharmS, and others

We would like to add a few points to your editorial (*PJ*, 8 May, p558) and news feature (*ibid*, p567) from our perspective as practitioners with two years' experience of a repeat dispensing scheme. We started a local scheme with health action zone funding in summer 2002, and became a pathfinder site in 2003. There are now over 500 patients participating at the three local pharmacies, which dispense approximately 1,500 repeat dispensing prescription items a month from the GP surgery which has a list size of about 11,000.

It is clear, as your cover headline indicates, that this is not a panacea, and it would be surprising indeed if a miraculous cure for all the problems of NHS community pharmacy were ever to be invented. However, the positive points of repeat dispensing are:

- It is a simple scheme, needing little in the way of additional training, resources or information. We have demonstrated that it can be implemented by team working within and between local pharmacies and GPs.
- There is a decrease in GP workload in processing routine prescription requests and an increase in convenience to the patient.
- The increased role of the pharmacist in managing supplies is perceived by most patients to be, in the words of one, "just common sense". Within the dispensary there is scope for improved work flow and stock management because demands are known well in advance.
- There are clinical benefits in the end of the repeat period acting as a trigger for GP review.

We hope that the NHS will soon be able to solve the GP computer software problems, and that there will be more positive support from primary care organisations for local GPs and pharmacists wishing to implement the scheme. An audit of the scheme has been put out to tender by the Department of Health (*PJ*, 28 February, pA24) and we also hope that this work will be quickly carried out and published.

With respect to the future expansion of the scheme we would

like to see the formal inclusion of, and funding for, a "brown bag" medicine review by the pharmacist for all patients upon entry to the scheme. This aids compliance, reduces waste and helps towards bringing all items "in step". There is also scope for "as required" medication to be managed by the pharmacist within a limit set by the original repeat dispensing prescription.

*Susan Graham
Peter Hopley
Helen Williams
Community Pharmacists*

*Anthony Kay
GP
Newcastle upon Tyne*

FREE MOVEMENT IN EUROPE

Language testing for EU pharmacists — position clarified

From Mr J. Ferguson, FRPharmS

I was interested to read the report of the discussion at the branch representatives' meeting on the motion on language test for pharmacists from other EU member states (*PJ*, 29 May, p685). Members reading the report will not, in my view, be as well informed as they might be on the current situation.

The present EU directives on free movement of pharmacists do not permit a language test before authorisation to practise. However, under the legislation in the UK that brought the directives into effect, hospital authorities are permitted to make necessary language skills a criterion for employment. As David Pruce pointed out, the Council sought to deal with the situation in the community pharmacy sector via the Code of Ethics. Indeed, under the guidance to the first obligation in the code, before its most recent revision, it was made clear that "in the interests of the public, a pharmacist should have sufficient knowledge of the English language to enable that pharmacist to communicate effectively with all

those to whom services are provided". Mr Pruce suggests that this is "implicit" in the current code.

In March 2002, the European Commission presented to the European Parliament and the Council of Ministers its proposals for consolidation of all the directives dealing with recognition of professional qualifications. The draft directive contained the following:

Article 49 — Knowledge of languages

1. Persons benefiting from the recognition of professional qualifications shall have a knowledge of languages necessary for practising the profession in the host member state
2. The member states shall ensure that, where appropriate, the beneficiaries acquire the language knowledge necessary for performing their professional activity in the host member state

The European Parliament wanted the words "before the person is permitted to practise in the member state" to be added to paragraph 2.

Progress on the draft directive has been slow mainly because of the large number of changes wanted by the European Parliament during the Italian presidency. Many of these were promoted by the health professions, which were concerned about the proposed lack of controls on cross border provision of services. However, political agreement was finally reached at the lengthy May 2004 meeting of the Competitiveness Council (previously the Single Market Council) on a compromise text presented during the meeting by the Irish presidency. Article 49 now reads:

1. Persons benefiting from the recognition of professional qualifications should have a knowledge of languages necessary for practising the profession in the host member state

Thus "shall" in the original paragraph 1 has been replaced by "should" and paragraph 2 has been deleted.

The question that must now be addressed is whether this new wording will permit a regulatory body such as the Royal Pharmaceutical Society to make competence in communication skills a condition of the grant of authority to practise. That appears to be far from certain under the new wording. The draft directive

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will go back to the European Parliament for second reading after the forthcoming elections. If agreement cannot be reached between the institutions of the EU, the conciliation procedure will be applied.

Mike Burden implied at the BRM that it would be some years before any change could be expected. Happily that is not the case with the specific proposals in the draft directive, which is well along the legislative process. However, there is much lobbying yet to be done if the desired outcome on the language test provision, and other articles with important implications for the health professions, is to be achieved.

*John Ferguson
Haywards Health, West Sussex*

THE INDUSTRY

Globalisation may have reduced need for UK graduates

From Mr D. L. Norris, MRPharmS

I read with surprise the item regarding concerns over graduate shortages in the pharmaceutical industry (*PJ*, 29 May, p664). I can only comment on the situation relating to manufacturing operations, in which I have worked for over 30 years in the UK and South Africa.

Due to the process of rationalisation, consolidation and globalisation that started in the 1980s within the multinationals, I would estimate that only half the number of active manufacturing sites now exist in the UK compared with in the early 1970s.

If this trend continues, the Association of the British Pharmaceutical Industry soon may not have to worry at all about recruiting science graduates, including pharmacists, into the industry, since most production activities will have been relocated to areas characterised by an abundance of cheap labour and a near absence of effective employment legislation.

*David Norris
Quorn, Leicestershire*

Broad Spectrum

The Broad Spectrum feature is open to any reader. Contributions of around 1,100 words commenting on topical issues should be sent to graeme.smith@pharmj.org.uk for consideration