

■ RETENTION FEE

A high price to pay

From Mr H. Bergson, MRPharmS

A spectacular 53 per cent rise in salary costs for the Society's senior personnel last year (*C&D*, 24 April) warrants further investigation. The 13.4 per cent rise in the wage bill for other employees is partly explained by a 5 per cent increase in staff numbers. And the 53 per cent in directors' pay (including the Secretary and Registrar) is mainly due to the addition of another four directors.

At a time when members' NHS remuneration has just been increased by a paltry 3.2 per cent, the wages bill for the Society's directorates has increased by £254,000. These are some of the most difficult and challenging times in the profession's history and we must have excellent people at the helm. But a near doubling of the number of directors coupled with the recent announcement of a huge increase in members' fees leads to the belief that the Society is out of touch with reality. I believe that the people at the helm responsible for this need to be questioned. I wonder whether an organisation making a £1.5m loss can justify this expenditure. It should also be questioned how accountable these people are.

Some of the fattest cats in industry have been called to account for their salary bills recently, particularly when they have not been in line with performance. The entire board of Eurotunnel were recently sent packing by shareholders for their unsatisfactory performance. Perhaps it is time that our members asked for a measure of people's performance at Lambeth. We need to know if we are getting value for money.

The Journal compares pharmacy with the medical and dental professions. The Government has given both substantial increases in remuneration. They are both highly unified professions able to negotiate on much more favourable terms. Pharmacy, with little apparent negotiating power, has been practically ignored. Pharmacists' earnings are at the bottom end of the professional scale and yet the Society chooses to ignore this fact.

The Society should be sensitive to pharmacy's needs at the present time. It might be better spending its energies looking at how it can assist in obtaining a better deal financially for the profession before

increasing fees in this way and then attempting to justify it.

Harvey Bergson

*Bournemouth,
Dorset*

Coincidental fee hike?

From Mr P. J. Lee, MRPharmS

The Royal Pharmaceutical Society's Council assures us that the profits from publishing activities, which have been subsidising membership fees for years, are not anticipated to decline. Even so, it decides to increase fees to £256 which, in mine and my wife's case as "part-time" members, is a 121 per cent increase.

Since I sold my non-pharmacy business 10 years ago, my wife and I have lived off the investment income from the sales proceeds supplemented by the occasional locum work undertaken by us both. The latter covers the difference between expenditure and investment income while leaving our pension fund to grow untouched. This has allowed us an excellent lifestyle, spending about five months of each year away on holiday. The advent of CPD has provoked my wife and me to consider ceasing to practise pharmacy altogether. This thought is compounded by the new contract which, as far as we can see, will require us to take the same courses in each primary care trust area in which we currently locum to acquire the accreditation to practice as necessary to fulfil the contracted "extras". Our view is that we will cease to practise at the end of the year. So that leaves the question of whether we want to remain members at all with a non-practising member fee starting at £46 per annum rising to one-third of the practising fee in 2007. And what for? We will not need to receive and read *The Journal*, an essential part of CPD even if a mind numbingly boring read. As non-practising members, if we continue to help the "old dears" at church, neighbours and relatives to understand their medicines, we could be struck off because we have not done CPD. However, if as non-members we help them, it is OK. It is hardly a difficult choice is it?

How many other members are likely to leave the Society at the end of this year rather than undertake mandatory CPD and what will be the financial impact on the Society? Coincidental fee hike? I think not.

Just a final thought, when all of us part-timers or semi-retired leave the Register, where are the locums going to be found to fill the 100 hours per week generated when each supermarket currently without a contract is awarded one under the new 100 hours rule?

Peter Lee

*Maidenhead,
Berkshire*

I shall cease to be a member

From Professor E. J. Shellard, FRPharmS

After a membership of 67 years — for many years an active membership, both nationally and locally — I regret that at the end of the year, unless the Council modifies its definition of a non-practising pharmacist, I shall cease to be a member.

As a retired professor of pharmacognosy, still with a good knowledge of herbal medicine, I am sometimes asked by relatives, friends and neighbours for my advice about herbal products. I willingly give them my advice without charge.

But this will now be contrary to the definition of a non-practising pharmacist, since the third schedule defines a non-practising pharmacist as a member who does not give advice in relation to the science of medicines or health care.

It is not my intention to pay a retention fee of £256 to enable me to do this in the future, should I be asked.

While writing I will mention one other point in the revised byelaws which interests me. Section II, paragraph 3 says that a

pharmacist who on 30 December 1933 was a life member shall pay no retention fee. Such a member would be at least 92 years old and I just wonder how many such life members there are. I know there are members aged over 90 years. I am one myself. What a nice gesture it would be if the Society decided that non-practising pharmacists with more than 65 years' membership need not pay a retention fee at all.

E. J. Shellard

*Hounslow,
Middlesex*

Council should reflect on life at the sharp end

From Mr J. B. Nuttall, MRPharmS

Ivory towers or "Fawlty Towers"? Take your pick. The problem with the former is that occupants tends to find it a bit difficult to see the little people on the ground. The latter speaks for itself.

I read with dismay the Council's decision to increase membership rates and abolish the part-time rates. While most of us will sigh at the prospect of an increase in the full-time rate it appears from the many letters received that there is substantial risk that many part-time pharmacists will simply stop practising. For a multiple pharmacy operator, this will doubtless place even more pressure on an overburdened workforce.

Perhaps the Council needs to reflect on life at the sharp end, the decisions it makes and the real or perceived impact of these.

John Nuttall

*General Manager
United Co-op Pharmacy*

Letters to the editor

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.

Members should resist fee increase

From Mr D. A. Rosen, MRPharmS

It beggars belief to read in the *PJ* that the Royal Pharmaceutical Society is seeking to raise membership fees by 25 per cent. In spite of the reasons for the increase given by the Society, it is in my opinion hardly warranted by the service on offer to members at the present time, let alone the future. To compare the fees with those paid by doctors and dentists is risible in view of the salaries received by the above compared with those in pharmacy.

The Society encourages pharmacists to offer any number of services under the "professional banner" without the consideration of a professional fee, something that no other professional would accept.

This may not financially penalise some in the "profession" of pharmacy but it is swingeing and derisory for locums and managers, who do not receive adequate remuneration. I would strongly recommend that this proposal is resisted by all members of the Society.

David Rosen
Northwood, Middlesex

A serious financial sanction

From Mr W. C. McGovern, MRPharmS

It seems the Royal Pharmaceutical Society's Council wishes to discourage experienced pharmacists who, in retirement, are willing to undertake locum duties for their colleagues still in practice.

I have been in this position now for several years and accept locum duties only in cases of genuine difficulty. My contacts are aware of this and restrict their requests accordingly. Even so I can assure the Council that approaches are frequent and reflect a clear need for the service pharmacists like myself can provide.

It is not a problem to maintain continuing professional development in retirement. Indeed the time now at my disposal allows me to be selective in terms of subject matter and to conduct this requirement in a rational and selective manner. The abolition of the part-time fee, however, is a serious financial sanction. It demonstrates once again that problems facing practising

pharmacists are seen as subordinate to financial and other considerations. This, in my view, has been a feature of Council policy during the 50 years I have been on the register.

Campbell McGovern
Glasgow

Overmanned Lambeth management

From Dr T. J. Benson, MRPharmS

In mitigation of the proposed retention fee increase, does the Royal Pharmaceutical Society intend to lobby Mr Blair *et al* for an across-the-board 25 per cent increase in pharmacist remuneration? Is the Society going to further the interests of pharmacists in the above manner?

Does the Society really think that to have a retention fee on a level comparable with that of other health professionals, then it must portray us as important as they are? Does it think us stupid?

Utter tosh, I say, to all the mooted excuses for this proposed increase. This act is purely a means of funding the overmanned Lambeth management. Nothing else. I wonder what would happen if all the members refused to pay this increase?

I think I have already paid my last retainer unless the Society can convince me of the real need for these gross increases.

T. J. Benson
London SW7

A sad day for the profession

From Mr P. H. Millar, MRPharmS

On reading about the proposed new membership fees I was none too pleased to realise that as a retired hospital pharmacist I am no longer regarded as a functioning member of the Royal Pharmaceutical Society and as such I am to be cast onto the scrap heap and pay an extortionate price for the privilege.

I have been proud to belong to an honourable profession and have always striven to fly the flag of pharmacy over 43 years on the register. Often I upheld the values of pharmacy, sometimes against belligerent opposition, but I believe mostly won. Even now in retirement I have given talks on pharmacy and, socially, people have benefited from my experience.

So now the august Society decides I am a "non-practising" pharmacist, put down in status, told that the fee I have been paying is no longer economical. What a travesty this so-called professional Society has turned out to be. All my professional career I have believed the Society not to have the interests of its members at heart. Now I have been proved right.

If this Society was indeed honourable and august, it would venerate its retired members for their loyalty and good practice and grant them free membership for life.

The only decent thing the Society has done for its members is to provide *The Pharmaceutical Journal* and now I am to be denied that because there is no way I can afford the fees proposed by the Council.

This is a sad day for the profession of pharmacy.

Peter Millar
Durham

Why bother protesting?

From Mr P. J. Sealey, MRPharmS

Why do pharmacists write to *The Journal* to protest about retention fee rises? Have they not yet learnt that the Royal Pharmaceutical Society pays little attention to its members, except when it comes to such things as reprimanding them, striking them off or demanding large quantities of their cash?

And as for your editorial (*PJ*, 14 August, p208), headed "Remarkable value for money", I suggest a future career in fiction writing might be appropriate.

Philip Sealey
Warwick

Spurious argument

From Mr E. Smith, MRPharmS

Many would say that £256 for two days' locum work is cheap at the price (*PJ*, 14 August, p208). To say that membership of the Royal Pharmaceutical Society is remarkable value for money compared with that paid by doctors and dentists to their associations is a spurious argument, bearing in mind the huge differences in remuneration and status between pharmacy and these professions.

E. Smith
Knutsford, Cheshire

PERSONAL CONTROL

Further clarification needed regarding GSL medicines

From Mr S. Vohra, MRPharmS

The article "Statutory Committee clarification on meaning of 'personal control'" (*PJ*, 7 August, p203) does not mention how staff are to manage general sale list medicines, only giving advice to close the dispensary and not sell any pharmacy medicines. I have been told by my local pharmaceutical inspector that GSL medicines and items such as corn plasters should also not be sold since the customer is purchasing these from a pharmacy and appropriate questions should be asked about the purchase, eg, in the case of customers buying items to treat foot conditions they may have unknown diabetes. The Statutory Committee needs to further clarify this point and the accountability or responsibility of staff in selling such items whenever the pharmacist is not present.

Samir Vohra
Clinical Governance Facilitator
Chorley & South Ribble Primary
Care Trust

Clarification has muddied the waters

From Dr G. E. Applebe, FRPharmS

I applaud the courage of the chairman of the Statutory Committee, Lord Fraser of Carmyllie, for his attempt to clarify the concept of personal control reported in *The Journal* (*PJ*, 7 August, p203). I must first however correct your editorial on the topic, which states that the concept had not been tested in the courts. The High Court did deal with the topic (*Hygienic Stores Ltd v Coombes*) in 1937. Although this case was based on the earlier legislation the wording of the 1933 Act was similar to that in the current Medicines Act.

In the case Lord Fraser was considering the pharmacist had believed that it was in order for the pharmacy to be open without a pharmacist provided POM or P medicines were not handed out or sold. Indeed the pharmacist was following the guidelines in the 'Medicines, ethics and practice' guide, subject to the caveat that the absence of the pharmacist should be a temporary one, eg, during lunch break, going to the bank, etc.

This "policy" was that followed by the inspectorate, at least during the period that I was in the Society's law department (1964–91). It was also the principle followed by the Statutory Committee over those years. Lord Fraser appears to advocate the same principle except that he puts no limit on the pharmacist's absence: an hour, a week, a month, etc?

I believe that Lord Fraser's "clarification" tends to muddy the waters in that he introduces several terms which do not appear in the Medicines Act. His main thrust introduces phrases such as "items not requiring the agreement or approval of a pharmacist" and "items that require the presence of a pharmacist". The crunch words in the Medicines Act are "supervision" of POM and P medicines and "personal control" of all medicines. The Act is silent on the words "agreement", "approval" and "presence".

Throughout his decision, Lord Fraser does not mention even once the sale of general sale list medicines. These are the medicines which have caused problems with personal control over the years. It is impractical in a modern pharmacy to separate or lock away the dispensary and all medicines.

The Act requires that, in order that a person shall be a person lawfully conducting a retail pharmacy business, the business, so far as it concerns the retail sale at those premises of medicinal products (whether they are medicinal products on a general sale list or not), or the supply at those premises of such products, is under the personal control of a pharmacist.

Lord Fraser uses the phrase: "I understand that Parliament intended the premises can be opened or remain open provided nothing requiring the presence of the pharmacist is handed over in his absence." The concept of the presence of the pharmacist is not in the statute. It was my understanding when the Medicines Bill was going through the House of Commons in 1967 that medicines should only be available from pharmacies and sold under the supervision of a pharmacist. An exemption, the general sale list, was created for products which could safely be sold other than through a pharmacy but in a pharmacy they remain under the personal control of a pharmacist.

Lord Fraser's words seem to widen the door permitting pharmacists to be absent from the pharmacy provided there is no

sale of POM or P medicines, a principle followed by the Society over the years but always with important caveats limiting that absence. The Society, and its Council, have also stated on numerous occasions that when a pharmacy is open, the public expect a pharmacist to be present. That is the added value that a pharmacist brings to the public, otherwise why have a pharmacist at all?

One eminent chairman of the Statutory Committee, while I was his secretary, in dealing with a personal control issue said that he would not attempt to define the term and tread where angels feared to go other than to say it all depended on individual cases and individual circumstances. I commend Lord Fraser in raising this thorny issue once again but sadly I do not believe his decision has resolved the matter.

Perhaps it is time to change the law and look at a new Medicines Act. Surely this is overdue bearing in mind the changes in outlook and policies over the past 35 years. After all we are seeking legislative changes for pharmacy so why not legislative changes for those products which pharmacists supply?

Gordon Appelbe
London SE19

A Law and Ethics Bulletin clarifying personal control is published in this week's issue (p298). — EDITOR.

■ SHIPMAN INQUIRY

A major loop-hole?

From Mr P. B. Lowe, MRPharmS

Implementation of the recommendations of the Shipman Inquiry will undoubtedly improve the audit of Controlled Drug stock and transactions within the pharmacy and the administration and disposal of CDs held in patients' homes. Provision is also made for checking and recording the credentials of GPs and other third parties collecting CDs on behalf of patients. I am concerned, however, that it appears no measures have been formulated to plug a major loop-hole exploited by Shipman in the control of abusable medicines.

Shipman would have had no trouble in satisfying a pharmacist of his bona fides and, by rotating pharmacies, could have disguised the quantity of CDs he was

obtaining. He was caught because he used the drugs to kill terminally ill patients for whom the proposed audit of medication on death and the likely routine domiciliary nursing intervention offers some deterrence to malpractice.

However, CDs are by no means supplied exclusively to such patients. Had Shipman been prescribing CDs ostensibly for patients with chronic severe pain and diverted the drugs for illicit sale or use on himself, it is unlikely his activities would have been detected under the present or proposed legislation.

Peter Lowe
*Community Pharmacy Development
Manager
Sunderland Teaching Primary Care
Trust*

■ BNF-C

Publisher clarified

From Dr A. J. Nunn, FRPharmS

Your article on children's medicines (*PJ*, 21 August, p246) is factually incorrect. The BNF-C will be jointly published by RCPCH Publications, the Royal Pharmaceutical Society and the BMJ Publishing Group. RCPCH Publications is jointly owned by the Royal College of Paediatrics and Child Health and the Neonatal and Paediatric Pharmacists' Group.

It is important to the credibility of BNF-C as the national paediatric formulary that it is seen to be a joint venture between paediatricians, paediatric pharmacists and the publishers of the standard BNF.

Tony Nunn
*Clinical Director of Pharmacy
Royal Liverpool Children's NHS
Trust*

■ TCM

No list of ingredients or dosage

From Mr O. Supyk, MRPharmS

With reference to David Williams's letter about traditional Chinese medicines (*PJ*, 14 August, p221), I too have an interest in holistic medicine.

As a psoriasis sufferer for 20-odd years I popped into a TCM shop recently to see what they could suggest for my condition. I

was shown jars of creams and tablets, none of which had lists of active ingredients or dosage, etc.

I spoke to the Chinese doctor via an interpreter. On asking about the ingredients in the remedies I was shown jars of roots, leaves and bark, but no further information was available. I estimate that a month's supply of the suggested treatment would have been more than £100. I nodded and smiled and left without buying anything, but how many people buy without knowing anything about side effects, toxicity etc?

Orest Supyk
Hinckley, Leicestershire

■ COUNSELLING

Mechanism for monitoring adequacy of counselling required

From Mr D. C. Smith, MRPharmS

I agree with T. U. Qazi (*PJ*, 14 August, p220) that counselling helps to reduce errors but my experience as a customer is that counselling is rarely carried out.

When collecting prescriptions over many years for myself or for my children, all for one-off items, I can only remember being counselled once. Most recently I was visiting my 84-year-old father who had been prescribed a new drug. The regular pharmacist had been unable to supply it because the prescription was unsigned and the drug was obviously not in my father's record.

I went to the surgery for a signature and then on to the pharmacy, where there was one other customer being served by the assistant. The new drug was dispensed and handed to me in a sealed bag with just a cursory check of my father's name and no counselling at all.

I think this is a disservice to patients and reflects poorly on pharmacy. There should be some mechanism for monitoring the adequacy of counselling since one of the requirements under the Code of Ethics and Standards is that: "Pharmacists must ensure that the patient receives sufficient information and advice to enable the safe and effective use of the medicine."

Or maybe I will contact *Which?* ...

David Smith
Sheffield

■ PUBLISHING BOARD

About time, too!

From Mr A. D. Allen, FRPharmS

It was interesting to read in the Council report of the Council's decision to establish a new publishing board for the Society's publications business (*PJ*, 14 August, p236). One can only say, "About time, too!"

This was started in 1999 before I retired from the Council by myself and one other member of Council who had the foresight to realise that this extremely successful business needed to be managed away from, but responsible to, the Council and managed, as any successful business should be, by people who understand and are competent in commerce.

It looks like this is now ready for implementation but I would offer a word of caution. The appointment of a part-time chairman and non-executive directors should be transparent and not be the subject of cronyism. We need to get the right people and if that costs a little more then so be it. Design the contracts in such a way that poor performance can be dealt with in an efficient manner.

I look forward to seeing transparency in the way appointments are made and wish the publications business further success in the future.

A. D. Allen
Chigwell, Essex

■ OVERSEAS MEMBERSHIP

Most of overseas membership could be lost

From Mr I. C. Nock, MRPharmS

I am a pharmacist who has been living, working and practising abroad for decades. The new Charter, continuing professional development and separate registers have all been skirted around in *The Journal* but no specific details have yet been published on how these will affect members working overseas. Exactly how will CPD and Section 60 affect members, such as myself, who have dual or multiple registrations with other jurisdictions? Well, as far as CPD goes, even the Society does not know.

A recent e-mail reply from Christine Gray, project manager, modernisation steering group, Royal Pharmaceutical Society, explained:

"This is, of course, a matter for Government decision, informed by the views of the Society's Council. However, I will try to clarify what we think will happen."

I cannot believe this! What we think will happen? Does the Society not take an active role and keep itself informed about matters with such major consequences for its membership? Does not the (current) Charter require some dedication to our welfare? And this is of major consequence both to the overseas membership and the Society in general.

She went on to say: "An overseas member of the Society who wished to remain on the Society's register and to practise (whether in GB or elsewhere) would need to be in the 'practising' part of the Society's register and to comply with CPD requirements."

My point is that the Society has not yet decided how it is going to enable overseas pharmacists to undertake CPD and thus remain on the British register.

If someone who was on the "non-practising" part of the Society's register were to work as a pharmacist or give pharmaceutical advice, he or she would be breaking the law and could also be subject to the Society's fitness to practise committees.

Why does the Society, or indeed the British Government, presume it has worldwide powers? And what exactly is the definition of "giving pharmaceutical advice"? How the Council could support this I really do not know.

I am extremely disappointed, both with the decisions taken and the lack of communication to the membership about the consequences of proceeding with such. I think the Society will lose most, if not all, of its overseas membership.

Ian C. Nock
Hong Kong

PHILIP GREEN, deputy secretary and registrar, and director of education and registration, Royal Pharmaceutical Society, replies: The Society has taken an active role in preparing for the implementation of mandatory CPD. The proposed requirements for CPD included the principle that pharmacists who are practising should undertake CPD. The requirements were the subject of a consultation with the membership in March 2003. The results were extremely positive and pharmacists' views were reflected in the final proposals to the Government. However, the mechanisms for mandatory CPD

will arise from implementation of the new legislation now being prepared by the Government. While the Society has put forward proposals to inform the new legislation based on the consultation, we cannot prejudice the decisions of Government and Parliament.

The formulation of proposals for mandatory CPD did include consideration of overseas members. The CPD framework allows a pharmacists' CPD to reflect the development of their personal practice, not a theoretical GB-based model of practice. This makes it possible for the requirements relating to mandatory CPD to apply in the same way to overseas members as to members resident in Britain. We intend to provide overseas members with the same guidance on meeting these requirements as members resident in Britain.

■ BREWERS' YEAST

More research warranted

From Mr J. D. Barthram, MRPharmS

Further research into the efficacy of brewers' yeast is warranted. I started a clinical trial in 1997 with the help of D. Hill and I. K. Hosein of the department of microbiology, University Hospital of Wales, Cardiff. Unfortunately, I was unable to finish it because of a change in employment. I published the findings in *The Pharmaceutical Journal* (*PJ*, 6 September 1997, p371) and I was delighted that they are quoted again after seven years (*PJ*, 14 August, p230).

I would like to add some details from the original research which may answer some of the authors' questions. I agree that the dried yeast in brewers' yeast tablets is non-viable. This was tested by the microbiology department. However, whole yeast cells were found in the tablets under electron microscopy and fermentation activity was still present. Hence it is still possible that if brewers' yeast has a beneficial effect in the treatment of *Clostridium difficile* associated diarrhoea it is not just as a vitamin B supplement.

In our research project, adding brewers' yeast tablets to vancomycin or metronidazole therapy reduced the relapse rate from 56 per cent to 17 per cent. This should serve as a challenge to pharmacists working in an environment where *Clostridium difficile* infection is common and I

would be only too pleased to give whatever help I can.

Julian Barthram
Chepstow, Gwent

■ BULLYING

Surprised statement on bullying was lacking

From Mrs H. V. Stewart, MRPharmS

I was pleased to read your report (*PJ*, 14 August, p239) on the Council's decision to incorporate a statement on harassment and bullying into the Council Governance Handbook and the Society's Employee Handbook, but equally surprised to realise that such a statement was currently lacking.

The statement adds: "The Society will not tolerate any harassment, bullying or victimisation." Has this not always been the case? The insidious and heinous act of bullying must be quashed, particularly so since the victims are usually unable to defend themselves.

Let us hope that our profession is at last taking effective measures to ensure that it has a powerful system in operation, able to identify, expose and deal with bullying — both external and within.

Let us also hope that all previous and present occurrences of harassment and bullying have been detected and dealt with in a fair, correct, open, and timeous manner.

H. V. Stewart
Locheamhead, Perthshire

Off the record

Our new occasional series is open to any writer. Readers are invited to send either 400- or 600-word items about some anecdotal aspect of pharmacy practice that they think is worth sharing. Items are published anonymously but contributors must supply their full name and address. Items should be sent to graeme.smith@pharmj.org.uk for consideration

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