

PERSONAL CONTROL

Insult to pharmacy staff

From Mr L. David, MRPharmS

It is clear that if a pharmacist is not on the premises then no GSL medicine can be sold. On the other hand, most GSL medicines are available in corner shops, petrol stations and car boot sales all over the country. This is an insult to well-trained pharmacy staff and brings the law into disrepute. The Society should be using its resources to get this anomaly corrected instead of issuing diktats and policing hard-pressed pharmacists.

Will supermarkets programme their check-outs so that the pharmacist can stop any GSL sale? Feasible? Yes. Practical? I doubt it!

Leo David
Heston, Middlesex

Qualifications being rubbished

From Mrs D. Kong

I read the Law and Ethics Bulletin clarifying personal control, particularly the part about sale of general sales list medicines (*PJ*, 28 August, p298), with incredulity. In fact, our pharmacy is open six days a week and is only without a pharmacist for one hour, if that, per week. Nevertheless, I wish to voice my indignation.

I am not a pharmacist but am married to and in business partnership with one. We have owned and run our independent pharmacy for over 25 years and, although my training was not originally in pharmacy, I have made it my job to do every bit of training possible — short of a pharmacy degree. I became a qualified medicines counter assistant at the first opportunity and am now a qualified dispensing technician. In recent years I have been involved with training our staff all, of whom are required to do the National Pharmaceutical Association's accredited course. And training continues after the course is completed.

We are not in the least unusual. All medicine counter assistants in all UK pharmacies are required to be trained and this country has a great body of assistants who are qualified, knowledgeable and experienced in dealing with customers. We are required by law to observe the pharmacy's protocols and trained to

understand the reasons behind them. I wish to emphasise that the most important lesson I have learnt is to know when to refer. My training has taught me as much about the limits of my capabilities as about the scope of them. And now it appears that our time, training and experience are all going to waste. Worse still, our efforts and qualifications are being rubbished by the very body to whom pharmacists pay annual fees to look after the profession.

Qualified medicines counter assistants, dispensary assistants and dispensing technicians have less freedom to sell a 16-pack of paracetamol than petrol station attendants, newsagents and the like. If the Society really believes that the public are being put at risk by the sale of medicines without a pharmacist present, it should have the courage to take things to their logical conclusion and move to ban the sale of GSL medicines from any business other than a pharmacy. I understand the concern for public safety, but the Society is pointing at the wrong target.

I have followed, with interest, the efforts by the NHS to provide the public with "seamless care". Pharmacists are being encouraged to take on more tasks, such as cholesterol testing and home visits. Pharmacy technicians are being given the opportunity to become checking technicians to free up pharmacist time. And yet, moving down the scale, qualified counter assistants are being stripped of their responsibility of selling GSL medicines, even though they are well-equipped to do so and are following the guidelines of their training. The bulletin concluded "if the pharmacist has to leave the premises, the safest option may be to close the pharmacy premises". People will not be interested in "safety", nor will they see the sense of it. People want quick, available expertise, and they will not thank the profession for sending them to a grocery for their 16 paracetamol. They would think it ridiculous.

Deborah A. Kong
Edinburgh

Referral to the local garage?

From Mr P. Gamblin, MRPharmS

With regard to the recent coverage of GSL medicines sold from pharmacies and the Society's subsequent clarification, is the Society really advocating the referral of patients requiring GSL

medicines to the nearby convenience store, garage or supermarket on the rare occasions that a pharmacist is not present in the pharmacy (ie, at lunch, doing an ethical home visit or delivering oxygen)? What price our highly trained technicians and counter assistants! Should the Society be earning their proposed extra fees in resolving this anomaly?

Peter Gamblin
Gosport, Hampshire

Clarification on personal control

From Mr P. Shah, MRPharmS

In light of the Law and Ethics Bulletin clarifying personal control (*PJ*, 28 August, p298), in my opinion it would be preferable, and safer, if GSL medicines were sold in a registered pharmacy — even in the absence of a pharmacist. At least trained medicines counter assistants can offer advice and intervene if necessary, according to a medicines sale protocol. Would it not seem illogical to members of the public that they could not buy a GSL medicine in a pharmacy but could walk a few steps down the road and purchase the same medicine in a supermarket or at a petrol station?

Does the advice offered not contradict the government's policy of easier, more convenient and safer medicines availability? Will this advice also not further impede implementation of the new contract? I seek clarification on whether supermarkets with registered pharmacies will no longer be able to sell GSL medicines in the absence of a pharmacist, particularly due to the fact that many of them trade 24 hours and also have medicines merchandised throughout their shop.

Paresh Shah
London, N12

LYNSEY BALMER, pharmacist adviser, fitness to practise and legal affairs directorate, Royal Pharmaceutical Society, replies: While GSL medicines can be sold from non-pharmacy premises, legislation requires registered pharmacy premises to be under the personal control of a pharmacist at the time any medicinal product is sold or supplied. Within supermarkets, GSL medicines should not be sold from any area of the supermarket that is a registered

pharmacy unless there is a pharmacist in personal control. GSL medicines could continue to be sold from non-registered areas of the supermarket irrespective of whether there is a pharmacist in personal control of the registered pharmacy or not.

SHIPMAN

Be aware of Dame Janet's proposals

From Mr N. V. Morley, MRPharmS

With reference to Peter Lowe's letter about a possible post Shipman Inquiry Controlled Drug loop-hole, (*PJ*, 28 August, p287), I must disagree with the thrust of his argument. It is clear that Shipman was caught because he forged the will of one of his elderly patients and, unfortunately for him, the daughter of the patient was a solicitor. The reason his unlawful killing of potentially terminally ill patients and the elderly was not detected was that it is not unusual for these patients to die.

The circumstances of unlawful diversion for sale or misuse by a GP, where the drugs have been ostensibly prescribed for organic illness, are precisely the circumstances most likely to be detected. The appropriate authorities have much experience in apprehending perpetrators of illegal supply and possession of scheduled Controlled Drugs. As regards misuse by the practitioner concerned, it must be remembered that Shipman was convicted in his early career of offences relating to his personal abuse of pethidine.

The extent to which the Shipman Inquiry proposals will be implemented, both by legislation and by incorporation into accepted good practice, remains to be determined. However, health care professionals will be ill advised not to be aware of Dame Janet Smith's proposals and, where practical and appropriate, to adopt them as good practice.

Nigel Morley
Author of 'Controlled drugs in primary care, the law, probity and good practice'
Blisworth, Northamptonshire

E-mail
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■ ANIMAL TESTING

Pharmacists should be able to discuss animal testing authoritatively

From Mr S. Malcolm, MRPharmS

Those who use violence and intimidation to halt animal testing have had notable successes in both Oxford and Cambridge Universities but the animal rights movement has a more subtle weapon in its armoury than the baseball bat. This is the constant and insidious suggestion that the use of animals in safety testing and biomedical research is both useless and dangerously misleading. This denial of the evidence is not confined to the extremists. Even Shelly Willetts, vivisection spokesperson of the Green Party, recently made the astounding claim that "... the examples of animal tests advancing medical progress are anecdotal and dubious".

A MORI poll conducted four years ago showed that the majority of people support the need for animal testing in principle; however, it was noted that most of those who are inclined to support the use of animals in research have not firmly made up their mind, and most people notice the absence of balanced, reliable information.

Pharmacists are in a unique position to make sure that the argument for the continued use of animals in medical research does not fail by default. Colin Blakemore, Waynflete professor of physiology, Oxford University, has proposed that there should be a disclaimer at the bottom of every prescription, stating: "The treatment you are receiving was developed through the use of

animals and was safety-tested on animals." This may not be practical but a simple leaflet explaining the role of animal testing in medicines research could be distributed with dispensed medicines. The Association of the British Pharmaceutical Industry has produced an informative booklet for schools on the role of animal testing. It would be a useful basis for such a leaflet. Pharmacists should also acquaint themselves with the subject so that they are able to discuss it authoritatively.

The moral debate over this topic is one that we should all be prepared to engage but it should take place against a background of an understanding of the contribution that animal testing makes to medical progress.

Stewart Malcolm
Bures, Suffolk

■ CHARTER

SOS council members should resign

From Mr J. T. Mearns, FRPharmS

The result of the referendum has shown that the "small but vocal minority" has been unable to stir the "silent majority" into action.

The changes in the Charter advocated by the SOS have caused the Society a great deal of extra work. I suggest that all SOS members of Council resign immediately as this would be a sure sign for the Privy Council that there would be a "light at the end of the tunnel".

James T. Mearns
Westbury on Trym, Bristol

Membership owes the SOS four

From Mr J. Gentle, MRPharmS

It has now been widely recognised that the August 2004 version of the Charter is a members' Charter, whereas the December 2003 version would never have been acceptable to the membership. Martin Astbury in his letter (*PJ*, 4 September, p311) sets out clearly as to how we arrived at this much more favourable position.

He states that the Privy Council was prevented from approving the now discredited December Charter solely because of the legal action brought by the Save Our Society four. However, these four individuals have, by all accounts, accrued enormous legal bills – I believe that these are in excess of £300,000.

I feel that the membership owes the Save Our Society four a huge debt of gratitude. Their courage in bringing this action gave the new Council the opportunity to re-draft the Charter to a more acceptable version, and gave the membership the opportunity to have a say in whether or not that version should be submitted to the Privy Council.

While the Save Our Society group comprises many like-minded pharmacists, among them candidates in the past two Council elections and past presidents of the Society, the action was brought in the name of just four members. Surely the action of these four should be recognised by all members, and that every assistance should be given to them in meeting the costs of that action.

John Gentle
Shrewsbury, Shropshire

■ STATINS

Debate on spending needed

From Dr B. Curwain, MRPharmS

Your headline "routine use of statins in all type 2 diabetes patients is a step too far" (*PJ*, 28 August, p280) hits the nail on the head. What the CARDS trial showed is that if you treat 1,000 people with diabetes for four years with a statin, then 37 major cardiovascular vents will be prevented. Using the trial drug (atorvastatin), this would cost £800,000 which means that each event prevented costs £21,600. It also means that 963 of the 1,000 patients would

have exactly the same outcome (either they would, or would not, have a major cardiovascular event) as if they had not received the drug.

The thing about large clinical trials is that they can detect small, but measurable, benefits. Whether or not trial results should be extrapolated to general practice where patients frequently fail to take medicines in the prescribed manner is another question.

The sort of debate that the NHS needs to have with the public, and with its political masters, is around whether it might be better to spend the £800,000 on something else, such as smoking cessation or the control of obesity. Equally you could give all the patients simvastatin 20mg daily, which would now cost only £267,000.

Brian Curwain

*Chief pharmacist and head of primary care
New Forest Primary Care Trust*

■ CHOLESTEROL TESTING

Time to breathe

From Mr A. Low MRPharmS

How strange it is that so many pharmacies are going in for cholesterol testing. The pharmacy day was already busy, at times intensely busy, from opening time to closing time and often beyond. Has common sense gone out of the window that we are volunteered to test cholesterol, often of people who are young, fit and evidently healthy? You can see the pressure piling onto managers and line managers as the figures for the numbers of tests performed and quantities of linked sales of fish oils and nicotine replacement therapy products are analysed in the light of commercial imperatives.

Did Jonny Wilkinson know what the advertising campaign was going to do to pharmacy staff and their stress levels when the publicity opened the floodgates, and all those customers piled in the doors, conscious of the health of their hearts and curious to know their cholesterol reading? I am sure it is a good thing, in many ways, to let customers know their number but it has already caused a lot of distress among staff, who were often under resourced anyway. Pharmacists and staff I have spoken to have usually been quite against such testing. Is this the new era in pharmacy? No-one I know has embraced it in the way that it

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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.

should be embraced, as stated by C&D's pharmacy forum (*Chemist & Druggist*, 31 July, p24).

Time to breathe in a pharmacy would be nice.

Andrew Low
Harrow, Middlesex

■ MEDIA SCRUTINY

Once again, the pharmacist takes the flak

From Mr J. Blake, MRPharmS

I was disappointed, once again, to see community pharmacy coming the critical scrutiny of the media, this time BBC Points West (a local TV News channel serving the Bristol area). Several months ago they highlighted various dispensing errors (even encouraging viewers to contact them with any errors) in a number of Lloyds pharmacies in Bristol and South Gloucestershire.

Again another incident has brought the media to seek a scapegoat for this regrettable event. While we have all been aware of dispensing errors in the past and with a tendency for the public to follow the American ideology of claiming against "anybody for an infringement of their well-being", we know that we have to be even more vigilant to face the public, consumer organisations and the media than ever before.

However I have to comment on the remarks made by Andy Murdock (pharmacy superintendent for Lloydspharmacy) when interviewed by BBC Points West. While offering apologies to the patient involved he was quick to point out that Lloyds pharmacists in the Bristol area would be undergoing "some retraining" to comply with their company protocols.

It seems that once again it is the pharmacist who takes the flak for these dispensing errors but, in all fairness, we know that it is the duty of the pharmacist to be legally responsible for the supply of the correct and appropriate medication for each patient. Having spent a number of years working as a locum pharmacist for the Lloyds company in the area in question I have always considered that the situation there was like a time-bomb waiting to be detonated.

Unless the pharmacists attempt to take over at least some control of their working environment, these dispensing errors, with ever more pressure on prescription numbers, will surely increase. Now is the

time for a "new charter" for these company-employed pharmacists. I suggest a few ideas for such a charter:

- 200 items should be the most any pharmacist dispenses during a normal working day, if no technician is available
- Any other help in the dispensary should be in the form of a qualified or experienced technician — not some assistant dragged off the counter who is more interested in trying to keep down the mountain of company paperwork
- Additional pharmaceutical services required, such as cholesterol testing and smoking cessation, should see a comparative fall in daily prescription numbers attempted
- There should be proper meal breaks taken away from the shop floor
- There should be a general boycott of all generic packs that appear to be similar in logo, colour or size to other packs of different medications or strengths

Only if pharmacists manage to unite in their efforts to gain a reasonable working environment for themselves, instead of the present degrading treadmill of dispensing vast numbers of prescriptions per day, will we ever see any improvement in the situation. Perhaps one day, we might see a sign at the dispensary bench: "I am a professional pharmacist — consult me — I have the time for you."

John Blake
Malaga, Spain

ANDY MURDOCK, pharmacy superintendent, Lloydspharmacy, responds: As a community pharmacy we welcome regular dialogue with all our pharmacists, including our locums, so that we can fully understand the issues they face on a day-to-day, region-by-region basis. I hope that the pharmacist in this instance will consider contacting me directly so that we can talk through the important points he makes.

As mentioned on BBC Points West, we are working closely with the Royal Pharmaceutical Society to undertake an independent audit on our pharmacies in the Bristol area. This will enable us to review our procedures and make changes should any be appropriate.

■ RETENTION FEE

Overseas pharmacists priced out of the market

From Mr D. Lau, MRPharmS

The abolition of the overseas member fee will result in a 156 per cent price increase for practising pharmacists overseas. Because we use far fewer Society services, this hardly seems reasonable or fair. For our money, we get *The Pharmaceutical Journal* routed by economy surface mail via Stockholm (only three months late if we are lucky), our name on a certificate and precious little else. Many of us maintain our registration out of nostalgia for times past, or perhaps for the half-formed thought of returning to the UK one day. Incomes in most other countries are considerably lower than in the UK and the financial burden for many will be significant. Using even a relatively affluent society like Australia as an example, the average pharmacist will have to work 40 per cent longer than his UK colleague to pay his membership dues, in addition to his local registration fees.

The Society seems hell-bent on becoming just another pharmacy board, losing the international respect it once had. If you want us to leave, why not just ask us to, rather than pricing us out of the market?

David Lau
Melbourne, Australia

Navel gazing?

From Mr S. Dajani, MRPharmS

The Journal's editorial was buoyant about the registration fee hike but it must be understood that other annual subscriptions are also paid to the National Pharmaceutical Association, local pharmaceutical committees or the Guild of Healthcare Pharmacists, among others. Also our fees are unfavourable in comparison with GPs and dentists when you consider their salaries are greater and who receive payments for continuing professional development.

More part-time and semi-retired locums, who fulfil a great interstitial role, will be encouraged to retire and this will further burden the current workforce shortage. Despite protestations from myself and the treasurer of the Society a third tier of fees was

unsupported because the majority of Council members believed bureaucratically it would be harder to implement and the final policy would reflect CPD costs more accurately.

The membership registration fee has become the vanguard of salvation every time the establishment finds itself in yet another financial predicament, in part through lack of government negotiation. I hope *The Journal* appreciates that Lambeth must also show the same strict level of commitment to the finances as the membership. I hope, therefore, it will support an extensive review of costs, directorships, corporate governance and procedures within the building (which will include the Banks report) and that resources are fairly distributed between regulatory and membership roles. Some will criticise this approach as parochial navel gazing but responsible members would like to see the best accountability for good housekeeping as part of a responsible audit. This will decisively prepare the profession for the new charter and for radical health care environments to enhance further professional development.

This should help reduce further spiralling costs, develop a more progressive and ambitious professional practice leadership programme, contribute to better horizon planning and should help *The Journal* and pro-hike supporters to remain optimistic about the future.

More importantly, the Society needs to prove that an increase in registration fees correlates favourably with both membership activity and regulatory achievement if the members are to feel this increase is justifiable. Time will tell.

S. Dajani
Member of Council
Royal Pharmaceutical Society

Serious error in career choice

From Mr G. M. Teal, MRPharmS

I have been listing the charges made to me by various craftsmen who I have had to engage during the past year. They make interesting reading:

| | |
|----------------|--------------|
| Decorator | £26 per hour |
| Motor mechanic | £35 per hour |
| Plumber | £40 per hour |
| Locksmith | £60 per hour |

All of these pursue their chosen career without the imposition of punitive retention fees or compulsory continuing professional development!

As a 67-year old ex-proprietor pharmacist now performing the occasional locum for considerably less, I am beginning to wonder if I made a serious error in career choice all those years ago.

Graham M. Teal
Ecton, Northampton

Save costs by choosing PJ Online?

From Mr S. Krykant, MRPharmS

I feel that I must protest against the outrageous hike in the retention fee. It covers more and more activities that many pharmacists do not take part in or have interest in. Would I be eligible for a discount in my fee if I chose not to have the *PJ* delivered each week, probably at great expense, and read it online instead? Surely there is no reason why I cannot have this option.

Stefan Krykant
Reading

The print version of *The Journal* is used to carry official notices and as such must be sent to all pharmacists registered with the Society — EDITOR.

Publish employment figures

From Mr J.H. Verrall, MRPharmS

T.J. Benson identifies the reason for the increased fee as being "a means of funding the overmanned Lambeth management" (*PJ*, 28 August, p286). As another who is contemplating not paying the increased fee I ask that you publish the number of personnel employed by the Royal Pharmaceutical Society and the total salary bill for 1998, 2000, 2002 and that projected for 2004.

John H. Verrall
Battle, East Sussex

BERNARD KELLY, director of finance and resources, Royal Pharmaceutical Society replies: The fee increases proposed by the council were part of a five-year strategy to secure the finances of the Society by reducing dependence on publication activities and building the Society's reserves. The information on

employees and salary and related costs is published each year in the Society's audited financial statements and presented at the annual general meeting. Copies of these statements are available from the Society's website or by request from the Secretary and Registrar. The relevant numbers for the years in question are as follows:

| | 1998 | 2000 | 2002 |
|-----------------------------|------|------|------|
| Employees | 234 | 242 | 256 |
| Salaries (£000s) | 6425 | 7511 | 7715 |
| Social security (£000s) | 537 | 641 | 645 |
| Other pension costs (£000s) | 937 | 981 | 1261 |
| Total (£000s) | 7899 | 9133 | 9621 |

The numbers for 2004 will appear in the published financial statements.

■ ENHANCED SERVICES

Embrace new services in the correct manner

From Mr M. Ellis-Martin, MRPharmS

With reference to the letter from Samir Vohra ("Shooting the profession in the foot", *PJ*, 14 August, p219) I would like to add to his comments. The absence of charging for services certainly undermines the profession. It could be argued that the negative effect is mitigated to some extent by the enhanced image given to the person carrying out this "clinical" activity. In practice, probably because funding for these services is so poor, it is frequently not the pharmacist but technicians or assistants who actually carry out the testing. In my experience these technicians are usually the most experienced and useful dispensers.

The net effect is that the pharmacist is tied even more firmly to the dispensing bench due to their absence. This reinforces the image of the pharmacist as a dispenser — an image that many people are working hard to help us to move away from. I would, therefore, urge the pharmacies and businesses involved to set up proper fee structures and to ensure that pharmacists are allowed to fully embrace new services in the correct manner, and that if technicians are used it should be as well as, not instead of, pharmacists.

Mike Ellis-Martin
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