For personal use only. Not to be reproduced without permission of the editor (permissions@pharmj.org.uk)

NUTRITION

Pharmacists should not waste time on nutrition

From Dr S. B. Tree

I read the conference report "Choosing health" (*PJ*, 1/8 January, p22) with some interest and I would like to comment on two issues from the point of view of a clinical dietitian, who both practises and teaches dietetics.

I should first like to comment on the fact that the Government is to start a new campaign to raise people's awareness of the risks of obesity. Has the Government looked at efforts to combat obesity in other countries? Here in the US, the obesity epidemic worsens in spite of numerous federal initiatives. Nutrition professionals have, for many years, debated the reasons and believe that it is caused by a number of factors, including a sedentary life-style, over-reliance on the car, an abundant supply of cheap, nutrient-sparse and fat-, sugar- and sodium-dense convenience foods and an increasing tendency to consume food prepared outside the home. None of the government-sponsored campaigns has achieved any success in the face of relentless marketing, decreased time and ability for food preparation, and the availability of cheap, processed food. In addition, many people never will do anything the government tells them to do.

Secondly, how does Pamela Mason justify a pharmacist's role in transmitting nutrition messages to the public? Have there been any research studies on the effectiveness of this approach? Perhaps one should be undertaken. I would like to suggest that, instead of pharmacists taking on yet another burden solely because of their ready access to the public and the "insufficient numbers of dietitians", they should concentrate on what they do best, ie, counselling on drugs and clinical medicine, instead of wasting time on delivering nutrition messages. Nutrition educators have long accepted that the delivery of knowledge (contained in messages) is the least effective method to initiate and sustain behaviour change to adopt healthy eating habits. Perhaps one of the projects the Government could undertake is examining why there is a dearth of dietitians.

In conclusion, may I share with you an anecdote from a nutrition education class I taught? The students thought that if the price of convenience foods were doubled and that of fruits and vegetables halved, it might go a fair way to halt the accelerating rise in weight.

Susan B. Tree
New York

PAMELA MASON states: I agree wholeheartedly with Dr Tree — pharmacists should concentrate on providing pharmaceutical care. I am sure no one would argue with that. In providing pharmaceutical care, however, pharmacists have the opportunity and, I believe, the responsibility to deliver nutrition information. This may include advice about diet or a supplement in relation to the medicine being taken or the condition the patient has. I would also argue that pharmacists should take nutrition seriously as part of their growing public health remit. Although pharmacists should not pretend to be dietitians, I believe there is a role for them in providing and reinforcing nutritional advice in the context of pharmaceutical care. And, yes, we do need some good quality studies to show whether or not such activity is effective as one of many methods, including price policies, for encouraging better dietary habits in the population.

DISPENSARY ASSISTANTS

Different abilities

From Mr P. Walton, MRPharmS

The company I work for decided that it would satisfy the minimum competency requirements for dispensary assistants by purchasing the National Pharmaceutical Association dispensary assistants course for all staff. We assumed that the course, which is NVQ level 2 equivalent, would be a simpler task to undertake than the dispenser course which is equivalent to level 3 NVQ (which is of A-level standard). The assistant course was, in fact, the first three modules of the dispenser course. I find it hard to believe that most people who work in dispensaries are of an academic ability that would allow them to understand work written to A-level standard. On telephoning the Royal Pharmaceutical Society and pointing out that we have staff doing repetitive work such as filling monitored dosage system cards, I was told that the staff need only complete relevant modules. However, the NPA modules are not split into sections that are easy to divide by task. The NPA states that only completing part of the course will mean that assistants will not get a certificate to show they are competent in a dispensary.

To have the NVQ2 equivalent workbooks be of the same standard as the NVQ3 books is ridiculous. It is a bit like assuming that a school student in GCSE physics could understand a short textbook on advanced general relativity.

Either the Society or the NPA (depending on who is responsible for this situation) needs to understand that the myriad of tasks in a busy pharmacy are often broken down into small sub-tasks just so that the staff who perform them need not be of high academic ability and so recruitment of suitable staff is easily possible. I wonder why the person I employ to fill MDS cards needs to know what hosiery is available on FP10? Perhaps the person who can answer that is over-qualified?

Philip Walton
Swinton, Manchester

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.

Advertisement

EMPLOYMENT

False references may be in circulation

From Mr M. E. James, FRPharmS

I have been made aware that a reference for a pharmacist, allegedly signed by me, has been received by at least one and possibly two pharmacy locum agencies. I have not issued references as an employer for some 20 years, and have supplied only one character reference in several years. Pharmacy employers should verify any reference using my name by contacting me by e-mail at miall1@btopenworld.com.

Miall E. James
Colchester,
Essex

PROBLEM-BASED LEARNING

A medical student's perspective

From Mr I. L. Haines, MRPharmS

I am a pharmacist studying for a medical degree. I think it is an excellent idea that problem-based learning (PBL) is being implemented into the undergraduate pharmacy degree at Manchester University (*PJ*, 29 January, p117).

Initially, having been used to traditional styles of learning I had my reservations about how this relatively new format of PBL would work. But it did. Once we had worked through two cases at Keele, the group had displaced any teething problems present at the onset, and as practising professionals do, started working together with everyone combining knowledge acquired since the learning objectives were identified in the first session that week.

The purpose of the facilitator (usually a staff member) is to ensure that the sessions and the subsequent research remain within the remit of the case and to prevent the group going off at a tangent. An elected chairman and scribe also allow the group to co-ordinate the sessions, including incorporating quieter members of the group.

In essence, the minority of people who disliked the PBL process initially were, in my experience, those who preferred having all the information being spoon-fed to them. However, once qualified you make the decisions based on resources available to you at the time, including other health care professionals, and PBL prepares you for this.

Ian L. Haines
Second-year Medical Student
Keele University

COMMUNITY PHARMACY

Pharmacy in the new age — or Pharmacy in the stone age?

From Mr H. A. Parrott, MRPharmS

I am still waiting for my 16 December prescription for 500ml magnesium trisilicate mixture to be dispensed, because "makers cannot supply". As a dyed-in-the-wool chemist and druggist, words fail me!

H. A Parrott
Clevedon,
Somerset

Advertisement

2004 Pharmaceutical Care Awards

Next week's *Journal* will include full details and an entry form for the 2004 Pharmaceutical Care Awards, sponsored by GlaxoSmithKline.
The awards recognise excellence in the development of pharmaceutical care services and give the opportunity to present a showcase of best professional practice. Don't miss this chance to receive one of pharmacy's top accolades!

MORPHINE SULPHATE

Repeat prescriptions go unnoticed

From Ms C. F. T. Ralph, MRPharmS, and Ms H. Kreimeyer

In reply to Sally Haynes's letter (*PJ*, 22 January, p86), we would agree that, in the hospital setting, great care as a rule is taken with all opioid analgesics and this is certainly a good thing.

Unfortunately, with the current shortage of doctors in the community, and the extremely high workloads experienced in many practices, repeat prescriptions of morphine sulphate elixir could almost go through the surgery channels without anybody noticing. It would not be brought to the doctor's attention, unlike a CD POM, prescriptions for which have to be hand-written by the GP.

The BNF states that regular use of a potent opioid may be appropriate for certain cases of chronic non-malignant pain; treatment should be supervised by a specialist and the patient should be assessed at regular intervals. We do not think this is happening. The trouble is that an increase in dose is often necessary to maintain the same level of pain, and dependency is the result. Larger doses produce respiratory depression and hypotension. Drowsiness may affect performance of skilled tasks and the effects of alcohol are enhanced.

Catherine Ralph
Hyacinth Kreimeyer
Weston-super-Mare,
Somerset

THE PROFESSION

Time for a wide-ranging debate on pharmacy organisations

From Mr D. R. Knowles, FRPharmS

The letter from Ross Ferguson (*PJ*, 29 January, p112) is important for the whole future of pharmacy. I wrote in similar terms, but in a different climate, in 2002 (*PJ*, 23 March 2002, p401).

It is self-evident to any diligent reader of the six reports of the Shipman Inquiry that the General Medical Council is set for major review and that there are implications for other health care professions. As Mr Ferguson notes, the GMC strongly asserts that its role is "to protect patients" and claims not to protect doctors. Even so it will probably lose its long-prized disciplinary function for medical practitioners.

Given the regulatory and representational roles of the Royal Pharmaceutical Society, it is obvious that, in the public and professional interest, this dual function cannot continue. Inevitably the new Charter will rapidly become irrelevant. Unless pharmacy is prepared to put its own house in order in line with current thinking, the Government will do it for us. Against this background, debates about membership categories will pale into insignificance.

The time for a wide-ranging debate about the future of pharmaceutical organisations is now. This is the real issue for the Society's Council, which must take the lead.

David Knowles
Exeter,
Devon

THE SOCIETY

Which Council members voted for changes

From Dr I. Stockley, FRPharmS

The Royal Pharmaceutical Society's Council is apparently deaf to the bombardment of protests from the membership about the restructuring of the Register. The Royal Pharmaceutical Society should tell us the names of the Council members who voted in favour of the changes so that we know whom to get rid of at the forthcoming Council elections.

Ivan Stockley
Loughborough, Leicestershire

Reductio ad absurdum

From Mr W. B. Rhodes, FRPharmS

Recently, I telephoned a pharmacist within my circle of acquaintances. Adopting a rather frail tone of voice, I purported to have a problem arising from seasonal excesses necessitating a stiff drink before being able to commence the day's activities and seeking his advice. To his eternal credit his advice was entirely satisfactory as one would expect from a pharmacist, particularly one with his experience. At that point I resumed my normal voice and informed him that the conversation had been recorded!

Since I know that he is a non-practising pharmacist and will presumably have completed the declaration that he will not give advice on health care I am concerned as to what action I should take with this information.

From my limited experience I would presume that there is no alternative to a referral to the Statutory Committee, both for this most eminent pharmacist and the rest of us non-practising members of the profession who will undoubtedly commit similar breaches unless this ridiculous restraint is removed.

Reductio ad absurdum?

Bruce Rhodes
Cheltenham, Gloucestershire

Why not have chartered members?

From Dr J. W. Clitherow, FRPharmS

When opinions were canvassed on a designation for retired members and fellows of the Royal Pharmaceutical Society during the consultation stage, I suggested that, following a procedure used by the Royal Society of Chemistry and the Institute of Biology of using the designation CChem and CBiol for chartered status preceding the grade of membership (eg, CChem, FRSC), the Society might think of doing something similar.

Thus, a practising member (one who has observed the requirements of CPD) might have the designation "CPharm" preceding their grade of membership and retired or non-practising members might just retain the letters designating their grade.

J. W. Clitherow
Sawbridgeworth, Hertfordshire

CPD

Questionable assessment of community practice

From Mr P. B. Lowe, MRPharmS

Philip Brown's assessment of the community pharmacist's continuing professional development needs (*PJ*, 29 Jan, p110) calls into question the extent (and perhaps the advisability) of his practice in this branch of the profession. Were patient consultations solely concerned with the symptoms and treatment of minor ailments, referral to a pharmacist would be unnecessary; if dispensing responsibility involved only the accurate interpretation of instructions, it could be left safely in the hands of a technician or even a well-drilled grocer's boy.

Peter Lowe
Newcastle upon Tyne

Society should revisit its CPD model

From Mr A. Mackridge, MRPharmS

I would echo the comments of Susan Davis (*PJ*, 22 January, p83) with regard to the straitjacket imposed by the current continuing professional development structure. I am currently undertaking a PhD in pharmacy practice during which I am constantly learning new skills relevant to my practice. However, when I come to record this as CPD, I find the plan and record system totally irrelevant to the work I have undertaken.

I also perform some part-time locum duties in both a community and prison environment as part of this. I regularly attend Centre for Pharmacy Postgraduate Education meetings and meetings arranged by the local primary care trust. I carry out a number of other educational activities, most recently to enable me to be accredited to provide emergency hormonal contraception on patient group directions in a number of different PCTs. Again, this is difficult for me to record because many of the questions in "Plan and record" are irrelevant to my situation.

In addition, owing to the small amount of teaching I perform, I have undertaken a teaching qualification during my time as a postgraduate, which has taught me a considerable amount about learning and assessment. If the "Plan and record" model is critically appraised, it is clear that it only supports reflective learning (one of the four learning styles) and for anyone who does not learn well through this style, it becomes a simple chore to fill in the boxes.

We have heard that the process of CPD is the important bit. However, I believe this opinion is inherently flawed when one is attempting to ensure the high quality skills and knowledge of pharmacists. A far better system would be one based upon competencies, defined by the Royal Pharmaceutical Society, where pharmacists can see what the Society expects of them and the Society can easily see whether the pharmacist is competent in a specific area. This allows for all learning styles and all learning methods, is easy to administer and, most importantly, is simple to assess.

I suggest that the Society revisits the CPD model it has as a matter of urgency in order that members such as myself who take education and life-long learning seriously do not fall through the gap.

Adam Mackridge
Birmingham

PHARMACY PRACTICE

Received Wisdom!

From Mr C. Morris, MRPharmS

I could not help but laugh at Peter Beckley's letter (*PJ*, 29 January, p114) regarding problems that he has had enough of, and I myself have often contemplated printing pamphlets or even posters to explain the difference between original and sugar-free Calpol or original and non-drowsy Benylin.

In a bid to clear up more hard-to-answer questions, I would like to relay to the readership a question that definitely needed answering.

A woman enquired whether Wisdom toothbrushes could be used on other teeth, or just the wisdom ones! Wisdom toothbrush customer services at first did not seem to take me seriously when I rang them for clarification and the person I spoke to seemed to have problems replying, but apparently their toothbrushes can be used on any number and sort of teeth.

I was wondering whether I could put this in towards my continuing professional development quota for the year, as it had never occurred to me before to ask.

Chris Morris
Newquay,
Cornwall

WE'VE HAD ENOUGH OF . . .

Whinging pharmacists

From Mr D. C. Smith, MRPharmS

In response to Peter Beckley's letter (*PJ*, 29 January, p114), I've had enough of whinging pharmacists!

David Smith
Sheffield

Advertisement