

■ DISPENSING DOCTORS

Tremendous clinical governance issues

From Mr A. B. Sutherland,
MRPharmS

What an interesting edition last week's *Pharmaceutical Journal* was (23 April). There was a substantial piece on the contract-enforced "peace" between our rural colleagues and dispensing doctors, and substantial relief and support for Ghislaine Brant from her colleagues. I am sure the letters published reflect only a small amount of the thanks that we all feel that the Statutory Committee did not pursue what amounted to a witch hunt.

However, did anyone notice the irony? Post Shipman, we are now reviewing our already rigid Controlled Drugs legislation, and pushing further the role of the pharmacist as the "checks and balances" system for everything from prescribing to monitoring of chronic therapy to being encouraged to inform the authorities of any "dodgy" looking prescriptions or prescribing trends. If I reported every such prescription to the authorities I should soon become a pariah among my colleagues and peers.

But surely we are overlooking what could be a significant problem. Where are the checks and balances in a dispensing practice? Who checks one GP's prescribing? The staff employed to dispense the products certainly are not in a place to make a clinical judgement on interactions or the like. Would the odd ampoule of 30mg diamorphine be noticed over the course of many months at a dispensing doctors' practice? Is there another Shipman out there

using the cover of rural GP practice to perpetuate his own nefarious activities?

Perhaps in the light of all that has happened since 1998, the Royal Pharmaceutical Society should not be focusing on the business-related problems of dispensing doctors, but on the tremendous clinical governance issues that such a closed shop throws in our faces.

Adam Sutherland
London

■ COUNCIL ELECTION

Members have got the Council they deserve

From Mr E. J. H. Mallinson,
FRPharmS

The members of the Royal Pharmaceutical Society have got the Council they deserve. At a stroke we have lost most of the expertise and experience from the Council and, with the odd exception, have effectively been left with a group of small chemist contractors with little or no Council experience and no representation from the other branches of our profession.

The reason is easy to explain. The silent, apathetic majority did not vote and a change in the guidance for Council elections, allowing canvassing by candidates, was exploited to full advantage by a group of pharmacists standing under the banner of "Save Our Society", using tactics such as unsolicited mailshots to a select section of the membership. Branches which, I am sure, did not anticipate the consequences of their actions brought about this change as a result of repeated motions at branch representatives' meetings.

The result, far from saving our Society, could be disastrous. A Council made up predominantly of individuals elected on a single issue ticket lacks the breadth of experience required to address the many and diverse issues facing all professions. When that Council is drawn from a single sector of the profession, albeit the largest sector, the interests of the others are neglected. This does not augur well for the future.

I appreciate that my frustration and disappointment at the outcome can in no way match that of the ex-Council members, some of whom have contributed to the wellbeing of our Society over many years, but I would wish them to know that this pharmacist, at least, appreciates all their efforts for and on behalf of the profession. I hope they will stand again next year, by which time the apathetic majority may well have been stunned into action. My only hopes are that not too much damage is done in the short term, that the staff at Lambeth do not "vote with their feet" and that our political masters will see this as a blip in the history of the Royal Pharmaceutical Society rather than a sign of things to come.

Edward Mallinson
Glasgow

Have we an "elected dictatorship"?

From Mr J. T. Mearns,
FRPharmS

Once again, "block voting" has occurred as a result of using the "first past the post" method of electing the Royal Pharmaceutical Society's Council. Fewer members voted and this has proved that the change from the single transferable vote system has not increased the rate.

All it requires to be elected is a "block" of Save Our Society "single issue" supporters, ie, 3,260 votes, which is 7 per cent of the total membership, to become a member of Council. We now have an "elected dictatorship".

Minority groups have great difficulty in being elected and this is unsatisfactory when the Council should have a broad representation of the membership.

Philip Brown (*PJ*, 23 April, p487) asks why apathy is so universal and I believe that he has given some of the answers. However, is it not time for the members of the Council to set up a committee to find out all the

answers to Dr Brown's question? I suggest that a Privy Council member might chair the committee and that the membership could be chosen not only from the Council but from a wider section of the membership.

James T. Mearns
Bristol

Concern at lack of women pharmacists on new Council

From Mrs H. M. Rose,
MRPharmS

Further to the letter from the chairman of the Hospital Pharmacists Group (*PJ*, 23 April, p488) expressing concern over the lack of hospital representation on the newly elected Council of the Royal Pharmaceutical Society, I should like to highlight the under-representation of women pharmacists on the Council.

There are only two women pharmacists on a Council of 17 pharmacists (12 per cent). Since women today make up 53 per cent of the Register of Pharmaceutical Chemists and over 60 per cent of pharmacy undergraduates, the Council must ensure that it remains in touch with issues affecting this majority section of the profession's workforce. Although one cannot quarrel with a decision reached via a democratic election, it seems fair to ask the new Council how it will ensure that it has a realistic view when making decisions for the profession as a whole?

In 1905 there were fewer than 200 women on a Register of 11,000 pharmacists and at that stage the National Association of Women Pharmacists was formed to represent their interests. Today, almost exactly 100 years since its foundation, NAWP is still strong and fit for purpose.

During the course of the next year we will need to find a way of mobilising dormant votes to ensure that women pharmacists are better represented on Council.

Monica Rose
President
National Association of Women
Pharmacists

Which "single issue"?

From Mr S. K. Bagga, MRPharmS

I am confused. Of the many issues the Save Our Society campaign has raised, which single issue do

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.

Michael and Vela Burden have in mind (*PJ*, 23 April, p487)?

Shiv Bagga

Member of Council
Royal Pharmaceutical Society

Preconditions for groupthink!

From Mr A. R. Willson, MRPharmS

Andrew Burr's letter (*PJ*, 23 April, p487) was troubling. With its apocalyptic message and hopelessly mixed metaphors, it did little to convey his radical vision. Few will doubt his sincerity although whether that is based on love of pharmacy or imagined cries of "You're next mate!" it is hard to say. Perhaps both.

Douglas Simpson (*ibid*, p489) worried me too. There is a difference between saving and preserving (his verb). The second is often done in formaldehyde and

relies on killing everything.

The new Council has the respect of those who cared enough to vote and it is unlikely to lose touch with the membership. The weakness is that it has at least two of the preconditions for 'groupthink: establishment values and weak opposition. Hemant Patel's letter (*ibid*, p488) promised courage and determination and it is to be hoped that this will include use of the mandate to bring about change if it is needed. That judgement will not be formed by introspection but by detailed study of experience elsewhere.

May I suggest that the new Council takes a further look at the radically reformed General Medical Council and why it is that it still draws the criticism that it looks after its own? What are the lessons for our profession?

Alan Willson

Swansea

**Groupthink: A mode of thinking that people engage in when they are deeply involved in a cohesive group, when the members' strivings for unanimity override their motivation to realistically appraise alternative courses of action (Irving Janis, 1971).*

GLAXOSMITHKLINE

Ongoing dissatisfaction

From Mr. D. W. M. Davidson,
MRPharmS

As chairman of the Association of Independent Multiple Chemists in Scotland, may I record on behalf of our members our ongoing dissatisfaction with GlaxoSmithKline in the way pharmacy in Scotland has been treated. It is obvious in this devolved age that multinationals like GSK are unaware of the different ways devolved areas are negotiating their different strategies to meet their own health objectives. They should assess these different strategies and make their commercial decisions to help provide the best health care for patients and providers where possible and, if not, at least speak and explain their actions before springing it in public.

Small multiples are, on the whole, the most innovative and entrepreneurial area of pharmacy, yet we were never consulted or, it seems, ever considered.

D. W. M. Davidson

Blairgowrie, Perthshire

STATINS

Interactions not being taken into account

From Mr. J. G. Landers, MRPharmS

Some health professionals are not taking statin interactions into account sufficiently. I had to advise a friend into reducing his consumption of grapefruit juice, now that his cardiologist has prescribed atorvastatin.

An eminent urologist, wanting to give me antibiotic cover for a biopsy, questioned me only about allergies before prescribing erythromycin. If I had previously bought simvastatin from a pharmacist conscientious enough to notify my GP, this news still might not have reached the consultant.

Pharmacists who sell or dispense statins should ensure that patients are aware of such matters. Whenever a middle-aged person (who may also shop elsewhere) presents an erythromycin or clarithromycin prescription, a question about statin use should be asked.

George Landers

Crete, Greece

Telephone number

All correspondents should supply a daytime telephone number, in case we need to contact them urgently

Advertisement

■ SALAMOL

Why were Easi-breathe inhalers not available?

From Mrs M. Duxbury, MRPharmS

Please can we have an explanation from Ivax or Unichem as to why Salamol Easi-breathe inhalers were not available in the last week of March. Is it just a coincidence that they arrived in the dispensary on the afternoon of 1 April, the day of the discount removal?

What about the patients who had to go without? Two of our patients had to use ordinary inhalers instead. Life is hard enough for a busy pharmacist without problems like this.

Mary Duxbury
Chatham, Kent

DAVID COLES, managing director, UniChem, replies: UniChem would like to clarify the course of events which led to some customers experiencing a short-lived unavailability of Easi-breathe inhalers during the last week of March. On 23 March IVAX made an unexpected industry-wide announcement regarding changes to its pricing structure. As a reaction to this announcement, on the same day, UniChem saw a six-fold increase in customer orders of the Easi-breathe product. This unprecedented demand inevitably resulted in a stock shortage within UniChem. As soon as this occurred UniChem placed an emergency order with IVAX. This order did not arrive at our distribution centres until 1 April and was dispatched to customers at the earliest opportunity.

MARK OSBORNE, marketing manager UK brands, IVAX Pharmaceuticals UK Ltd, replies: We are surprised to hear that there seemed to have been a supply issue with Salamol Easi-Breathe in the last week of March. IVAX can confirm that there were no issues with our internal stock levels or supply chain distribution for the whole of March. All wholesalers were supplied in line with the orders placed with us.

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

■ SUPERVISION

Let us put patient safety first

From Mr G. B. Green, MRPharmS

I write with respect to your news item "Idea that pharmacists can leave premises accepted" (*PJ*, 19 March, p323). I have read the Royal Pharmaceutical Society's response to the Department of Health consultation document "Making the best use of the pharmacy workforce", but I cannot find any detailed report of Council discussions in your columns, which is perhaps not surprising since the consultation document was only published just before Christmas 2004.

May I ask what mandate the Council believes it has on such a fundamental issue as pharmacy supervision? The last time that I can recall that this subject being discussed by the membership was at a special general meeting on 9 April 1989. Then any such liberalisation of pharmacist supervision was strongly rejected (*PJ*, 15 April 1989, p438).

I also find surprising the statement by the Pharmaceutical Services Negotiating Committee, that "a pharmacist might, in future, be able to leave the pharmacy", in the wake of the your report from the local pharmaceutical committees' conference that "contractors want to keep the pharmacist supervision requirements" (*PJ*, 5 March, p261) and was against the idea of pharmacists working "off site" after delegating other staff to continue to serve the public. Members might have hoped that the Society would have taken note of that supervision debate in formulating its response on this subject.

Having discussed this topic with a variety of owners and managers in community pharmacy, I find there is no support for permitting pharmacists to absent themselves from pharmacy premises while still allowing dispensing and the sale of medicines (other than general sale list items) to continue. There is a belief that this could soon evolve into a service provided by each multiple head office via a dedicated telephone helpline in each branch, thus permitting protracted absence and even one pharmacist covering several pharmacies.

Were that to happen the role of the locum pharmacist would be redundant. So, too, might the need for the plethora of "100 hours a week" pharmacies that the DoH is hoping to see established under the

new control of entry regulations which became effective on April 1, when an NHS 24 hour help line telephone service, manned by a pharmacist, could replace them.

Should we pharmacists not insist on putting patient safety first and reject calls for such a radical change in supervision?

Gerry Green
Green Pharmacy Consultants
Lewes, East Sussex

DAVID PRUCE, director of practice and quality improvement, Royal Pharmaceutical Society, replies: Supervision has always been a controversial topic for pharmacy. The issue of supervision has been raised with the profession on a number of occasions since the special general meeting in 1989. For example, it was debated in *The Pharmaceutical Journal* in 2001 (*PJ*, 20 October 2001, pp577-81) and again in 2002 following the publication of the Department of Health's discussion document "Pharmacy workforce in the new NHS" (*PJ*, 5 October 2002, p480).

In deciding how to respond to the Department of Health's paper "Making best use of the pharmacy workforce", the issue was discussed first with both the Practice Committee and the Law and Ethics Committee. It was also discussed with the Welsh Executive to help inform its response to the Welsh consultation on the same subject. The Council then fully discussed a draft response at its February meeting. This led to an amended draft being sent to all Council members for further comment before a final draft was signed off by the Officers of the Council (President, Vice-President, Immediate Past President and Treasurer).

■ THE SOCIETY

DoH circulars are wasted on non-practising pharmacists

From Mr E. P. Crabtree, MRPharmS

I recently received a circular from the Department of Health regarding "Pneumococcal immunisation of older people and risk groups". Since I am a non-practising (I prefer "retired") pharmacist, I am at a loss to know what I am supposed to do with this information. Yet apparently my name and address were put on the list of recipients by the Royal Pharmaceutical Society.

It seems to me that putting non-practising pharmacists on the DoH list just results in a waste of public money.

Philip Crabtree
Huddersfield

PHILIP GREEN, deputy secretary and registrar, Royal Pharmaceutical Society, replies: I welcome this feedback. It is early days for the two-part Register. We could restrict the mailing list for items such as professional communications, safety notices, etc, from the government to the practising part of the Register. However, not all those members on the non-practising part are permanently retired and, indeed, not all the permanently retired will wish to be excluded from sources of information. Some like to read and write to *The Pharmaceutical Journal*, for example. Moreover, many on the non-practising part of the Register are on maternity leave or career breaks and may find such information will help ensure they are not unaware of something they may need to know when they return to practice. This is the only comment we have received on this matter and we would be interested in other views — for or against.

■ THE JOURNAL

More original research

From Mr A. J. Mackridge, MRPharmS

I am writing to express my support for the direction in which *The Pharmaceutical Journal* is progressing. I am particularly pleased to see the recent addition of POEMs and other clinically oriented articles, which enable me to improve my clinical knowledge.

I would like to see further development of original research articles. I appreciate that it is difficult for any editor to solicit high quality original papers, and they would be foolish to publish any which were less than high quality, however, I would like to see this aspect of *The Journal* developed and wish you luck in doing so.

Adam Mackridge
Birmingham

Pharmacists who conduct audits or do other research limited in extent or scope are encouraged to submit their work as short reports. Like other original research submissions, these will be subject to peer review. — EDITOR.