

■ PRACTICE RESEARCH

Green Light Pharmacy

From Ms E. Mills, MRPharmS and others

We were pleased to read the article "Research is not just for academics" (*PJ*, 28 May, p644) by John Wilson. It is an excellent example of how any pharmacist can be involved in useful research. Indeed, practitioners are in an ideal position to develop research ideas.

One of the barriers to this, as Mr Wilson rightly points out, may be the relentless pressure that community pharmacists are under, and the isolation in which most community pharmacists work.

Green Light Pharmacy is a community pharmacy which also acts as a primary care research centre. It is funded by North Central London Research Consortium — NoCLoR (a primary care research network) and managed by practising pharmacists. Our remit is to promote research in community pharmacy.

As well as conducting research projects ourselves, we run research study days for community pharmacists (and locums) to provide them with knowledge of different research methods and to show how these can be used in pharmacy practice research.

Pharmacists attending these workshops are encouraged to identify a research question. We then provide them with the support to turn these questions into viable research ideas. This support might include: providing research expertise to develop the idea; supplying links with academia; identifying sources of funding; assisting with ethics approval/research governance; or allowing the opportunity for pharmacists to discuss their ideas among themselves. This support is open to any community pharmacist working in north London.

We believe this model will encourage more community pharmacists to participate in research. We also believe that

research should be part of the role of the community pharmacist and not something undertaken by a disparate few. This is essential for the development of an evidence base for the practice of community pharmacy.

We invite any community pharmacist interested in undertaking research in north London, or those from any network striving to increase participation in community pharmacy research, to contact us via www.greenlightpharmacy.com.

Elizabeth Mills
Timothy O'Donoghue
John Foreman
Alistair Murray

Green Light Pharmacy, London

Clarifying ethical approval

From Mr A. J. Mackridge, MRPharmS

I write in response to the **Broad spectrum** article by John Wilson (*PJ*, 28 May, p644). While I applaud his research efforts and his encouragement of research in practice, it should be pointed out that the advice given to him regarding ethical approval is incorrect.

The Governance Arrangement for NHS Research Ethics Committees (GAfREC) para 3.1(c) states that ethical approval is required from the NHS REC for any research involving "access to data, organs or other bodily material of past and present NHS patients".

Since NHS prescriptions would fall into this category, it is clear that NHS REC approval should be sought before undertaking any study of this type.

Regardless of whether one supports the need for ethical approval in these small studies, it is clear that the guidelines require an application to be sought.

I hope that this boundary does not limit the potential for practitioners to undertake research in the workplace. Further details

can be obtained from the Central Office for Research and Ethics Committees (www.corec.org.uk).

Adam Mackridge
Wythall, Worcestershire

Data disclosure

From Mr J. A. Tweed, MRPharmS

I applaud the attempts by John Wilson (*PJ*, 28 May, p644) to perform research using the available material in community pharmacy. Using patient data without the agreement of the patient and without putting the proposed research to an ethics committee may cause problems. Asking one member is not the same as seeking approval from a whole committee.

I am not sure who "owns" the data being used and whether permission to use it is required, but it would be useful if there was a learned opinion on whether it is legal to use these data.

In the light of the paper by Morecroft *et al* (*ibid*, p650), researchers must be sure that they adhere to the rules. Nevertheless, good and innovative research should be encouraged.

Jack Tweed
Nottingham

■ BIRDSGROVE HOUSE

Save Birdsgrove House

From Mr E. P. Crabtree, MRPharmS

Thanks are due to Bill Brookes for raising the issue of Birdsgrove House (*PJ*, 4 June, p686). At last we have some information, though why the membership could not have been informed much earlier remains a mystery.

It now appears that the Society's Council is to "make a decision whether to continue with the house" in a matter of weeks. This does not leave much time for the membership to make its views known. Many branches do not meet in the summer. Fortunately the letters pages of *The Journal* are available.

My own view is that every effort should be made to continue with Birdsgrove House as a rest and recuperation centre. The estimated cost of repairs and alterations should not be too large an obstacle. In my own area a family house can easily cost £200,000 to £300,000. If necessary, perhaps the cost of repairs could be raised by a mortgage on Birdsgrove House itself.

Philip Crabtree
Huddersfield

Letters to the editor

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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.

■ ADVERSE EVENT REPORTING

Scottish scheme for event analysis

From Dr A. Mullen, MRPharmS, and others

The recognition that significant events made in practice (Ashcroft *et al*, *PJ*, 21 May, p615) can be used as a learning opportunity for all involved, with the aim of enhancing safety of the provision of patient care, is to be welcomed within pharmacy.

We would like to highlight that a scheme analysing significant events, open to all pharmacists in Scotland, is being promoted by NHS Education Scotland (NES). This scheme allows pharmacists the opportunity to share experiences, in an attempt to raise standards in health care provision.

In May 2005, NES trained pharmacists within each Scottish region to provide individual feedback to practitioners submitting a significant event. A national training day to show how significant event analysis can be used as a tool for continuing professional development will be held on 9 October, for pharmacists

practising within Scotland. Details for interested readers can be found at www.nes.scot.nhs.uk/pharmacy.

Alex Mullen

National Tutor

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■ THE PROFESSION

Too many pharmacy graduates

From Mr D. L. Norris, MRPharmS

I read with interest Rob Duncombe's letter on the quantity and quality of pharmacy students (*PJ*, 14 May, p584).

I have often wondered if there is any correlation between the number of undergraduates entering pharmacy schools and the average annual number of job vacancies in the various branches of pharmacy employment.

If the former significantly exceeds the latter, then the only beneficiaries will be the pharmacy

schools, through extra funding, and the employers anticipating lower pharmacist salaries, as a result of over supply.

With respect to the quality of graduates, there is presently an article in the *Daily Telegraph* about a possible "dumbing down" of results at one of our pharmacy schools — which, if true, is a cause of great concern.

The pharmaceutical profession should be aware of this potentially serious problem of graduate over-supply. Perhaps the Council should look into it and publish its conclusions.

I see many applications from young graduates, particularly with degrees in chemistry, often from universities I have never heard of, desperately trying to secure positions in the industry. In some cases their previous experience amounts to serving at Wetherspoons or McDonald's with commensurate remuneration.

It would be a pity if some future pharmacy graduates were destined to end up on the wrong side of the counter at McDonald's.

David Lees Norris

Quorn,

Leicestershire

■ THE SOCIETY

National boards

From Mr M. P. J. Hadley, MRPharmS

I have just received the consultation document regarding the proposed "national boards" (*PJ*, 4 June, p687). I am surprised that there is no mention of the other islands that make up Great Britain, such as Guernsey.

Guernsey is not part of the United Kingdom. It has its own parliament called "The States". The Queen is recognised as Head of State and she is represented by a lieutenant governor. Guernsey's health service is very different from the NHS and, until this year, I paid a subscription to the Society as an overseas member.

Although Guernsey has a relatively small population, its differences from England are far greater than the difference between Scotland and England. I would feel it wholly inappropriate if it were the intention to make Guernsey part of the National Board for England.

Michael Hadley,

Guernsey

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