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MEDICINES USE REVIEWS

Instigation date should not be relevant

From Dr E. K. Rosenbloom, MRPharmS

I am writing to express my concerns regarding the access to funding for delivering the additional 50 medicines use reviews (MURs) for those pharmacists who have instigated the service before 1 January 2006. I accept that many pharmacists may not reach the 250 limit before April 2006, but the funding for the additional 50 MURs should be available to all pharmacists who are able to develop their workforce to support this service delivery.

I applaud the stakeholders who have recognised the need to review the implementation of the community pharmacy contractual framework but believe that additional MUR funding should focus upon quality and patient indicators not "a date of service introduction". Many pharmacists are at present focusing upon the essential service component of contractual framework and dealing with "housework" issues to support local pharmacy monitoring visits. To many this additional implementation hurdle may seem unfair.

Pharmacists have invested in and refitted their pharmacies and are in the process of gaining MUR accreditation. Marketing tools and communication systems are also developing slowly. The process is impeded by so many GPs being reticent to support a service that they know nothing about. Partnership working with our primary care colleagues is required to support and engage fellow health professionals; this all takes time. Some pharmacies plan to employ additional staff in the new year once they have been given a green light on their essential services. I believe that all accredited pharmacists should be allowed to deliver up to 250 MURs per accredited pharmacy irrespective of when they instigate the service, if the service is appropriate.

Karen Rosenbloom
Health and Social Care Adviser
Hertfordshire Local Pharmaceutical Committee

COX-2s

Inaccurate conclusions

From Dr C. Walker

Further to your report, "COX-2 inhibitors do not offer GI benefit over other NSAIDs" (*PJ*, 10 December, p714), on the Hippisley-Cox paper published in the *BMJ*, I wish to express concerns that the conclusions drawn do not accurately reflect the data as presented, and repeating these in your publication may cause confusion among patients and doctors as they make important health care decisions.

This study found important differences between celecoxib and the studied non-steroidal anti-inflammatory drugs in terms of the risk of gastrointestinal adverse effects. Specifically, celecoxib was the only treatment that did not significantly increase the risk of GI adverse events (adjusted RR 1.11, 95 per cent CI 0.86–1.41) compared with control patients. The authors comment that the number of celecoxib-taking patients was low, yet the upper limit of the 95 per cent CI for celecoxib is less than the lower limits for naproxen (1.73), diclofenac (1.78), other NSAIDs (1.43) and aspirin (1.49) — supporting the relative GI safety of celecoxib.

The findings are consistent with the results of other studies. NSAIDs typically increase GI bleed risks two- to four-fold. For example, Mamdani (*BMJ* 2002;325:624–7) studied 1.3 million elderly patients in the Canadian population and found that celecoxib was not associated with increased risk of admission to hospital for GI haemorrhage — as opposed to the significantly increased risk seen with other NSAIDs.

We do not believe that the conclusion of the Hippisley-Cox article — as well as the comment in the *PJ* on 13 December — fully acknowledges safety differences that the data showed among various arthritis treatment options. In this study, celecoxib was the treatment with the lowest risk of GI complications — important information for patients and doctors who are making health decisions. The study conclusions and the *PJ* report may create an impression that is not fully supported by the data as presented.

Chris Walker
Senior Scientific Adviser COX-2s
Pfizer Ltd

REGISTRATION

Criminal convictions

From Mr P. Walton, MRPharmS

Next year pharmacists will be required to give information about any criminal conviction, details of which may be passed to the Statutory Committee, when they register or pay the annual retention fee.

I would like to ask the Secretary and Registrar whether there have been any cases where complaint has been made but not put before the Statutory Committee because of European Court of Human Rights requirements, especially with regard to time elapsed since the incident that gave rise to the complaint. If this is the case, what are the implications for the profession?

I would also like to ask the Secretary and Registrar whether any thought has been given to the consequences to pharmacists who may have to appear before the Statutory Committee because they have been convicted on outdated legislation that would now be considered repugnant.

Alan Turing, inventor of the digital computer, for instance, probably committed suicide because he had to appear before the courts because of his homosexual activity, even though he probably saved countless allied lives in the war and his homosexuality was always known to the establishment. It is likely that in a small profession such as pharmacy, respondents may be personally known to those whom they are giving information to, and any conviction similar to that of Mr Turing would potentially have to be reinvestigated, causing a great deal of stress.

Thirdly, I would also like to ask whether giving the information on the retention form is a request or a demand. And if it is a demand, what action will be take against pharmacists who refuse to answer?

It appears that witch hunts, such as were seen in the US in the McCarthy era, are alive and kicking in the NHS establishment.

Philip Walton
Manchester

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Letters to the editor

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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.

OTHER PROFESSIONS

Assumption was not unjustified

From Mrs H. Ferguson, MRPharmS

In her recent letter (*PJ*, 17 December, p752), Alison Cooper rails against Irram Irshad's suggestion — that GPs ignore the work done by pharmacists — with all the zeal to be hoped for in a recent convert. Dr Cooper asserts that the suggestion is a "complete assumption" on the part of Miss Irshad. Although this may be correct, let us not suppose that Miss Irshad's assumption was unjustified.

In my 10 years' experience as a community pharmacist working in two different locations, I have grown accustomed to being treated by GPs with indifference and, occasionally, contempt. The sad fact is that there still exists a significant number of GPs who simply refuse to enter into the discussion of patient care with pharmacists.

Dr Cooper is right to remind us to be cautious of generalisations — indeed, my experiences have not been entirely negative. I am fortunate enough to enjoy a healthy professional relationship with one of the three medical practices in my area but, if a generalisation is to be made, it would be naive in the extreme to allow that Dr Cooper speaks for the average member of her new profession.

Helen Ferguson
Felixstowe, Suffolk

PRESCRIPTION CHARGES

Report difficulties to citizens advice bureaux

From Mr M. E. James, FRPharmS

Anyone who dispenses NHS prescriptions will be aware of the difficulties around charges: particularly, identifying those who should and should not pay. Citizens Advice, the national association of citizens advice bureaux, is becoming increasingly concerned about the number of clients faced with penalty charges, frequently, apparently, due to misunderstanding of the regulations. Regrettably, those misunderstanding the position, according to the latest *Social Bulletin*, occasionally include pharmacists and their staff. The bulletin highlights a case where a patient, who could not read, ticked the wrong box and is now being pursued by the fraud authorities. Once upon a time, of course, inaccurate claims were rarely followed up; nowadays the "police presence" is much higher.

The bulletin also discusses the perennial problem of patients trying to eke out medicines or asking which is necessary. Colleagues should consider referring patients who ask about this to their local citizens advice bureau (for financial advice) since CA's social policy department is collecting evidence of the hardship caused by these charges and is trying to reduce the present inequities in these charges. The CA's recording system is good, and they are likely to get a good handle on the number of people having problems.

Miall E. James
Colchester, Essex

CPD

Where is the Society's guidance?

From Mrs M. V. Taylor, MRPharmS

I am sure that the majority of pharmacists know that continuing professional development is mandatory. However, what we do not have is specific guidance. I now understand, through attendance at various meetings, that the Royal Pharmaceutical Society expects us to have recorded 12 CPD episodes, of which nine should start at "reflection". Is this correct and is this guidance or is it mandatory?

I understand that a number of CPD facilitators were appointed by the Society. Are these people still available for advice and support and have they been trained to help pharmacists?

What I would appreciate is clear guidance on what is expected of me regarding CPD and the sooner this is given, the better able committed pharmacists will be to meet the defined criteria. Perhaps this could be a next step for the education division at the Society.

I am also concerned about the process that will be adopted by the Society when it begins to monitor pharmacists' CPD. I believe it is important that this process is transparent and all pharmacists understand what is expected of them regarding CPD, what they need to do to meet these expectations and how adherence to CPD requirements will be monitored.

I think that if individual pharmacists are not aware of the above, the Society will leave itself open to challenge.

Vanessa Taylor
Eastbourne, East Sussex

PETER WILSON, head of post-registration, Royal Pharmaceutical Society, responds: The requirement to keep continuing professional development records is a professional obligation for all practising pharmacists. Guidance on good CPD practice and the criteria that the Society will use for reviewing pharmacists' CPD records has been published in the "Plan and record" document. That was sent to all practising pharmacists and is available on the Society's web site. This is the current position and our guidance is that the average for record keeping is about one record per month. The figure comes from the initial CPD pilots with 500 pharmacists, although we recognise that all pharmacists could make significantly more records than this if they record every learning experience.

The professional requirement for CPD recording will become a legal requirement when the Section 60 order takes effect. We expect this will be during 2006 but it is impossible to be definite about the date since the Order is already significantly later than expected. Implementation of the Order will require an explicit set of rules and standards. These will be published for consultation and members will be able to have their say on standards such as the number and type of records. When we have confirmation of the rules we will be able to communicate with members on expectations and the record review and feedback process. It would be premature to start that now although I agree that the more notice we can give the better.

Although we are not yet in a position to clarify the requirements in the rules, the Society has been making more information and support available to members. CPD facilitators form part of the support package and they work specifically with pharmacists in local branches. They have been trained to use a purpose-designed toolkit of workshops that concentrate on all stages of CPD from initial understanding through recording to peer review of CPD records. The facilitators will be available during 2006.

FITNESS TO PRACTISE

Lack of communication

From Mr P. B. Lowe, MRPharmS

As community pharmacy development manager for a primary care trust I find it surprising that information relevant to the fitness to practise of pharmacists is not provided to PCTs by the Royal Pharmaceutical Society as soon as it becomes evident.

In the light of the serious implication of inadequate governance of professional practice brought to light by the Shipman Inquiry one would expect the pooling of resources among all bodies with a professional or a contractual responsibility to monitor clinical performance. Yet even when the Statutory Committee strikes off a pharmacist the body responsible for commissioning his services is likely to be informed opportunistically via the pages of *The Journal*.

Peter Lowe
Newcastle upon Tyne

MANDIE LAVIN, director of fitness to practise and legal affairs, Royal Pharmaceutical Society, replies: Decisions of the Statutory Committee are published both in the pages of *The Pharmaceutical Journal* and on the Society's website in the week following the hearing.

In October 2005, the Council set out its policy on disclosure of information abut a member's fitness-to-practise history. When sent the Notice of Inquiry, members facing an inquiry are now routinely asked to provide information about their employers and primary care organisations. Although the Society does not presently have the powers to compel disclosure of that information, disclosure to the Society is likely to become a legal requirement under new legislation expected next year. At the conclusion of any hearing where an adverse decision has been reached, a copy of the decision is now sent to the member's employer and the PCO, where details are known.

The Statutory Committee sits for three or four consecutive days, usually in the third week, of each month. It is the responsibility of all employers to check the Society's website regularly to see if any adverse findings have been made against one of their employees. This is particularly so in the case of those of employing locums.