

DTB

Disappointed with Department of Health decision

From Miss M. V. Mott, MRPharms

I would like to express my concern and disappointment that the contract for the *Drug & Therapeutics Bulletin*, provided centrally to the NHS, is to be stopped. I am at a loss to understand the rationale for this decision and have written to Patricia Hewitt urging her to reconsider.

I have just attended a staff briefing at which our chief executive outlined plans to save money within the trust, including a significant number of redundancies. This is to occur in an environment where staff are already routinely working over their core hours, without remuneration, just to provide basic patient care.

I am one of the lucky ones and get to keep my job. However, I have to make vast reductions (up to 80 per cent) to the amount I spend on the resources I need to do my job. The *DTB* is one of these key resources. The UK Medicines Information network considers the *DTB* to be an essential reference source for all medicines information centres. My colleagues and I rely on the unbiased, high-quality information in such bulletins to provide clinically effective and cost-efficient medicines information to clinical colleagues and to underpin formulary development.

By decentralising the funding for this essential resource it will end up costing the NHS more in the long run. Alternatively, patient care will be compromised by trusts that decide they cannot afford to subscribe or which sacrifice other essential resources in order to fund this one. I find it difficult to comprehend why the decision to end the contract has been taken when it is resources like this that enable NHS procurement budgets to be made as cost-efficient as possible.

In summary, I strongly suggest the Department of Health reconsiders its position. The *DTB* is a nationally recognised, gold-standard resource that is essential for provision of cost-effective health care in the NHS.

Victoria Mott

Lead Medicines Information Pharmacist
The John Radcliffe Hospital,
Oxford

EDUCATION

Tutors must not take their roles lightly

From Mr K. Kiang

I think David Thomas's comments on newly qualified pharmacists are unfair (*PJ*, 27 May, p623). It should be emphasised that the preregistration year is designed to address his concerns over the competency of preregistration trainees in proprietary medicines and minor ailments, and in many other areas of pharmacy practice. It is important to recognise that both the tutor and the trainee are equally responsible for the preregistration year. Tutors should expose their trainees to as many different experiences as possible and trainees are actively encouraged to seek learning opportunities whenever possible.

I fully share Mr Thomas's views and frustration if the preregistration trainee does not take the initiative and seek to achieve the standards in the competences. However, it should be noted that the tutor has the ultimate say in deciding if his or her trainee is fit to practise as a qualified pharmacist and, therefore, the trainee should not be signed off if the competences have not been achieved. Tutors should realise that in signing off a trainee, he or she has taken the responsibility of assuring the Royal Pharmaceutical Society that the trainee has met the standards prescribed.

The preregistration year is hard work for both the tutor and the trainee and the role of a tutor should not be taken lightly. Signing off an incompetent trainee is as grave a mistake as a dispensing error, since the would-be newly qualified pharmacist could put the wider public at risk.

Kevin Kiang

Preregistration trainee
Nottingham

INDEPENDENT PRESCRIBING

The future of the profession

From Mr G. E. Lavender,
MRPharms

Through a dedicated web group many of my fellow supplementary prescribing pharmacists exchange information. The number one topic at the moment is independent prescribing and there is great concern over the time scale

of implementation. For nurses the mechanism was in place at the same time as the legal issues were resolved in May. However, pharmacists must wait for a date yet to be fixed sometime later this year. There is also deep concern at the lack of transparency of the process and although the bodies involved are known, the key individuals are not, nor is it clear if any supplementary prescribers are actively involved with the process.

The training for supplementary prescribing does not in itself make one a supplementary prescriber. The training provides the background knowledge and understanding of how to develop the necessary skills, which can only be achieved in active consultations with patients, supplemented by regular review of continuing professional development and active steps to seek to meet any learning or skills needs. It is likely that there is no need for further formal training of supplementary prescribers to convert to independent prescribers but certainly there will be ongoing needs to measure and assess competencies, and clinical governance oversight.

Independent prescribers are the future of this profession and we need to use every resource of the profession to prepare these individuals — as the future face of pharmacy — to other health care professionals and to the general public.

Although the numbers are currently limited, the success of independent prescribing by the first group will determine the success for the whole profession.

Graham Lavender

Ringwood,
Hampshire

Grasping at crumbs

From Mr G. C. Barrett, MRPharmS

I write in full support of David Evans (*PJ*, 27 May, p621) and concur entirely with him that while the nursing profession has grasped the opportunity provided by independent prescribing, pharmacists are left kicking their heels as they wait to see which hoops to jump through next. It is typical that, as a profession, we will be left grasping at the crumbs thrown down by the other professions.

It is, however, the response of Peter Wilson, head of post-registration at the Royal Pharmaceutical Society, that causes me the most angst. His answer seems to try to justify why we as a profession are still waiting to learn how and when we can become independent prescribers, while completely ignoring why nurses are exempt from such mechanisms. This is the question Mr Evans asked.

I do not need to be told the "significant differences" between supplementary prescribing and independent prescribing. What I would like to understand is why qualified pharmacist supplementary prescribers are not competent to be independent prescribers while equivalent nurses are deemed to be.

Garry Barrett

Burton-on-Trent,
Staffordshire

E-mail

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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.

■ MEDICINES USE REVIEWS

Recording interventions and MURs

From Mrs R. A. Jones,
MRPharmS

For recording interventions and medicines use reviews in community pharmacy under the new contract, we do the following on our Cegidem software.

We created two new "drugs" called "intervention" and "MUR". Each time we undertake either activity we create a record on the individual patient medicines record, choosing "intervention" or "MUR" at the drug prompt. We then type in whatever information needs recording into the "instructions" space. This creates a "label" and hence a permanent record "attached" to the patient, which can be retrieved or audited at any time. It also appears every time we access the patient's history.

I would think that this method could be used with any software that does not have a dedicated procedure and is more elegant than using the old-fashioned note book.

Ruth Jones
Shrewsbury

MUR targets spoil enjoyment

From Mr I. Khan,
MRPharmS

I am a recently qualified pharmacist working in community pharmacy, which I really enjoy. Recently, however, I have noticed how many of the larger companies (especially since the new contract) have set targets for medicines use reviews. These reviews could be beneficial if carried out with ample time but most companies seem to think that reviews can be conducted within five minutes. Most large companies with job advertisements placed in *The Journal* claim to put pharmacy first, but it appears that pharmacy is becoming more of a business.

The enjoyment of helping the general public is getting phased out by being set targets for everything we do and, as a result, work is sometimes rushed. Maybe within the next few years pharmacy degree courses will be integrated with business studies. Where does the true direction of pharmacy lie?

Imran Khan
Manchester

■ SECTION 60 ORDER

Time to look again at "practising" and "non-practising"

From Mr D. C. Shenton,
MRPharmS

As the consultation period on the draft Section 60 Order draws towards its close, I note how few letters about the Order have appeared in your columns. Even the basic question of splitting registration and membership has stimulated little correspondence. Of course, I have no information on the volume of comment made direct to the Department of Health or to the Royal Pharmaceutical Society. New law ought to provoke plenty of reaction.

In the issue for 20 May you carried an article (p587) explaining that some current Byelaws will be replaced by Rules made with the enabling authority of the Order (when in force). Registration will be covered by Rules and every Rule will be put forward in draft for consultation. Thus, I can expect an opportunity to make representations on the precise definitions of "practising" and "non-practising". I have long been concerned about this because I see the existing Byelaw's terms as hopelessly broad. It is like a law stating simply that the citizen must be a good driver, with no other traffic legislation in place.

I do realise that it may be politically expedient, for good and all, to have an all-embracing provision the Royal Pharmaceutical Society can point to as watertight, but tacitly leave the individual member to interpret it as judgement and conscience dictate. Nevertheless, I do urge any members who, like me, believe the two categories can and should be properly defined to collect examples, from direct or general experience, ready to submit as part of comment on a draft Rule. I mean examples of advice or opinion in the areas of health care or medicine, which a non-practising pharmacist might provide, that would (a) rest on the professional background, (b) be in the clear interests of the enquirer to have answered in the manner described, (c) be accompanied by expression of the pharmacist's limitations, and (d) not be covered by the "putting health at risk" exemption that exists already.

David Shenton
Staines
Middlesex

■ COUNCIL ELECTION

Time for introspection

From Mr K. S. Donlon,
MRPharmS

Speculation that non-response in the recent Royal Pharmaceutical Society Council elections (*PJ*, 13 May, p553) represents a disinterested or uninformed professional majority belies the undercurrent opinion of members engrossed with the issue of why they pay a retention fee.

Long before votes are cast, is the Society not obliged to introspection and exploration of the reasons behind this inertia?

I regret it might not like what it finds.

Kieron Donlon
Wigan,
Lancashire

■ THE COUNCIL

Why are expenses so high?

From Mr M. W. Jackson,
MRPharmS

Keen followers of pharmaceutical affairs will not have missed reading the latest Annual Review for 2005. If so, one will have read with great interest of the activities of the Royal Pharmaceutical Society's Council and the remuneration for their efforts.

This is something that concerns me and should interest all members who pay their large "subs" to the Society on a regular basis.

In 2005, 41 Council members were paid a grand total of £480,744–£240,000 for attendance, £49,000 for their

locum fees and almost £80,000 for hotels and subsistence. Linda Stone claimed a total of £35,575 and Gillian Hawksworth, nearly £47,000. These figures are mind-boggling and are almost reaching MPs' salaries. Why is it necessary to incur such expense to the payment of hotel bills when there is a perfectly adequate rail system in order to return home?

I used to imagine Council members would seek election for the benefit of their profession, without any reward and only their expenses. How naive was I? Now it appears to be a business and one can understand the competition for office in order to be selected and enjoy the "jollies".

I only hope that members of the Council, before they lay their heads on the pillow of their favourite hotel bedroom, will ask themselves one simple question: "What have I accomplished today to improve the profession's public relations and to make pharmacy a better place to earn one's livelihood?" It is not profitable at the moment.

Maurice Jackson
Brent Knoll,
Somerset

Getting married?

Getting married? If you are changing your name on marriage, make sure that your registration as a pharmacist or pharmacy technician is up to date. Return your certificate of registration with a copy of your marriage certificate to the registration section, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN.

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