

■ CPPE

Penalty charges

From Mr S. S. Kalsi, MRPharmS

I have been an avid follower of continuing professional development through attending at least one Centre for Pharmacy Postgraduate Education workshop every cycle. One is obliged to book a workshop up to three months ahead of the event.

I was approached by a GP cluster lead to talk to GPs about pharmacy's role in practice-based commissioning. The meeting clashed with a CPPE workshop but, thinking the opportunity unique and in the present uncertain climate in pharmacy surrounding this subject, I telephoned an apology at the first instant — the next morning — to CPPE. I was told to write, which I did.

I heard nothing for a fortnight or more and then received a bill for a £50 penalty for absence. I wrote back explaining the special circumstances as I thought, only to be told that I had chosen to attend another meeting and the penalty stood.

This lack of flexibility around a booking made three months before and the importance to pharmacy of the presented opportunity should merit an annulment of the charge.

Surinder Singh Kalsi
Barking, Essex

CHRISTOPHER CUTTS, director, Centre for Pharmacy Postgraduate Education, responds: Mr Kalsi had reserved a place some three months before the workshop date. This booking demonstrated acceptance of the cancellation policy. He then decided to attend a

local meeting at short notice, rather than fulfil his obligation to attend the CPPE workshop. A charge of £50 has therefore been raised.

The cancellation policy for CPPE has been printed in the past two editions of our brochure and is available on line at www.cppe.man.ac.uk. Where a participant cancels 10 or more days before a workshop, no charge is levied. Where a participant cancels fewer than 10 days, but two or more days before the workshop, a charge of £25 is levied. If under two days' or no notice is given, a charge of £50 is levied.

The CPPE is funded entirely by the Department of Health and we take seriously our responsibilities for managing public funding. Our learning resources are provided at no cost to pharmacists and pharmacy technicians. Workshops additionally provide refreshments for participants. Where places are cancelled at short notice, we are not able to reduce the prices paid to the venue, nor are we able to claim a refund from the postal services for materials that have been sent out. We therefore pass these charges on to the participant.

Where participants provide a reason for their cancellation or non-attendance, the CPPE reviews these and makes a decision based on the information given on whether to waive the fee.

In this situation, in his communications to CPPE, Mr Kalsi implied that he had decided that his presence at the GPs' meeting was of greater personal significance than the CPPE workshop. The charge stands.

■ CONTROLLED DRUGS

No amount of legislation will stop another Shipman

From Dr G. E. Appelbe, FRPharmS

Like B. S. James (*PJ*, 8 July, p48) I applaud the excellent article by Cathal Gallagher (*PJ*, 1 July, p13) on the new Controlled Drugs regulations which have followed the Shipman Inquiry. One can have some sympathy for the legislators who have to reconcile the need to leave the trust in, and the freedom for, the medical profession to exercise its care for patients but I question the need to strengthen the existing legislation so it becomes burdensome and time-consuming for pharmacists. No doubt the tightening of the legislation will help to reduce abuse and potential fraud but I fail to see how these added restrictions will prevent another Shipman because he was not limited by any of these restrictions to obtain his supply.

As Dr Gallagher rightly states, Shipman's two methods of obtaining his supply of CDs was in collecting a patient's supply himself or removing unused patients medicines for the purpose of destruction. So what has changed? Neither of these sources have been changed by the new regulations. Indeed a pharmacist is now required in the new regulations to ascertain whether a person is collecting CDs is the "patient, the patient's representative or a health care professional".

We have had doctor killers before: Crippen, Bodkin-Adams, and now Shipman. As stated in the article their purpose was to kill. For a doctor to obtain drugs lawfully is simple and so it should be for him to perform his duties to the public. Let us keep the situation in proportion knowing that our doctors are trustworthy and act mainly in the interest of patients. However no amount of legislation will stop another Shipman and in that regard the inquiry was a failure. Perhaps if this had been recognised the £23m could have been spent on a better cause.

Gordon Appelbe
London

FP10(HNC) clarification

From Mr J. G. Timmins, MRPharmS

The recent article on the new Controlled Drugs regulations (*PJ*, 1 July, p25) is welcome. However I would like to clarify one point that is not made clear in the article. This relates to FP10(HNC) forms issued by hospital outpatient clinics for dispensing by community pharmacists.

Hospital prescribers do not have a personal number for use on FP10(HNC) forms and I have confirmed with the Prescription Pricing Authority that for these prescriptions the clinic code (printed on each prescription) is acceptable.

This may save a number of queries to prescribers and inconvenience to patients and pharmacists.

John Timmins
*Clinical Director of Pharmacy and Medicines Management
Sheffield Children's NHS Trust*

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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.

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■ THE SOCIETY

Concern about disciplinary process

From Mr D. J. A. Morgan,
MRPharmS

Amandip Sidhu (*PJ*, 10 June, p678) applauds the decision of the Statutory Committee not to take any action against Mustafa Bhajji (*PJ*, 27 May, p640). However, he draws the wrong conclusion in praising the Royal Pharmaceutical Society, stating that “any pharmacist . . . can be assured that he can practise without fear of persecution”.

Clearly that is exactly what any pharmacist cannot guarantee. Any misdemeanour, however trivial, appears to mean that the individual is hauled up before the Statutory Committee to answer for their actions, however well intentioned. The fact that he or she may subsequently be let off, or found not guilty of whatever he or she is accused of, does not lessen the fact that the individual may be brought before the committee with all the attendant cost, stress and strain.

The manner in which the Society appears to treat what it considers to be improper behaviour by pharmacists, however trivial, causes me concern. Why is it so frequently necessary to involve the full committee? The Bhajji case cried out for common sense to be used but, instead, the full weight of the disciplinary process was brought to bear on the unfortunate man. Did the inspectorate have to involve the full committee? Has it no discretion to involve the committee in only the most serious cases of misconduct, sorting out lesser misdemeanours with common sense and a firm hand?

Many pharmacists will be looking at the Bhajji case and thinking “there but for the grace of God go I”. The attitude that any evidence of possible wrongful behaviour has to be tested by the committee is not one that I can support. I believe that the Bhajji case raises issues of concern to the membership that should be addressed. A statement of clarification, not justification, should be issued so that pharmacists who exercise, as we all do, their professional judgement on a daily basis for the benefit of the patient and society should not do so in fear of an over-enthusiastic disciplinary procedure immediately being imposed upon them.

David Morgan
Guildford, Surrey

Lack of real diversity action plan puts Society at risk

From Mr B. D. Nathwani,
MRPharmS

In February 2005, over 16 months ago, the Royal Pharmaceutical Society's Council asked the Society's Corporate and Strategic Development (CSD) Directorate to develop an action plan regarding diversity. Some 12 months later, in February 2006, the Council (of which I was then a member) was reassured that a diversity audit would be carried out as a precursor to this action plan being submitted. The February 2006 paper stated that “as a necessary first step, therefore, a formal diversity audit has been scheduled”.

The paper finally presented to the Council in June 2006 admits that no formal audit had taken place. The very word “audit” means a searching examination of information and in this context would have provided a baseline from which the Council would have been able to identify points of concern and move the diversity agenda forward.

The audit that the Council had agreed to accept as the first part of a process by noting the paper of February 2006 was at a whim (or, as the paper states, “on reflection”) discarded.

So, some 16 months after the Council's request, the CSD Directorate presented to the Council in June 2006 the following “action plan”: (i) to have “two or three Council champions” to promote diversity and (ii) that the Society should now draft and agree a diversity strategy.

It was more than clear in the paper presented to the Council in February 2005 that the Society needed to do more to address diversity effectively and meaningfully. The statistics showed it then and it is again borne out by statistics published in the 2005 annual review. The baseline audit would clearly have identified this. In fact, the legal obligation by employers to do more than pay mere lip service to diversity issues was highlighted by the Commission for Racial Equality in its latest statutory obligations for employers published in April 2006.

Why is this important? Well, look at the diversity breakdown for appointments to the new Section 60 statutory committees by the “independent selection” process. The diversity information collected and as presented is so useless as to make it irrelevant and

meaningless. This failure by the CSD Directorate to carry out the instructions of the Council in a meaningful and timely manner leaves the whole of the Society exposed to risk. Let us hope that a Council-led working group (guided by external experts in this complex area) with real teeth is put into place by the Council to forward its desire for a real and effective diversity action plan.

Bharat Nathwani
Pinner, Middlesex

■ FELLOWSHIP

An inappropriate award, in my view

From Mrs E. E. T. H. Hopkins,
MRPharmS

At the Royal Pharmaceutical Society's annual general meeting some members, one of whom worked on the NHS contractual framework for community pharmacy, were presented with fellowship certificates. I am astounded that anyone connected with the new pharmacy contract should be rewarded by the Society. This contract will put some of this new fellow's colleagues — members of the Society — out of business. I refer, of course, to the low-volume contractors.

In fact, the whole contract was geared to appease the Government. So how does that make someone eligible for fellowship of the Society? An award of an OBE from the Government would have been more appropriate. That the Society should honour someone who has been so intimately involved in this contract is a disgrace.

Ewa Hopkins
Ealing, London

■ THE JOURNAL

Declarations of interest

From Mr J. Underhill, MRPharmS

A number of recent letters in *The Pharmaceutical Journal* have prompted me to look in vain for a declaration of interest statement from the authors. Examples include the recent letter by Norman Evans (*PJ*, 1 July, p11) promulgating the use of lercanidipine with the almost exclusive use of the brand name (Zanidip) to describe the drug in question, a practice usually being the domain of industry-sponsored promotional materials.

What is the policy of the *PJ* on this? Most, if not all, other professional journals ask for prospective contributors (for articles or letters) to provide a statement giving them the opportunity to declare any interests they may have.

Everyone's thoughts can be influenced by their experiences and values so the existence of any financial arrangements between authors and pharmaceutical manufacturers are, therefore, of interest to readers so we can make a judgement as to validity of the opinions given. This is particularly the case where statements are made without a suitable reference to support them, as in the case of Mr Evans's letter.

In this age of openness and clinical governance, I would strongly urge the *PJ* to adopt an editorial policy where such declarations are made a necessary part of any contribution to the columns of the *PJ*.

Jonathan Underhill
Assistant Director, Education and Development
National Prescribing Centre

Since Mr Evans was referring in particular to a branded drug, we thought it appropriate in this case to use the brand name rather than the generic name. Mr Evans has confirmed that there are no financial arrangements between him and the manufacturer of Zanidip. He did supply references with his letter but we omitted these because we were not able to confirm their full citations as we went to press. The relevant references are:

- Borghi C, Prandin MG, Dormi A, Ambrosiani E. Improved tolerability of the dihydropyridine calcium-channel antagonist lercanidipine: the lercanidipine challenge trial. *Blood Pressure Supplement* 2003;1:14–21.
- Fogari R, Mugellini A, Corradi L, et al. Efficacy of lercanidipine vs losartan on left ventricular hypertrophy in hypertensive type 2 diabetic patients. *Journal of Hypertension* 2000;18(Suppl 2):S65.
- Greener M. Wasted medicines and avoidable adverse events: a multibillion pound problem. *Journal of Medical Economics* 2006;9:27–44.

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