

■ SUPERVISION

Pharmacists can influence the future

From Mr M. K. Astbury, MRPharmS

Unemployed pharmacists, pharmacies without pharmacists and public safety jeopardised; this could be the future if pharmacists do not get involved now. I am talking to the type of pharmacist who glances at the letters page but never puts pen to paper. I need those pharmacists who just do their job, get on with their busy life and barely look at *The Journal* to see this letter. If not, I will have to hope a colleague will pass on this information.

As a front-line community pharmacist, nothing will affect my practice and working environment more than the following two developments: the regulations to be written under the Health Act 2006 (as a result of the Government's consultation) and the future of pharmacy medicines (following the Royal Pharmaceutical Society's consultation on open display).

First, when the formal consultation for the Health Act starts in April there will be letters and articles in the *PJ* informing pharmacists about how to get involved.

Second, pharmacists already have the chance to influence the future of pharmacy medicines. They should fill in the brief questionnaire that was published in the *PJ* on 3 March (pp261-2) and post it to the Society. The questionnaire is available online at www.rpsgb.org.

If pharmacists believe the way pharmacy medicines are sold at present is the safest, they can indicate this on the questionnaire by answering "yes" for the first question, "yes" for the second question and "not applicable" for the third question. That will not take long.

If pharmacists do not have the time to reply by the above methods and they trust Joe Bloggs then they could put the above answers on a piece of paper, title it "Open display consultation", include their name and registration number and post or fax it to Priya Sejjal at the Society.

Placing the views of grass-root pharmacists at the heart of the Royal Pharmaceutical Society's Council is precisely why I stood for Council election in the first place. This time the voice of the silent majority will only be heard if individuals make an effort. The people who usually reply to these

consultations are businesses, semi-retired pharmacists and special interest groups. They may come, and often are coming, from a different direction from pharmacist individuals who are employed full time.

Martin Astbury
Member of Council
Royal Pharmaceutical Society

■ PSEUDOEPHEDRINE

A New Zealand solution

From Mr M. B. Kerr, MRPharmS

When I was in Auckland in 2003, our suburban pharmacy became aware that sales of pseudoephedrine products were increasing quickly. These products were being sold mostly to customers we did not know, many of whom were of a dubious nature and who often asked to buy more than one pack.

Our sales team was becoming increasingly uncomfortable about this trade, which we suspected was fuelling local home-based laboratories set up for turning pseudoephedrine into methamphetamine.

Following discussion with the police we decided to adopt their drug squad's policy for community pharmacies. We placed an A4-sized sign with the New Zealand police letterhead on the doors and the sales counter which detailed the new requirements for purchase. From that moment we made it compulsory that every person wanting to purchase any product containing pseudoephedrine was required to produce photo identification, the details of which were recorded on a police form which was faxed to the Auckland Drug Squad every week.

The effect was astounding. Within 24 hours of the signs being displayed, our sales dropped to the normal levels we would have expected. Most requests now came from our local people and our sales team were much happier. Of course this new requirement took a little time to be accepted by our customers but, as many of the public had read in the press of the rise of the new cottage industry popularly named "homebake", it was not long before they understood and were happy to co-operate. There were a few who refused to provide their photo ID and, in those cases, we refused the sale.

We took a firm no-exceptions policy so that staff would not have to make judgements over who did

and who did not have to comply. The usual forms of identification presented were driving licences or credit cards.

There were some who raised the point of their data privacy and their civil rights, but fortunately the legal department at the New Zealand Police had clarified this point and had declared it to be within our rights to collect the data on their behalf. We had a printed statement ready to show such inquirers.

It gave us some satisfaction to know that on several occasions the data we provided contributed to successful prosecutions which resulted in prison sentences. We learnt that some shoppers were going from pharmacy to pharmacy, town to town, purchasing where they could and being paid hundreds of dollars a day to supply a laboratory with the raw ingredient.

The Auckland Drug Squad had also recorded all our employee's signatures along with their names, so none of us were ever required to appear in court to give evidence.

By about 2004 I think about 75 per cent of New Zealand pharmacies had adopted similar policies. As the retail supply of pseudoephedrine dried up, it became a common motive for pharmacy and wholesaler break-ins so stock-holdings were reduced throughout the supply chain and wholesalers and importers installed secure holding areas.

I do not support the proposal of making pseudoephedrine a prescription-only product in the UK since that would remove a useful product from pharmacy's arsenal. Unfortunately limiting sales to one pack per customer is unlikely to restrict the purchasing of pseudoephedrine by roving shoppers.

With firm controls, a professional pharmacist approach, along with some good monitoring of sales from both suppliers and community pharmacies, the supply to drug pedlars can be contained.

Murray Kerr
Torquay, Devon

Will GPs do better at restricting supply?

From Mr I. D. Kemp, MRPharmS

Bob Dunkley's letter (*PJ*, 31 March, p365) gave me the biggest laugh I have had in years until I realised he was serious in his praise for the Medicines and Healthcare products Regulatory Agency. The most amusing part was the concept that criminal gangs would employ shoppers to buy one pack of Sudafed at a number of pharmacies but would not think to get these people to go to their GP surgery, from where they could emerge with a prescription for far more than 12 tablets and, by visiting often, possibly a repeat prescription.

It does not surprise me that the MHRA thinks that GPs or other prescribers will do a better job of restricting supply than pharmacists. If the risk is so high and the benefit of pseudoephedrine so low then the only option is to remove the product licences altogether. This halfway house is a typical Government fudge, which is just as likely to have the opposite effect to that intended, but that could be said about much Government policy at the moment, especially that which relates to pharmacy.

Ian Kemp
Halifax, West Yorkshire

Letters to the editor

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 and should cover one topic only. *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.

 PSEUDOEPHEDRINE

The MHRA is fit for purpose

From Mr D. P. Sharma, MRPharmS

In response to Steve Newbury's question: "Is the Medicines and Healthcare products Regulatory Agency fit for purpose? (*PJ*, 24 March, p341)", the simple answer is "yes". The move to reclassify pseudoephedrine is not to "disempower pharmacists", nor does it indicate a lack of confidence in pharmacists. Anyone who rereads the **News feature** published in the *PJ* on 17 March (p304) objectively, will understand the difficult position that the MHRA is in. If the MHRA ignores the advice of specialist bodies such as the Serious Organised Crime Agency and it later transpires that over-the-counter ephedrine are being used to make Class A drugs, everyone would ask the question: is the MHRA fit for purpose? Patients will not suffer if this medicine is reclassified; on the contrary, inhalations as well as other decongestants may be a better, safer option. And, at the same time, the potential for Class A drug production will be reduced.

Incidentally for all those interested in understanding the role of the MHRA and its thought processes behind regulatory decisions, there is a consultation document available on its website (www.mhra.gov.uk).

Dave Sharma
Cambridge

Write to the MHRA!

From Mr M. Smith, FRPharmS

I read with some incredulity the proposal to reclassify pseudoephedrine from pharmacy to prescription only medicine (*PJ*, 10 March, p269) by the Medicines and Healthcare products Regulatory Agency.

This, frankly, beggars belief at a time when pharmacists are developing their professional roles to offer more clinical support to patients with counselling and medicines use reviews.

There may be a small problem with abuse, but pharmacists are ideally placed to monitor the supply of this valuable, effective and relatively safe drug. I cannot believe that any pharmacist will consider the supply of the drug without first checking that any other prescribed

medicine will not cause potentially harmful interactions, for these are well known. The drug is a safe and effective means of relieving the symptoms of common self-limiting conditions.

The consequence of reclassification will be to increase the workload on GPs and defeat the object of the new pharmacy contract, thereby freeing GP time by dealing with minor ailments, the whole purpose of our enhanced role.

I encourage all pharmacists to write to the MHRA to oppose this ridiculous and unjustified proposal.

Mike Smith
Chairman
UniChem Ltd

A large number will be inconvenienced

From Mr L. A. Berg,
MRPharmS

I was interested to read the **News feature** (*PJ*, 17 March, p304) concerning the proposed P to POM switch for pseudoephedrine. I believe that most pharmacists would be concerned at losing such a useful drug from over-the-counter sales. There really is nothing else on the market to match the effectiveness and speed of action of pseudoephedrine and I am sure that the demands on doctors and practice nurses will increase alarmingly if the switch happened.

Peter Fellows of the British Medical Association thinks that pseudoephedrine is not widely used in retail practice and that a switch would hardly be noticed. I think he would be surprised, if he spent a couple of hours in a busy pharmacy in winter, to see that it is extremely widely used and that pharmacists are aware and caution customers about its potential to interact with hypertensive drugs.

It seems to me that a large number of customers and doctors would be inconvenienced by the switch — all because of a potential risk of abuse in the manufacture of crystal methylamphetamine. My view is wait and see.

Laurence Berg
Hove,
East Sussex



E-mail
E-mail correspondents are asked to give a full postal address or membership number

 WHITE PAPER

Creating a royal college of pharmacists

From Mr M. A. Walker, MRPharmS

A "Royal College of Pharmacists" must be the body created from the transformation of the Royal Pharmaceutical Society. The majority of pharmacists will concur, as this aligns the name of our future royal college with surgeons, pathologists, physicians, anaesthetists, psychiatrists, general practitioners, etc. Any name with pharmacy is best avoided since this implies that a company could be a member. Pharmacies are represented by organisations such as the National Pharmacy Association, the Company Chemists' Association, the Pharmaceutical Services Negotiating Committee, Community Pharmacy Wales, Community Pharmacy Scotland, etc, and representation of companies is not envisaged within the scope of the royal college.

Steve Maddern asked why I exclude technicians (*PJ*, 17 March, p297). Regulating technicians will be passed to the General Pharmaceutical Council by the Act, which will result from the recent White Paper. From that moment, the Society will have no role in regulating technicians so the current connection will end. Technician involvement in the Society, such as the two members of Council, is by virtue of the Society's regulatory role, which the Government will terminate. I hope that a pharmacy technician will be appointed to the governing body of the GPC when it is formed and that the Association of Pharmacy Technicians UK is seen as the technicians' representative body.

To satisfy the Society's Privy Council requirements (www.privycouncil.org.uk/output) when we transform the Society into the "Royal College of Pharmacists", we must preserve a high entry level and ensure on-going standards in both educational and professional terms. Entry must continue to require a master's degree in pharmacy, postgraduate training and a final examination for all new members. For the royal college's professionally active members, the standard will definitely entail continued professional development and periodic revalidation.

To avoid any doubt, someone with a National Vocational Qualification does not satisfy the Privy Council's educational

criterion for membership of an organisation applying for a Royal Charter. Please let us move on from discussing technician membership of our proposed royal college.

Creating a vision for a "Royal College of Pharmacists" should be the first step in any metamorphosis and a vision must be elucidated before we discuss function and structure. The *PJ* suggested that "the Council and the profession should ask what they want a professional leadership body to do." (17 March, p296) but this is a latter step on the transformation path. The Waterloo group (*PJ*, 31 March, p357) just produced a wish list. Without a clear vision many fruitless discussions on function and structure will occur. That is why complex organisations usually have a vision statement, which on the surface may appear blindingly obvious to people within the organisation. However, the vision statement should promote a common sense of purpose and direction. Sandra Gidley (*PJ*, 31 March, p364) shares her advocate vision for the royal college. I do hope that advocacy will be part of the agreed vision statement for a "Royal College of Pharmacists". However, many more visionary inputs are needed before our vision is defined.

I support A. J. Rodgers's suggestion (*PJ*, 24 March, p342) that a website be created for members to discuss the transformation of the Society. Nothing fancy is required. A simple crosscheck on membership would allow members to post their opinions, without the time and space restraints of the *PJ*. Would someone in Lambeth please own this and make it happen in the coming days?

Mark Walker
Oxford

Technicians to seek membership of royal college body

From Mr S. P. Acres, RegPharmTech

I would like to comment on some of the issues raised by Anthony Cox (*PJ*, 31 March, p367).

First, I would suggest it more than "highly likely" that the General Pharmaceutical Council will take on the regulatory role for pharmacy technicians. The wording in the White Paper makes it clear that "the Government will seek legislative time to bring proposals to Parliament to enable it to establish a General

Pharmaceutical Council responsible for the regulation of pharmacists and pharmacy technicians". This makes it a foregone conclusion in my view.

Secondly, Mr Cox has assumed that the Association of Pharmacy Technicians UK will not review and revise its professional leadership role in light of the strategic changes occurring in pharmacy. This is not so; no organisation can afford to sit and look over its shoulder to determine its future. I think the phrase "adaptability is second only to integrity" sums this up perfectly. While history and experience undeniably play a major part in any development, it is only by horizon-scanning and taking a proactive approach that organisations such as APTUK can ever hope truly to represent their members. APTUK has already accepted the need for an internal strategic review and work has been under way in this area from the day the White Paper was released.

The future detailed structure and function of APTUK is far from clear since it depends on the outcome of the many discussions, debates and decisions yet to be had. However, as regulation of

pharmacy technicians was a key objective of APTUK, so will be seeking pharmacy technician membership of a future royal college. In our view, our members deserve nothing less. APTUK recognises that to achieve royal college membership for pharmacy technicians will require difficult decisions to be made; negotiations will need to be conducted with tact, diplomacy and patience. The association will continue, through dialogue, debate and logical argument to seek achievement of its chosen key objectives.

Steve Acres
Vice-President
APTUK

It is the will of Parliament, not government, that prevails

From Dr C. E. Heading,
MRPharmS

The proposed changes to the regulation of pharmacy are, we are told, to protect the public interest. The over-arching body charged with this task in the UK is the

Westminster Parliament. How strange it is then, among individuals and bodies so concerned with the public interest, that the role of Parliament in endorsing the proposed changes is overlooked.

At the Royal Pharmaceutical Society briefing meeting held on 9 March, attendees were told what would happen with regard to the proposed General Pharmaceutical Council. The PowerPoint presentation, with accompanying handouts, explained that the Carter committee would report, and legislation would be on the statute book within 18 months. Regulations would follow over the next two to three years. There was no mention of the role of Parliament. There was a brief mention from platform speakers that legislation would be laid before Parliament as quickly as possible, but there was no acknowledgement that this could influence the outcome in any way. A similar stance was taken by the minister addressing the Council Dinner on 27 March. For the decisions of Parliament to be pre-empted in this way and for the Society membership to be almost misdirected away from an

opportunity to lobby MPs on specific issues, is not appropriate. Pharmacists are all committed to behaving with probity and integrity, and the profession can only move forward if there is trust.

We are not suggesting that the new proposals are without merit, and will be happy to contribute to the separate discussions concerning a new professional body. Nevertheless, in the light of the debacles over specialist medical training and the new dental contract, it is clearly vital that there is proper scrutiny of the GPC legislation at the parliamentary stage. The need for scrutiny seems to have been suggested by the Society's President (*PJ*, 31 March, p357), albeit via discussion with the Department of Health. Lobbying for good quality sustainable regulation is a totally honourable way for a profession to serve the public interest, and pharmacists should be reminded of their right to do so. Ultimately it needs to be the will of Parliament, not government, that prevails.

Christine E. Heading
President
National Association of Women Pharmacists