

WHITE PAPER

A professional issue

From Professor A. R. Michell

Lord Hunt (*PJ*, 19 May, p583) asserts that the reorganisation of health care regulation stems from public expectation. I prefer to believe the White Paper which tells us (paragraph 18) that “public opinion research continues to show a high degree of trust in health professionals”. Would similar research show the same for the degree of public trust in politicians and the regulation of their activities? Why not reform that? The research I commissioned for the report *Good Doctors, Safer Patients* (available www.dh.gov.uk/en) suggested that the public said that they were satisfied with the regulatory system. They did not say fairly satisfied, mostly satisfied, or satisfied in some respects, but satisfied. This reorganisation is politically driven, as amply confirmed by the fact that the principles underlying the Kennedy Report, embraced by the Government as the blueprint for the future of health care regulation in the NHS only six years ago, when we were all well aware of the crimes of Harold Shipman, have simply been brushed aside. Despite the fact that it contained some 200 pages specifically on the principles of regulation for health care, its shortcomings, if they exist, are not even considered or debated.

We should not be surprised. The dealings on the future of pharmacy have been out of the same “rush to misjudgement” stable that gave us the out-of-hours care debacle, let alone the junior doctor training placement disaster. This intemperate haste is not in the

public interest, let alone the tax payers’ interest; it is generated by political impatience. Nor is it confined to the Department of Health: the Prime Minister took personal charge of the 2001 foot and mouth epidemic and presided over the most harrowing, expensive and unnecessary slaughter of animals in our history — at a cost still 65 per cent higher than the combined costs of the wars in Iraq and Afghanistan to date. That sort of money could have financed the Medical Research Council’s research for five years.

The Government has already vested the future public interest in pharmacy in the proposed General Pharmaceutical Council. Whether the heir to the remaining activities covered by the Society’s charter is a royal college or something else is not really the Government’s business; the new body will surely act in a way consistent with the public interest but not necessarily in the public interest. Indeed it should be primarily concerned with the future role of pharmacy, including the potential benefits for public health and the interests of pharmacy professionals — a matter for the pharmacy community and those whom it serves. The public interest is not synonymous with the short-term interests of any Government, especially an administration in its dying days, with an expiring electoral mandate.

The saddest aspect of these events has been the way members of the Society’s Council have been treated, by Government, like irritating prefects obstructing the headmaster’s orders. Obsessive secrecy has been imposed, preventing the Council from properly consulting the profession in an era of “openness and

transparency”, as if we were discussing the design of our next generation of weapons of mass destruction. As the noble Lord says, leadership of the pharmacy profession is primarily a matter for the profession itself. It is not a matter on which Government ministers should be seeking to advise pharmacists. The doubts which ministers may harbour in their minds, or what they may want to see, are irrelevant to what is primarily a professional issue with a public interest context.

Bob Michell
Member of Council
Royal Pharmaceutical Society

Free from other influences and controls

From Mr R. Dickinson, FRPharmS

I have been trying to follow the debate on the professional organisation that will emerge from the regrettable and unnecessary decision to form a General Pharmaceutical Council. Many are advocating a body that would be entirely different to what would be left of the Royal Pharmaceutical Society, in terms of membership, objectives and activities. Initially a body “akin” to a royal college was suggested but more recently we see references to a royal college without any qualification (Lord Hunt’s letter in the *PJ* of 19 May, p583, and others). I am presuming that what is meant is a body with a Royal Charter and with permission to use “Royal” within its title.

For some decades now, for a body to be granted a Royal Charter it needed to demonstrate, over a period of years, that its activities, and the way in which they were carried out, warranted such an honour. Subsequent permission to use “Royal” in that organisation’s title was only given after substantial further experience of its performance as a chartered body. Does this mean that the Government, through the Department of Health, has devised a means of establishing an “instant” chartered body using “Royal” in its title?

Furthermore, during my time at the Society as deputy secretary and before, the responsibility for the establishment and supervision of such a body lay with the Privy Council Office, through the Lord President of the Council and the Clerk to the Privy Council. When the Society wished to seek changes, for example, the

introduction of the registration examination, the approach would be to the Clerk, who would seek comments from relevant government departments. In this case the main departments would have been health and education. On important issues there would then be a meeting, involving representatives of the Society, to resolve any differences of approach and eventually a decision would be made. It seems strange that only the DoH and its spokespersons have taken the lead in recent discussions about the fate of the chartered Society. Has there been a significant increase in the DoH’s influence over chartered bodies in the health arena?

My thoughts were first drawn to the above when I noted that government pharmacists shared the platform with the President of the Society at a meeting discussing the future arrangements for pharmacy’s professional activities. There has also been support from at least one of them for the formation of a royal college with no reference to the normal procedure for doing so. Now we have the minister with responsibility for pharmacy joining the fray. All of this begs the question of whether such a body, rising from the ashes and assets of the Society and with the DoH so involved in its evolution, would fulfil the aspirations of those who see the proposed removal of self-regulation from pharmacy as an opportunity to establish some form of completely independent professional organisation, free from other influences and controls, run by the profession for the benefit of its members.

Raymond Dickinson
Former Deputy Secretary
Royal Pharmaceutical Society

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.

Direct debit

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Direct debit is available to both pharmacists and pharmacy technicians but only for those on the practising registers.

Forget political correctness — let us get to the point

From Mr A. Matalia, MRPharmS

Hemant Patel stated the Royal Pharmaceutical Society is working to create a royal body for the pharmacy profession (*PJ*, 28 April, p473). Would he care to state, for the record, whether he expects or wants membership to be voluntary or compulsory?

Furthermore, why is the Society considering technicians be part of the proposed royal college of pharmacists? I do not subscribe to this political correctness nonsense. Ask any member of the public and they will tell you the pecking order is doctors, pharmacists and then technicians. The general view is that pharmacists are inferior to doctors, but superior to technicians.

I would go so far as to suggest most people do not view technicians as a profession. Most are not educated to degree level. They may have delusions of grandeur, but like it or not, that is the reality. So why on earth do pharmacists want to “marry” below their rank? Surely, they should seek allegiances above their rank. Not

that doctors would ever accept them.

Instead of aspiring to greater things, why does the Society seek an alliance with the technicians? Technicians should never have been provided discounted “membership” and should now be told to fend for themselves, as only then can both camps promote their own interests.

Maybe the Society realises it does not have a future without conscription and is desperate to attract members, wherever they come from. I just wonder if they will next try to regulate counter assistants and pharmacy cleaners.

A. Matalia
Coventry

HEMANT PATEL, president of the Royal Pharmaceutical Society, responds: The Government White Paper on the regulation of health professionals published in February proposed the creation of a General Pharmaceutical Council to carry out regulatory functions currently undertaken by the Royal Pharmaceutical Society. It also called for a body akin to a royal college to provide professional leadership.

A short-term working party, led by Lord Carter of Coles and including the Society, was established to work on the proposals to form two separate bodies to oversee pharmacy. Last week Lord Carter published his recommendations which have been reported in the *PJ*. The recommendations call for consideration of technicians and pharmaceutical scientists as associate members of the proposed professional body. The Society believes that its members must determine the future of its professional body and that the following are necessary to underpin the formation of the GPC and body akin to a royal college.

- The new arrangements ought to improve on current structures, leading to both improved public and patient safety and stronger professional leadership for pharmacists
- The transition to a GPC and the possible establishment of a body akin to royal college needs to be properly managed and resourced
- Structures for both regulation and professional leadership need long-term financial sustainability
- Strong and transparent governance arrangements will be needed for both the regulation and professional leadership of the pharmacy profession
- The pharmacy profession and other stakeholders ought to be fully considered and consulted during the process of change

At this stage it would not be helpful to start ruling any group in or out of a future professional body since that will be decided by the

members. Much informed discussion and debate has to take place first in order to canvas the profession's opinion on the White Paper proposals.

The Society has started the process of engagement and has already hosted two major stakeholder meetings on this issue. A report from the latest which took place on 30 April is available on the Society's website (www.rpsgb.org).

I expect membership of a professional body to be voluntary but compellingly desirable from the member's point of view.

Butt out Lord Hunt

From Mr M. A. Walker, MRPharmS

Lord Hunt appears to be against the Royal Pharmaceutical Society being transformed into a royal college (*PJ*, 18 May, p583). If pharmacists, through our professional body, the Society, do not petition for a Charter, then I cannot foresee any other body fulfilling the requirements for petitioning for a new Royal Charter. The small groups invited to the King's Fund meeting (*PJ*, 31 March, p357) seem to have given the Government the answers it wanted. However, when the vast majority of members (unrepresented at this meeting) realise that our professional representation is at risk, a different response will be generated.

The Department of Health will probably have a new Secretary of State in July, who I hope will end any political interference in our professional deliberations. In the meantime, I join with Alan Rogers's annual general meeting phrase to say, “butt out, Lord Hunt” (see p626). Leadership of our

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profession is entirely a matter for our profession. The Society is far from perfect but it is the professional body for pharmacists.

I have criticised the Society many times in the past. However, I hope that the Society is transformed into a professional body which, at a minimum, represents pharmacists as professionals and is a world-class publisher (my personal vision for a pharmacist's professional body has a much greater scope than this).

The Institute of Pharmacy Management International advised that "a review of other options to a college is imperative". An institute or society seem likely to be better options, since forming a royal college could well be a poisoned chalice.

Our professional deliberations, which started in March 2007, are really just beginning.

Mark Walker
Oxford

E-mail

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

Pharmacists should have own body

From Mr G. S. Phillips, MRPharmS

I refer to Steve Acres's response (*PJ*, 19 May, p584) to my letter. The Association of Pharmacy Technicians UK claims it is an organisation run "by technicians for technicians" as a fundamental principle, yet Mr Acres would deny pharmacists their own professional body run "by pharmacists for pharmacists". I am not sure why this is. Membership of a new royal college will be voluntary. If it is not solely for pharmacists it is doubtful that many of us will join.

Mr Acres is evasive as to his association's makeup but admits that it has less than 10 per cent of technicians in membership and only one community technician (in a position reserved for community technicians) on its executive. It, therefore, cannot legitimately claim to be representative. This is significant because if technicians are offered the opportunity to become members of an over-arching professional body akin to a royal college it is highly unlikely they will be prepared to pay for

membership of APTUK as well. Since this body will inevitably be dominated by pharmacists, technicians will have lost a voice of their own.

As Mr Acres admits, there are obvious conflicts of interest around how far technicians can further extend their roles without endangering public safety. I agree. This is especially the case with issues like remote supervision and the role of the responsible pharmacist. Where I part company from Mr Acres is that conflicts like this can best be resolved within a single organisation. The principal criticism leveled at the Royal Pharmaceutical Society is that it has been too conflicted, while being the regulator, to act as an effective champion for pharmacists' professional aspirations. The last thing we need is to swap one conflicted organisation for another — none of the medical royal colleges include support staff within their membership.

Does all of this mean I am "anti-technician?" Absolutely not. Technicians are invaluable members of the pharmacy team, as are dispensary and medicines counter assistants. An effective solution is not difficult to conceive:

in my view the body akin to a royal college should be for pharmacists only. It should develop strong and effective links with organisations like APTUK and others, such as the Academy of Pharmaceutical Scientists. APTUK, meanwhile, should concentrate on putting its house in order and becoming a legitimate, democratic voice for pharmacy technicians and other pharmacy support staff.

Graham Phillips

Member of Council
Royal Pharmaceutical Society

Ownership change?

Transferring the ownership of a registered pharmacy premises? Remember that you have a legal obligation to update the Royal Pharmaceutical Society. Contact the Society's registration section (tel 020 7572 2322; e-mail registration@rpsgb.org) for an application form or download a form from the registration section of the Society's website (www.rpsgb.org/pdfs/regpremB.pdf).

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■ WHITE PAPER

A royal college and an association is needed

From Mr. J. B. Paige,
MRPharmS

The Royal Pharmaceutical Society is poised to take a leap into the unknown, as is the practice of pharmacy itself. Contributors to the debate all agree that the right structure is vital, if the profession is to thrive or even survive, but they differ on the form it should take. Now that the Government is taking over the responsibility for registration and discipline, some want an organisation that will represent pharmacists as a sort of trade union, while others want a royal college that will take responsibility for professional development, training and producing publications. Why do we have to have one or the other? Why not both?

As the electronic prescribing service takes effect and the Government continues to squeeze costs, the bulk of dispensing will move to large, automated facilities. Pharmacy chains, wholesalers, etc, will set up centralised dispensing

"factories", distributing completed prescriptions through local pharmacies or by direct-to-user mailing. As this change advances, the number of pharmacists directly involved in dispensing will fall dramatically.

The real future for most community pharmacists will probably be as "pharmacists with a special interest". This is work that patients need and can easily understand, and which can be carried out through the existing network of community pharmacies. It is also a role for pharmacists that would integrate smoothly with other health care professionals and earn their respect.

The Government has defined this new direction for community pharmacists but the profession will need to put in place the necessary education and training and make sure that health authorities make full use of pharmacists' potential in this area. A royal college of pharmacy will be needed to take over the educational functions of the Society and put in place suitable programmes to prepare pharmacists to become practitioners with special interests in all the different areas of therapeutics. At the same time, a

British pharmacy association will be needed to promote pharmacy and ensure that pharmacists are not exploited by those organisations that see the profession solely as a way to make an easy profit. To gain the confidence and support of pharmacists, the Government and the public, the two bodies will need to have different constitutions and personnel but there would be an obvious advantage if they were able to work closely together. For this reason, I would like to see the royal college of pharmacy and the British pharmacy association share the premises soon to be vacated by the Society.

Barrie Paige
*Vale,
Guernsey*

Let us form a body equivalent to the BMA

From Mr G. L. Stafford, MRPharmS

All the talk is of a royal college. For my part I do not care one way or another. My guess is that neither do most of my colleagues. If there was a vote on it now, what percentage of the electorate would even bother to vote?

My opinion is that the silent majority need a strong representative body. Let us get on with forming the pharmaceutical equivalent to the British Medical Association. That would get my vote and the politicians can tinker about with societies and colleges until the cows come home.

What I want is someone to represent me.

Graeme Stafford
*Morecambe,
Lancashire*

■ SAFETY

Tablets within capsules

From Mrs L. M. Woodburn,
MRPharmS

May I use your letters page to notify readers of an anomaly that has been brought to my attention? The carer of one of my patients returned to me a box of omeprazole 20mg capsules (Dexcel-Pharma brand) that had been dispensed for the patient recently. The patient has difficulty swallowing and had been advised by her doctor to open the capsules and sprinkle the contents onto yoghurt or similar. Imagine her surprise, on opening the capsule, to

discover that it contained a tablet. On telephoning the manufacturers I was told that this was perfectly legal and that the tablet was an omeprazole 20mg gastroresistant formulation.

I also telephoned my wholesaler to flag this up to them. They had been alerted to it a few days earlier by another pharmacist and, on contacting the manufacturers, had been sent letters to confirm that this was totally above board. As these "capsules" come to us in foil packages we are reliant on patients to bring these anomalies to our attention.

Lynne Woodburn
*Ingletton,
North Yorkshire*

MIKE ISAACSON, solicitor and licensing acquisitions manager, international, at Dexcel Ltd, responds: I write in response to this letter that refers to our affiliate company, Dexcel-Pharma Limited (DPL), specifically its omeprazole 20mg capsules.

There is no "anomaly" as asserted by Mrs Woodburn. The tablet is encapsulated and is undoubtedly — both legally and pharmaceutically — a capsule. Dedicated machinery for encapsulating tablets is manufactured and sold by the leading capsule-filling machine vendors to pharmaceutical manufacturers worldwide, while the concept of encapsulating tablets is well established and recognised by the world's leading regulatory authorities, such as the Medicines and Healthcare products Regulatory Authority and the Food and Drug Administration. No pharmacist need be "reliant on the patients to bring these anomalies to [their] attention", as the accompanying patient information leaflet clearly states that the capsules should be swallowed whole. The capsule was approved by the MHRA as an abridged application of generic capsules, essentially similar to those of the innovator. The capsule fulfilled all requirements and complied with all regulations for approval of a generic product, and is highly effective for its medicinal purpose.

Broad spectrum

The Broad Spectrum feature is open to any reader. Contributions of around 1,100 words commenting on topical issues should be sent to graeme.smith@pharmj.org.uk for consideration

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