

■ THE SOCIETY

Mistaken impression

From Miss A. M. Lewis, FRPharmS

The **Broad spectrum** article by Graham Southall-Edwards (this issue, p204) leaves the reader with the mistaken impression that the Royal Pharmaceutical Society is dealing with an increasing number of complaints and is taking ever more drastic action; this is not the case. Last year the Society received 821 complaints against members — this is fewer than the 874 complaints received in 2005. The number of cases heard by the Society's Statutory Committee remained the same in 2005 and 2006 (66 cases). At the investigatory stage of the disciplinary process the number of advisory letters sent to pharmacists to guide their practice doubled and the number of warnings halved. As for our new procedures: yes, they have rigour and set, robust timescales, and rightly so. Individuals have the right to know, with certainty, the pathway of any complaint against them. The stress caused by any complaint made to the regulator surely is lessened if it is dealt with within agreed timeframes and a defined procedure.

The timescales are set out in the "The Royal Pharmaceutical Society of Great Britain (fitness to practise and disqualification etc. Rules) Order of Council 2007 (Rules)". They were widely consulted on and are consistent with the provisions for other regulators. The Society is subject to clear regulatory constraints; it has to ensure that decisions taken are reasonable, proportionate, fair and timely and has to withstand scrutiny from an overarching regulator, the Council for Healthcare Regulatory Excellence. It is surprising that Mr Southall-Edwards is not welcoming the recruitment of in-house legal expertise — this will reduce the Society's costs at a time when he is condemning the fee increase.

The Pharmacists and Pharmacy Technicians Order 2007 and the Rules have had extensive coverage in the pharmacy press including *The Pharmaceutical Journal*. The provisions on disclosure of information and costs referred to by Mr Southall-Edwards, and other provisions in the Order, are standard provisions which most of the other regulatory bodies have operated for some time.

The recent initiative on the decriminalising of dispensing errors and the piloting of agreed

criteria is part of a larger project that will address the threshold criteria for disciplinary procedures and referrals through the disciplinary process. The profession will be consulted on the future implementation of the new disciplinary procedures as they have been on most recent changes.

Yes, the regulatory landscape has changed. Yes, it does vary across Europe. But sound regulation is at the heart of every pharmacist's future and helps to make Britain a safer place for people to take medicines.

Ann Lewis
Secretary and Registrar
Royal Pharmaceutical Society

Can retired members have a title?

From Mrs A. Farrelly, MRPharmS

Can the Royal Pharmaceutical Society consider giving some title to pharmacists who retire from the Register due to lack of money?

I feel aggrieved that after more than 50 years service to the community I will be treated like someone being struck off for misconduct if I retire from the Register next year. My certificate will be revoked and I will have no right to use any restricted titles.

Other professions do not treat their retired members in this cavalier fashion; why are we so petty minded? I understand the legal requirements but surely some compensatory form could be devised.

A. Farrelly
Wallington, Surrey

Life membership?

From Mr A. L. Bartlett, MRPharmS

I will soon be 90 years of age and I have paid retention fees to the Royal Pharmaceutical Society since I qualified in February 1940, with the exception of the period when I served in the Royal Air Force in No 50 Squadron, Lancasters, in bomber command.

Perhaps when the Society is discussing retention fees, it could consider awarding life membership to members who reach the age of 90 and relieve them of the necessity to pay anything in their twilight years. Or would this kind of action put a strain on its finances?

Les Bartlett
Southampton

A profligate misuse of our monies

From Mrs A. R. Shaw,
MRPharmS

I have received by post the booking form for the Royal Pharmaceutical Society's open day in September. At a time when the membership is being asked to pay an increase of 50 per cent in fees, I am outraged to be sent this application form in A4 format, in a large brown envelope, at a postage cost of 44p, the first class postage for a "large letter". If the form had been folded, it could have been sent in a standard small envelope, second class, at a cost of 23p.

It is precisely this profligate misuse of our monies that so infuriates us. I have complained similarly about the repeated expensive mailings for the British Pharmaceutical Conference but to no avail. And even more worrying, how many other examples of such waste occur without our knowledge? It is high time that practice procedures at Lambeth were examined and necessary savings made. We have to watch our pennies. Is it too much to ask that the Society's Council also watches them?

Ruth Shaw
Bolton

DEBORAH OLIVER, interim director of public affairs and communications at the Royal Pharmaceutical Society, responds: Thank you for reminding us of the need to use the most cost-effective method for our communications. Clearly we did not need to use the large envelope for the open day booking form and apologise for this.

■ RETENTION FEES

Nominal fee for members on Register for 50 or more years

From Mr B. R. Edwards,
MRPharmS

In 2005 the Royal Pharmaceutical Society's Council proposed to introduce a nominal fee for those members who had been on the Register for 50 or more years. The Privy Council's legal advisers rejected this proposal. In 2006 the Council stated "it remains committed to exploring the options available to it in respect of non-practising and retired members" (*PJ*, 15 April 2006, p459).

Now that fees for individual registrants are determined under the Pharmacists and Pharmacy Technicians Order 2007 and do not have to be approved by the Privy Council, why has the Council not honoured its pledge in respect of members of 50 years or more who are now retired?

The proposed fee of £96 for such members is outrageous. They form a small minority and the only benefit most of them receive from their membership is to receive *The Pharmaceutical Journal*, which enables them to keep in touch with the profession they have been part of for so many years. Earlier this year, it was stated that "the *PJ* is entirely self-funding and in fact contributes to the funding of the Royal Pharmaceutical Society" (*PJ*, 3 February, p130). So there is now no reason why the Council should not introduce a nominal fee for such members.

Brian Edwards
Wirral,
Merseyside

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.

 RETENTION FEES

Government must be responsible for costs of demerger

From Mr R. Dickinson,
FRPharmS

The Royal Pharmaceutical Society's Treasurer has reminded us (*PJ*, 11 August, p154) that the "demerger" of the Society into a regulation authority and a professional body was "instigated by the Government". He says that the costs of the demerger is one reason for the proposed fee increase. The discussions between the Society and Government have been shrouded in secrecy, at the latter's insistence, but surely the bulk of those costs must lie with the instigator.

The Government has decided, unilaterally, to establish a General Pharmaceutical Council to undertake those activities that comprise the regulation of the profession. It follows that the Government must be responsible for all of the start up costs and, through registration and retention fees, all of the continuing costs of resourcing that new body, including its accommodation and staff. It should also have responsibility for those members of the Society's staff who are now undertaking activities that will, in future, be carried out by the GPhC, and for the continuing viability of the Society's pension scheme.

The Society is the owner of 1 Lambeth High Street and, after the forthcoming consultation with the members, will hopefully evolve into a voluntary membership professional leadership body. This body will no doubt have a significantly reduced staff and accommodation requirement. In addition to revenue from membership fees and its publication activities, it will have income from tenants occupying spare space at Lambeth or from the sale of those central London premises less the cost of a cheaper headquarters at a more cost-effective location. No doubt there will also be a value to be negotiated for all of the records that the Society owns related to the regulatory activities that will henceforth be carried out by the new body.

It will be for the GPhC to decide if it wishes to seek to be a tenant of the owner of 1 Lambeth High Street at a realistic rent or to seek alternative accommodation. If the former, and if the Society

continues to own that property, the regulatory and professional bodies would have the same address thereby clouding the perception of separation for those outside pharmacy. This, incidentally, would have been the situation if the Society's regulatory machinery had been evolved into an autonomous entity within the Society.

In the future, the professional body will need to live within its means, developing additional income-generating activities. It should not in any way subsidise the Government's decision to take over the profession's regulation.

Raymond Dickinson

Farnham,
Surrey

Choice of payment methods

From Mr P. R. Bream,
MRPharmS

So, now we know exactly what the "substantial rise in retention fee", originally announced by Hemant Patel at the Royal Pharmaceutical Society's annual general meeting on 16 May, is to be.

I find the article in the *PJ* of 4 August (p129) somewhat intriguing. It is interesting that there can be, what appeared to be, an arbitrary imposition of rises in fees on the members but methods of payment have to go out to consultation. We now find, in a subsequent issue (*PJ*, 11 August, p161) that the whole thing is going out to consultation. So, if that is the case and the fees can be put in place by January, why then cannot the alternative methods of payment be so as well?

Perhaps it is time that the Society moved from the 19th to the 21st century and offered members a simple choice of payment methods, irrespective of rises in fees. I would, respectfully, suggest this scheme to be implemented forthwith:

- Payment as before — cheque or single direct debit in January
- Monthly or quarterly direct debit payments
- Single credit card payment

Why do we need a "consultation" on payment methods anyway? We are told that a consultation might result in such a scheme of alternative payment methods not being available in time for the payment of the 2008 fee. Why? What excuses are there not to?

I also find that the President's

statement "the Council recognises that members will need to budget in order to pay the fees" condescending and insulting. What does he think we are? Children? Spendthrifts? How are we to budget between now and January, barely five months away? Not everybody gets their fees paid for them by their organisation or can take it out of the till. He has, apparently, asked the Society's staff to look into ways of "implementing a payment plan . . . as soon as possible". Well, Mr Patel, that is a no-brainer and should have been seriously considered when original discussions were taking place on increasing fees. Perhaps current Council members should remember who voted them in — the members. And, of course, who can vote them out at the next election, that is, if there is anyone left on the Register to vote.

Paul Bream

Clacton-on-Sea,
Essex

Council should engage Society members

From Mr A. Matalia,
MRPharmS

Why does the Royal Pharmaceutical Society try to compare pharmacists' retention fees with those of dentists and doctors when a fairer comparison is opticians? Optometrists pay £169 a year and there is no discounted membership for dispensing opticians (compare this with pharmacists and technicians). Of course the risk factors for optometrists are greater than for dispensing opticians, but all pay the same fee. New members also pay a pro-rata fee for the year.

It is interesting that the General Optical Council register is significantly smaller than the pharmaceutical Register, that the GOC can also strike off opticians and that members engage in continuing professional development. Its functions are similar to those of the Society. If the GOC can do the entire task for £169, why cannot the Society? If you compare the above fee to the new proposed fees it is not difficult to understand the widespread anger.

Clearly, for many, the decision to join a new royal college-type body is going to be based upon cost. It is inconceivable that this has not been considered by the Council. Yet, the Council has not addressed this point and an

estimate has not been put forward.

The Society should pose the following questions to its members:

- We anticipate the cost of compulsory registration with the GPhC will be £x per year, and voluntary membership of the new royal college-type body will be £y per year. Would you be willing to join a new royal college if fees were set at this level?
- What is the maximum fee you are willing to pay to join the new body akin to a royal college?
- Are you not interested in joining the new body akin to a royal college whatever the cost?

Based upon the responses, the Society could decide whether it is necessary to go ahead with a new royal college. If most pharmacists are not willing to join a new royal college (with its baggage, in terms of pension liabilities) then it makes little sense to form one. As such, the £6m surplus should be used to eliminate all liabilities and close down the Society. Thus there would be no need for a fee increase; in fact fees could be nil until the Society is closed.

I call on the Council to engage Society members with straightforward questions and not ignore or mislead them. They must declare what the true current cost is of registration alone.

Why the Council expects members to pay for a shortfall in pensions is beyond my comprehension. Exactly what benefit is this to members? The Council should ask the Government to make up the shortfall or simply use its reserves.

A. Matalia

Coventry,
West Midlands

Pharmacy workforce will be deprived of cover

From Mr A. R. G. Calder,
MRPharmS

In March of this year, I made the not too difficult decision to retire from community pharmacy having realised some time ago that there was more to life than just that. Although I did not advertise the fact that I was retiring other than to colleagues in the company and friends locally, I have been amazed at the number of requests I have received since March to help other pharmacists out at short notice

within a 10-mile or more radius of home.

It came, therefore, as a shock — one that I viewed with both anger and disgust — at the proposal by the Royal Pharmaceutical Society to raise the annual retention fee by some 50 per cent to £425. This will mean that the pharmacy workforce could be deprived of a valuable and reliable source of cover at short notice for emergencies, holidays and so on, since it will not take a genius to work out that after tax, travelling and the abolition of the reduced working hours retention fee, that such work is just not a viable proposition. Many pharmacists in my position will probably opt to resign from the Register instead, although having one's name erased for non-payment would seem a more macho approach and perhaps make the Society realise the error of its ways.

Of course, given the probable level of discontent soon to be voiced, that decision may be reversed. And pigs might fly!

The excuses for the proposed increase seem a bit feeble, especially deficits in the staff pension fund. (Unlike Society staff, many of us have had to fund our own retirement plan, the value of which has been badly affected by the actions of our former Chancellor, now Prime Minister.) It is clear from this that the membership of the Society exists to serve the Society and not the other way round.

Within both community and hospital pharmacy there currently exists a staffing crisis time bomb and the Society seems to be doing its best to both load and prime it with its crazy proposals. Should there not be a drastic rethink on the question of members' fees, then I am afraid that at midnight on 31 December 2007, the timer on that time bomb will start to tick away

and the consequences in the future will be only too obvious to see for those without a blinkered outlook on the membership.

Andrew R. G. Calder
Leigh,
Lancashire

Fragmentation of the profession will be speeded

From Mr S. Keeling,
MRPharmS

The Royal Pharmaceutical Society has made faulty strategic and illogical decisions. The large rises in retention fees will speed fragmentation of the profession. Individuals, unlike organisations, reduce their expenditure to match their income. When representation becomes optional individuals will choose parochial representation by sector, eg, by the Guild of Healthcare Pharmacists, the UK Clinical Pharmacy Association, the National Pharmacy Association, or the Pharmacists' Defence Association, for instance, over the broad church of pharmacy. They will not choose to pay both fees. This will diminish pharmacy.

Also, the across-the-board 50 per cent rise in all administrative fees fails to meet with the consultation document principle that administrative costs be recovered. No mention is made of a built-in profit margin. Surely the pure administrative cost of preregistration and pharmacist prescribing status annotation on the Register have not increased by 50 per cent in one year.

The Society is behaving like the bank or building society that increases its administrative charges to a captive audience, well beyond their actual cost, to maximise profits. The media tell us how unpopular this has been. This is not a vote winning approach for an organisation that may soon have to woo its membership.

The more honest approach is to load the total increase on annual membership once administrative costs are covered for other functions. This will avoid these individuals paying twice into the Society's proposed war chest.

Finally, I fear this increase will not be a one off event to cover exceptional circumstances, but a continuing demand.

Steve Keeling
Wrexham,
Clwyd

Those who can afford the increase must not forget colleagues who are not so well placed

From Mr G. Brack, MRPharmS

I have signed the online petition. I recognise that in doing so I am prey to the argument that I spend more than £425 a year belonging to some societies that I choose to support. The figure is similar to that for a season ticket to watch a league football club, for example. However, those of us who can afford the increase must not forget colleagues who are not so well placed.

I calculate that a band 6 hospital pharmacist will have to work for about a week and a quarter just to pay his or her retention fee. I suggest that this is a disproportionate level of fee for a young pharmacist, even when working full-time. Therefore how much more of a burden must it be for those who cannot work all week?

I understand the attractiveness of raising the premises fee. More effort (and therefore cost) goes into inspecting premises than pharmacists and, therefore, it is reasonable that proprietor pharmacists like me should meet more of the costs. But I note that these fees fall on community pharmacies and I wonder why an organisation such as the new General Pharmaceutical Council with a profession-wide remit should not recover some of those costs from other organisations providing pharmacy services. I say nothing of my own standards, but it seems to me to be curious that large professional chains need watching by a professional body whereas hospital groups may not — and while granting that there are other organisations doing this, should they retain that role when the GPhC is operational?

I said that I spend more than the retention fee to belong to associations and clubs of various kinds, but if I judge that money not to be well spent I can stop paying. The problem here is that a single supplier can require us to pay for its service and we have no choice. I would accept the £425 fee if part-timers paid less and newly qualified colleagues had a fee capped at a fixed percentage of an entry-level salary and had no new registration fee.

Graham Brack
Tirol,
Cornwall

What have I got myself into?

From Miss J. Y. K. Li, MRPharmS

I am writing to express my dismay at the significant increase in Royal Pharmaceutical Society retention fees. To add insult to injury, you unrealistically state that "some pharmacists . . . will find the increase unsustainable and decide to stop practising" (*PJ*, 4 August, p116). What do you think these people will then do for a living? Work on the checkouts at the local supermarket perhaps?

As far as I can see, the Society does little to support the needs of pharmacists or indeed promote the profession to the public as a whole. With the proposed fee increase, I still do not see this situation changing and I am disappointed the Society did not put up more of a fight with the Government with regards to funding.

Only one year after qualifying, I am wondering what I have got myself into.

Jessica Li
Nottingham

Older pharmacists get a raw deal

From Mr C. G. Lewis, MRPharmS

I was surprised to read of the Royal Pharmaceutical Society's proposed new retention fee structure for 2008. I registered as a non-practising pharmacist this year after over 50 years on the practising register because I wished to maintain some contact with the profession after retirement.

However, although I sympathise with all members, many are still working and will not necessarily be inconvenienced by the increased fees. I will have to think hard to decide whether it will be worth my while to continue my membership. It would be a real wrench to have to return my certificate and then retire into professional oblivion and not be able to use any pharmaceutical title.

I think that older pharmacists have had, and continue to have, a raw deal from the Society.

C. G. Lewis
Elstree, Hertfordshire

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).

E-mail

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

■ RETENTION FEES

Can members be assured of greater transparency?

From Mrs M. M. Keyworth,
FRPharmS

I share the concerns of recent correspondents to the *PJ* and I have read, with interest, the responses to the Royal Pharmaceutical Society's Treasurer (*PJ*, 18 August, pp190–1) where it is stated that the Society aims to raise £6m through the 50 per cent increase in fees.

I have not found any reference to the considerable capital sum that could be released if the Society chose to sell or lease the Lambeth headquarters. It has long been stressed that it is essential that the Society headquarters should be close to Parliament and other "seats of power" but I remain to be convinced that this has in fact proved a decisive factor in the future direction of pharmacy. Can it be demonstrated that it has proved, and will prove, cost-effective for the Society to continue to be based in London? Has the option of renting out part of the building or, more radically, selling up and using the considerable capital sum released to purchase or rent more modest premises, been considered? Would this be more suitable for a streamlined organisation and release the capital needed? Could the considerable travel and hotel expenses that are needed for attendance at the Society's Council meetings and other events in London be reduced with a more central location? It is interesting to note that major community pharmacy multiples are managed from the Midlands and do not appear to have been disadvantaged by their location.

In the same article the Treasurer also stated, when responding to a question on the consultation responses, that "the report will be for the Council in the first instance, but could be made public". However, the announcement to branch and regional secretaries issued on 3 August and, referring to the same report, stated that "the Council will publish a report on the findings and any final decisions it takes about the fees, which will be made available on the Society's website and in the *PJ*".

Can we be assured that the findings of the report will be published in the *PJ* as well as the final decisions taken by the

Council so that we, the membership, can be assured of the greater transparency we have been promised?

Madeleine M. Keyworth
Brigg,
North Lincolnshire

Puzzled

From Mrs G. M. Farrow,
MRPharmS

Could someone please clarify why the general membership has to pay more partly to plug the deficit in the pension fund?

I am a non-practising pharmacist and my husband works in community pharmacy and, therefore, I cannot quite grasp why we or anyone else not directly employed by the Royal Pharmaceutical Society should have to top up the pension fund. I am sure that no one would top up my state pension fund or a private company's fund if not a member. I am puzzled.

Gillian Farrow
Thetford,
Norfolk

Worth the hassle?

From Mr B. R. Hammond,
MRPharmS

May I add my name to the ever-growing list of part-time locum pharmacists who feel strongly about the unprecedented increase in our retention fee?

I have been on the Register for over 50 years and like many ex-proprietors and retired managers, cover Saturday mornings and the odd short-notice emergency, perhaps only working one day a week on average.

Remuneration is not in most cases the prime reason for working. We still wish to be of service to the community and, at the same time, able to oblige our fellow pharmacists by providing cover when other pharmacists cannot or will not.

However, in view of the massive increase in retention fee, insurance and continuing professional development I wonder if it is really worth the hassle, but who would fill the unsocial sessions and short notice emergencies if we were to leave the Register?

Bruce R. Hammond
Leeds,
West Yorkshire

■ VENOUS THROMBOEMBOLISM

NSAIDs should not be taken 24 hours before travelling

From Mr M. Levy, MRPharmS

I am writing in response to the article about risks of venous thromboembolism when travelling (*PJ*, 14 July, p35). The article does not mention medicines. Since many travellers probably take over-the-counter non-steroidal anti-inflammatory drugs I would have thought that the drugs would carry a large warning on them that they are not to be taken for at least 24 hours before travelling.^{1–4} This leads us to another problem — what to suggest for travellers as a pain killer. The options left would be for paracetamol-based analgesics or aspirin, both with their own unwanted side effects.

A question that springs to mind is, while aspirin in low doses is cardioprotective, could it in high doses have adverse cardiovascular effects for travellers?

Morris Levy
Jerusalem, Israel

References

1. Goldenberg NA, Jacobson L, Manco-Johnson MJ. Brief communication: duration of platelet dysfunction after a 7-day course of ibuprofen. *Annals of Internal Medicine* 2005;142:506–9.
2. MacDonald TM, Wei L. Effect of ibuprofen on cardioprotective effect of aspirin. *Lancet* 2003;361:573–4.
3. "Cyclooxygenase inhibitors and the antiplatelet effects of aspirin". *The New England Journal of Medicine* (2001;345:1809)
4. Kearney PM, Baigent C, Godwin J, Halls H, Emberson JR, Patrono C. Do selective cyclooxygenase-2 inhibitors and traditional non-steroidal anti-inflammatory drugs increase the risk of atherothrombosis? Meta-analysis of randomised trials. *BMJ* 2006;332:1302–8.

■ SOCIAL CAPITAL

Refreshing viewpoint

From Mr K. D. Ball, MRPharmS

The article on social capital by Stephen Fishwick (*PJ*, 11 August, p164) was interesting and gave a refreshing viewpoint. I was, however, surprised that Francis Fukuyama's book on trust and the social virtues and the creation of prosperity¹ was ignored. This is one of the seminal works on this subject although there are many others concerning matters of trust and its relation to social

cohesiveness. The "glue" to which the author refers is not social capital but trust, which is the item that underpins social capital.

There is plenty of literature on trust and social contracts including a large amount of work on feminist perspectives by Trudy Govier² and Annette Baier.³ To assist your readers in pursuing this fascinating topic I would suggest reading the Fukuyama book and then literature by the two female authors as well as more renowned philosophers such as Hume and Locke. This would then provide a more balanced approach to the interpretation of social capital and its relevance to pharmaceutical matters.

Ken Ball
Wigton,
Cumbria

References

1. Fukuyama, F. Trust: The social virtues and the creation of prosperity. New York: Free Press; 1995.
2. Govier, T. Social trust and human communities. Canada: McGill-Queen's University Press; 1997.
3. Baier A. Trust and antitrust: trust and its varieties. *Ethics* 1986;96:231–60.

■ PHARMACIST ATTIRE

People do judge by appearances

From Mrs S. P. Insole, MRPharmS

Manners maketh the man (or woman) and appearances go a long way to endorsing that. I gave up wearing a white coat long ago, deciding that neither did my clothes need protecting from anything I am doing in the pharmacy nor indeed is there anything which needs protecting from my clothes. If pharmacists still prefer to wear a white coat to work in, fine, but it must be white, not grey or yellow with age, and clean.

People do judge by appearances. We, our pharmacies, and our staff should be neat, clean and efficient looking as will best reflect how the business is being run. Sloppy and grubby shops or staff smack of sloppy and grubby work, which is not acceptable in our profession.

Sarah Insole
Bristol

Telephone number

All correspondents should supply a daytime telephone number, in case we need to contact them urgently