

NEW PROFESSIONAL BODY

Read the Society's five-minute guide

From Mr H. R. Patel, FRPharmS

Distributed with this issue of *The Journal* is a two-page insert giving members a five-minute guide to the latest plans for the new professional body for pharmacy. The document outlines what has been decided so far in terms of its functions and includes a timetable of milestones for the creation of the new professional body and the new regulator in January 2010.

I encourage anyone with an interest in the future of pharmacy to take time to read the document and familiarise themselves with the main points. The document is a summary, but detailed information is available on the Royal Pharmaceutical Society's website at www.rpsgb.org.

The Government's decision to transfer the regulatory functions of the Society to a new regulator for pharmacy has presented a unique opportunity to build a dynamic new professional body for pharmacy. The Society will play an integral part in the creation of the new body, and I am confident that the

agreed course will be successful in creating a professional organisation that is attractive to members and can act as a strong voice for pharmacy in influencing government and other external stakeholders.

It is my vision to see pharmacy repositioned as a clinical profession

by 2020 and to make Britain the safest place in the world to take medicines, and I am certain that the new professional body will be able to deliver on this.

Hemant Patel

President,
Royal Pharmaceutical Society

Grasp history

From Dr M. H. Jepson, FRPharmS, and others

The report of the recent meeting of the Waterloo Group (*PJ*, 26 April, p493) and the panel that lists bodies that want to work with the Royal Pharmaceutical Society do not mention the British Society for the History of Pharmacy. Although at present the BSHP would not choose to be an integral part of the new organisation, we believe it is vital to co-operate. The BSHP submitted a response to the Clarke Inquiry and wishes to be included in the debate on the future structure of the Society. In this way, we would expect to best serve the mutual interests of our members.

It is our belief that recording, teaching and researching the history of our profession must play an integral part in planning for our future. Responsibility for this, lies with the Society and the BSHP.

Michael Jepson

President

Peter Worling

Past President

Peter Homan

Secretary, *British Society for the History of Pharmacy*

Letters to the editor

Letters are welcome from all readers. 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 and registered pharmacy technician correspondents should supply their membership numbers, and a contact telephone number should always be given.

All letters are considered on their merit and 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. Further to a recommendation by the Journal Oversight Board (*PJ*, 1 March 2008, p244), pharmacists and pharmacy technicians whose names appear on the non-practising part of the relevant register are asked to make their status known.

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.

Advertisement

■ COUNCIL ELECTION

He who pays the piper calls the tune

From Mr N. Baumber, FRPharmS

You reported (*PJ*, 3 May, p528) that Tricia Kennerley, Boots's healthcare director, encouraged Boots pharmacists to vote for the two Boots candidates standing in this year's Royal Pharmaceutical Society elections to "help maintain the company's key objective of being highly influential externally". I see that Boots now chairs the National Pharmacy Association.

While her statement confirms my suspicions about the intended fate of the Society it completely undermines the reassurances offered by Steve Churton in his recent letter (*PJ*, 12 April, p471). He wrote: "I am sure my colleagues would agree with me when I say that we are grateful for the support that our employer affords us, which enables us to take an active part in supporting the profession and its future, but we are conscious that we were, or hope to be, elected by the membership, and as such are dedicated to serve in the best interests of the membership." Is that so?

The nub of the issue is this: the new professional body that succeeds the Society may not be able to represent members' interests if membership is voluntary and its survival is dependent on whether or not a large organisation is prepared to pay several thousand membership fees for its staff.

I am sure that those of us who want to support the Society into the future want it to represent pharmacists' interests and not those of other organisations. This is of prime importance, not just at the outset in deciding the role of the new body, but also through the subsequent threat of withdrawal of funding which would be an ongoing anxiety contingent upon the "right" policies being adopted.

Moreover, a conflict of interest could arise between independence of mind and company policy. Would that result in abstentions, resignations or firm leadership by courtesy of Alliance Boots?

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

The Society elections are over for this year but we should have known where each candidate stood on such issues as the following:

- Technicians having full membership of the future professional body (as recommended by the Clarke report)
- Remote supervision of a pharmacy (where the pharmacist is not present)
- Plans for pharmacies to be run for up to three hours with no pharmacist on the premises
- Whether or not companies should be allowed to subscribe on behalf of their members of staff allowing them to claim a political interest, or even to seek a volume discount

Noel Baumber

Grantham,
Lincolnshire

Boots objective to be highly influential externally

From A Boots Pharmacist

I do not know whether Peter Walker has ever pondered upon the fact that not all Boots pharmacists are members of the Boots Pharmacists' Association (*PJ*, 26 April, p506). Perhaps I, as an employee pharmacist of Boots UK, can offer some insight.

Mr Walker asks where is the evidence that Boots employees have used their commercial connections with Boots to influence the profession unduly? I do not have any evidence to offer, but I have read the statement posted by Tricia Kennerley (healthcare director, Boots UK) on Boots MyStoreNet on 25 April.

In it, she states: "Two of our colleagues at Boots UK are standing for election to positions at the Royal Pharmaceutical Society. By voting for them you could help maintain the company's key objective of being highly influential externally." Ms Kennerley then goes on to "urge" us all to give them both "our support" and "vote for Jonathan".

My reason for not being a member of the Boots Pharmacists' Association is that I have long held the belief that the relationship with Boots is too cosy. Here is yet another example of a senior member of the Boots Pharmacists' Association either exhibiting a degree of naivety that ill becomes someone purporting to represent

the interests of Boots employee pharmacists or someone who is unwilling to face up to the facts that Boots UK has a strategic objective of being highly influential externally and that the company believes that this can be maintained by electing its employees to positions on the Society's Council and the English Pharmacy Board.

A Boots Pharmacist

298/6

■ TRIMETHOPRIM

Reclassification is not likely to increase usage

From Mr D. M. Pruce, MRPharmS

In response to the letter "Will switching lead to increased resistance?" (*PJ*, 3 May, p535) the Royal Pharmaceutical Society would like to reinforce the message that pharmacists are highly qualified professionals, experts in medicines management and are fully aware of the issues of antimicrobial resistance. The Society's code of ethics sets the professional standards relating to sale and supply of medicines that pharmacists would be expected to follow.

The proposed protocol for sale of antibiotics for the treatment of urinary tract infections follows current clinical guidelines from Prodigy, the Scottish Intercollegiate Guidelines Network and MeReC. This is the same guidance that applies to all healthcare professionals. There is no evidence that pharmacists are more likely to deviate from the guidelines than other healthcare professionals. Indeed there is some evidence that shows pharmacists are likely to be more cautious. It is also worth noting that pharmacists are specifically employed in many NHS trusts to help manage antimicrobial resistance.

The Society is aware that the Commission on Human Medicines has been considering expert views on the issues of antimicrobial resistance. The proposals to reclassify trimethoprim/nitrofurantoin seek to substitute for prescriptions rather than to increase overall usage.

Indeed, a restriction of the pack size to three-day supply will limit the amount of antibiotic that is supplied to nationally agreed quantities. It should, therefore, not be assumed that changing the legal status from POM to P will increase usage of these medicines. The CHM and the Medicines and

Healthcare products Regulatory Agency impose rigorous safety criteria when considering switching and we would expect them to give due consideration to issues of antimicrobial resistance when determining whether these proposed switches should go ahead.

In terms of symptom management, pharmacists are familiar with the management of cystitis already. Pharmacy staff will be provided with appropriate training material before any antibiotics becoming commercially available over the counter.

Pharmacists are among the most accessible healthcare professionals, with branches open in the high street at convenient times, so it makes sense for patients to acquire medication through a pharmacist, following the correct procedures.

David Pruce

Director of Practice and Quality
Improvement
Royal Pharmaceutical Society

■ RESTRICTED TITLE

Lack of debate is disappointing

From Mr J. L. Turner, FRPharmS

John Rees's perceptive article (*PJ*, 5 April, p402) clearly explained how the profession is handicapped by the restriction on use of the title "pharmacist". It moved the discussion on significantly from one letter (*PJ*, 15 March, p308) and a flurry of correspondence on industrial pharmacists in January.

I regret that the article has not stimulated further correspondence in your columns or any reference that I have found in the policy statements from candidates seeking election to the Royal Pharmaceutical Society's Council and national boards.

It cannot benefit the Society, the profession or anyone else if graduates in pharmacy who are not practising in a context where they have direct contact with the public are unable or discouraged from calling themselves pharmacists.

There are other ways of protecting the public, some of which Professor Rees discussed. Come on Council and other leaders! Show some constructive thinking on how to embrace, rather than antagonise the wider field of pharmacists.

John Turner

Lymington,
Hampshire

■ ADDICTION

Refusal to supply may not benefit patients

From Mrs C. Barber, MRPharmS

It was with much trepidation that I read the "Substance misuse" guidance, which was recently updated by the Royal Pharmaceutical Society. I contribute to a website that helps people with codeine addiction and I believe that this advice does nothing to help these people. Instead, it enforces the pharmacist's professional responsibility to stop the sale, which, in my opinion, can cause more harm than good.

Some people are on a "taper" plan and may therefore need more than the recommended amount; some have not addressed the fact that they have a problem. These people will simply drive somewhere to obtain the quantities they need. Some have driven up to 100 miles in one day.

Some addicts have been to see their doctors and not been given the support they need. Some are too ashamed to tell their doctors. Many of these people are professional, many are women who started taking codeine after menstrual problems, or after child birth. Some have had sports injuries, or the problems have started after an operation.

This problem is still not fully recognised by pharmacists or doctors.

My code of ethics says that I must make the care of my patients my first concern. By refusing a sale, I do not believe that I am "caring" for that person. In my view, it would have better if the guidance had come out with advice to pharmacists about what to do and how to help the addict (being mindful that a referral to a GP may not be effective), rather than telling them not to supply.

Claire Barber
Wakefield

■ MEDICINES USE REVIEWS

The value of MURs must no be undermined by greed

From Anonymous

I read with interest the letter by Kieron Donlon (*PJ*, 26 April, p505) about the quality of medicines use reviews (MURs). The notion that "profiteers will maximise their revenue from MURs and that will, and probably already has, debased their value" is only too true.

I work for a large chain and the pressure to deliver MURs is intense. Every branch with a consultation room is set a non-negotiable target of 400 MURs per year. We have been urged to tell patients after 12 months that their annual MUR is due, even if their medication has not changed. I have grave concerns over the worth of this kind of MUR and would feel uncomfortable conducting one.

The emphasis is on quantity rather than quality. It would be easy to achieve high numbers if I offered an MUR to every patient who only has two regular items (such as levothyroxine 25µg and 50µg), but I doubt that the NHS had this type of patient in mind when the service was launched.

Advice for these patients can be, and usually is, given at the counter and I would feel dishonest if I took them into the consultation room to check how they are getting on and then made an NHS claim for doing so. However, I have no doubt that, to achieve targets, some MURs are performed on this kind of patient. My bosses have indicated that I should approach patients such as these.

When someone is selected for a review purely because the pharmacist knows the review will be quick and easy, and he or she correctly suspects from the outset that there will be no action plan points, I can see no difference in principle between making a claim for this kind of MUR and making

a fraudulent prescription endorsement.

I would certainly be interested to know the views of pharmacy bodies on this. Such an MUR would allow every one of us to achieve our annual target of 400 (and I remind employers that the figure of 400 is not a primary care trust target, but a PCT maximum for which payments can be claimed).

At a time when many pharmacists are feeling pressured by their employers, I urge others to stick to their guns and continue to concentrate on the quality of MURs. It is difficult, particularly when pharmacists are being put under enormous pressure, not to succumb. I have no doubt that it is possible to deliver good quality MURs in high volume, provided the correct level of staffing support is in place.

If the average MUR, including discussion of over-the-counter medicines and completion of the paperwork, takes 25 minutes then we need to find the equivalent of more than 20 working days to achieve that 400 goal.

If the only way to achieve this is to take less time and cut corners or to start targeting inappropriate customers then we as a profession will do ourselves no favours.

The Society needs to act now by issuing guidance both to individual pharmacists and to organisations so that this worthwhile and rewarding role is not undermined by greed.

Anonymous
298/7

Moving?

Are you moving home? Remember to update your registration details with the Royal Pharmaceutical Society. Contact the registration section (tel 020 7572 2322; e-mail registration@rpsqb.org).

■ ENGLISH PHARMACY BOARD

Engagement with branches and regions

From Mr R.J. Daniszewski, MRPharmS

I want to bring *PJ* readers up to date with work that the English Pharmacy Board is doing to scope the future of the Royal Pharmaceutical Society regions. I, along with fellow board members Paul Bennett and Seema Agha, recently hosted an informal dinner for regional secretaries, which provided the opportunity to discuss possible new ways of working and to hear views about what resources should be provided to support practising and non-practising members at the local level in the future. The dinner also provided a forum for discussion on the structure of the new professional body.

I was impressed by the passion and genuine enthusiasm from those at the evening to work to achieve positive change. The Society's local network provides an important platform for dialogue, networking and social interaction for members.

The new professional body will need to consider very carefully how it will support members through local structures and facilitate working relationships across all levels. Members will be given an opportunity to explore the opportunities for new support structures at the branch representatives' meeting to be held in London on 22 May.

I urge branch members to make their views known to their branch representatives to ensure that the session explores the needs of members in various settings and especially those members who are not currently actively engaged in the branch and regional network.

Richard Daniszewski
Lead for Branches and Regions
English Pharmacy Board

Advertisement

■ EPILEPSY

Rewarding work with deserving patients

From Mr D. A. Ellerby, MRPharmS

I write in support of the article by Joanna Lumb concerning the provision of support for epileptic patients by community pharmacists (*PJ*, 26 April, p509).

As a practice-based pharmacist I have been carrying out pharmacist-led epilepsy monitoring clinics since 2004. Essentially, the clinic appointment is straightforward, template-prompted and involves the recording of date of last fit, fit frequency, side effects noted, blood pressure, discussion of diet, smoking and alcohol consumption, provision of contraceptive or pregnancy advice, dealing with driving queries, medication review and arranging a follow-up date. This is not rocket science.

However, interwoven into the structure of the appointment there is frequently a quality discussion with the patient bringing concerns and questions into the open. The clinic is now perceived as a useful and welcome intervention by the patient, allowing early warning

with co-morbidities or simply a close and discreet level of support during difficult episodes. Access to myself between appointments is encouraged on an "as required" basis and, although rarely required, such access has been of significant use at least twice in four years

Anecdotally, many patients comment favourably on being invited to the clinic and numerous problems with side effects or episodes and seizures have been highlighted and resolved satisfactorily. This is a rewarding and deserving group of patients with which to work.

Pharmacists should ask their local doctors' practice if there is space, time and a desire to devolve the monitoring of epileptic patients to them and, if so, prepare their bid for the service. They should allow 20 minutes per patient and be prepared to listen.

Dave Ellerby
Elgin,
Morayshire

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

■ EUTHANASIA

How can euthanasia be debated seriously?

From Miss J. E. Cronin, MRPharmS

Euthanasia is a highly emotive subject. How can I explain how passionately I believe the law ought to be changed in this area without using as an illustration the example of my dying mother? It would be nigh on impossible. It is only after having had the experience of watching my mother in her final fortnight die from cancer that I have formed an opinion.

Seeing a person dying is not something many of us have to experience and as such most of us may not fully understand the process. When my mother first knew she was terminally ill she begged me to go to Switzerland with her where assisted suicide is legal. I was against this idea, not just because it is illegal in Britain and I could have been in trouble with the law, but because I thought that if she was fit enough to fly to Switzerland, then she was fit enough to do enjoyable activities with me instead.

Eventually it reached the inevitable point where my mother was given two weeks to live. The first week was just about bearable. We talked for hours and the palliative drugs were controlling her pain, she had some quality of life.

During the second week she took a dramatic downturn. It reached a point where the opioid analgesic and sedation did not totally control her pain. She was unconscious most of the time, but when the drugs wore off, it was highly distressing for her and me. Her distress was compounded by an awareness of extreme thirst. At this point, however, she could not swallow. She could not tolerate a fluid drip either due to liver and kidney failure. I started to pray that either the next dose of her drugs would render her unconscious quickly or kill her. I believe that when this stage is reached, and only at this stage, when there is no hope of recovery and there is only suffering, that a doctor should be able to administer life-ending drugs.

I know my letter is a difficult upsetting one to read but how can we seriously debate euthanasia without hearing stories such as these?

Julie Cronin
Birmingham

■ PUBLIC RELATIONS

Web video will promote pharmacy services

From Mr G. S. Phillips, MRPharmS

May I draw members' attention to a new web video, developed as part of the Royal Pharmaceutical Society's ongoing media work to promote pharmacy services? The video is the next stage in the hay fever campaign, and has been designed to target the ever growing online audience.

The hay fever campaign has been a great success having achieved widespread national and regional media coverage — reaching millions across Britain. The new web video features interviews with TV presenter Melinda Messenger and community pharmacist Alistair Murray, from Greenlight Pharmacy in London. The point is to encourage established hay fever sufferers, or those with the symptoms, to visit their local community pharmacy for advice and treatment.

The web video has been targeted at a comprehensive list of websites including BBC, Yahoo, MSN, AOL and Virgin, together with online versions of all the major national papers and consumer magazines. In fact, *The Sun* used the web video as part of its coverage of the campaign on Thursday May 1. (see www.thesun.co.uk/sol/homepage/woman/health/article1110713.ece).

As chairman of the public affairs planning group I have pushed the Society to do more to promote the profession to the wider public. Research carried out by the Society has shown that members want a higher media profile for the profession and the Council has committed resources to support this work. The Society's public relations team has been working to find fresh approaches to reach out to the public, and innovations such as the web video are likely to form an important part of future activity.

The web video is now available to be viewed on the Society's website www.rpsgb.org. To view all the hay fever coverage to date, visit the Society's virtual press office at www.digitalnewsagency.com (sign in using the same login and password rpsgb1, then click on "coverage").

Graham Phillips
Member of Council and Chairman,
Public Affairs Planning Group
Royal Pharmaceutical Society

Advertisement

■ THE SOCIETY

Reached a position of financial stability

From Mr A. C. Gush, MRPharmS

I am writing to update members of the Royal Pharmaceutical Society on the progress of issues raised as important through letters to *The Pharmaceutical Journal* during last year's fees consultations.

My colleagues and I have addressed these issues and I am now in a position to give a positive response. In particular:

- The Council has agreed the introduction of staged payments for 2009 and has also agreed in principle to consult members about the possibility of offering reduced fees for people on low incomes. This builds on to the support given to preregistration students and non-practising members last year.
- The fees-setting process for 2009 is well under way and I am confident that the recommendations presented to the Council this year will be accepted by members as both fair and proportionate. This

reflects the high degree of scrutiny in the budgeting process where expenditure and costs are being examined in terms of necessity, real value and relevance to members in these times of great change.

We engaged with the members last year to explain the Society's financial position and I am pleased to report that now the situation is improving. We have reached a position of financial stability and are confident this can be sustained, which is especially important as we continue towards demerger.

We made a commitment to secure more funding to cover the transitional costs for the creation of the new regulator and through working closely and co-operatively with the Department of Health an additional £2million of funding to support this has been secured so far.

We have invested in key areas, particularly our communications and public affairs activities, to respond to calls from the membership for a greater media and political influence.

The Society has ensured that pharmacy's voice has been heard across the national and regional media throughout 2008 on

subjects including internet pharmacy, prescription charges, cannabis as a medicine, polyclinics, hay fever and the recent pharmacy White Paper in England.

In public affairs we will soon be launching a new publication for parliamentarians and are planning a high profile pharmacy event at Westminster. We know advocacy is important to our members so investments that increase awareness of the pharmacist's crucial role in healthcare will remain a priority.

Also, preparing for the creation of the new professional body has been an important area of investment. Activities such as funding the independent Clarke Inquiry and surveying some 4,000 members as the latest stage of our research are prime examples of how we are working to ensure that the new professional body offers the most attractive benefits to the profession. We are still confident that the costs of membership of this new professional body will not be a barrier to participation.

I said when I was appointed Treasurer that I wanted to put the Society on a firmer financial footing — recognising that the decisions to be taken were unpopular, but necessary. I also

committed to continue listening, and being open and transparent. I hope that this update helps shape the current position for members and offers some early indicators of where their investment has already made a difference.

Andrew Gush*Treasurer**Royal Pharmaceutical Society***CPA**

Pharmacists can become personal members of the Commonwealth Pharmaceutical Association, the fee for which is £10 a calendar year.

The Commonwealth Pharmaceutical Association has been strongly supported since its foundation by the Royal Pharmaceutical Society.

Applications for membership should be sent to Betty Falconbridge, Administrator, Commonwealth Pharmaceutical Association, 1 Lambeth High Street, London SE1 7JN

Advertisement