

■ NEW PROFESSIONAL BODY

Society committed to development of an influential professional body

From Mr J. Holmes

I am writing to you concerning your leading article "Time for reflection" (*PJ*, 17 May, p582) and its suggestion that "maybe it is time for the Society to take a back seat and for others to lead".

The Royal Pharmaceutical Society is committed to the creation of a new member-focused professional body that is inclusive of all the interests within the pharmacy family. There is broad acceptance both inside and outside the Society that this new body should not simply be the Society rebranded.

That said, the Society has the intellectual and financial assets to provide the essential foundations for the new professional body. This belief is supported both by the Government and many in the wider pharmacy profession.

In his submission to the All-Party Pharmacy Group inquiry into the future of pharmacy in April 2007, Lord Hunt stated that it was important that the royal college should be a new entity, but that it should build on the foundation and excellent work of the Society. In the May 2007 report on professional regulation and leadership in pharmacy, Lord Carter commented that his working party would very much hope that the Society would be a "central plank in the formation of a royal college".

More recently the Clarke Inquiry report of April 2008 stated: "Overall, the thrust of the evidence we received is that the Society should indeed, as Lord Carter had hoped, be an integral and major part of the new professional body." The report went on to say that the Society is the only organisation around which the profession can coalesce and meet the timetable of change.

In their letter to *The Pharmaceutical Journal* (24 May, p623), members of the Waterloo Group wrote: "We are keen to work with the Society to ensure that [the Transitional Committee] produce a prospectus that will encourage all members of the pharmacy profession to join the new professional body."

I and the Society's Council remain committed to the development of an influential, supportive and inclusive

professional body. We will work closely with the Transitional Committee to be chaired (or led if you prefer) by Nigel Clarke to make sure that happens.

Jeremy Holmes
Chief Executive and Registrar
Royal Pharmaceutical Society

Members could meet their Waterloo

From Mr D. I. Simpson,
FRPharmS

I would like to deliver a note of warning to the Royal Pharmaceutical Society's members in relation to the Waterloo group of pharmacy organisations.

This group seems to be trying to set the agenda in relation to the establishment of a professional body once regulation has been taken away from the Society. It is acting independently of the Society's Council and the democratic machinery of the Society in a manner that can only be seen as trying to upstage the Council and by-pass that machinery.

For instance, when the Society's Council met on 21 May before the Society's annual general meeting, it had no inkling that a letter had been submitted to *The Pharmaceutical Journal* signed by officers or officials of various pharmacy organisations supporting the Waterloo group (*PJ*, 24 May, p623). The letter expressed support for the Clarke report on the establishment of a future professional body and suggested

how the Clarke report might be taken forward, the very thing that the Council had been discussing that day. The first that members of Council knew about the letter was when they attended the annual general meeting in the evening and heard the chief executive of the College of Pharmacy Practice tell those present that the letter was about to appear.

The Waterloo group's actions are, in my opinion, verging on the hostile. If the members of the Society were concerned at one time about the Society's assets being seized by the General Pharmaceutical Council, they ought now to be concerned about those assets being sequestered by a self-selected group of organisations trying to create a body to their liking. Among those organisations is the Association of Pharmacy Technicians UK, even though the Society's membership has yet to be consulted on the crucial issue of whether technicians should be granted membership of the Society or not.

I would like to comment briefly on the origins of the Waterloo group. We started to hear about it when the Department of Health's Carter working party was deliberating on the creation of the General Pharmaceutical Council and professional leadership in pharmacy. The Carter working party, it will be recalled, commissioned a King's Fund seminar on 20 March 2007, and the "Waterloo agreement" was one of the things presented at the meeting by the chief executive of the College of Pharmacy Practice. The agreement is set out in the King's

Fund report of the meeting.

Since the Waterloo group meeting only took place on 15 March, five days before the seminar, it suggests that there might be some form of departmental blessing for the College of Pharmacy Practice's actions in convening the group. The Society certainly had no hand in it and members of the Society's Council, of which I am one, knew nothing about the group before its "agreement" was published (in April 2007).

The King's Fund seminar, of course, was set up to explore the case for a royal college for pharmacy. Again, the Society had no hand in the organising of the seminar.

The royal college idea was mooted, readers will recall in the White Paper on professional regulation, which called for a body akin to a royal college to be set up to work alongside a new General Pharmaceutical Council.

Where did the idea of a royal college for pharmacy spring from? None other than from the College of Pharmacy Practice, in its evidence to the Foster review that preceded the publication of the White Paper.

The College of Pharmacy Practice was set up by the Society in 1981. Its objects include promoting education and training of pharmacists and establishing standards for vocational training in pharmacy practice. It was run by the Society for its first five years, then, as was the original intention, floated free. Under the circumstances it is distressing to see the college seeking to wrong-foot the body that gave it its very existence.

The college may well play a key part in the new professional body of the future, but it would be better advised to behave in a less subversive manner. And the sooner it does so the better. Because, even if it succeeds in neutralising the Society's Council, it still has to face the Society's 47,000 members, most of whom have no connection with the 900-member college, or any of the other bodies in the Waterloo group, for that matter.

The people that will be deciding the future of the Society are, of course, its members. There are certain key issues upon which, under the terms of the Charter, they must signify their approval. These include new categories of membership, a change in the composition of the Council, an alteration to the Charter, any change in the name of the Society

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.

and dissolution of the Society.

In my view, the new Society will be successful long-term only if it attracts a significant majority of registered pharmacists into voluntary membership. This means that the proposals must enthruse those in what is, and is always likely to be, the major sector — community pharmacy. The sooner that all concerned engage with and seek to represent the views of the rank and file on the best strategy to attract that majority the better.

Douglas Simpson

Member of Council
Royal Pharmaceutical Society

How will pharmacists identify themselves in future?

From Mr P. Lowe, MRPharmS

How will pharmacists formally identify themselves as currently practising when they are no longer members of the Royal Pharmaceutical Society, since membership will be voluntary of whatever representative body subsequently comes into being?

The addition of "pharmacist" after one's qualifications seems to me simple and elegant and follows the precedent of practising barristers: but since the title is also available to non-practising pharmacists, it may be that some legislation, ruling or convention is required.

Peter Lowe

Newcastle upon Tyne

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@rpsgb.org).

■ COUNCIL ELECTION

Dismayed by Boots's behaviour

From Mrs S. R. Robertson,
MRPharmS

I was dismayed to read of the message sent by the Boots UK Healthcare director to Boots's pharmacist employees, encouraging them to vote for fellow Boots pharmacists in the Royal Pharmaceutical Society's elections, in order possibly to "help maintain the company's key objective of being highly influential externally" (*PJ*, 3 May, p528).

I would be interested to know what the exact meaning of that statement is in terms of a multiple pharmacy organisation having any influence, presumably for commercial purposes, in the running of the Society's Council or national boards.

Surely those pharmacists employed by Boots who received this e-mail would be rather annoyed that their employer should be trying to influence their voting in such a manner. After all, we pharmacists abide by a code of ethics and take our professional responsibilities seriously and should not be swayed by such propaganda by any individual.

I hope that the Society takes note of the complaint (or complaints) made regarding this particular person's behaviour and ensures that Boots UK takes the appropriate measures in ensuring the person involved in this communication is brought to account for her action.

Sylvia Robertson Orkney

JEREMY HOLMES, Chief Executive and Registrar, Royal Pharmaceutical Society, states: In 2005 the Society ceased to prohibit canvassing, whether by individuals or organisations, in its elections.

The current position on canvassing, as published in the information pack for Council candidates, reads as follows: "The Council's previous restrictions on canvassing at elections were designed to give candidates an equal opportunity of presenting their views to the membership. However, some felt that the restrictions gave an unfair advantage to existing members of Council and other well-known candidates. Other bodies do not commonly apply canvassing restrictions to their elections. Furthermore, with the growth of internet use, restrictions on canvassing have become increasingly hard to enforce. The Council feels that the electorate is capable of assessing the merits of candidates and that excessive or negative campaigning is unlikely to advance the cause of those who indulge in it. As a result, the Council has decided that the former restrictions on canvassing should not apply to candidates for election to the Council."

I appreciate that there may be a range of different views on canvassing of the type referred to, but it is not prohibited under current Society regulations.

■ TRAINING

The foundation of a professional career

From Mr D. A. Powell, MRPharmS

As the preregistration co-ordinator for H. I. Weldrick Ltd, I have some insight into and sympathy for Mohammad Ayub Alvi's comments on preregistration training (*PJ*, 17 May, p594). However, his view may be restricted by his position.

Many trainees see their year's training as the build up to the Royal Pharmaceutical Society's registration examination. Although the examination is a requirement for registration, trainees should remember that the year is also the

foundation to their future professional career in pharmacy. The transition from student mindset to that of a professional is a difficult one, perhaps more so for those students from traditional four-year, continuous MPharm courses. During these years the students are immersed in knowledge assimilation with perhaps little "real-life" application of that knowledge through "pharmacy practice-based tasks" in the various sectors. I concede that many MPharm courses are now addressing this issue in a variety of ways, for example, scheduling "placements in practice" into their courses, as in the case of Huddersfield University and Bradford University.

The White Paper's suggestion that the preregistration year be integrated into the MPharm course will bring as many new difficulties as solutions to perceived problems but, as always, we should look to ways of improving preregistration training.

Students can tend to focus on clinical aspects of their practice to the detriment of their practical skills. Both are equally important in producing pharmacists fit for the future. The issue of time off before the registration examination is a personal choice, dependent on a student's learning style and attitude. Some students like to remain immersed in practice, consolidating their acquired knowledge by action; others prefer to theorise.

Mr Alvi should also give a thought for his work colleagues, many of whom may be continuing to learn, train for National Vocational Qualifications, or attaining accuracy checking technician qualifications. Yet the majority of these individuals will be continuing with the "pharmacy practice based tasks" on a daily basis.

Darren Powell

Preregistration Co-ordinator
H. I. Weldrick Ltd, Doncaster

■ PHARMACY EDUCATION

Hold on to science

From Mr T. Ahmed

As I come to the end of my four-year MPharm course I find it encouraging that the recent White Paper has suggested a possible change in the MPharm degree to allow students to gain more clinical knowledge and experience. However, I think students should have the initiative to gain such experience for themselves, whether it is via weekend work or vacation placements, rather than depend on the university.

Focusing on the clinical aspects of pharmacy is a step in the right direction; however universities must not be pushed into reducing the core scientific elements of the MPharm. How can clinical aspects be understood if the basic fundamentals are weak? How can pharmacist call themselves medicines experts if they do not understand the principles of subjects such as pharmacology, pharmacokinetics, and chemistry? Science has always been a core part of any pharmacy degree; do not reduce science to some mere basic level because this will not help the graduates of tomorrow.

Tauheed Ahmed

Southend-on-Sea,
Essex

■ MORPHINE/FENTANYL

Equivalent dose conversions

From Mr A. Amin, MRPharmS

Transdermal preparations of fentanyl and buprenorphine are available (British National Formulary 55, section 4.7.2); they are not suitable for acute pain or in those patients whose analgesic requirements are changing rapidly because the long time to steady state prevents rapid titration of the dose. The following 24-hour doses of morphine are considered to be approximately equivalent to the fentanyl patches shown:

- Morphine salt 45mg daily = fentanyl 12 patch
- Morphine salt 90mg daily = fentanyl 25 patch
- Morphine salt 180mg daily = fentanyl 50 patch
- Morphine salt 270mg daily = fentanyl 75 patch
- Morphine salt 360mg daily = fentanyl 100 patch

Morphine (as oral solution or standard formulation tablets) is given for breakthrough pain.

I recently had a query in regards to converting fentanyl patches to the equivalent dose of morphine via a syringe driver (subcutaneous). The dose the doctor had calculated was considerably higher than the one I had in mind and he stated that he had used the BNF as a guide.

Looking at the relevant section (prescribing in palliative care, BNF 55, p16) I could see how he had made the mistake.

Under the transdermal section (BNF 55, p16) there is a table outlining the 24-hour doses of morphine considered to be approximately equivalent to the fentanyl patches. However, there is no mention of "oral" anywhere in the section apart from for breakthrough pain. The section before "transdermal" discusses parenteral administration and I see how some readers may continue in the same mind set and convert directly from transdermal fentanyl to 24-hour subcutaneous morphine via a syringe driver.

It is important to be aware of the equivalences between different formulations as well as different drug groups. We are aware that oral and subcutaneous doses of morphine are not equivalent. The oral to subcutaneous potency ratio of morphine is between 1:2 and 1:3, and the same ratio holds true for IM and IV injections. In practice the total daily dose of morphine is generally divided by 2 to give the equivalent daily dose of subcutaneous morphine.

Hence it would seem appropriate to highlight the route to clarify conversions since there is a significant difference in the dose depending on the route of administration.

This issue has been brought to the attention of the BNF editors who are looking at possibly reviewing this for the next edition.

Ajmal Amin

Medicines Information Pharmacist
Bradford Royal Infirmary

MANJULA HALAI, staff editor, BNF Publications, states: The BNF welcomes these comments. For BNF 56 (September 2008) the text will be amended to highlight that the route of administration of morphine in the equivalence table is oral. We will continue to review the section to ensure that it is accurate and clear, and provides all the relevant information for healthcare professionals working in palliative care.

■ PHARMACY ROBOTS

Quantitative data

From Professor B. Dean Franklin, MRPharmS

I read with interest Stephen Goundrey-Smith's article on pharmacy robots in UK hospitals (*PJ*, 17 May, p599) and was pleased to see a discussion of the importance of evaluation. Mr Goundrey-Smith wrote that he hoped more NHS hospitals would publish quantitative data on the performance of their pharmacy robots. I would therefore like to draw readers' attention to a study published in the *International Journal of Pharmacy Practice* earlier this year,¹ which was not mentioned in the article. This is probably the most comprehensive evaluation of dispensing robots in a UK hospital to be published to date; it explored the impact of two different dispensing robots in a controlled study at Imperial College Healthcare NHS Trust. The study showed that installation of a dispensary robot has modest benefits in terms of reduced dispensing errors, reduced picking times, increased staff satisfaction and increased storage capacity; there was no conclusive impact on prescription turnaround times. These findings seem to be independent of the type of robot installed.

I fully support Mr Goundrey-Smith's assertions that quantitative evaluations of such developments are needed; it is all too easy to assume that anticipated benefits will be borne out in practice without finding out if this is indeed the case.

Bryony Dean Franklin

Director, Centre for Medication Safety and Service Quality
Pharmacy Department, Imperial College Healthcare NHS Trust/The School of Pharmacy, University of London

References

1. Franklin BD, O'Grady K, Voncina L, Popoola J, Jacklin A. An evaluation of two automated dispensing machines in a UK hospital pharmacy. *International Journal of Pharmacy Practice* 2008;16:47–53.

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

■ MINORITY LANGUAGES

Establishing the evidence base for language-appropriate practice

From Ms G. W. Roberts

Since leaving Wales, Gerallt Jones, writing from New Zealand (*PJ*, 3 May, p537), may be heartened to learn that efforts are well under way to establish bilingual (Welsh/English) health care services in Wales and develop the evidence base to support language appropriate practice.

In contrast to the numerous minority languages Bernard Black (*PJ*, 17 May, p595) encounters in Middlesex on a daily basis, Te Reo Maori and Welsh are indigenous languages that are supported by public sector statutory regulations within their respective countries. Moreover, in Wales a government-funded initiative, LLAIS (www.llais.org), under the auspices of Clinical Research Collaboration Cymru, facilitates Welsh language awareness across the research infrastructure and measures the impact of language appropriate services on health outcomes and service delivery.

Given the increasing demands on community pharmacists for effective healthcare communication, this work has a bearing across a range of bilingual healthcare settings world-wide.

Gwerfyl Roberts

Lecturer & Co-Director of LLAIS
Bangor University, Wales

■ EVOLUTION

A question of belief?

From Mr C. Anton

It is mind-boggling that someone with a pharmacy degree which is predicated on using evidence to inform practice should discount evolution as having no evidence behind it. There is overwhelming evidence to show that apes and human are descended from a common ancestor, increasingly so these days when DNA is considered. Mr Worsley's contrary view (*PJ*, 17 May, p594), that apes and human are completely separate, is only — as he describes — a belief.

Christopher Anton

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