

NEW PROFESSIONAL BODY

Win-win partnerships

From Mr D. A. Morgan, FRPharmS

The College of Pharmacy Practice welcomes the assurance given by the Royal Pharmaceutical Society's Chief Executive and Registrar, Jeremy Holmes, that the Society and its Council are committed to the development of an influential, supportive and inclusive professional body (*PJ*, 7 June, p688). We are disappointed, therefore, with the tone and content of the subsequent letter from Council member Douglas Simpson (ibid p688) querying the motivation of the college and the Waterloo Group organisations, which are committed to the same aims. We would like to assure Mr Simpson that he has no reason to feel threatened by the involvement of the college in developing the new professional body or by the college being one of the partners in the Waterloo Group. Our position, and that of the Waterloo Group, is accurately described in the letter from Mr Holmes. We totally refute Mr Simpson's spurious suggestion that either the College or the Waterloo Group has plans to sequester the Society's assets; indeed this has never been discussed.

The college was established by the Society in order to promote a high standard of pharmacy practice and it has never made a secret of its long-standing aspiration for a royal college for the profession. We have been open and transparent about our views towards establishing a new professional body. We have participated in the normal democratic processes both individually and in participation with the Waterloo Group. The public statements following the two meetings of the Waterloo Group were both supportive of the Society and the second one supported the recommendations in the Clarke Report. The college has declared from day one that it wishes to be incorporated within the new body and will continue to support the Society to achieve this.

Having seen the Society's response to the Clarke Report (www.rpsgb.org.uk/pdfs/clarkersp_gbrresponse.pdf), we recognise that there are a few matters which will require further debate, and we look forward to a constructive dialogue on these points. The college will continue strongly to support the Clarke Report's recommendation, which promotes a broadly defined membership for the new body. In

doing so, we recognise that it is of the utmost importance to make the new body relevant to generalist members as well as specialist members.

Finally, we fully support the Society's view that there is a continuing need for dialogue and partnership working with other pharmacy groups and organisations and we should all seek to co-operate together to implement the new professional body. A win-win partnership is required and we would urge Mr Simpson to embrace this concept and join constructively in the deliberations of the Transitional Committee.

David Morgan
Chairman, College of Pharmacy Practice

Members should meet their Waterloo (Group)

From Mr G. Hall, MRPharmS, and others

In response to Douglas Simpson ("Members could meet their Waterloo" *PJ*, 7 June, p688) we felt it important to correct some of the inaccuracies in his letter.

There was no involvement of the Department of Health in convening the Waterloo Group. Following informal discussions at the United Kingdom Clinical Pharmacy Association 25th Anniversary Conference in the autumn of 2006, it was agreed that representatives of UKCPA, the Guild of Healthcare Pharmacists and the College of Pharmacy Practice should meet with a view to working more closely together.

This was given added impetus by the publication of the White Paper "Trust Assurance and Safety" in February 2007, and it was agreed that there would be merit in involving other organisations in the meeting. The deciding factor was the announcement that the Royal Pharmaceutical Society was to hold a meeting to discuss the White Paper, but that attendance was to be limited to its own regional and branch representatives. The Society subsequently reversed that decision and invited representatives of other organisations, but by that time arrangements for our meeting were at an advanced stage.

The meeting was held on 15 March 2007 at a neutral venue at Waterloo, London, hence the name of the agreement and the group. The Society was not invited, but the President, Vice-President and Secretary and Registrar were told that it was happening.

At the meeting, there was a remarkable degree of unanimity, and we were excited and energised by this. We wanted to publicise our agreement and, as a few of us had been invited to the King's Fund seminar on 20 March, it was agreed that the college's chief executive should seek an opportunity to make an announcement at that event. The Department of Health was contacted on Friday 16 March as a result of which the college chief executive received an invitation on Monday 19 March to make a short presentation at the seminar the following day.

The Waterloo Agreement, which was published by the King's Fund in its report of the seminar, was supportive of the Society's role

as the basis for a new professional body, but with the involvement of other bodies as well, and that is still our position today. At our second meeting in March 2008, the Society's Chief Executive was invited to speak, along with Nigel Clarke and Peter Noyce on behalf of the Pharmacy Regulation and Leadership Oversight Group. A report of the meeting was forwarded to the Society as soon as it was ready, it was publicised in the *PJ* and on the websites of the College and other organisations.

There is no question, therefore, of the Waterloo Group being secretive or subversive; in fact we have communicated openly with the Society, Department of Health and others about the meetings we hold, and our aspirations to engage positively with the development of a professional body which will support all of our profession wherever it may be practised.

There certainly is no suggestion that it should sequester the Society's assets. In the absence of any evidence it is, therefore, at best mischievous that such a suggestion has been made.

Graeme Hall
*Professional Secretary
United Kingdom Clinical Pharmacy Association*
Richard Cattell
*President
Guild of Healthcare Pharmacists*
Ian Simpson
*Chief Executive
College of Pharmacy Practice
On behalf of the Waterloo Group*

LABELLING

Ignoring lessons from road signage

From Mr G. A. Boorman, MRPharmS

I read the news feature concerning the labelling of injectable medicines (*PJ*, 17 May, p586) with some pleasure. I was privileged over 30 years ago to have worked on pharmaceutical presentation issues with typographical experts. It seems that our conclusions were no different then. It is indeed a pity that there are still pharmaceutical manufacturers that continue to ignore the lessons from Britain's road signage by persisting in the use of unfavourable type faces and poor colour contrast on the packages that fill our dispensary shelves.

Gary Boorman
*Ilford,
Essex*

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.

■ ANTICOAGULANTS

Patient information available

From Dr B. A. Warner, MRPharmS

I write in response to Susan Youssef's article "Patients taking warfarin: problems revealed by medicines use reviews" (*PJ*, 31 May, p662).

We at the National Patient Safety Agency are encouraged that the initiative described by the author is focusing medicines use reviews on patients taking warfarin, and see that as an excellent use of community pharmacists' considerable expertise.

We would, however, like to point out a slight inaccuracy in the article concerned. Ms Youssef states: "Whereas the new-style book only contains patients' treatment records, the old ones also had a useful list of 'dos and don'ts', including advice regarding missed warfarin doses, as well as information on a few drug interactions." This information is still available, and has been updated with the help of patient groups and the British Society for Haematology.

The patient information itself now forms a separate booklet and is no longer part of the monitoring record. This approach was taken to avoid services having to provide full patient information every time a new record book was required, and to allow a larger format patient information book to be produced, which would not need to be carried at all times. This was also helped by the production of the credit card-sized alert card, which Ms Youssef mentions.

Anticoagulant clinics should still provide the full patient information booklet "Oral anticoagulant therapy: important information for patients" or a local equivalent, in addition to any monitoring record that they may require the patient to carry.

The anticoagulant patient information can be ordered from the following NHS supplier: 3M Security Printing and Systems Ltd (tel 0845 610 1112; e-mail nhsforms@spsl.uk.com; web-based ordering system www.nhsforms.co.uk).

Bruce Warner
Senior Pharmacist
National Patient Safety Agency

■ THE SOCIETY

Our new President must set the tone

From Mrs C. M. Glover, FRPharmS

The post of President of the Royal Pharmaceutical Society is challenging and demanding at any time. Steve Churton (*PJ*, 7 June, p677) will find that this year it will be immensely more so.

For years we have been saying that pharmacy is at a crossroads and, over the past few years, some of us felt we had moved from the crossroads and were more sure about our role in the world of health. But that was from the confident position of being the Royal Pharmaceutical Society of Great Britain. Now we find ourselves forced down a road that was not of our choosing and the options are different.

The General Pharmaceutical Council has a clear objective and those who practise will have to use it; the problem is where the other road leads. Is it fit to travel and will the end of the road be useful and relevant? We must make sure that it does not turn into a dead end.

Recent Council elections serve to remind everyone of just how disenfranchised the majority of members feel. Only 16 per cent could be bothered to vote when the Society is at such a critical point. Appealing to people's better nature will not turn this situation around, and consulting on every minute detail will only delay the road-building process and result in poor decisions and compromises. Mr Churton has several groups of pharmacists, such as the fellows and the Waterloo group, who are experienced and committed to ensuring that we have the right sort of future for the profession. He should use them.

The membership has to be convinced that it will be worth belonging to the future professional body and they have to know that the new body will be able to work without being encumbered by the baggage of what has gone before. Council members must put their personal ambitions aside and concentrate on the greater good of the whole profession.

The vision has to be for excellence. The new body will be small but, if it is good, it will gain credibility and ultimately every

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self-respecting pharmacist will join. It is vital that the Transitional Committee recommended by Clarke be established as soon as possible, and then given full authority to establish the way forward, together with the assurance that its recommendations will be accepted in the main and implemented by Council.

Mr Churton must be prepared to set the tone by showing a level of leadership and statesmanship, and he and the Council must reach levels of altruism and professionalism not seen in the world of pharmacy politics for some time. Then his term of office will be remembered for having rescued the profession from a disastrous end and setting it on a successful road.

Christine Glover

Past President (1999–2001)
Royal Pharmaceutical Society

DISPENSING DOCTORS

It is staff who provide pharmaceutical advice

From Mrs M. M. Martindale,
MRPharmS

Although I agree with David Thomas on the anomalies of the dispensing doctors' situation (*PJ*, 31 May, p654), I would like to point out that in my experience rural GPs do concentrate their efforts and superb medical skills on diagnosing and prescribing, and improving the nation's health and welfare. It is left to the unqualified, but usually extremely helpful and pleasant, surgery staff to provide pharmaceutical care and advice. Pandemic influenza should pose no pharmaceutical-related problems for these practices; extra staff could be recruited relatively easily.

Maisie Martindale Stirling

INTERFERON

Memories stirred

From Mr P. M. Gardner, FRPharmS

Jenny Bryan's article on interferon (*PJ*, 24 May, p637) stirred some ancient memories for me. She

E-mail

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

mentions that "UK scientists Alick Isaacs and Jean Lindenmann" first reported the isolation of interferon, although I am not sure that Lindenmann qualifies for the "UK" tag — he was a Swiss national, who spent a year working with Isaacs at the National Institute for Medical Research's Mill Hill laboratories in London.

The year was 1957. I was working in London as the assistant editor of the now-defunct monthly *Pharmacy Digest*. The story excited me. But it had nothing to do with cancer. In those days, the buzz surrounding interferon was the implication that the gaping hole in the antibiotic armory — its failure to kill viruses — was about to be closed. Interferon was to be the "antiviral penicillin".

There was an intriguing political dimension, too: here was another British discovery — surely this time the patent rights would not be handed to the Americans, as had happened with penicillin?

I drew up the outline for what I saw as a major story. But my editor, Brian O'Malley (he was later to be the director of publications at the Pharmaceutical Society), was an older, wiser and canner man. He was sceptical, and advised me to be so, too. He underlined the point by reminding me that my first task, when I joined *Pharmacy Digest* in August 1953, had been to come up with medical jokes for the humour page, "Lapsus Calami". And the first joke on that first page had been:

Patient: But why do you call it a wonder drug?

Doctor: Every time I prescribe it I wonder what will happen.

O'Malley's scepticism was totally vindicated. The interferon hype soon died down, the talk of "misinterpretation" began. And, as I recall, I never got as much as a single word about the new wonder drug into the pages of *Pharmacy Digest*.

In Stephen S. Hall's book, 'A commotion in the blood', there is a fascinating account of interferon's early life, and of the tragically early death of Alick Isaacs.

Paul Gardner
New York

PHARMACY IN ACADEMIA

Basic stipend is enough to live on

From Miss R. D. Ramsey,
MRPharmS

I was surprised by Tristan Learoyd's letter (*PJ*, 31 May, p656) regarding pharmacists undertaking PhD studies. As a first-year research student, I receive a stipend and I currently do not undertake any locum pharmacist duties. The money I received this year from demonstrating in laboratory classes and invigilating examinations (common practices among postgraduate students) alone has covered my Royal Pharmaceutical Society retention fee. My average monthly spend on essentials (rent, bills, food) is less than half of the basic stipend. Plenty would be left to pay the annual retention fee even without the additional income.

While I would welcome a review of the fee structure (it is irksome to have to pay £400 a year for a qualification that I am not using), to imply that research students cannot afford to pay is probably inaccurate in most cases. The basic stipend of £12,000 a year may not sound like a lot to pharmacists but it is vast riches in comparison with the lot of the average undergraduate student.

Although I am aware that Bradford is one of the least expensive places to live. I find it difficult to believe that other pharmacy research students would be unable to survive on an average of £950+ per month.

Rebecca Ramsey
Bradford

THE JOURNAL

Potential conflicts of interest

From Mr S. Montgomery, MPSNI

I noted with interest the media coverage in April of the Cochrane Collaboration review on various vitamin supplements.¹ In particular the BBC coverage² quoted an industry (Proprietary Association of Great Britain)-sponsored organisation — the Health Supplements Information Service — whose spokeswoman attempted to maintain the common (and highly profitable) belief among the general public that taking supplements is somehow good for you, and a viable alternative to eating a normal healthy diet (the

full press release is available on the HSIS website, linked from the BBC article).

The spokeswoman was Pamela Mason, who was stated to be a nutritionist. Dr Mason writes on nutrition relatively frequently in *The Pharmaceutical Journal*. Why is this not declared as a potential conflict of interest alongside all her articles? Being in the pay of an organisation that promotes supplements, rather than promoting cheap, healthy fruit and vegetables, certainly strikes me as a fairly obvious potential conflict of interest.

For future reference I think we should know *The Journal's* policy for elucidating potential conflicts of interest before acceptance for publication, and for declaring them in the article.

Stephen Montgomery
Belfast

References

1. Bjelakovic G, Nikolova D, Gluud LL, Simonetti RG, Gluud C. Antioxidant supplements for prevention of mortality in healthy participants and patients with various diseases. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD007176. DOI: 10.1002/14651858.CD007176.
2. <http://news.bbc.co.uk/1/hi/health/7349980.stm> (accessed 20 May 2008)

The Journal's policy with regard to conflicts of interest is clearly stated on our website at www.pjonline.com. It is that submitted articles, papers or letters should include a declaration of any financial, commercial, personal or occupational interest that readers should know about. In future Dr Mason's nutrition articles will mention that she is an adviser to the HSIS. — EDITOR.

PAMELA MASON replies: In my capacity as an adviser to HSIS, I do not push supplements as a substitute for a healthy diet but as a supplement for the large numbers of people who do not achieve a healthy diet — and there are many such people in the UK. The National Diet and Nutrition Survey makes this clear. For example, 73 per cent of adult women do not achieve the reference nutrient intake for copper, 74 per cent fail to achieve the RNI for magnesium, 91 per cent for iron and 42 per cent for calcium. Among men, 50 per cent fail to achieve the RNI for magnesium, 43 per cent for zinc and 39 per cent for copper. For these people, an all round multivitamin helps to make good the dietary gap.

■ COMBIVENT

Communication: simple and clear

From Mr C. Daly, MRPharmS

I have to agree with previous letters (*PJ*, 19 April, p472, and 17 May, p595) and compliment Boehringer Ingelheim on its simple, clear communication strategy around the discontinuation of Combivent.

The simplicity of the strategy, involving direct communication with patients via an over label on the box, without the need to invade their privacy with letters, is ingenious.

Better medicines management is made possible by communication flows between pharmacists, GPs and patients and Boehringer Ingelheim has facilitated this.

Why cannot more companies communicate discontinuations and other product characteristic changes in the same way?

Cathal Daly

*Practice Pharmacist
Elmham Surgery
Dereham, Norfolk*

■ REPEAT PRESCRIPTIONS

Circle the wagons!

From Mr P. J. Howie, MRPharmS

You reported that patients will soon be able to order their repeat prescriptions by a number of different electronic media (*PJ*, 24 May, p615).

The partnership between DigiTV and EMIS (the major GP software system) is targeting

patients and getting them to change from their conventional sourcing of their repeat prescriptions.

EMIS also has a partnership with an internet pharmacy and I am sure the large groups will have plans to target repeat prescription business either by convenient online ordering or telesales backed up with television advertising and home delivery.

Most pharmacies rely on repeat prescriptions as the core of their businesses and all independents and

small groups must act now to protect the business they have. In Worthing, two independents have developed and successfully trialled their own website for ordering repeat prescriptions. It can be seen at www.myrepeats.com.

The site has been so successful it has now been redeveloped enabling independents or small groups to apply to use the service in their locality.

Paul Howie

Worthing, West Sussex

**Commonwealth**

Commonwealth Pharmacy Day, when pharmacists in Commonwealth countries are asked to make a special effort to promote the profession, is celebrated on 16 June each year.

That date was chosen because it was the date of the inaugural meeting in 1969 which led to the formation of the Commonwealth Pharmaceutical Association.

It is also the birthday of one of the CPA's principal founders, the late Albert Howells, OBE, who chaired the inaugural meeting.

Celebrated since 1982, Commonwealth Pharmacy Day is used annually in some countries to promote pharmacy to other health professions, to government departments and to the public. Although it has been particularly recognised in third world countries, the CPA encourages all Commonwealth pharmacists to celebrate the day and apply themselves to promoting the profession.

□ Since its foundation, the Commonwealth Pharmaceutical Association has been strongly supported by the Royal Pharmaceutical Society, which provides the association's secretariat. British pharmacists can become personal members of the CPA for an annual fee of £10.

Applications for membership should be sent to the Secretary, Commonwealth Pharmaceutical Association, 1 Lambeth High Street, London SE1 7JN.