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# Pharmacists must not overlook the opportunities on offer in animal health

Human customers account for only 20 per cent of business for a pharmacist in Cumbria; the largest part comes from animal health.

Judy Kirby reports

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**F**our-legged consumers have a particular appeal for Cumbrian pharmacist Phil Jobson. Or rather, it is their owners he likes. “I derive greater pleasure advising animal owners than dispensing medicines prescribed by someone else,” he says.

Animal health is the biggest part of Mr Jobson’s business in the rural communities of Longtown, Brampton, Penrith and Rosehill. At his Longtown premises, human customers account for only 20 per cent of business although the community pharmacy is the hub of the enterprise.

His favourite statistic is that 500,000 visits to UK pharmacies are made daily by people who own pets — or companion animals as they are known professionally — presenting a huge opportunity for pharmacists. “They come in for their own health, but they could also buy animal medicines,” says Mr Jobson.

EU legislation requires veterinary medicines to be assessed for safety, quality and efficacy before they are placed on the market. This legislation was reviewed last year and changes must be implemented nationally. In the UK, consultation has started on proposals to replace pieces of legislation on animal medicines with a single statutory instrument and to remove animal

medicines from control under the Medicines Act 1968. The regulations will establish four new classes of animal medicines, one of which (POM-VPM) pharmacists will be able to prescribe (see Panel 1). The new regulations have to come into force on 31 October to comply with the EU deadline.

Both the EU legislation and the UK consultation into veterinary medicine suggest a potentially bigger role for pharmacists in this market and Mr Jobson’s vision of an expansion of new business is apt.

“We’ve put our case for reclassification of medicines,” says Mr Jobson, who is a member of the Royal Pharmaceutical Society’s Veterinary Pharmacists Group, “and if the Veterinary Medicines Directorate [an executive agency of Department for Environment Food and Rural Affairs] is convinced that pharmacists can add value then there is a case for an extended pharmacy classification of animal medicines.”

Mr Jobson adds that there is a significant body of opinion that would argue for more liberal reclassification of veterinary medicines from POM to pharmacy and merchants list (PML) rather than pharmacy only. He believes that pharmacy should take up the challenge now by stocking and selling the existing, albeit restricted, range of pet medicines. This way the profession

can demonstrate how pharmacy can expand the market, add value and enhance animal care. "Although many of the issues of reclassification will be addressed by DEFRA with particular concern for food producing animals and protection of the consumer, reclassifications are likely to be reflected in the companion animal sector."

### Grasp the opportunities

Only about 1,500 pharmacists are currently active in veterinary pharmacy, although the number taking up this challenge is increasing rapidly in response to legislative changes. Mr Jobson says that there have been lost opportunities in the past and recalls how pharmacists missed out during the 1980s when horse owners could not buy wormers from agricultural merchants. PMLs could only be sold to horse businesses. Horse owners decided they would like to go to their saddlers for wormers because not all pharmacists carried them. "So courses were run for saddlers and they were registered to sell wormers to the public. We are the experts in medicines but we sit in our ivory towers when others want a bit of the action. We must not ignore these opportunities."

A lot of Mr Jobson's business is with Cumbrian dairy and cattle farmers. His father started the agricultural arm to his pharmacy in the 1950s when he realised medicines for humans would not provide him with enough money to retire. But in appealing to his fellow pharmacists to embrace animal health Mr Jobson is thinking more of small pets — the British passion. "All pharmacists, urban or rural, could be involved in companion animal medicine. There's no question about it. They could incorporate a range of pet medicines within their premises and could start trading within two or three weeks. But they wouldn't have all the necessary knowledge at that point, and customers wouldn't come voluntarily."

Mr Jobson is keen to help interested pharmacists take the plunge and one member of his staff devotes much time to supporting new veterinary pharmacists. "If they are genuine and sincere we point them in the right direction and hold their hands." The Veterinary Pharmacists Group organises a one-week residential course, which consists of both large

animal practice and small pet care, leading to the qualification D Vet Pharm.

"Community pharmacists are busy and the dispensing load is getting intolerable but they also complain that they are losing market share to supermarkets. An animal section introduced into the business may not need to involve the pharmacist too much — staff who have pets and are interested can handle much of the new work."

Mr Jobson's business has 10 SQP (Suitably Qualified Person) staff members. This qualification is issued by the Animal Medicines Training and Regulatory Authority. "There are a lot of agricultural merchants with SQP certificates who are perfectly competent to sell animal medicines," says Mr Jobson. "But I believe a greater involvement of pharmacists would enhance standards of health care in the UK for both farm and pet animals. An opportunity exists."

He cites the example of a vaccine for pasteurilla pneumonia, which mainly affects calves made susceptible by winter housing conditions. Only 15 per cent of the national herd is protected. "We try to persuade farmers to get this done. The average cost is £4 a course of vaccine, but losing an animal could cost a farmer between £70 and £250. Antibiotics are just fire brigade measures after it happens so we try to talk prevention to farmers."

During the foot and mouth crisis in 2001 ("the most challenging year of my life") half of Mr Jobson's customers lost animals. Longtown was at the centre of the epidemic. "We stopped selling medicines altogether and instead sold disinfectant, rat bait, paper suits and equipment to the Ministry of Agriculture, Fisheries and Food, as it was then."

Mr Jobson's business has grown over the years and can boast to supply "everything the animal owner needs", which includes protective clothing as well as medicines and medical equipment. Every type of animal, both mammal and aquatic, is catered for and a regular newsletter for customers advises on prevention, pest control and even crop protection.

The new breed of "good lifers" who come up from the south with their ponies and dogs and buy farmland for smallholdings are treated respectfully. "They buy six sheep at the mart and ask us for something for blowfly or scab. We have packs that treat 150 sheep — but we dispense smaller amounts for them."

Mr Jobson does not own an animal himself, although his children have pet rats. "What drives me is business — and animal lovers," he says. 🐾

*This article is based on one published in The Pharmaceutical Journal (13 March 2004, p321)*

## Panel 1: The four proposed classes of veterinary medicine

- ▶ *POM-V – prescription only medicine – veterinarian. May only be supplied after diagnosis and prescription by a veterinary surgeon. May only be supplied by a vet or a pharmacist. May not be supplied by post.*
- ▶ *POM-VPM – Prescription only medicine - veterinarian, pharmacist, merchant. May only be supplied after prescription by a vet, a pharmacist or a qualified person. May not be supplied by post.*
- ▶ *NFA-VPM – Non-food animal – veterinarian, pharmacist, merchant. No prescription required, but may only be supplied by a vet, a pharmacist or a qualified person.*
- ▶ *AVM-GSL – Authorised veterinary medicine – general sale list. No supply restrictions.*

*Written prescriptions will only be required if the prescriber and the supplier are not the same person. Records of prescriptions supplied are expected to include the date of supply, the name, batch and quantity of the product, the prescriber's details and a copy of the prescription. Retailers will be expected to audit their stocks annually and to reconcile supply figures with quantities received and stocks held. All records will have to be kept for five years.*