RPS supports campaign against fake medicines

IT IS estimated that over 50 per cent of medicines purchased over the internet (from illegal sites that conceal their physical address) are counterfeit. More than one in seven British adults admit to buying medicines this way and do so because they think they are getting cheaper drugs, faster delivery and a better choice. In reality, counterfeit medicines can put people’s health and potentially their lives at risk.

As a part of an ongoing “Get real. Get a prescription” campaign, due to start soon, Pfizer and partners are launching a new advertising campaign using Alliance Healthcare pharmacy distribution vehicles. The RPS is one of the long established partners supporting the campaign. Others are Alliance Healthcare, the Medicines and Healthcare products Regulatory Agency, the Patients’ Association, Men’s Health Forum and Heart UK.

The campaign aims to highlight the potential dangers of bypassing the healthcare system to purchase medicines online from unregulated sources. Visually engaging advertisements designed to discourage the public from accessing medicines via unregulated channels will be displayed on the side of 100 Alliance Healthcare vans for a year, alerting members of the general public to the potential perils of purchasing prescription-only medicines online, without a prescription.

The campaign message is that people should always seek advice and support from a pharmacist or GP rather than turning to unregulated online channels to buy potential medicine.

New IPF chairman

JANET HALLIDAY, of Ferring Controlled Therapeutics, has been appointed chairman of the RPS Industrial Pharmacy Forum. Former chairman Gino Martini, of King’s College, London, has taken on the role of deputy chairman.

Other roles and responsibilities have also been confirmed: schools visits co-ordinator, Steve Robertson, of Ferring Controlled Therapeutics; education and European affairs, Jane Nicholson; continuing professional development, Janet Davies, of Gilead; and Association of the British Pharmaceutical Industry liaison, Mike Murray.

Jayne Lawrence, RPS chief science adviser, continues her involvement with the forum.
Eighteen months on — our voice is now heard and our authority established

Martin Astbury, President, Royal Pharmaceutical Society

AS PHARMACISTS in their thousands renew their membership of the Royal Pharmaceutical Society I would like to take a moment to reflect on just what a major role the Society has played over the past 170 years or so and to say thank you to all those who have already renewed their membership, as well as to those who are in the process of doing so.

It is now about 18 months since the “demerger” that saw the Royal Pharmaceutical Society of Great Britain pass the regulatory role it had performed since the 1930s to the General Pharmaceutical Council. And it has been an eventful year and a half. There have been many issues to deal with during the past few months, all against a backdrop of a severe economic downturn which has affected virtually all of us in the profession.

Those in leadership roles within the profession are happy to lead by example. We saw this during the debate over the responsible pharmacist Regulations, when pharmacists made it clear that any suggestion that structures or processes that could take away their ability to exercise patient-centred professional judgement should be challenged.

This was just one example of the way in which the Society speaks with an authoritative and professional voice to governments on the issues that matter to you, our members.

Medicines shortages
We have been involved with the All-Party Pharmacy Group, which announced an inquiry into medicine shortages on 21 November 2011 and is currently well over halfway through taking evidence from stakeholder organisations. The RPS, as the professional body for pharmacists and pharmacy, has given evidence alongside the major pharmacy bodies, the membership bodies for medicine manufacturers and wholesalers.

Responses to the inquiry are consistent in mentioning the seriousness of the shortages and the effects on patients and pharmacists. There are stories in the media about pharmacists and pharmacy organisations, wholesalers and manufacturers exporting medicines to increase profits. These stories undermine the trust patients have in us all.

The RPS is clear on the issue of medicines shortages: nothing should come between patients and the medicines they require, particularly commercial interest. Exporting medicines is fine, as long as every patient has already received the medicines they need.

Quotas placed on pharmacies that have nothing to do with exporting are extremely frustrating and stand between patients and their medicines.

The RPS has called for the Government to oversee this complex issue that even has foreign exchange rates as a variable.

We also believe that the UK Government must commence discussions within the European Parliament to ensure that the free trade of goods between member states cannot include medicines that are in short supply.

We will continue to work with the APPG and individual politicians to deliver a system that best meets the needs of patients and pharmacy.

We have undertaken important initiatives with other health professionals, too, such as the transfer of care project, aimed at improving patient care, as well as raising the profile of the profession, and we will continue to do so.

As the GPhC consults on pharmacy premises and appears to be planning to drop the requirement for pharmacy medicines not to be placed on self-selection, I wrote to the regulator to put the RPS position on the record by reminding the council that self-selection of P medicines has been discussed at least three times in the past 20 years.

I pointed out that it is important that the whole debate centres on public safety. Despite the fact that self-selection of P category medicines will probably lead to an increase in sales, the greater part of the pharmacy profession is against it, predominantly because many of the increased sales will be inappropriate, an important element of the mechanism for preventing inappropriate sales having been removed.
Dementia
Among the latest initiatives we are heavily involved in is the issue of people living with dementia and in some cases suffering significant avoidable complications because of the inappropriate prescribing of antipsychotic medication. Pharmacists, who of course play a crucial role in medicine optimisation, are well placed to help tackle this issue.

Joint research undertaken recently by the Society and the NHS Institute for Innovation and Improvement (NHS Institute) with pharmacists and GPs has shown that conversations about the prescription of antipsychotics for dementia are most effective when pharmacists are equipped with the right facts and information.

I am delighted that a document has been prepared (see director for England Howard Duff’s article, p354) containing a digest of information, guidance and tools to support pharmacists and other healthcare professionals.

These tools and materials are the result of a collaborative process of co-design and co-development involving a group of pharmacists and GPs as well as the Dementia Action Alliance.

Their aim is to emphasise the role that pharmacists can and do play in having critical conversations about the prescription of antipsychotics in dementia.

Pharmacists, of course, play a crucial role in tackling the problem of over-prescription of antipsychotics in dementia. They routinely have conversations with prescribing physicians to raise questions and concerns or provide advice on things such as dose, quantity, frequency and drug interaction. These conversations are vital to the safety of a person with dementia, and are welcomed by their carers and other healthcare professionals involved in prescribing, as well as by some people with dementia themselves.

As I have said before, we are committed to supporting and empowering pharmacists to make a real difference to improving health outcomes for patients in this and all other areas.

With our rightful place alongside the royal colleges and other influential bodies in healthcare we continue to lead the discussions in areas such as medicines safety, public health, professional standards and guidance, and professional empowerment.

We can only do all this with your continued support. I am proud of the trust you placed in us and of what we delivered with and for you in the first full year of the RPS and I look forward to your continued membership of your professional body during the year to come.

Gratifying
It is particularly gratifying to reflect on the fact that the RPS really does address all members of the profession of pharmacy. These include the young, in the form of preregistration trainees, who are now welcomed into membership of the Society, which can help them in so many ways during their first years in practice. These also include the core membership, made up of pharmacists working in all sectors of the profession, and our long-time members, some of whom have been members for up to 70 years.

Innovators help drive our profession forward. Front line pharmacists keep the UK medicines supply safe. Our loyal long-serving members and fellows have between them a wealth of experience, knowledge and wisdom that is second to none.

And this provides me with an opportunity to remind Society members that they are welcome to nominate someone for fellowship, the deadline for which is Tuesday 1 May 2012 (see Panel above).

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**The RPS is clear on the issue of medicines shortages: nothing should come between patients and the medicines they require, particularly commercial interest. Exporting medicines is fine, as long as every patient has already received the medicines they need**
We are stronger working together for the benefit of patients and pharmacists

Alison Ewing, FRPharmS, clinical director, pharmacy and therapies, Royal Liverpool and Broadgreen University Hospitals NHS Trust, explores better ways of co-operating

**Despit**e huge advances in the provision of pharmacy services, for as long as I can remember hospital and community pharmacies have had little interaction and a sense they were two different professions. When I first started my career in the early 1980s, hospital and community working together was unheard of.

But, as a chief pharmacist in a large teaching hospital, it was to the community I turned when I had to re-engineer outpatient pharmacy services to improve quality and save money, a model now being adopted in many centres across Britain.

**Improved quality**

We started outsourcing outpatient dispensing in September 2009 with most clinics going live by April 2010. This is a contract with a community pharmacy that has an onsite facility dispensing hospital prescriptions. It certainly saved money for the health economy but, more importantly, improved quality not only for outpatients but also for inpatients.

Another benefit was that the hospital dispensary became much more efficient in providing the in-house discharge service once the outpatient system went live. Releasing technical staff from the dispensary allowed them to be on the wards delivering near-patient care. We now take less time processing discharges and reuse more medicines previously dispensed on admission as part of our one-stop dispensing scheme. An added benefit is that with shorter stays and more rapid turnover of patients, demand has increased. The department has been able to respond to this increase without additional staffing which was made possible by working with our community partner.

During the set up of the service it became apparent that some community pharmacy colleagues lacked confidence in their own ability when confronted with different treatment regimens for unfamiliar conditions (such as HIV) or dispensing unlicensed medicines. Strange doses and combinations, different routes of administration and several months’ supply at a time (at huge expense in some cases) all gave cause for alarm. This was easily resolved by integration of the community outpatient pharmacy staff with the hospital dispensary staff. Training and familiarisation with conditions and treatments dismissed most of the anxiety. Establishing an excellent communication stream with the clinical pharmacy specialists gives access to advice and reassurance when required.

When discussing the progress of the project, the lead pharmacist for the outpatient service admitted that it would be difficult for him to go back to “an ordinary community pharmacy” after working for two years in the hospital setting. He enjoyed the challenges the increased clinical input gave as well as the interactions with the consultants and other healthcare professionals that he had encountered. He felt he was part of a larger team.

**Integrated team**

Outsourcing is not about moving work across to a community pharmacy but working together as an integrated team. It seems that this novel approach to delivering pharmaceutical services has the best of both worlds. It draws on the strengths of each sector — clinical input from secondary care and the high quality patient services from the community to provide a better more cost effective all-round service.

Steel and Davies1 wrote that “a new pharmacy structure is needed to engage and influence commissioners”. They pointed out that service provision is changing in this dynamic NHS and that we need to be flexible to ensure that pharmacy continues to flourish and support improved quality of patient care. I could not agree more and hope that the model we have in Liverpool is the start of this.

**What next?**

A huge volume of hospital prescribing is done via homecare services. A recent Department of Health report2 by Mark Hackett, chief executive officer at the University of Southampton NHS Foundation Trust, highlights the need for visibility and quantification of NHS spend on home care medicines and gives hospital chief pharmacists responsibility for the safe and efficient delivery of these services. But why are some medicines being moved to home care? Should we be exploring the possibilities of community pharmacy partners delivering this high-tech care rather than home care companies?

I believe an opportunity was missed when walk-in centres were established. These should have been focused on the network of community pharmacies that already existed. Perhaps we now have an opening to look at novel service delivery and another opportunity for hospital and community to work together for the benefit of patients. Patients often use the same community pharmacy, especially if they have a chronic illness which would make this the ideal network from which to provide the long-term provision of medicines. Changes would have to be made but I think the boundaries should be stretched as far as possible in the quest for improvement.

Belief in what the different sectors can do to benefit each other and working together will improve patient care. Working across the boundaries of care is truly synergistic and should be the norm today.

**References**

1 Steel S, Davies C. A new pharmacy structure is needed to engage and influence commissioners. Pharmaceutical Journal 2011;286:434.

Members’ networks and groups are driving the profession toward its future

RPS Networks Development Manager Mike Bonne explores the future contribution member networks can make to the priority areas of the profession

PHARMACY is a diverse collection of healthcare professionals, all at different career stages, often in varying circumstances and practising in a range of specialist areas. When you list these attributes for yourself, you are defining your professional profile.

As we move towards the 2012 national pharmacy board elections, the professional profiles of election candidates come to the fore. Typically, as a member you may vote for the candidate who has the closest professional profile to your own unless you are standing for election yourself. Once elected, board members are mandated to provide insight and direction to the profession as recognised leaders on behalf of the whole membership.

Members are able to make their voices heard through a number of channels: the regular “Attitude tracker” (membership survey), letters to The Journal, local practice forum events, webinars and posting on virtual forums on the rpharms.com website and beyond. All of this feedback is collated, and overarching themes are extracted and used to inform the views of board members.

The outcome is a set of membership priority areas in line with the Society’s vision and mission, as well as being relevant to the current climate within healthcare (see Panel). They provide the aims and objectives of the Society’s annual work programmes as the ultimate purpose of each priority is to influence positively the day-to-day practice of members in areas that they believe influence is required.

Vested interest
Member networks are now actively being engaged on priority areas as a way of maintaining member involvement. Active participation gives members a personal vested interest in priorities, while allowing the networks to be constantly refined and developed. Networks are a perfect vehicle for member involvement because their scope is defined by the common professional profiles of their members. It stands to reason, for example, that pharmacists who can prescribe are members of the prescribing pharmacists’ discussion group. Each network is a collective voice for members with the same professional background.

Identifying the relative merits of priority areas to each network increases the likelihood that networks will be able to contribute proactively. In her role as networks lead, Catherine Armstrong, of the English Pharmacy Board, was able to give an insight into the goals of each priority and provide a short list of existing networks for each. The next step is to engage these short-listed networks as recognised stakeholders in priority areas.

There are some networks that have inadvertently become stakeholders in priority area work, with contributions to policy development, such as the governmental consultation processes, already commonplace. By making the link between these contributions and a common theme, this provides members with an ongoing narrative of how their area of specialism/representative network relates to others networks and its wider role in the profession.

Now individual members will also able to link their own personal contributions as part of these networks to the development of the profession. A prime example is the contribution that the General Group network has made to the English Pharmacy Board’s work on “Influencing legislative change” through its debate on the Health and Social Care Bill.

The creation of new network engagement tools based on priority areas is also being explored. The recent launch of action packs to LPFs through the LPF Leadership Network will facilitate direct participation in priority areas. Integral to each action pack is a topic based activity, that can be run independently and locally, which has been developed as part of work on a specific priority area.

Professional empowerment was chosen as the first priority to trial this with and action packs have now been created, and launched, on topics including “Professionalism in modern healthcare” and the recent Society research into the impact of the responsible pharmacist legislation changes. As local networks begin running these activities, they will be able to demonstrate participation in national priority areas at a local level.

Priority groups
Where suitable stakeholder networks do not exist for priority areas, new networks have been and will be created. These new networks, “priority groups”, have been set up to aid the member engagement process in the short term.

Professional empowerment is also the first priority network and will be used to develop support, expertise and a knowledge base in this area in the future. Once this has been achieved, new long-term networks can be created that match the professional profiles that will hopefully be the result in the future.

Ultimately, the creation of and participation in networks allows Society members to be the driving force behind themes that matter to the profession. Are there any networks that you would like to see developed? Are you a member of a network that you would like to see working in a priority area? Join existing networks, new priority networks or become a local leader as part of the LPF Leadership Network, by going to www.rpharms.com.
Changing the landscape of how the BPSA supports students and trainees

Ryan Hamilton, president of the British Pharmaceutical Students’ Association, explains

As the official student organisation of the Royal Pharmaceutical Society, and the only body that solely supports and represents pharmacy students and preregistration trainees, it is important that the British Pharmaceutical Students’ Association changes with the times. July 2011 saw the current BPSA executive take office and vow to make fundamental changes to what it offers to its members. These changes are already being seen, as the BPSA and the RPS now have over 10,800 joint members. However, there are many other changes planned for the next six months that will see the BPSA become an association we hope students will be proud to join.

Getting the best outcomes

This year’s executive hit the ground running and tackled the problems experienced with the registration assessments. By working with The Pharmaceutical Journal to launch a successful media campaign we gathered enough evidence to produce a comprehensive report of the problems experienced. From this we drew up 11 recommendations for change, which were unanimously accepted by the General Pharmaceutical Council in October 2011. As a result of this work we are confident that the upcoming registration assessments will be a better experience for all candidates, who will, unfortunately, still have to deal with the stress of the most important examination of their careers.

We regularly attend meetings at the Society’s headquarters to ensure students are at the forefront of professional issues. This is an invaluable platform not only for us to be able to promote our policies and activities to the Society but also to keep abreast of other issues that we should be informing students about. Over the past months we have also been increasing our involvement with other organisations to ensure student opinions are heard throughout the profession.

The Panel contains a selection of the organisations which we are currently working with and what we are doing to represent our members.

Helping members develop themselves

Continuing professional development is something that pharmacists have got used to and undertake on a regular basis. However, the process of CPD can sometimes be alien to students.

To introduce students to the concepts of CPD the BPSA provides the Professional Development Certificate (PDC) scheme, which encourages students to undertake further professional development, reflect on their experiences, and record this in a way that is identical to online recording for pharmacists.

In July our educational development officer set out to overhaul the scheme and bring it up to date. The new scheme will move away from the often strict world of competency frameworks and introduce a scheme based around learning objectives and outcomes, with tangible results that will enable successful reflection and future planning. This is not to say we are abandoning competency frameworks completely.

The new scheme will enable students to understand the importance of competency frameworks and how these can be used to identify learning needs. From this we hope to prepare students for the preregistration performance standards, and increase engagement with the leadership competency framework.

Finishing touches are now being made to the scheme, which will be officially revealed in the coming weeks. From here we will also seek the engagements of the universities and also employers.

Bringing the association up to date

The BPSA has embraced social media for a number of years and we are seeing it increase engagement with our members. However, there is much more to a web presence than Facebook and Twitter.

The BPSA is working hard behind the scenes on another project—a brand new website. The current website has outgrown itself and as a result we are taking a fresh approach. Our new website will make finding information easier and faster and provide an experience that is welcoming and interactive.

Redesigning the website will also allow us to show visitors how the BPSA and RPS are working together to provide students with a wider range of services than ever before. The new website will be launched at the BPSA annual conference.

Seventy years of success

In 2012 the BPSA is celebrating its 70th anniversary, making it the oldest national pharmacy student association in the world. This year we will be celebrating everything we have achieved in the past and more importantly looking forward to another seventy years of success in the future.

The 70th BPSA annual conference is taking place at the University of Sunderland and Saturday 14 April 2012 will be the official day of celebration. The daytime will play host to our medical exhibition, which will include a display of our past and present and the launch of the new website. In the evening we will be having our 70th BPSA annual ball in Newcastle upon Tyne. Tickets are on sale through the conference website (www.conference.bpsa.co.uk).
A WEBINAR is an online presentation, lecture, workshop or seminar that is broadcast over the internet. It is a valuable online education resource, and is also a great way to learn at a time that suits you. The RPS hosts a number of webinars throughout the year, and most of them are live and all are recorded for future viewing so that members have the opportunity to access learning and development tools whenever it is best for them.

RPS webinars are interactive so participants can take part remotely via their computer. They all feature question-and-answer sessions allowing full participation between the audience and the presenter and they are a great way to keep up to date with current topics outside working hours. They are also provided free of charge for RPS members.

There are four different groups of webinars available on the RPS website:

- **How to . . .**
- **Pharmacy practice**
- **Medical conditions**
- **Pharmacy history**

**How to . . . webinars**
All the “How to ...” webinars outline what steps you can put in place to further your personal development and act as a support tool throughout your career. From studying for your pharmacy degree, completing your preregistration training and how to make the most of tools available as a pharmacist, these webinars can help you along the way. You can expect to find webinars on:

- How to complete your CPD
- What makes a publishable paper?

“I really enjoyed the webinar and it served as a good revision tool from the comfort of my own home. It is unlikely that I could have attended a presentation located away from home in view of the time I normally finish work, so this opportunity was ideal” — webinar user

**Pharmacy practice webinars**
The pharmacy practice webinars all relate to day-to-day practice as a pharmacist. Pharmacists are involved in every aspect of the preparation and use of medicines, from research and development to eventual supply to a patient. Webinars that are found in this group give you information about policies and procedures, law and ethics and information regarding dispensing, and include offerings such as:

- CPD workshop for academic pharmacists
- Getting the most from Martindale via MedicinesComplete
- BNF on Formulary/Complete, an introduction
- Using search engines

**Medical conditions webinars**
The webinars in the medical conditions group highlight and discuss many medical conditions that effect people every day that you may encounter as a frontline practitioner. You can find webinars focusing on mental health conditions, cystic fibrosis and, our most recent webinar, influenza. Pharmacists are playing an increasingly important role in public health medicine and these webinars offer a practical guide to diagnosis and treatment; topics in this group include:

- Dementia
- Depression
- Cystic fibrosis
- Influenza
- Minor ailments patient group direction

**Pharmacy history webinars:**
The history of pharmacy dates back to as long as there have been people, but the pharmacy profession has more recent origins. Nevertheless, its roots can be found over 4,000 years ago. The museum at the RPS, which was established in 1842, provides a wide range of services and activities for everyone interested in the history of British pharmacy. The webinars explain the different collections found at the museum and talks on influential figures relating to the history of pharmacy. Webinars in this group include:

- Dr Tony Williams, “Dickens and disease”
- Nature’s alchemist: John Parkinson, herbalist to Charles I
- “An heirloom to be handed down”: the delftware collection at the Royal Pharmaceutical Society

With high quality speakers from respected institutions from across the UK webinars are a great way to keep learning and keep up to date with developments in the profession.

**WHAT DO YOU THINK?**

With all RPS webinars, members’ feedback is valued and any suggestions are welcomed for future webinars. The RPS is always adding to its webinar suite, so stay up to date by visiting regularly. All of the RPS upcoming webinars can be found on their website at www.rpharms.com/events/webinars, along with previous webinars to playback or download.

If you would like to make suggestions for future webinars you can email events@rpharms.com.
Lessons learnt on the national pharmacy board

Now that nominations for vacant positions on the National Pharmacy Boards for England, Scotland who have decided not to stand for election again about the lessons they have learnt and what advice.

Lindsey Gilpin — support of fellow members and staff

“TheSE last five years on the English Pharmacy Board have been enjoyable, interesting, challenging and rewarding,” says Lindsey Gilpin, outgoing EPB chairman.

“My overriding concern has always been for the standing of pharmacists, both in terms of how we are seen by the outside world and how we see ourselves. In the last year or so, since we have become a professional body, I have seen many more occasions when Royal Pharmaceutical Society representatives have spoken on behalf of the profession in the media, helping to raise our profile.

“The work of which I am most proud is that around professional empowerment. The document ‘Reducing workplace pressure through professional empowerment’ lays the foundations on which we are building. Putting in place a specialist pharmacy service for whistle-blowing has been one of the first pieces of work that we have seen to fruition.”

“The work on the impact of the Responsible Pharmacist regulations did not lead to quick-fix solutions but rather it put the whole profession on a journey towards a just and learning culture and away from the blame culture which has been so difficult for so long, Mrs Gilpin says. “First steps, that is what the last couple of years from the start of our new professional body have been, setting off in the right direction on so many issues.”

Examples are the way members’ queries are answered by the support team, the work on information technology and how this supports pharmacists, the political lobbying including taking members of Parliament round pharmacies, the work with EPB representative Ian Bates on Medical Education England.

“That is echoed within the RPS on promoting education throughout the professional life of a pharmacist and putting together professional career pathways for all sectors, she says.

As a member of the EPB it is important to have views and opinions and be able to argue effectively but you must also be prepared to listen, Mrs Kilby says.

“While it’s acceptable to criticise someone’s opinions it’s not acceptable to criticise the individual. At times it’s necessary to agree to differ but present a united view from the board. You need to learn to pick your battles — there is no point in disagreeing on everything,” she says.

“So why have I decided not to stand? Well I believe I was not unlike other pharmacists elected to the EPB — we want to do the best for our members, whatever the problem is. What might be good in the short term may not always be helpful to the profession in the long term. For example an increase in schools of pharmacy may have improved the locum situation in the short term. However, we may now be facing a situation where there are too many pharmacists for the traditional roles.”

For Sue Kilby, it is important that there is a strong professional body to represent the interests of pharmacy and pharmacists, no matter which sector they work in.

“I believe a professional body is only as strong as its membership and members should be prepared to contribute to the organisation. Members will only benefit from an organisation if they are prepared to participate actively. Clearly the level of involvement will vary throughout a career due to work and family commitments. I am only too aware of the difficulties of trying to balance a career and bringing up young children — I have been there,” she says.

“For me I didn’t believe I could actively criticise my professional body without being prepared to try to change it. I also thought with a career which had spanned most sectors of pharmacy, including working at the Society,
boards — and advice for newcomers

d and Wales are closed, Jeff Mills speaks to four prominent board members as they have for those who will take over these important positions.

Fiona MacLean — valuable experience

IN 2010, Fiona MacLean was co-opted onto the Scottish Pharmacy Board to fill a vacant seat for a hospital pharmacist. She decided to join because she thought that hospital pharmacy is often under represented on such organisations as the national boards.

“We are fewer in number than those working in community pharmacy but I believe we have much to offer to promote the delivery of first class pharmaceutical care. I was somewhat nervous initially, being a ‘newbie’ but I was made very welcome and my voice was heard.

“I have enjoyed the time spent as a board member and it is regrettable that I am standing down. I hope to pursue a further degree and so I need to prioritise my commitments,” Mrs MacLean says.

She adds that she has learnt a great deal from her short time as a board member. Of note has been the interaction with national policy shapers and politicians, influencing others and media training.

“The SPB is made up of pharmacists from most sectors, including community, academia, primary care and industry and it has been a valuable experience sharing each other’s hopes, concerns and aspirations for the profession,” she says.

“I hope my fellow board members have also gained from my contributions. For anyone planning to stand in the future I say, go for it. “You will be at the heart of shaping the direction of your profession — what an opportunity. If you can commit to the time, do it. Speak to a board member and find out more.”

Nuala Brennan — scary but, at the same time, liberating

ANOTHER who will not be seeking re-election to the boards this year is Nuala Brennan, former chairman of the Welsh Pharmacy Board. However, she remains a strong believer in the benefits that RPS members in Wales get from having their own pharmacy board.

“Election time is nearly here and it’s worth remembering how important it is that the membership in Wales gets involved. Only those who have joined or renewed their membership by 29 March will be eligible to vote and influence what the new Welsh Pharmacy Board does on behalf of members,” she points out.

“My time as chairman was an exciting and nervous period as we moved toward being solely a professional representative body and realising that there was no obligation on pharmacists to be members of the RPS,” she recalls. “It was scary but at the same time liberating, as it meant that those who chose to stay and those who have joined since have shown their personal commitment to wanting their profession to have a strong leadership body and confirming that they want to be part of the wider community that embraces pharmacists from all fields of practice.

“Almost 70 per cent of pharmacists joined the Society in 2011. Most of us see the membership fee as a small price to pay to have a professional body, and a board in Wales that can promote the fantastic work of pharmacists, fight the battles we need to fight to convince Government, the NHS and the public that pharmacists can be trusted with patient data and are worth investing in to help deliver better value for money services for the NHS and improved health outcomes for patients. I’ve been fortunate to have had a varied career in pharmacy and I can’t imagine not having my professional body there to drive the agenda and to support me when I need it to. I’ve often had occasion to call on that expertise for matters related to practice and been grateful for access to help and support which today comes at the end of the phone and by email.

“What I especially value in the new RPS is the way that queries are dealt with now and the move toward developing and supporting individuals making an appropriate professional judgement rather than feeling as if one’s being judged by asking a question.

“As pharmacists take on greater responsibility for healthcare delivery this will become more important, especially for those involved in diagnosis and prescribing, where justification for actions will hinge more on professional judgement than standard operating procedures,” Mrs Brennan says.

“One of the highlights of board membership for me in my recent term was when I spoke at the RPS conference in 2010 as Welsh Board chairman as it gave me the opportunity to showcase the work of the Welsh board and celebrate the achievements of pharmacy in Wales,” she says.
Enhancing care through innovation is the focus for the RPS Conference 2012

Margaret Watson, of the University of Aberdeen, discusses the forthcoming 2012 Royal Pharmaceutical Society annual conference in September, which she will chair

“ENHANCING patient care through innovation” is the theme for the next Royal Pharmaceutical Society annual conference. The programme is being driven by Margaret (Mags) Watson, who is the conference chairman this year, so we asked her what is in store for delegates.

Could you give us a snapshot of what delegates can expect from the conference this year?

It’s being held in Birmingham on 9 and 10 September will give those attending a unique opportunity to update themselves on the latest research, develop their careers through thought-provoking and challenging sessions and network with colleagues and exhibitors. We will present innovation at work in pharmacy and healthcare, inspiring delegates to look and adopt new ways of working to promote safe and effective patient care.

We would also like to see our delegates attend the RPS Awards evening on Sunday, where we will once again celebrate and acknowledge excellence throughout our profession.

Why is innovation such an important topic for pharmacy and what role does it play in enhancing patient care?

Innovation is about using original and creative thinking to generate new ideas and methods and applying them to everyday situations. Innovative practice is needed to achieve effective and cost-effective patient care. At the moment the importance of the efficient use of resources is essential. Health professionals need to meet these demands and challenges while maintaining and improving quality.

Pharmacy needs to use evidence and innovation to maintain and develop service delivery and to maximise patient care. With this in mind, this conference will highlight what innovation actually means, its relevance to pharmacy and how it can be applied in daily practice. Pharmacy has many examples of innovation, from novel methods of changing patient and health professional behaviour, to the development of novel services to promote patient care and public health. Much of this innovation comes from evidence derived from research which has influenced practice and in turn policy.

Whom can we expect to hear from during the two-day programme?

We have some really exciting speakers for the conference from a diverse range of backgrounds and organisations and I am sure will be worth listening to. On Sunday morning, we will hear speakers from the Health Foundation, the National Institute for Health and Clinical Excellence and the NHS Institute for Innovation and Improvement about innovative strategies and projects to enhance patient care.

On Sunday afternoon we look at “Knowledge translation: achieving innovation by design” and we will hear from designers with a wide range of experience in healthcare projects and technologies. We will explore how innovation has influenced policy in pharmacy practice, and how changing patients’ and health professionals’ behaviour can result in improved medicine usage and patient lifestyle.

On Monday morning, we will welcome Sir David Nicholson, chief executive of NHS England, who will address the importance and need for innovation in healthcare and how this can and should relate to pharmacists and medicines. We look at how pharmacy practice can be influenced through science from our colleagues at Neonatal and Paediatric Pharmacists Group as well as looking at the latest developments and innovations from IT and the increasingly important role this plays. We round the day off with a final session well worth staying for — “Effective working with patients” — where Vikki Entwistle, professor of values in healthcare, University of Dundee, and others will look at shared decision making.

An important part of the conference is practice research papers, how do these feature this year?

Practice research is at the centre of developing pharmacy services for patient care. Delegates will have plenty of opportunities to attend sessions during which they will hear from and discuss with researchers who are presenting novel results and suggesting directions for the future, both in terms of practice and professional development.

So, why should I register?

I truly believe that delegates will leave this conference having been inspired by examples of innovation in pharmacy and healthcare. I hope that they will enjoy the conference and engage with speakers, researchers and exhibitors in discussing and learning about new approaches to old challenges and developing new ways of working to improve patient care. I look forward to welcoming them to the conference in September which will be held at the International Convention Centre, Birmingham, from 9 to 10 September 2012.

Margaret (Mags) Watson is a senior research fellow in academic primary care at the University of Aberdeen. She is a health services researcher with 18 years’ experience, and registered as a pharmacist in 1987. She worked as a hospital pharmacist for eight years and then as a public health pharmacist for three years.

Dr Watson gained her PhD in 1998 from the Faculty of Medicine, University of Bristol. She gained her MSc in epidemiology (2003) and certificate in pharmacovigilance and pharmacoepidemiology (2001) from the London School of Hygiene and Tropical Medicine. She also has an MSc in clinical pharmacy from the University of Strathclyde (1989).

Her main research programme is SESAME: the Safe and Effective Supply And use of Medicines. To date, most of this research has focused upon non-prescription medicines. Additional research interests include complex interventions associated with behaviour change (of health service users and providers), and public health (particularly the role of pharmacists, pharmacy staff and pharmacies in promoting and protecting the health of the public). Dr Watson has attracted more than £2m of grants and has been involved with over 50 peer-reviewed papers. In 2008, her contribution to pharmacy practice research was recognised with the award of the Pharmacy Practice Research Trust Conference Medal.
Why is it important to you?
Podiatrists (also known as chiropodists) can obtain certain medicines by wholesale from a registered pharmacy for onward sale, supply or administration to patients in the course of their professional practice. Selected medicines can also be supplied directly to their patient by the pharmacy upon receipt of a signed order written by a podiatrist. You need to be satisfied that the request for the supply is from a registered podiatrist and the medicines requested can be lawfully supplied to the podiatrist or patient.

What this guidance will tell you?
This guidance provides a basic explanation of the principles of wholesale and how this applies to registered pharmacy premises. It also explains how to check the registration of a podiatrist and signposts to existing open sources of information where details of the legal lists of medicines which can be wholesaled to a podiatrist can be found. Additionally this guidance provides details of the legislative changes which came into force on 1st July 2011. Details include:
• supply of certain medicines to patients directly, upon receipt of a signed order written by the podiatrist
• addition of codeine phosphate and co-codamol to the list of medicines which can be sold or supplied
• removal of maximum pack sizes of co-dydramol and ibuprofen which can be supplied
• podiatrist administering combinations of parenteral medicines.

What this guidance does not cover
Wholesaling under a Wholesale Dealers Licence. The guidance does not contain a complete list of medicines which can be sold or supplied to the podiatrist or patient from a signed order written by the podiatrist. A complete list of the medicines can be viewed on the MHRA website at http://www.mhra.gov.uk/.

What is wholesale?
When a medicinal product is sold to a purchaser who intends to sell, supply or administer the medicinal product to another person.

Registered pharmacists are exempted from requiring a licence to engage in wholesale dealing and can therefore wholesale medicines as long as the sale constitutes no more than an inconsiderable part of the business.

You can only supply whole packs and should not label the medicines. You can only supply licensed medicines (unless you have an appropriate licence from the MHRA).

You need to make an entry in the POM register of the wholesale supply of any POM medicines or keep a copy of the signed order provided by the podiatrists for two years. Even if you have a signed order, it is good practice to make an entry in the POM register and keep the signed order for two years.

Registered podiatrist
You can check the podiatrist is registered on the Health Professions Council (HPC) register by contacting 0207 582 0866 or alternatively you can search the online register at http://www.hpcheck.org/. In order for you to legally make the supply, the podiatrist needs to be registered and have the appropriate annotation (i.e. prescription only medicine) on the register showing they are qualified to sell, supply or administer the medicines they are requesting for you to be able to supply to them or supply directly to their patients.

Which medicines can be wholesaled to the podiatrist?
All GSLs, selected Ps and selected POMs can be wholesaled to the podiatrist from a registered pharmacy for them to sell/supply or administer to their patients. A complete list of the medicines can be viewed on the MHRA website at http://www.mhra.gov.uk/.

Recent amendments to the range of medicines which can be sold, supplied or administered by podiatrists
On 1st July 2011, legislation changed the medicines which can be sold, supplied and administered by podiatrists and now allows the supply of medicines directly from the pharmacy to the patient upon receipt of a signed order written by the podiatrist. The following information in this guidance focuses on these changes.
1. Supplying directly to a patient on a signed order from a podiatrist

Registered podiatrists are not “appropriate practitioners” therefore they cannot prescribe medicines using prescriptions in the way that doctors and other appropriate practitioners can (unless they are supplementary prescribers). However, registered podiatrists are able to write a signed order which allows the pharmacist to supply the medicine directly to the patient. The medicine requested must be a medicine that can be legally sold or supplied by the podiatrist rather than one which the podiatrist can only administer. (N.B. You cannot supply medicines directly to patients which are on the list of medicines that a podiatrist can only administer) (see MHRA website at http://www.mhra.gov.uk/ for list).

This supply against the signed order allows for increased flexibility and improved access to medicines for patients.

It is important to remember that this signed order is not a prescription; therefore the usual prescription requirements would not be needed. However you should be satisfied the podiatrist has provided sufficient advice to enable the patient to use the medicine safely and effectively. We would recommend as good practice that you label the medicine with a dispensing label, provide a patient information leaflet and counsel appropriately. The sale or supply should be recorded in the POM register.

2. Codeine Phosphate and Co-Codamol

From 1st July 2011, podiatrists are allowed to sell/supply codeine phosphate and co-codamol to patients under their care, therefore registered pharmacies are able to wholesale these medicines to registered podiatrists. You can also supply these medicines directly to a patient who presents a signed order written by the podiatrist.

In order to minimise the risk of overuse and addiction to these medicines, the RPS strongly recommends pharmacists to wholesale to the podiatrist closest pack sizes commercially available to a maximum of three days treatment. For example, if the podiatrist requests 100 co-codamol tablets and the smallest pack size available at the time of request is 32. The pharmacist should supply 3 packs of 32 tablets. N.B. Only whole packs in original manufacturers container can be supplied, broken packs cannot be supplied.

For supplies made directly to the patient from a signed order, the closest pack commercially available for three days treatment should be supplied. Pharmacists can advise the podiatrist on appropriate strength and pack sizes.

This professional recommendation of selling or supplying the closest pack size commercially available to a maximum of three days treatment is in line with advice from the Society of Chiropodists and Podiatrists (College of Podiatry, Medicines Committee).

3) Limitations on length of treatment and pack size in relation to the sale and supply of Co-Dydramol and Ibuprofen

On 1st July 2011, the restrictions on pharmacists selling or supplying co-dydramol (maximum pack size 24) and ibuprofen (maximum pack size 9 or 18, depending on strength) to podiatrists was removed.

In order to minimise the risk of overuse and addiction to co-dydramol, we recommend pharmacists to wholesale to the podiatrist the closest pack size commercially available to a maximum of three days treatment of co-dydramol. For example, if the podiatrist requests 100 co-dydramol tablets and the smallest pack size available at the time of request is 30. The pharmacist should supply 3 packs of 30 tablets.

For supplies made directly to the patient from a signed order; the closest pack commercially available for three days treatment should be supplied.

This professional recommendation is in line with the Society of Chiropodists and Podiatrists (College of Podiatry, Medicines Committee) and aims to prevent excessive supplies to the patient which may compromise patient safety.

4) Podiatrists administering combinations of parenteral medicines

The complete list of medicines that a podiatrist can administer to patients under their care can be viewed on the MHRA website at http://www.mhra.gov.uk/. Podiatrists can administer commercially available combination products of these medicines. Therefore they can obtain by wholesale these commercially available parenteral products from registered pharmacies to administer to patients under their care.

Please note: These parenteral medicines cannot be supplied directly to the patient by the pharmacy from a signed order written by the podiatrist.

Where to go for further information

RPS Support: 0845 257 2570
Email support@rpharms.com or complete an online web form at www.rpharms.com.

• View a complete list of medicines which can supplied to the podiatrist or patients – available on the MHRA website:
  http://www.mhra.gov.uk/Howweregulate/Medicines/vailabilityprescribingsellingandsupplyingofmedicines/ ExemptionsfromMedicinesActrestrictions/ Chiropodists/index.htm
• Statutory Instrument 2011 No. 1327:

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Contract changes bring community and hospital pharmacists closer together

RPS Director for Wales Paul Gimson explains how a new sense of partnership has been welcomed by community and hospital pharmacists — and GPs — in Wales

Towards the end of 2011, changes to the community pharmacy contract brought community and hospital pharmacists together for the first time. We wanted to do all we could to support our members in Wales in delivering the new services with confidence and realised we were in a unique position to bring together pharmacists from all areas of practice.

Our local practice forums were the natural place for this to happen so in November and December last year we held a number of workshops with members where they could share their concerns directly with representatives from the local health boards, Community Pharmacy Wales and the Welsh Government to discuss the changes and how they could be made to work locally.

The workshops made it clear that the changes would have a significant impact on hospital pharmacists, as it would on community pharmacists. Many community pharmacists, while supportive of the service, had to understand and implement it in a short space of time, with those in hospital pharmacy feeling they were unaware of the service and what they were expected to do within it. The LPF workshops really were an excellent opportunity to address these issues and to look at ways to work together successfully.

As well as the relationship between different pharmacists, it was clear good working relationships between pharmacists and GPs was vital for success, and this, of course, does not just apply to the new discharge medication review (DMR) service.

Acting on the advice from our members, we met with the Royal College of General Practitioners to talk about how the two professions can work together to ensure success in services such as the DMR service, as well as ways to enable the timely and accurate transfer of patient information and patient letters between hospital, GPs and community pharmacists following patient discharge.

In parallel with the English and Scottish Pharmacy Boards, we will be working with the RCGP in Wales during 2012 and examining how we can improve communication, share information and so provide more “joined-up” patient care.

The views of those who attended the workshops were also echoed in the results of our survey on the contract changes, which we sent to all members in December. We surveyed our members to find out more about what they thought about the DMR service, and what we could do to help them implement it. The survey responses, like the views shared at the workshops, showed general and positive support for the new services but did raise a few areas for attention and suggestions for improving the communication about the service to pharmacists and other health professionals across Wales. We have begun to raise those issues, such as your concerns about the quality and variability of discharge information, with all the major stakeholders in Wales, and will continue to do so.

For those who did not complete the survey, but want to have a say, we will be repeating it later in 2012 to get your views as to how you think services are developing and working across Wales. You can also still put your views forward at any time on the virtual network — there is a discussion thread on the Wales Pharmacy Group, “How will the new pharmacy contract work locally?”. Do join in the discussion.

Guidance on the new services and changes to the community pharmacy contractual framework are also available for members on the RPS website (www.rpharms.com/cpcfwales).

Keeping up to date with politics

In April we will be issuing a new publication, Monitor Cymru, to keep members in Wales informed of political activity affecting pharmacy. Monitor Cymru will be issued weekly through our virtual network and will contain a summary of Welsh Assembly business, news and political decisions. It will also highlight events and consultations that are relevant to pharmacy in Wales.

This weekly publication will help you to keep up to date with the latest political developments in Wales and will be a critical source of information for those with a keen interest in lobbying government for change.

The publication is being introduced at a time when an increase in the powers of the National Assembly for Wales, together with an injection of new Assembly members, has created a new and vibrant dynamic at Cardiff Bay, the heart of political activity in Wales. The Welsh Pharmacy Board has recognised that keeping abreast of this activity and identifying the issues that matter to the pharmacy profession is no easy task, particularly for our busy members. As your eyes and ears in Wales, we will continue to identify the issues that matter to you and will work with the political machinery on your behalf.

Keep an eye on the Welsh Pharmacy Group for this weekly publication starting in April, or email us at wales@rpharms.com for further details.
Take action and help dementia patients

RPS Director for England Howard Duff looks at a new toolkit to help pharmacists have meaningful conversations about the prescribing of antipsychotics for dementia patients

HAVE you ever thought that as a pharmacist you can help save the lives of your patients? A national call to action campaign aimed at reducing the over-prescription of antipsychotic medicines for dementia patients highlights the role that pharmacists can and already play in tackling this problem. “The right prescription”, a recently published toolkit, initiated by the English Pharmacy Board (JP 2012;288:236), gives you practical guidance and empowers you to do more to improve the situation of patients in your day-to-day pharmacy practice.

Why is this problem so urgent?
In 2009 the Banerjee report, commissioned by the Government, looked into the treatment of people with dementia, including antipsychotic prescribing practice. Only 20 per cent of the 180,000 people with dementia who are treated by antipsychotic medication derive any benefit from the treatment. This inappropriate use of antipsychotics causes an increased risk of stroke and can lead to death. Worryingly, evidence shows that every day up to five people needlessly die and four people suffer significant avoidable complications as a result of taking medicines that add no value to their quality of life.

In fact, the Medicines and Healthcare products Regulatory Agency recommends that antipsychotics should not be prescribed in cases of mild-to-moderate dementia. In addition, initial doses of antipsychotics for elderly patients should be reduced and treatment reviewed regularly. Risperidone is the only antipsychotic drug licensed for the management of aggression in people suffering from Alzheimer’s disease, but only for six weeks. For patients with dementia, antipsychotic drugs should be considered as high-risk medicines and deserve the same degree of attention when dispensed, as warfarin and methotrexate, which are already subject to safety alerts.

What is community pharmacists’ role?
As a pharmacist, you are the expert in medicines safety and medicines optimisation. You are also in a unique position to offer support to people with dementia and their carers because you already deal with them on a daily basis, answering questions and providing advice. Prescribers, patients and carers will look to you for impartial and authoritative advice on the use of antipsychotics.

Pharmacists routinely have conversations with prescribers to raise questions and concerns or provide advice on things such as dose, quantity, frequency and drug interactions. Pharmacists can recommend, and participate in a review of the patient’s treatment. By ensuring that patients’ care is compliant with current best practice, pharmacists can have a great input into reducing the number of strokes and deaths caused by the inappropriate use of antipsychotics. Many pharmacists in the community sector, acute care and mental health trusts are already taking action, but more can still be done to raise awareness and protect patients.

How can the toolkit help?
“The right prescription: a call to action” is a resource pack developed to help and support particularly community pharmacists who want to take action. It contains information and tools to support the conversation between pharmacists and other healthcare professionals in their efforts to reduce the overuse of antipsychotic drugs for people with dementia and ensure all those affected received a review of their treatment. The document deals with issues that pharmacists face, such as not being aware of the actual diagnosis, or the duration of treatments initiated in secondary care. It is a response to expectations of healthcare professionals who indicated that they need a resource to facilitate the “critical conversations” with prescribers.

The document covers several areas: from essential information about dementia to a list of most common antipsychotic drugs and propositions of alternative therapies used in the dementia treatment and a description of steps to take to query prescriptions. The drugs on the list are often used to calm disturbed patients of all ages, including those with the licensed indications of schizophrenia, mania or agitated depression. However, if the same powerful drugs are used for a person with dementia, they should raise a concern about the patient’s safety, even if prescribed in low doses. One of the key messages the document tries to convey is that management of behavioural and psychological symptoms of dementia (BPSD) requires a range of approaches, which may but do not have to include medicines. In many cases alternative therapies such as behavioural and environmental interventions may often be a better and safer option for the management of dementia symptoms. Pharmacists are able to provide an effective challenge to antipsychotic prescribing if they can recommend alternatives that they are confident have a supporting evidence base.

Take action and share
Once you have found out how you can help to improve the situation of people with dementia and start implementing these changes in practice, please share your experience with us. Record on a monthly basis the number of patients coming to your pharmacy on low-dose antipsychotics, the number of patients you have recommended for a medicines review and finally the number of patients who have received a medicines review. Tracking progress of a national call to action is the crucial element of the campaign and will help us to promote the value pharmacy teams can bring to tackling the problem of the overuse of antipsychotics in people with dementia. For more information visit www.rpharms.com/dementia/dementia-pharmacy-and-call-to-action.asp.
A new health partnership in Scotland

RPS director for Scotland Alex MacKinnon welcomes a joint statement outlining how the Society and the Royal College of General Practitioners will work together in Scotland

LAST year the Royal Pharmaceutical Society launched an initiative for joint work with the Royal College of General Practitioners. As part of that project the Society in Scotland began working with the RCGP in Scotland to produce a joint statement of how the two professions could work more closely together in Scotland.

That joint statement has now been agreed and can be found in the Scottish campaigns section of the Society’s website.

It includes recognition of the need to share patient information between community pharmacies and GP practices in a secure manner, creating opportunities for joint education and training from undergraduate levels to continuing professional development and linking the work of GP practices with pharmacies in the same community. RPS Scotland and RCGP Scotland believe their initiative will lead to better outcomes for patients with long-term conditions, safer use of medicines and better self-care for common conditions.

Following publication of the joint statement to the media, Cabinet Secretary for Health Nicola Sturgeon said, “I very much welcome this joint statement by the GP and pharmacist professional bodies in Scotland, which underpins their commitment and proactive approach to collaborative working for the benefit of patients. We will work with the RCGP and RPS in moving forward the recommendations and actions highlighted in the statement.”

I think that this statement is a wonderful step forward for the profession in Scotland. I am excited by the opportunities it opens up for us. The strong welcome it has received from colleagues, stakeholders and the Scottish Government also shows that the time is right for better closer working between healthcare professionals in Scotland’s co-operative NHS.

An action plan that schedules projects and initiatives between the Society in Scotland and RCGP Scotland will be launched shortly and I will keep members updated on our progress.

Working to improve pharmaceutical care in care homes

OVER the past year the Royal Pharmaceutical Society in Scotland has been working on how pharmaceutical care in care homes could be improved. We set up an expert working group that pulled together pharmacists, doctors, care home providers and members of different NHS boards. As work progressed and evidence of current practice was gathered, it reinforced a belief that there was much to be done in this area.

The way medicines are used in Scotland’s care homes can be improved and we believe that the final report shows how that might be achieved. The recommendations set out a number of actions, which, if accepted by the Scottish Government, will create safeguards against poor practice in care homes. We also believe that the report sets out how the foundations for long-term change in providing pharmaceutical care in care homes can begin.

Three types of improvement

There are three types of improvement that we recommend in the report. The first type is to improve the relationships between the healthcare professions working in care homes. The second is to make better use of the potential of pharmacists. The third is to encourage stakeholders in the Government, the NHS and local government to implement and safeguard such changes.

It is clear to us that pharmacists have a huge role and responsibility to improve the pharmaceutical care of people in care homes. This is only going to be achievable, however, if pharmacists work as part of an integrated team with colleagues from other healthcare professions. We hope that the report contributes toward creating such teams with its recommendations on clarifying roles and responsibilities, enhancing stronger therapeutic relationships and better training.

For pharmacists this report specifically recommends a variety of interventions that will improve pharmaceutical care for older people in care homes. From the clinical check of prescriptions to the clinical audit and targeted medication review, specialist advice from pharmacists can be used to improve pharmaceutical care.

There is a clear need for a team of healthcare professionals in care homes. We also need teamwork at higher levels as well. For these changes to be successful, they should be underpinned by Scottish Government policy and regulatory frameworks. New, appropriate contractual frameworks and service level agreements need to be negotiated as well.

Specialism required

Finally, we also believe that some specialism is now required. The extent of the challenge for the healthcare professional in care homes demands no less. Our vision is that care homes will eventually be in the vanguard of excellent patient care. Pharmacists, nurses and doctors, should, one day, aspire to work in a care home sector that leads the way in the clinical care of older people.

The report is available on the Scotland Campaigns section of the Society website for members to read. It was published on 6 March 2012 and was referred to by MSPs in a debate on the care of older people in the Scottish Parliament the following day. We now look forward to working with all stakeholders in this important debate in taking forward the recommendations in the report (PT 2012:288: 296). — Sandra Melville, chairman, Scottish Pharmacy Board.
Sale of electronic cigarettes may not be in the best interests of the public

In response to enquiries from members, RPS Support has reissued guidance about the sale and supply of unlicensed and unregulated electronic cigarettes

PROFESSIONAL SUPPORT BULLETIN
No 11, March 2012
Interim guidance on the sale and supply of unlicensed and unregulated electronic cigarettes by pharmacists and pharmacy premises (first issued as No 4, July 2011)

Electronic cigarettes are articles that may resemble a cigarette and deliver nicotine to the user via inhalation. Currently these articles are not regulated as medicinal products and therefore do not have marketing authorisations as medicinal products. They are also not currently nominated as medical devices.

A large variety of licensed nicotine replacement products with marketing authorisation are available in a range of formulations, including a licensed (non-electronic) inhalator product. These medicines benefit from assurances of quality, safety and efficacy from processes and standards underpinned by Good Manufacturing Practice (GMP). Articles which do not have marketing authorisations do not benefit from the same quality control processes which raise the risk that sales may not be in the best interest of patients.

While these products remain unregulated, there is a gap in scientific evidence in terms of quality, safety and efficacy compared with medicinal products and devices, and the Royal Pharmaceutical Society therefore does not endorse the use of electronic cigarettes as a form of treatment.

Additionally the involvement of pharmacists and pharmacy in the sale of these articles may provide an impression of legitimacy to the patient that electronic cigarettes are proven and medicinal products or medical devices when they are not. This together with the gap in evidence may mean that sales by pharmacists may not be in the interests of the patients or the public and may not be compatible with General Pharmaceutical Council standards of conduct, ethics and performance.

Further reading

FURTHER INFORMATION
Further information on this topic or on matters covered in earlier professional support bulletins is available from the RPS Support team (tel 0845 257 2570, email support@rpharms.com).

Events
The following are events planned by the Society during the next few months, all of which are available to members at discounted prices.

- Mentor training for mentor $ new mentors and pre-registration tutors
  Date: 19 April 2012
  Venue: RPS, 1 Lambeth High Street

- Preregistration Revision Course
  SOLD OUT
  Date: 25–26 April 2012
  Venue: RPS, 1 Lambeth High Street

- 14th advanced level PKPD course
  Date: 13–17 May 2012
  Venue: Moller Centre, Cambridge

- RPS Medicines Safety Symposium
  Date: 17 June 2012
  Venue: Royal Institute of Architects, London

- Dissolution technology for the pharmaceutical industry
  Date: 20–22 June 2012
  Venue: Moller Centre, Cambridge

- All creatures great and small – The Veterinary Pharmacy 2012 Conference
  Date: 20–22 July 2012
  Venue: Harper Adams University College, Shropshire

- RPS Annual Conference 2012
  Date: 9–10 September 2012
  Venue: ICC, Birmingham

- RPS Awards Evening
  Date: 9 September 2012
  Venue: ICC, Birmingham

- Tabletting Technology for the pharmaceutical industry
  Date: 19–21 November 2012
  Venue: Moller Centre, Cambridge

For more information telephone RPS Events on 020 7572 2640 or email events@rpharms.com