Too many anomalies

From Dr T. P. Learyoyd, MRPharmS

The Royal Pharmaceutical Society’s Council may have voted against the motion to delay the responsible pharmacist (RP) regulations (see p143 and p166) but, as my vote in the debate would confirm, I think it is too early to introduce such regulations.

The Council’s assumption that the RP regulations will liberate pharmacists and provide a basis for pharmacists to command a range of new services, expand their clinical remit and to propel the profession. I have no argument with the attainment of new services or a more clinical role for healthcare pharmacists, but my argument is that the legislation is being brought in too early.

Despite the undoubted effort that the Society has put into the regulations, in my opinion, there still has not been enough buy-in from the major multiples in the community sector. I would not be confident that, when I encounter a pharmacy which, in my professional opinion, is either ill-equipped or presents a potential hazard to patient safety, I would be able to close it temporarily without serious repercussions to my livelihood, especially when dealing with a large multiple.

It seems to me that it will be far too easy for a large multiple to walk away from its responsibility and leave the pharmacist to deal with the consequences of the chain’s shortcomings. How can a locum pharmacist, at a pharmacy for the first time and for the only working day there, restructure the staffing of a branch, especially when staffing numbers are seen as a contentious issue within a large chain driven by profit margins and shareholder interests?

It has long been my opinion that large multiples in particular will use the two-hour window to reduce pharmacist payments. The pharmacist is effectively “on-call” during this period, and should be paid for the full two hours, but where does the lunch break fit with this period and what if the pharmacist is in a much more remote area?

As would be indicated by my vote against the increase in the retention fee, I do not think pharmacists are in a financial community sector. Their income is not enough space in this letter to describe, so perhaps the President would like to explain what part of “by and large” do we not understand?

The reality is that these are the most fundamental changes in pharmacy practice in 40 years. With the statutory control of the pharmacy being passed from the superintendent to the R.P, careful preparations must be made.

However, not only have there been no adequate preparations in terms of training, but important aspects of the regulations, as currently written, render them unworkable. If these matters are not addressed, this will result in confusion and frustration for both pharmacists and patients alike. This is why the Pharmacists’ Defence Association is calling for a delay to the implementation of the regulations to enable their repair.

It may have escaped the President’s notice that the PDA has been raising concerns over these regulations for four years and, when we have been periodically bringing these to the attention of the Society, they seem to have been disregarded.

Pharmacists should be reassured, however, that, despite the insensitivity of the Society, the PDA will now be representing concerns surfacing in the wider profession directly to the Department of Health. Furthermore, we have intensified our campaign in Parliament and elsewhere.

Mark Kozioł
Chairman
The Pharmacists’ Defence Association

Lack of locum cover will become common

From Mr H. S. Badwal, MRPharmS

The recent Pharmacists’ Defence Association survey (PJ, 25 July 2009, p87) reveals that 22 percent of pharmacists claim they want to leave the profession before the responsible pharmacist legislation kicks in. This shows how poorly thought out the new rules are. As new 100-hour pharmacies still keep croppings up and dispensing doctors are registering their dispensary as registered pharmacies, the workforce is going to be much more stretched.

Already this summer, many pharmacies have had to stay shut because they could not find pharmacist cover. I have noticed an increasing number of emergency cover requests (sometimes as many as five or more within just one area). Additionally, pushing forward with this new legislation in the middle of an influenza pandemic shows how myopic the powers that be are.

This new legislation might be a welcome push to make pharmacy managers sort out their branches before 1 October 2009, but contractors will now find that locum cover will be hard to come by, and many locums will refuse to provide cover in branches they have never visited or poorly compliant ones they have previously visited. I will be fussier after 1 October 2009 and am expecting more choice, as well as better rates of remuneration.

I urge all area and branch managers to keep up-to-date with their branches’ date-checking and refrigeration temperature recording, as well as their signed standard operating procedures, so that they are assured locums will be willing to cover their stores. There are many pharmacies I have visited that fail to comply with all the Royal Pharmaceutical Society’s professional requirements. These are probably neglected in order to ensure their profit-hungry bosses do not bombard them with e-mails reminding them of their target obligations.

Looking ahead, I am predicting branch closures, because of a lack of locum cover, will become more common since there are many branches (the ones already regularly requesting emergency cover) that locums, who value their name on the Register, will refuse to cover whatever they want.

Also, it is unlikely that locums will be given any powers to resolve professional matters, considering these powers are not even bestowed on managers. So, we should vote with our feet.

Hardeep Badwal
Derby
Foolish to ignore concerns

From Mr P. S. Levy, MRPharmS

I was disappointed and somewhat surprised to hear that the Royal Pharmaceutical Society is not going to support the numerous calls to reconsider implementation of the responsible pharmacist regulations in October 2009 (see p143 and p166), with a delay being more prudent for the time being.

There are so many uncertainties arising as we become increasingly aware of the actual implications of these changes, resulting in additional pressures being placed on individual pharmacists and logistical problems for employers. It would simply be foolish to ignore these concerns at this time. Having to ask for the Department of Health’s clarification at this stage simply strengthens the case. Everything seemed totally clear to the Society when the “Responsible pharmacist toolkit” (PJ, 2 May 2009, p519) was written, so why the uncertainty now?

The online petition (www.gopetition.com/petitions/postpone-the-rp-regulations-sign.html) has already gathered 3,867 signatures [as The Journal went to press] and, this, along with a major campaign by the Pharmacists’ Defence Association, appear to be totally disregarded.

Unfortunately, we do not have the time to wait to have the extent of this support confirmed, and the Society now has a clear opportunity to show the membership that it does listen and take positive action when needed. Otherwise, I believe that our future well being under the new Charter is truly in doubt.

Philip S. Levy
Ongar, Essex

Please listen!

From Mr J. W. Richardson, MRPharmS

The Council of the Royal Pharmaceutical Society has decided not to support calls by its own fee-paying members for the postponement of the responsible pharmacist regulations (see p143 and p166). I am astounded that, so recently after the debacle surrounding the Lee case (PJ, 14 April 2009, p401) (which has still not been through the appeal courts), the Society will be supporting the creation of new criminal sanctions for pharmacists.

We were promised appropriate training in order to be confident and competent enough to undertake these new responsibilities. However, if one looks at the way in which this process had proceeded and takes into account the so-called “Responsible pharmacist toolkit” (PJ, 2 May 2009, p519) we were supplied with (which raises more questions than provides answers), then only a fool would think the profession is ready for the implementation of these new regulations on 1 October 2009.

A rest break should be a complete mental and physical break from the workplace and the only time I would expect to be called while away from the workplace is if I am on call at a hospital. The fiasco regarding rest breaks, as outlined in the current regulations, is unacceptable and must be addressed.

The Society has been provided with plenty of evidence conveying the views of its members. If it is not going to support calls for the postponement of these regulations until such time that they are made coherent, then it is clearly not listening to its members. There is so much scope for confusion and one fears that it will only be when another one of us ends up in a police cell that the Society will pay attention. We have spoken — please listen!

James W. Richardson
Brighton

REST BREAKS

“Work breaks”

From Mr D. R. K. Brown, MRPharmS

I could not help but laugh at the News item “Locums must insist on rest breaks, says PDA” (PJ, 1 August 2009, p123). Only last week, I had to attend a meeting and left my pharmacy (a branch of a multiple) in the hands of a locum for the day. The meeting finished early, and I returned to the pharmacy at 4pm to find the locum with his newspaper spread across the checking bench in full view of customers and the staff trying to work around him. I went upstairs to the office for an hour to do paperwork but, when I returned to the dispensary, there he was, same position as before, but with a few more clues answered on his crossword. He had done no medicines use reviews nor used his initiative to do any of the dozens of outstanding tasks.

Normally, I do not get time to read a newspaper during my lunch break, let alone during working hours. So, perhaps in the case of some locums, we should be insisting on “work breaks” in between the “rest breaks”.

D. R. K. Brown
Nuneaton, Warwickshire
Hospital pharmacists: maintain the momentum

From Mr D. G. Miller, MRPharmS

We were surprised at the reported comments that senior pharmacists are to blame for failing to tackle the recruitment problem ([PJ], 25 July 2009, p85). The evidence placed before the Pay Review Body (PRB) clearly shows that the problem is because of a market forces pay differential, a fact that only Government ministers advised by the various health departments failed to accept.

However, the statement that the Department of Health now recognises there is a recruitment problem should be welcomed as progress. We acknowledge this is in part due to senior pharmacists working collaboratively across the UK providing information on existing vacancy rates, expenditure on locums and retention of preregistration trainees to a national survey promoted by the Guild of Healthcare Pharmacists and the DoH.

We would not reject many of the Government’s proposed solutions since increased preregistration places, more flexible recognition of reciprocity and the development of specialist posts have been part of the Guild’s PRB submission for the past four years, despite an initial lack of support and an actual reduction in preregistration places by the health departments. We will, as partners in the development of the hospital pharmacy service, seek to engage with this longer-term project, but if required on the website, send a letter (a template is available to maintain the momentum and weeks.

From Mrs W. M. Jay, MRPharmS

Following on from Peter McCauley’s letter ([PJ], 1 August 2009, p126), which asks if QPs have been prosecuted for releasing substandard products, the response from the Medicines and Healthcare products Regulatory Agency was: “The MHRA’s primary aim is to safeguard public health by ensuring that medicines in the UK market meet appropriate standards of safety, quality and efficacy.” It also mentions that: “Quality underpins both safety and efficacy and the MHRA promotes the understanding and development of quality assurance in the development, manufacture and distribution of medicinal products.”

However, I question the MHRA’s ability to safeguard the patient’s safety in the wide arena of “specials”. Licensed medicines are stringently controlled in the UK. Yet, in my view, the manufacture, distribution and administration to unsuspecting patients of unlicensed “specials” continues without the same rigorous quality controls on active pharmaceutical ingredients, raw materials, formulation development, degradation products and stability data.

The “Review of unlicensed medicines” was established in 2007 and is overseen by a steering group chaired by the MHRA and also comprising the Department of Health, the National Patient Safety Agency, the NHS Purchasing and Supply Agency and representatives of the three devolved administrations. The release in May 2009 of the “Interim report of the review of unlicensed medicines” proposes changes to Article 5.1 of Directive 2001/83/EC and, in particular, the review of quality standards, patient information and pharmacovigilance in order to protect public health.

This is a highly commendable direction but, as ever, the questions are: when will the findings be implemented, and will it be too late for the vulnerable patient groups?

Wanda Maria Jay

Qualified Person

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Pharmacy side-stepped

From Mr M. W. Jackson, MRPharmS

I wonder whether health secretary Andy Burnham, chief medical officer Sir Liam Donaldson and their advisers know of the existence of pharmacy and pharmacists?

A telephone hotline and website have been created with an odd collection of individuals advising on and authorising the availability of the antiviral medicine Tamiflu. These individuals, whose medical knowledge is “less than that of a boy scout” (an expression used by a contributor to “Newsnight”), decide, as a result of a telephone conversation with a potential sufferer of swine influenza, whether or not to supply the drug.

Where are the Royal Pharmaceutical Society’s publicists to advise the Government? There are approximately six million members of the public who visit their local pharmacy a day and, as a result, are able to gain reliable and qualified advice.

I would like to know whether or not the Society was consulted on the distribution and advice on Tamiflu and, if so, why pharmacy was side-stepped on this important issue.

Maurice Jackson
Highbridge, Somerset

HEIDI WRIGHT, head of practice, Royal Pharmaceutical Society, responds:“The Society has been working with the Department of Health and other bodies to prepare for a potential pandemic for some years. The decision to allow self-assessment via an online questionnaire or have an individual take a patient through a simple algorithm to determine his or her suitability for Tamiflu was made to reduce pressure on pharmacists and other healthcare professionals and enable them to deal with more complex enquiries and cases.

People with swine flu are being asked not to visit health professionals for advice, which will help contain the spread of the virus, so it is vital they can access a system of information from home.

Some pharmacies are acting as distribution points for Tamiflu. The decision as to where distribution centres are located rests with local primary care organisations, which are best placed to take local factors into account, such as areas with high density of infection, transport links and ease of access.

Pharmacists are playing a key role within their local communities at this busy time by maintaining the supply of medicines and other services for all patients, and continuing to provide advice on self-care and the supply of over-the-counter products that may benefit an individual with swine flu.

Contingency plans are in place should the Secretary of State declare a state of emergency, which involves loss of life or illness, so that suitably experienced people, such as those on the non-practising Register, will be moved temporarily onto the practising Register and existing practising pharmacists will be given additional prescribing rights. Pharmacists are encouraged to liaise with their local PCO should they wish to offer their services.

See p167. — EDITOR.

SOCIETY BRANCHES:

Distinct lack of enthusiasm

From Mr A. O. Bond, FRPharmS

I would encourage the authors of the Original paper “What do Royal Pharmaceutical Society branches mean to pharmacists in Scotland?” (PJ, 18 July 2009, p76) to read Bruce Rhodie’s excellent tribute to the late Ken Youings (ibid, p82).

He says: “We both attended Somerset branch meetings where we got to know each other and Ken became chairman and I the secretary. We did not have to enthuse each other about the profession; it came naturally. We organised the branch, we represented it at branch representatives’ meetings and annual general meetings, and we made sure that a good number came up for the special general meeting about trading restrictions at the Royal Albert Hall in 1965, which we both agreed was the most exciting professional meeting of our lives.”

I remember that meeting, but I especially remember that anyone visiting the Somerset branch meetings really did get to know other people and even to form lifelong friendships. The meetings were primarily about society (the situation of being in the company of other people) before any considerations of the workings of the Society and before, as it were, the thoughts of the actual practice of pharmacy. People drove several miles to be there and then probably drove many more on the annual car treasure hunt, for which some of the clues had a distinctly pharmaceutical twist. We had non-pharmacist speakers to widen our minds beyond the minutiae of day-to-day practice, before moving to any business to be discussed in the meeting.

The current obsession with continuing professional development or attendance certificates is not what the branch structure was designed for. Internet forums cannot be a replacement for face-to-face interaction.

The Society has already started crowing about the nearly 80 per cent vote (PJ, 25 July 2009, p85) for the new professional body. However, it still needs to start from the bottom up, never mind a “top light” structure. Unless there are more people prepared to be led (more than 70 per cent of the membership could not be bothered to vote), there will be no need for leadership. There is a distinct lack of the groundswell of enthusiasm from the branches of the kind that Mr Youings and Mr Rhodes enjoyed.

In fact, even as a past chairman myself, I do not even know what is happening in the Somerset branch anymore. I was informed I would only receive future notices of meetings by e-mail and only then if I registered via the Society’s website. I did that, but I have ceased to hold my breath.

Andrew Bond
Glastonbury, Somerset

CHARTER

Let us get on with the important matters

From Dr P. E. G. Smalley, MRPharmS

Alan Bentley (PJ, 1 August 2009, p127) expresses disappointment with the turnout of 22 per cent for the Charter vote (PJ, 25 July 2009, p85). We have to put this into context and realise that, in many election situations, a large proportion of the electorate chooses not to exercise its vote.

The last time we had a vote on Charter changes, the turnout was less than 10 per cent. In other professional and trade organisations, a 10 per cent turn out when voting for constitutional changes is regarded as excellent. Senior trade union officials are often returned to office by this proportion of the total electorate. These days, even a UK general election is lucky to get 40 per cent of us voting.

Looked at in context, our 22 per cent turnout, with 77 per cent voting “yes”, actually looks good. Most opinion polls use sample sizes of about 1,000 and suggest they are accurate to within, say, 3 per cent of the actual result. I think we can be sure that 10,000 votes cast, with 8,000 voting in favour, is unlikely to misrepresent the result that would be obtained if all members were obliged to use their vote.

In reality, in a process like ours, it is harder to get the “yes” votes cast than the “no” votes. This is because those opposing the recommended change will feel strongly about it and, mostly, make sure they do vote. Those inclined to vote “yes” are happy for the change to be made, but may well leave the voting to others.

I suggest we now cease the analysis of this and get on with the important matters of the day. In the real world, when many pharmacists are under professional and financial stress, 22 per cent is a good turn out.

Brian Curwin
Chairman
English Pharmacy Board

The views expressed here are Dr Curwin’s personal ones, and are not intended to represent the collective view of the English Pharmacy Board. — EDITOR.

Strong voice?

From Mr P. E. G. Smalley, MRPharmS

There is a full-page advertisement giving thanks to the membership for the “yes” vote in the 25 July 2009 issue of the PJ. The advertisement reads: “Thank you for voting for a strong voice” and for “passion in debating the issues”.

However, on p85, a News item tells us that only over 8,000 members voted “yes”, which, according to my calculation, equates to approximately 17 per cent of the membership. So much for democracy.

P. E. G. Smalley
Walsingham, Norfolk