More needs to be done to support tutors to get the best out of them

From A. M. M. Safdar, MRPharmS

Further to the letter from Mimi Lau (PJ, 21/28 August 2010, p188), I have also been thinking about the small drop in the pass rate for the registration examination compared with previous years.

I have heard that some schools of pharmacy are using the registration examination pass rate for their alumni as a proxy marker for the “quality” of the degree programme, where a low pass rate for graduates of that school has led the school to become concerned.

In my experience with preregistration training, I believe that the preregistration placement and the preregistration tutor are more influential on the trainee’s performance in the registration examination than the graduating school of pharmacy.

Similar to Miss Lau, I wonder if there is any correlation between where the preregistration training has taken place (large multiples, medium-sized chains, independents or hospital) and the registration examination pass rate. Perhaps this is some research that could be commissioned?

I have come across a variety of preregistration tutors, from the excellent to the appalling, and wonder what can be done to support and regulate preregistration tutors properly so that our pharmacy students have the best start to their professional careers? I believe that it is the tutor who has the greatest influence (good, bad or indifferent) in defining the initial practice of a newly registered pharmacist. More needs to be done to support tutors to get the best out of them.

Aamer Safdar
Principal Pharmacist Lead for Education and Development Pharmacy Department Guy’s and St Thomas’ NHS Foundation Trust

How the Society could encourage participation of retired pharmacists

From D. A. Hancox, MRPharmS

In his Broad spectrum “No fee without representation — the case for electoral reform at the Society” (PJ, 26 June 2010, p629), Tony Cartwright urged the creation of an annual representatives’ meeting at which representatives from the local practice forums and the major virtual interest groups could debate their submitted motions and, thereby, inform the national boards and the Assembly of their concerns and their suggestions for future policy and practice.

This view was further supported by Bill Brookes in a letter to the PJ (10 July 2010, p52). However, it is not clear from Martin Astbury’s response (PJ, 24/31 July 2010, p114) whether or not such a representatives’ meeting is being given consideration.

One group referred to by Mr Cartwright was that of retired pharmacists — currently comprising some 8.5 per cent of Royal Pharmaceutical Society members. It is therefore worth noting that, with respect to retired doctors, the regional offices of the British Medical Association organise lunches to enable them to be kept aware of issues and policies and to forward motions for debate at an annual retired doctors’ forum. Between 12 and 15 such regional meetings were held last year and the BMA hopes to increase this to 20 in future years. The 2010 retired doctors’ forum debated some 13 motions that were then forwarded to the BMA’s annual representatives’ meeting.

It is to be hoped that our Society will act in a somewhat similar way both to encourage the participation of retired pharmacists within LPFs and to adopt Mr Cartwright’s suggestion for an annual representatives’ meeting, which will enable the LPFs and specialist groups (including retired pharmacists) to contribute further to the continuing development of the profession and the professional body.

Although the main purpose of this letter is to support the continuation of face-to-face annual representatives’ and LPF meetings, may I also remind retired pharmacists of Roy Lane’s letter (PJ, 24 April 2010, p394) and encourage them to join the virtual retired pharmacists group on the “Networking” pages of the new professional body’s website www.rpharms.com.

Douglas Hancox
Auckland,
New Zealand

Letters to the editor

Letters are welcome from all readers

Letters for publication can be posted, faxed, or sent by email to letters@pharmj.org.uk and should not normally be of more than 400 words and should cover one topic only. The Journal reserves the right to abridge letters and to edit them for clarity and style. Pharmacist and registered pharmacy technician correspondents should supply their membership numbers, and a contact telephone number should always be given.

All letters are considered on their merit and are accepted for publication on the understanding that they have not appeared anywhere, including electronic media, previously. This includes PJ Online. If the issue is of such significance that the correspondent has simultaneously submitted the letter elsewhere, it is the responsibility of the correspondent to inform The Journal at the time. Further to a recommendation by the Journal Oversight Board (PJ, 1 March 2008, p244), pharmacists and pharmacy technicians whose names appear on the non-practising part of the relevant register are asked to make their status known. Letters that are critical of individuals, organisations or companies may be sent to the person or body concerned so that they are given a simultaneous right of reply. In these instances, the authors’ identities will not be disclosed until publication, and publication will usually be delayed.

Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent. Published letters will appear on PJ Online as a matter of course after publication.
**Letters**

**Protection as a priority**
From Mr G. L. Stafford, MRPharmS

I think it is a shame that Duncan Rudkin provided such a bland answer to my recent letter (PJ, 4 September 2010, p228). He says that “the legal position in this country is clear” but, as I pointed out in an Article in the PJ (ibid, p232), the legal position that he will soon oversee is probably well overdue for a review since it is based on poorly drafted Victorian legislation that was challenged in the House of Lords in 1880. On the other hand, my position is based on a modern interpretation by a higher European court.

Having said that, if the General Pharmaceutical Council’s primary objective is protection of the public, perhaps Mr Rudkin might wish to see it that the second objective is protection of pharmacists from non-pharmacist owners and managers. He says that “regulatory standards designed with public protection in mind will apply to all pharmacies registered with the GPhC, whether or not the owner is a pharmacist”. But, of course, sanctions that can be applied for transgression cannot be equally applied to all the individuals involved.

Through a 35-year career, I have been subjected many times to pressures by non-pharmacist owners and managers. I have on occasions suffered financially as a result of not being prepared to yield to such pressure but mostly have realised resistance is futile and, although I can be sanctioned for yielding, those who apply the pressure cannot. I find that situation utterly intolerable, frustrating and, to be frank, it has spoilt what otherwise might have been a satisfying career — putting commercial pressure on me to the detriment of the public. If I owned that pharmacy, I would do anything to obtain that drug. I am, presumably, in breach of my code of ethics and could be disciplined while the non-pharmacist owner and any non-pharmacist manager enforcing this policy cannot — and so they act with impunity knowing no personal sanction can be applied.

In the past, regulation has centred on a few transgressors. If both the GPhC and most registrants have the public as their first priority then, by supporting the majority, the GPhC would in fact be pursuing its primary objective. Mr Rudkin should help us by putting our protection high on his list of priorities and thereby promoting the successful fulfilment of the GPhC’s primary objective.

Graeme Stafford
Morecambe, Lancashire

Mr Stafford is a member of the English Pharmacy Board. The views expressed here are his own and do not necessarily reflect those of the board. — EDITOR.

**LOCUM PHARMACY**

We always seem to be the poor relations
From Mr W. Hutchinson, MRPharmS

When submitting my claim form for a day’s rota at one of our major chain pharmacies, where I am paid £25 per hour, I could not help but notice that the claim before mine was for an optician’s £31.50 per hour. We always seem to be the poor relations.

W. Hutchinson
Llandudno

**Janssen-Cilag**

We are pleased to announce that Janssen-Cilag and its divisions Tibotec and Ortho-Biotech, have become known in the UK as ‘Janssen’. This change unites the Janssen Pharmaceutical Companies of Johnson & Johnson under a globally consistent visual image.

Having one identity will allow us to operate more effectively and deliver improved solutions to our customers and their patients. Janssen, part of the Johnson & Johnson family of companies, is one of the world’s leading research-based pharmaceutical companies. In the UK Johnson & Johnson has 5,000 employees, of whom 800 work for Janssen.

The name ‘Janssen’ comes from the founder of one of the pharmaceutical companies in the Group, Dr Paul Janssen, who took as his mission to save, prolong and improve the lives of patients.

The Janssen name embodies a commitment to help patients by advancing science and medicine on their behalf. This mission, guided by our values, has been the impetus for some of the most remarkable advances in modern medicine.

Janssen. Extraordinary efforts for a normal life.

www.janssen.co.uk

Artwork from the National Art Exhibitions of the Mentally Ill inc: Peyi
We should not be made to act unprofessionally

From Mr D. I. M. Simpson, FRPharmS

Superdrug, in a cynical attempt to gain a competitive business advantage, has announced that it is going to supply privately prescribed medicines at cost (which actually will equate to a loss) (PJ, 21/28 August 2010, p179). This is yet another attack on the professional aspirations of pharmacy as it is practised on the high street.

Despite the fact that large pharmacy multiples refer to their pharmacies as stores and run them like glorified supermarkets, community pharmacists are supposed to be health professionals and, as such, should not be made to act unprofessionally. Professionals do not undervalue their expertise nor unprofessionally. Professionals do not be made to act

Until recently, it was mooted that the PJ would go free of charge to all pharmacists on the register of the General Pharmaceutical Council. However, if that policy had been pursued, it would have blunted The Journal’s ability to encourage membership of the Society. The PJ has always been the prime link between the Society and its members and it was an important means of building up the Society from its earliest foundations. The PJ now has the chance of performing the modern day equivalent of that role.

I would also hope that any notion that the PJ becomes a monthly publication in light of the financial pressures that the Society will face in the future are quickly scotched. If keeping the PJ weekly means that a new publication of little value is culled, then so be it.

Douglas Simpson
Former PJ Editor
Beckenham, Kent

Will registered technicians get the PJ?

From Mr D. Brough, RegPharmTech

I am pleased that the decision has been made to restrict The Pharmaceutical Journal to members and subscribers when the Royal Pharmaceutical Society becomes a purely professional body shortly (PJ, 4 September 2010, p226).

I am concerned that registered pharmacists are going to stop receiving the PJ. This will not only mean that it is difficult to remain up to date with current developments in pharmacy, but I am worried about our continuing professional development. Could you please confirm if this is going to be the case?

Daniel Brough
Stoke-On-Trent

I have read in the PJ (4 September 2010, p226) that only members of the new professional body will receive The Pharmaceutical Journal when the Royal Pharmaceutical Society separates.

I am pleased that the decision has been made to restrict The Pharmaceutical Journal to members and subscribers when the Royal Pharmaceutical Society becomes a purely professional body shortly (PJ, 4 September 2010, p226).

Mr Brough is correct that registered pharmacists will no longer receive the PJ after separation because they will not be eligible to be members of the new professional body. However, they will receive copies until the end of 2010. Therefore, there will be special discounted subscription rates for pharmacy technicians:

- PJ (print): £78 per year
- PJ Online: £78+VAT per year
- PJ (print) and PJ Online: £106.58 per year

Further information about subscription rates from the

Dexamethasone

Chemistry clarification

From Mr M. J. Busse, MRPharmS

Further to my previous letter (PJ, 7/14 August 2010, p150), I would like to clarify the chemistry of dexamethasone. Dexamethasone sodium phosphate is the sodium salt of the phosphoric acid ester on the C-21 hydroxy group of dexamethasone. It is freely water soluble rendering it suitable for intravenous injection. Dexamethasone (alcohol) is insoluble in water.

Michael J. Busse
Welwyn Garden City, Hertfordshire

Dexamethasone (alcohol) is insoluble in water.

Pharmacist Support

Pharmacist Support is a registered charity, No. 221438, and is funded by donations from pharmacists. Pharmacist Support is a registered charity, No. 221438, and is funded by donations from pharmacists.