What will make me remain a member
From Mr A. R. White, MRPharmS

I have been following the general group discussions on the Royal Pharmaceutical Society website and would like to put forward my proposals for attracting members.

The new Society has to do something pretty drastic if it is going to survive. And of course, it is only a young organisation and needs to be given time to achieve some, if not all, the changes the ordinary pharmacist expects of it.

And, in my view (which I have been expressing it in the manifesto), the creation of three national boards was always destined to be a failure — at least as far as it affected the ordinary pharmacist.

An answer to all of these problems, which I have been proposing to all those I thought could do something about it, is quite simple.

Those who are now running the RPS — staff and elected representatives — should, as soon as possible, give an undertaking to examine and, where possible, change all matters that are of concern to both present and past members.

I believe we will all accept that making changes will take time, and some may never be fully achieved, but we do need concrete reassurance that those problems have been recognised.

The RPS needs to issue proper promises of its intended action, not like the pseudo-ones initiated previously. I spoke to Lindsey Gilpin (chairman of the RPS English Pharmacy Board) last week on this subject, but I am far from sure that, with the small number of staff that she has, she will be able to produce the goods.

The first priority should be to recognise that the RPS needs to consist of members from all the areas where there are British pharmacists. This means overseas and retired as well as those represented in last year’s elections — community, hospital, primary care, academic and industrial and possibly other (eg, locum) pharmacists.

Each of these areas will have different concerns but it should not be too difficult to find out what they are.

The next step is to identify what, if anything, the new Society can do to answer these concerns. Then it should hazard a rough guess at the time needed to achieve each change.

And the final stage should be to write to all these pharmacists (present and past members) and specify, for each area of employment and each concern, precisely what the RPS can and cannot do and within what sort of time frame. And by “write” I mean just that — I believe that many do not bother to open the PJ nowadays.

We need to show clearly that the RPS both needs and wants all pharmacists to be members. If necessary, there should be a plea to each of us to join and give the support that is desperately needed to make it viable.

And finally, my pet gripe: stop the counter-productive advertisements that tell me what some other, often unidentified, pharmacist is doing. I do not want to know. What I want is a set of reasoned proposals for the way ahead that will make me want to remain a member.

Alan White
Gravesend, Kent

Conviction sounds well deserved
[Advertising prescription-only medicines] was reviewed recently by the EU and it was determined that the ban on advertising of POMs to patients in the EU should continue. I find the arrangement west of the Atlantic a little odd, and it certainly results in a different attitude towards medicine and pharmacy among patients. I would be happy to see advertising being allowed but [the case of William Parsons (see p675)], sounds a little different.

I get the impression that the advertising of POMs was Mr Parsons’s least offence and that this was just the rope that was used to hang him.

The use of pre-signed prescriptions from a doctor in Cyprus sounds extremely dodgy... if the facts of the case are as reported here and elsewhere, then this conviction sounds well deserved. . . .

Tariq Atchia, East Midlands
ROYAL PHARMACEUTICAL SOCIETY

Sanctions for abuse of post-nominals
From Mr C. J. Livsey, MRPharmS

I have questions that follow from the separation of the Royal Pharmaceutical Society’s functions.

Since the RPS is no longer required to maintain a publicly accessible register of members, how can the status of members be confirmed? If I telephone the RPS and enquire if J. Bloggs is a member, can I be given that information and, if there are two J. Bloggs, how much questioning on personal details is allowed to be used to narrow the field?

If I think J. Bloggs is using the post-nominals MRPharmS although he is no longer a member, does that change things at all?

If, by whatever means, it is established that J. Bloggs is in fact no longer a member of the RPS and is no longer registered with the General Pharmaceutical Council and is not representing himself as a pharmacist in any other way, has the RPS any sanctions against him for continuing to use post-nominals?

Given that members receive, as I certainly do, regular mailings using my previously official registered address from, say, pharmaceutical companies cascading important information using my post-nominals, if I were to leave the RPS, how can I stop this use of post-nominals to which I would no longer be entitled?

Christopher J. Livsey
Preston, Lancashire

PATRICK STUBBS, director of marketing and membership, Royal Pharmaceutical Society, responds: Formerly, under its regulatory role, the Society had a public duty to publicise its record of pharmacists registered in the UK. This fitted with its remit of a regulator and its role to help protect the public, allowing people to confirm if someone in practice or who purported to be a pharmacist was eligible to do so. Now that the Society is a professional, voluntary body, there is no longer a public duty to publicise its membership. It may also be the case that without prior consent, an individual might object to the Society providing this information to third parties who enquire about their membership status.

Data protection regulations protect the personal details of members, including the address or date of birth for a person for example. It would be a breach of data protection law to disclose, confirm or share these details with anyone other than the member without prior and explicit consent.

We are therefore not likely to be confirming an individual’s membership status with third parties without there being extenuating circumstances. This we would have to take on a case-by-case basis.

We are providing membership cards to all our members, which includes their membership number and expiry date. These can be used by members to confirm their membership status to other interested parties.

The General Pharmaceutical Council, as a regulator, has a duty to investigate allegations of persons purporting to be a pharmacist when they are not. If we were made aware of such circumstances we would refer the matter to the regulator to deal with. In terms of misuse of the Society’s post-nominal letters, this could be a legal matter as these may fall under intellectual property copyright laws and we would investigate an allegation of unauthorised use to determine what steps may be necessary.

However we are mindful that it is more likely that someone whose membership had lapsed might still have printed materials that has the post-nominals after their name even though they are no longer entitled to use them. In such a case we would invite the member to rejoin or, if he or she did not wish to, we might agree a short period for them to organise new material to replace the existing materials.

We would expect that an individual would contact any company or publication to update their details.
RURAL DISPENSING

A simple solution
From Mr J. D. Thomas, MRPharmS

I agree with Richard Thomas (PJ, 13 November 2010, p552). Doctors’ right to dispense is outdated. Most rural practices provide a supply-only function of prescription-only medicines during limited hours, as opposed to the full pharmaceutical service provided by chemist contractors.

I accept that there is a small number of genuine remote rural doctors who provide a dispensing service. However I have an issue with practices that operate in villages and towns where there could be a full pharmaceutical service.

A simple solution would be to maintain the present dispensing fees for those contractors who provide a full pharmaceutical service and to reduce the fee to one third for those contractors who provide a supply-only function.

J. David Thomas
Patshull, Shropshire

COMMUNITY PHARMACY

Let’s have an independent investigation of profit margins for specials
From Mr L. K. Lee, MRPharmS

I am a pharmacist who only returned to community pharmacy recently after an absence of many years. As with many of my colleagues I frequently have to order special medicines for patients. I know pharmacy has moved on since I was last here but the cost of these preparations never ceases to amaze me. Only this week I was in receipt of 140ml of allopurinol suspension 100mg/5ml from a specials supplier. The basic cost was £167.00. If we can buy 28 allopurinol 100mg tablets from the wholesaler for about £1 it is not a quantum leap to suppose that the basic ingredient is cheap to buy.

I know specials manufacturers will try to justify their exorbitant prices with corporate speak about special conditions, special equipment and expertise. Fine, but it would be interesting to have an independent assessment of the profit margins on some of these preparations. We occasionally have to order special preparations from our local hospital. Would it not be more cost-effective for them to expand their service? We know they have the expertise and facilities and we could obtain our specials locally and a lot cheaper. Perhaps I am too naı̈ve and my argument simplistic. I would certainly welcome other comments.

Lester Lee
Chorley, Lancashire

METRONIDAZOLE

Severe headaches
From Mr G. C. Davies, MRPharmS

I can report moderate but not severe headaches persisting for several hours whenever using metronidazole topical gel on my rosacea when combined with a couple of glasses of wine or beer. This has happened on four or five occasions and has never occurred when using gel in the absence of alcohol. Alcohol alone in these quantities does not produce a headache.

Gareth C. Davies
Sudbury, Suffolk

MEDICATION RISK FACTORS

Which to choose!
From Mr N. Freedman, MRPharmS

Roger Gabriel writes in the Daily Telegraph (29 November 2010) that taking more than four regular daily drugs is a risk factor and is inappropriate. I take or use nine different medicines for prevention and treatment of various conditions. Were I to reduce this to four, would he advise that I opt for a heart attack, a gout attack, an asthma attack, cough spasms or to piddle in my pants all day long?

Norman Freedman
Northwood, Middlesex

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