



“Mystery shopper” project will benefit pharmacists and staff

Pharmacies will soon benefit from a joint Society and National Pharmacy Association (NPA) initiative. The project will involve simulated patients (“mystery shoppers”) visiting pharmacies, with follow-up immediately after to provide feedback aimed at helping identify any training or personal development needs for the pharmacist and pharmacy support staff.

The project aims to: produce qualitative data on better patient outcomes; improve pharmacist and pharmacy staff behaviour in relation to skills, knowledge and attitude with regard to over-the-counter sales; protect the public in relation to OTC supplies; assimilate evidence to support the proposals relating to the supply of products containing pseudoephedrine or ephedrine, and ensure safeguards are put in place and maintained around the supply of OTC products, in general.

Recruitment of a project manager is now under way. Feedback will cover clinical topics, as well as issues such as communication skills, essential for effectively engaging with people during consultations for OTC medicines. A second visit will occur within three to six months of the first, to reaudit and ensure changes are implemented.



Pharmacists will be assessed on how they perform and not simply on what they know

A number of consultation scenarios will be developed, including one based on pseudoephedrine/ephedrine. Crucially, pharmacists will be assessed on how they perform and not simply on what they know.

The simulated patients are trained to act out a scenario in which they present symptoms or a medical history, and they react to the various types of intervention taken by the healthcare professional. The interaction can either be observed by a third party, or the simulated patient is additionally trained to assess the health professional's skills, knowledge and attitude.

Research from Australia has shown that simulated patient visits followed by immediate feedback result in a significant

improvement in the quality of service delivered by community pharmacies in the management of non-prescription medicines.

The project findings and good practices that emerge will be shared via publications and presentations at national events, including the British Pharmaceutical Conference.

It is expected that a random sample of primary care organisations will be involved in this project, and it is hoped that most community pharmacies within those PCOs will participate. About 10 to 20 per cent of Britain's 12,577 community pharmacies are likely to take part.

More information is available from Heidi Wright, head of practice (e-mail heidi.wright@rpsgb.org).

New body prospectus is on its way

The professional body prospectus will be available for members before Christmas.

The Transitional Committee (TransCom) and its eight working groups and two subcommittees have completed the first phase of work on the future professional body for pharmacy and will present their prospectus to the Society's Council on 5 November.

The prospectus describes a professional body that will lead

the profession of pharmacy and be, above all, a membership organisation focused on delivering services to pharmacists. It sets out membership arrangements (including the use of postnominal letters) and the governance structure, core support services to be provided, provision for professional development, research, and arrangements for supporting advanced and specialist practice

— all of which will only be available to members of the new professional body.

There will also be a consultation on the associated Charter changes.

The creation of the prospectus has been an open process involving many people within pharmacy. It is now the time for the profession to have its say about the prospectus, and how the new professional body will develop.

FOCUS ON HARRY CAYTON HEAD OF THE CHRE

Regulating the regulators

Harry Cayton is chief executive of the Council for Healthcare Regulatory Excellence. *Your Society* caught up with Harry to discuss the importance of effective professional regulation, and how this benefits pharmacists and the patients they serve.

***Your Society:* Can you tell us a little about the Council for Healthcare Regulatory Excellence (CHRE) and the main focus of its current work?**

Harry Cayton: The CHRE oversees the nine health professions' regulators and works with them to develop and promote good practice in regulation. It is an independent body, accountable to Parliament, and has statutory powers to investigate and review the performance of the regulators, to audit fitness-to-practise cases and take regulators to court if it thinks they have been unduly lenient. It is also asked for advice by the health ministers in the four UK countries.

***YS:* How does effective regulation of the pharmacy profession improve the daily working life of pharmacists?**

HC: Effective regulation sets the framework for the daily working life of a pharmacist. Regulation should help

professionals to concentrate on providing a safe and appropriate service to patients and the public. The roles of the pharmacist and pharmacy technician are expected to change significantly in the future, with increasing involvement in the delivery of clinical services. In this rapidly changing environment the new General Pharmaceutical Council will need to be an effective regulator. It will need to be agile, staying ahead of the game, providing guidance and updating standards for registrants that reflect the pace of change in the profession, especially as new work is taken on that had previously belonged only to other professionals.

***YS:* In your view, how should regulation by the General Pharmaceutical Council differ from what we have now?**

HC: As we found in our recent performance review of the Society, there's a lot of good practice in the way that pharmacy professionals are regulated, and this needs to carry on into the new organisation. More detail of the report is available on our website: www.chre.org.uk.

An unabridged version of this interview will appear in the winter issue of Pharmacy Now, the e-magazine of the English Pharmacy Board.



Harry Cayton OBE: the new GPhC will need to be an effective regulator

Further new features for PJ Online announced

Many of you may know that PJ Publications launched a new and exciting version of *PJ Online* in July to bring the website in line with current internet developments.

The name of the game these days is user-generated content, so now, as well as reading content that is updated five days a week rather than once a week, registered users can comment on it and use other interactive features. There is also an element of social/professional networking, for those who want to use it.

A new service about to be launched will allow groups of users who share common interests, such as specialty areas of practice, to form their own



online groups as a means of improving the exchange of ideas.

The overall aim — which we know is a paradigm shift for *PJ Online* and many of its

established users — is to develop new online resources to meet the needs of a new audience, rather than to use the internet as an electronic filing system.

From next year, full access to all *PJ Online*'s activities will only be available to Society members and paying subscribers. Pharmacy students, too, can continue to access it free provided they are on an accredited pharmacy course and access it using their university e-mail address.

I am keen to hear what users want from *PJ Online*, because I will never say "right, that's the job done" and will always be looking for ways to make *PJ Online* an indispensable tool for pharmacists who want to achieve the highest levels of competence.

Michael Thompson
(michael.thompson@pjonline.com)

NEWSROUND

Council's first meeting in Cardiff

The Royal Pharmaceutical Society of Great Britain's Council met in Cardiff for the first time on 7 and 8 October. The meeting at Cardiff Bay helped Council members gain a greater understanding of the work of the Welsh Board and Society members in Wales.

Several key issues discussed at the meeting included pandemic influenza and Pharmacist Support, the new organisation that replaces the Society's Benevolent Fund.

Pandemic influenza Pandemic flu has not occurred since just after the First World War, but many scientists say an outbreak is overdue. The Department of Health has been planning how to handle an outbreak for some time. If an outbreak occurs, drug distribution could be severely disrupted and some common medicines could become unavailable. The Society consulted members about this issue earlier this year. The Council agreed in Cardiff that, in the event of pandemic flu, pharmacists should be allowed to reuse patient-returned medicines and

date-expired medicines. This would be a relaxation of Society standards and it would only be implemented if an outbreak reached a critical level.

Pharmacist support At the British Pharmaceutical Conference in September, the Benevolent Fund charity unveiled a new name and brand identity — Pharmacist Support. The trustees and staff worked closely with members across Great Britain to undertake a radical review of the charity and provide a fresh new image to modernise and promote it. In Cardiff, the Council received a report from Pharmacist Support. The charity has an important role to play in helping pharmacists in times of need and the Council was delighted that the launch event at BPC had gone so well.

More details about Pharmacist Support are available on its website at www.pharmacistsupport.org. The charity can be contacted by e-mail at info@pharmacistsupport.org and by Freefone on 0800 168 2233.



Council members Phillida Entwistle (left) and Catherine Duggan take their seats at the Council table

Senedd visit During their time in Cardiff, Council members toured the Senedd (the home of the National Assembly for Wales). The Senedd's head of scrutiny, Sulafa Halstead, briefly talked about the Assembly's work and the importance of contributions from civil society.

Speaking after the meeting, Steve Churton, President of the Society, said: "This is a time when the profession needs unity. It is essential that the Society re-engage with its members, that we involve them

in planning for the future and encourage people to contribute. It is my personal commitment as President to make that happen.

"One way of helping to achieve this will be to bring the Council out to its members to help us to listen better to members' needs — and to this end, we held the October meeting of Council in Cardiff.

"We will shortly consider the venues for the 2009 Council meetings, to ensure that we continue to take Council out to our members."

Harrow branch chairman is California dreaming



Harrow and Hillingdon branch bids farewell to former chairman Steven Curtis. Left to right: Shaheen Ahmed (meetings co-ordinator), Andrew Ross (webmaster), Shilpa Gohil (secretary), Mr Curtis, Suresh Hirani (vice-chairman) and Stephanie Bancroft (treasurer)

After eight years of diligent service as chairman of the Harrow and Hillingdon branch of the Society, Steven Curtis has handed over the reins to pursue a California dream. Steven recently handed over his chain of office to vice-chairman Suresh Hirani in readiness to emigrate to California to practise pharmacy.

The branch has been successful and active under Steven's leadership. When he was elected chairman, it had an average attendance of 20 pharmacists at its meetings. Over the past few years, the branch has been holding eight to nine meetings every year for its 1,300 members, with meetings attracting about 100 pharmacists. Steven and the committee have been very successful in obtaining educational bursaries from the pharmaceutical industry. The branch has built a great rapport with the Society and is always well represented at its branch representatives' meeting, raising important issues that have generated good debate over the years.

The committee (on behalf of the branch) has given its best wishes to Steven and his family for a wonderful future in America — here's hoping that all their California dreams come true.

NEWSROUND

Improvements in documentation for fitness-to-practise cases

The Society's Statutory Committees Secretariat is modernising the way it communicates with registrants regarding fitness to practise, or registration appeal cases that come before the Society's Statutory Committees.

The secretariat is responsible for the efficient listing of fitness-to-practise and registration cases that come before the Society's Statutory Committees and for ensuring the effective management of fair and transparent Statutory Committees' hearings procedures.

The Secretariat is responsible for sending out papers and notification documents to registrants regarding their case. The documents provide registrants with information regarding fitness to practise



Jeanne Thircuir (seated) and Aneta Pszczola from the Society's fitness-to-practise team

cases and hearings procedures.

Documentation and procedures are being streamlined in an effort to make

information easier to understand and easily accessible, and to ensure that information provided to registrants is proportionate to the

circumstances of the fitness-to-practise case.

One of the changes is that electronic versions of documentation will be available to registrants on the Society's website (paper copies can still be requested from the Secretariat). This will reduce the number of attachments to letters and notices currently sent out and make the process more environmentally friendly. The attachments are predominantly the legislation that governs the fitness to practise procedures.

Where an email address is provided and the registrant indicates that they are willing and able to receive documentation via email, this method will be used instead of automatically posting hard copies.

BPC 2008's positive media coverage



The PR team worked to ensure that the 2008 British Pharmaceutical Conference received as much positive media coverage as possible. Seventeen press releases on topics from anti-ageing basil to inappropriate prescribing in nursing homes were issued to the national, regional, consumer and professional media. Widespread coverage was secured in a number of national print newspapers, including the front page of *The Daily Telegraph* and a further 12 articles in other nationals including *The Independent*, *The Observer*, *Daily Mail*, *Daily Express* and *The Sun*.

Over 25 broadcast interviews were also secured including an interview on Sky News Radio and Channel M (a local television station in Manchester). In total over 90 individual pieces of coverage were secured reaching an audience of almost 62 million. The BPC coverage and other PR activity can be viewed at www.digitalnewsagency.com (username and password: rpsgb1).

INDUSTRIAL PHARMACISTS GROUP

IPG feeds into TransCom group



IPG chairman Mike Parker with TransCom chairman Nigel Clarke (right)

Jane Nicholson (IPG committee member and industrial pharmacist representative of TransCom) wishes to express her thanks to those members who responded to her request for ideas on what would want to make them join the future professional body. All observations were summarised and submitted to the

membership services working group of TransCom. For further information please contact: janenicholson@transitionalcommittee.com.

For more information concerning IPG and the new professional body, please refer to the chairman's editorial in the last IPG section of *Your Society* (available at www.rpsgb.org.uk)

FROM THE CHAIRMAN

The debate on who should be members of the future professional body for pharmacy is in full swing in the letters pages of *The Pharmaceutical Journal*. The views expressed range from those advocating an inclusive body for pharmacists and extending a welcome to others such as pharmaceutical scientists, including many of those who educate future pharmacists, to one contributor who suggested that only those pharmacists who work in a pharmacy or those who interact with the public as prescribers should be allowed to join (*PJ*, 4 October 2008, p390). This latter suggestion is an extraordinary one since it would exclude thousands of pharmacists, including some of the most committed who choose to work in, or associated with, the pharmaceutical industry. The IPG committee sits fairly and squarely with the inclusive camp, recognising the vision and value that many eminent pharmaceutical scientists could bring to the direction and activities of a new professional body, particularly one which aspires to have a major influence on the future direction and provision of medicines in the UK.

There is nothing to be feared from including pharmaceutical scientists in the future professional body. Many pharmacists work in multidisciplinary healthcare teams where it is the combined expertise and energy which results in the delivery of high quality healthcare for patients or in the development and manufacture of high quality medicines. Why should the same not be the case in the development and delivery of a high quality professional body for pharmacy with pharmacists at its heart?

Elsewhere on this page, you will see "wishes" of the IPG for the future professional body which have been submitted to the Transitional Committee membership services working group. We continue to work with this and other working groups and direct with TransCom through Jane Nicholson.

Michael Parker

Work placement: new outlook

I had never considered industrial pharmacy as a career until I was offered a week-long work shadowing placement at GlaxoSmithKline in Harlow.

I turned up wondering what I would find, ready to walk away at the end of the week thinking "at least I can say I've tried, but it's not for me". I could not have been more wrong: I left thinking "I wish I'd done this sooner".

I am currently a pharmacy graduate about to start my preregistration training in a hospital and, up until my last

term as a pharmacy student, I never thought I would want to be an industrial pharmacist. I believed all of the myths, such as you need a first-class degree to get into industry, that you are always based in a laboratory.

My placement soon changed my mind. I was surprised by the number of job opportunities for pharmacists, and the variety of people working at the site. And the inter-disciplinary relationships were outstanding — hospital and community pharmacists could learn a lot from industrial

pharmacists in that respect. Although my placement was short, I would certainly be interested in working in industry at some point in the future and I would encourage all pharmacy students to try it.

A chance meeting was all it took to secure my placement and I really wish that that meeting had taken place a lot earlier in my degree.

Who knows, maybe I would have been starting an industrial preregistration training instead — *Jodie Taylor, British Pharmacy Students Association secretary general 2008–09.*

EIPG-PHSS meeting

The Pharmaceutical and Healthcare Sciences Society and the European Industrial Pharmacists Group are convening a joint seminar in London on 26–27 November 2008. It is entitled "A continuing professional development framework for the European pharmacist — a UK perspective" and will provide an opportunity to meet and put questions to technical developers. Further information is available at www.eipg.eu.

SUPPORTING THE PROFESSION

Building new museum audiences

In November 2007, the museum was awarded £49,300 from the Heritage Lottery Fund to create an audience development programme aimed at pharmacy students and lecturers, primary and secondary schools, and London residents. Museum audience development officer Heather Maddin outlines the achievements of the project's first six months.

Many pharmacy students are keen to learn about pharmacy history. The museum joined the British Pharmaceutical Students' Association's professional development certificate scheme in which members can earn a point by attending any British Society for the History of Pharmacy (BSHP) lecture.

Directors of study at the schools of pharmacy responded positively to a questionnaire about whether they would welcome support from the museum in teaching more about the history of pharmacy — 19 out of 25 schools replied and work is under way, with input from BSHP, to respond to their needs.

A range of initiatives and events for primary and secondary schools are planned for 2009. Two primary school classes will learn about historical medicines and



Heather Maddin rolling pills

medicine safety, past and present, by investigating the collections, making simple remedies and rolling pills. I will build on these pilots with the teachers to develop a session to offer to other schools.

As part of National Science and Engineering Week, the museum (in partnership with the English Speaking Union) will host "The great pharmacy debate" for secondary schools from all over

Britain. A Renaissance London Museums Hub grant was received to create a box of objects and teaching materials which can be loaned to primary schools on the subject of "Taking medicines past and present".

The most rewarding initiative has been a historical walk around the Society's Lambeth headquarters. The launch (held as part of the London Open House weekend on 20–21 September 2008), attracted more than 60 walkers. A leaflet about the walk, which takes in the Doulton factory, Lambeth delftware potteries and the notorious "Bedlam" hospital for the mentally ill, is available for self-guided tours.

Our "Behind the scenes" sessions are increasingly popular. Participants can get up close to the museum's collections and handle historical objects — the sessions may be made available for members.

Plans for next year include a family activity day to celebrate the 500th anniversary of the accession of King Henry VIII, with a focus on his interest in medicine, and possibly a joint venture with Vauxhall City Farm looking at veterinary pharmacy.

For more information, e-mail me at heather.maddin@rpsgb.org.

ETHICAL DILEMMAS



Last month's ethical dilemma was about a patient who wanted some hydrocortisone cream for application to his face. After being questioned, the patient says his GP suggested he purchase a pack over the counter because it is cheaper. This happens on a Saturday morning and the GP is unavailable until the following Monday. Do you:

- A. Supply the hydrocortisone because the doctor recommended it.
- B. Refer the patient back to the doctor.
- C. Suggest an alternative medicine.

Many members have probably come across this dilemma, but I hope you still found it useful. Most of you, 41 per cent, chose option C, 31 per cent chose A and 28 per cent chose B.

To get involved in ethical dilemmas, just visit myRPSGB on the Society website, at: www.rpsgb.org. From the home page, click the grey panel on the right hand side, entitled

"myRPSGB". From here, enter your registration number or retention fee form number to set up an account. The Society registration team members are happy to help. Telephone 020 7572 2532 or e-mail registration@rpsgb.org.

Ideas for possible ethical dilemmas to include in this column can be directed to me (e-mail priya.sejpal@rpsgb.org).

Priya Sejpal, Head of Ethics

ETHICAL DILEMMA 7

A regular customer at your pharmacy comes in and requests a human pharmacy (P) medicine for his pet dog. Do you:

- A. Supply the human licensed medicine as requested
- B. Refuse to supply the medicine
- C. Refer the pet owner back to the vet for a prescription

NOTES FROM JEREMY HOLMES CHIEF EXECUTIVE

A flood of good ideas

The day after I wrote my last notes for *Your Society* was the day of the Great Lambeth Flood. A member of the headquarters security team discovered water pouring through the ceiling of the fourth floor early on a Monday morning. A mains pressure joint had burst, resulting in devastation of the fourth floor (where most of our publishing activity is sited) and a large part of the third floor.

Well, talk about the Dunkirk spirit! Roger White, our building services manager, and Andy Langler, our deputy director of resources, had a disaster recovery plan which they put into action straight away.

The basement conference centre was turned into a reception centre for the 60 or so staff who couldn't get to their desks. By 10.30am we had established where people could work from, using every available alternative space and deciding with division heads who could work from home.

At the same time salvage teams were called in and the process of checking all the electrics for safety had begun. There was no hysteria, nobody jumping up and down — it was all very calm and totally professional. I felt extremely proud to have such a team. (And I will long remember Nicola Tyers, our head of preregistration, pouring out coffee for all the slightly bemused arrivals in the basement.)

I think members of the Society should feel proud, too. Martindale was at a critical point in its production schedule — in the event, by re-siting the team on the second floor, only one and a half days were lost. But, more importantly, the disaster showed the awesomely high level of commitment to their work from all the staff. So hats off to them all!

While all that was happening, TransCom was really speeding up its work on the design of the new professional body. I'm delighted there have been so many good ideas generated by the eight working groups, and by those who've posted comments and started blogs on the



The Millennium Centre at Cardiff Bay, venue for the Council's October meeting

TransCom website. The aim is for the prospectus to be published before the end of the year — so stand by.

Leadership

One of the TransCom working groups is on leadership, and the Society has recently demonstrated some important practical aspects of professional leadership. One is the current census (the first since 2005) which is such an important part of workforce planning for pharmacy. Another is the highly successful conference we organised at Lambeth on key IT developments in pharmacy attended by 70 delegates on 14 October. Third is our development of a Practice Framework which will underpin much of the upcoming work on standards (where the new professional body and the new regulator have to see eye to eye). The framework was used as part of our recent education strategy day and then presented in draft to the Council at its October

meeting — which, by the way, was held in Cardiff (in the landmark Millennium Centre) for the first time.

Before the formal Council meeting started, Marc Donovan, chairman of the Welsh Pharmacy Board, welcomed Council members and made reference to the Cardiff Bay area where we were. He said 20 years ago there was some scepticism about the idea of redeveloping the bay and some quite bold decisions had to be made. Today there isn't anyone in Cardiff (or I would say beyond either) who doesn't think Cardiff Bay is a fantastic example of urban regeneration.

The point was not lost on the Council members and staff who heard it, and I'm sure it will not be lost on the members of TransCom. In fact Marc said his mother had been worried the redevelopment might flood people's basements — that never happened but, even if it had, if the Society team had been on hand I'm absolutely sure they would have risen to the challenge!

I THINK MEMBERS OF THE SOCIETY SHOULD FEEL PROUD, TOO. . . . BUT, MORE IMPORTANTLY, THE DISASTER SHOWED THE AWESOMELY HIGH LEVEL OF COMMITMENT TO THEIR WORK FROM ALL THE STAFF. SO HATS OFF TO THEM ALL!

FOCUS ON VICTORIA HEALD OPERATION RAJ LION

How pharmacy and army training combined to do good in India

Manchester University graduate and North Bristol NHS Trust preregistration trainee Victoria Heald hopes to pursue a career either in hospital pharmacy or as an army pharmacist. Here, Victoria tells of her involvement with a charity project in India this summer — making use of her pharmacy and army cadet training.

I have been involved with the army since I was 11, through the Lancashire Army Cadet Force (Chorley Detachment). I reached the rank of cadet company sergeant major, and have been an officer cadet in Manchester and the Salford University Officer Training Corps (MSUOTC) for four years — during the time I was doing the MPharm.

My part in a trip to India to do some volunteer work in a local school for young people with a disability came about after a chat with army friends.

The Sucheta Kriplani Shiksha Niketan School in rural western Rajasthan, Northern India, has 450 students aged between five and 20 years. It is funded through donations. Most students have disabilities associated with polio,

as well as amputations and burns injuries. I was inspired to take what I had learnt during my pharmacy training and to be able to use that to help other people.

Our flights were paid for by the MSUOTC. Team members paid their own expenses so that any money raised would go towards the school. The team comprised 17 students and graduates, all members of the corps and with various skills and experience.

The team raised £19,000 before the trip to fund basic expenses such as food and electricity, maintenance of buildings, paints and materials for renovations and improvements, medicines to last for at least six months and materials for the prosthetic workshop, as well as sports and recreational equipment.



Victoria adds the finishing touches



Victoria and Laxman in the renovated dispensary and treatment area

My aim in the project was to set up a pharmacy dispensary and to educate the school's non-medical staff on the basics of medicines management and wound care. The team built a dispensary counter, with a separate clinical work area and a private consultations area. I organised and labelled the medicine supply.

I worked closely with a former pupil of the school, Laxman Singh, who is the general caretaker, as well as being responsible for dispensing medicines and care to the students. Laxman will run the new dispensary, so I trained him in basic understanding of doses, sterilisation of equipment and the importance of cleanliness in terms of infection control and healing.

I provided basic clinical care and first aid (using the first aid training I received in the army) at a "clinic" for local children as well as the volunteers.

The trip was incredibly rewarding and the children were amazing, always smiling and never complaining. For more information about the school, visit its website (www.sksn.org).