



# YOUR SOCIETY

## Early in the year life is often quiet — but not this year!

First of all a big thank you to everyone who took part in the Pharmacy 2020 consultation meetings that have been held up and down the country and to the champions who led the meetings. We are working our way through the hundreds of responses we have had to the consultation. The responses are giving us a real feel for where you want the profession to be in 10 to 15 years' time. It is vital that pharmacy decides its own future rather than having it imposed from outside.

Last December we focused on over-the-counter medicines and particularly the misuse of medicines. The Medicines and Healthcare products Regulatory Agency gave products containing pseudoephedrine or ephedrine a reprieve at the end of the year. All the pharmacy bodies worked together to fight a proposal to reclassify these products as prescription-only medicines — and it paid off. However, there is still a threat hanging over us that they could be reclassified in 2009 if we fail to control the use of OTC pseudoephedrine and ephedrine, which can be used to produce methamphetamine. All the pharmacy bodies are working to raise awareness of the issue in the profession. It has fallen to the Society to represent pharmacy in discussions with the Commission on Human Medicines (the MHRA expert advisory group). We have explained the sorts of controls that we already have in place and the steps that we are taking to prevent the use of pseudoephedrine and ephedrine from being obtained illicitly. This has been a good opportunity to explain how pharmacists deal with requests for products that are liable to misuse and the care that pharmacists take over sales.

We also saw the result of the inquest into the tragic death of Linda Docherty, who died after misusing Nurofen Plus. She was taking about 64 tablets a day towards the end of her life and was travelling around a number of different pharmacies to obtain supplies. Community pharmacy is in the frontline when it comes to



David Pruce, the Society's Director of Practice and Quality Improvement, says that 2008 has got off to a flying start

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misuse of OTC medicines. It is difficult to spot customers who may be abusing medicines, yet pharmacists and their staff often

develop an instinct for spotting suspect customers. I spoke on *You and Yours* on Radio 4 to explain the dangers of misusing of products containing codeine or dihydrocodeine. This gave an opportunity to remind the public that they should be asking for advice about how best to treat their condition and to tell them about the expertise of pharmacists and pharmacy staff.

The Practice and Quality Improvement team is developing a simple guide to the sorts of signs to look for that should make you suspicious about a request for a medicine. Most pharmacists develop a gut feeling about when something is not right. This can be very sensitive and we should not underestimate it. We hope to supplement this by communicating some simple signs that may reinforce your instinctive feelings.

January also saw some good news for hospital pharmacy in England with the announcement that every NHS trust will have an antimicrobial pharmacist to help control the spread of "superbugs". This is something that the Society has been pushing the Government to fund for some time.

We have lobbied for this at every opportunity for months and it is great to see that it has finally paid off. The original funding for these posts was for one year only and we were concerned that they were being lost because of funding problems. Antimicrobial pharmacists are vital in the fight against bacterial resistance in hospitals and it is good that the government has recognised their importance.

So far from being a quiet beginning to the year, 2008 has had a flying start for pharmacy. This year is going to be decisive for pharmacy. We expect a White Paper for Pharmacy in England. There is a new professional body in the wings. We shall see the outcome of the responsible pharmacist consultation. With all these and other changes going on, we are all going to have our work cut out.

*David Pruce, Director of Practice and Quality Improvement*

## NEWSROUND

### Investing in communications

Recent research carried out by the Society reveals that members want to see pharmacy have a higher profile in the national media. Responding to members' wishes the Society is making significant investments to improve external communications during 2008. The Society's public relations team works hard to maintain pharmacy's presence in national media on key healthcare issues. In the past six weeks the PR team has achieved national media coverage across on a range of topics, including emergency hormonal contraception, the oral contraceptive pill, non-steroidal anti-inflammatory drugs and pharmacy practice. Media coverage generated by this work includes BBC Radio 4, BBC Radio 5 Live, *Daily Telegraph*, *Daily Mirror*, *Guardian*, *Daily Express* and *Daily Mail*.

Pharmacy is going through a



**No doctor required**

The first person you turn to when ill need not be your GP – your pharmacist may know more than you think

By Deborah Cohen

Last month's announcement that the contraceptive pill is to be made available "over the counter" provoked mixed responses. Many of us, however, are not clear about what this means. Will anyone be able to turn up and buy it? Recent NHS changes mean an increasing number of medicines and services are now available at high street chemists, avoiding the need to endure the queues and splatters of a GP's waiting room, but few patients know what pharmacists are qualified to advise them on.

Pharmacists have long provided essential services, including directing people to the appropriate service, such as NHS Direct, their GP or accident and emergency, and advising

time so they could concentrate on complicated illnesses, but also with patient convenience in mind. "GPs recognise that not every patient they see needs a GP consultation," says Neal Patel, a pharmacist from the National Pharmacy Association. "But if patients feel they need to see a GP, they see one. Rolling out these schemes just gives people another option. It might be that a pharmacy is more

medicines is decided locally. For example, in some parts of the country emergency contraception is available through a pharmacist on the NHS via a 'GP' prescription, whereas in others it is only available to buy over-the-counter at around three times the price (you would have to visit a doctor for a prescription).

In Scotland, explains Patel, there is a mixture

**The changing nature of community pharmacy was the subject of a feature in the *Guardian* newspaper**

key period of change, and building the media profile of the profession is an important part of the work that the Society is doing to help

raise awareness and understanding of the nature of this change and how it impacts on healthcare delivery.

### Did you know?

A cataloguing project at the Society's Museum has uncovered a set of promotional calendars, donated by Frederic Bullen in 1956. Between 1897 and 1901, the Antikamnia Chemical Company promoted its tablets with calendars featuring these eye-catching "Skeleton Sketches" by American physician Louis Crusius.

The Museum team welcomes requests to see or research any object in the collections.

Contact the Museum by telephoning 020 7572 2210 or e-mail [museum@rpsgb.org](mailto:museum@rpsgb.org).



### New internet logo launch



Leading the way to a safer future for online pharmacy, the Society launched its Internet Pharmacy Logo on 10 January. The launch was supported by a national media campaign aimed at raising public awareness about the dangers associated with buying medicines online from unregulated sites.

The launch received extensive national and regional media coverage including a front page lead in the *Guardian*. David Pruce, Director of Practice and Quality Improvement, and Priya Sejjal, Acting Head of Professional Ethics, gave more than 20 radio interviews to national and regional

stations including BBC Radio 4's *You and Yours* and Radio 1's *Newsbeat*.

The new logo will be visible on the homepage of participating online pharmacies and feature the unique Society membership number of the pharmacy operating the site. A link from the logo to the Society registration pages allows visitors to check the legitimacy of a website and the pharmacists running the practice before making a purchase.

Media coverage can be seen at [www.digitalnewsagency.com](http://www.digitalnewsagency.com) (username rpsgb1; password rpsgb1).

### Come to April's Open Day

Members can now sign up for our second Society Open Day which will take place on Sunday 20 April.

Following the success of last September's event the Society will open the doors of its London offices to members giving them an opportunity to meet Council members together with senior

members of the Society's staff who will be available to discuss the work that they do and the services that they offer.

Tickets are on a first-come, first-served basis and admission is by pre-booked ticket only. To request more details and an application form please e-mail [b&ra@rpsgb.org](mailto:b&ra@rpsgb.org).



The Society's Open Day in September 2007 was a huge success

## NOTES FROM JEREMY HOLMES, CHIEF EXECUTIVE

## Good to see pharmacy in the news

I'm slightly anxious about my notes appearing on Page Three of *Your Society*, but I'm reassured that our design team will continue to keep the page tasteful! I was pleased to receive positive feedback on the first issue. I want it to be the basis of a dialogue not a monologue — so please continue to let me have your thoughts on what

you believe should be the top three priorities for pharmacy in 2008 via e-mail at [positivefeedback@rpsgb.org](mailto:positivefeedback@rpsgb.org).

It's good to see pharmacy being front page news. When we launched our internet pharmacy logo scheme it was picked up by the national press, Radio 4, Radio 1, local radio, Sky News

and others, who all stressed the importance of buying medicines from legitimate pharmacies. I hope it also starts to address the lack of "profile" for pharmacy in general which so many people have told me is an issue. Thanks to the practice and quality improvement and public relations teams at the Society for some great work!

Within the profession, there are more column inches now being given to the Clarke Inquiry, which is hugely important for development of the future professional body. The Society has now submitted its evidence and I hope members

LET ME HAVE YOUR THOUGHTS ON WHAT SHOULD BE THE TOP THREE PRIORITIES FOR PHARMACY

will have seen the summary distributed with *The Pharmaceutical Journal* and *Chemist & Druggist*. The full submission is available at [www.rpsgb.org/pdfs/clarkerpsgbsubmissionfull.pdf](http://www.rpsgb.org/pdfs/clarkerpsgbsubmissionfull.pdf) or in summary at [www.rpsgb.org/pdfs/clarkerpsgbsubmissionsumm.pdf](http://www.rpsgb.org/pdfs/clarkerpsgbsubmissionsumm.pdf).

Our English, Welsh and Scottish pharmacy boards gave separate oral evidence to the inquiry and provided dedicated country sections in our written submission.

## PHARMACY AND POLICY

We have submitted our response to the Department of Health's "responsible pharmacist" consultation. It is available at [www.rpsgb.org/pdfs/consdoc1490.pdf](http://www.rpsgb.org/pdfs/consdoc1490.pdf). I know this is a controversial subject, so we liaised with a number of other pharmacy bodies to get the balance of our response right as well as working with an internal group chaired by the Society's Vice-President Martin Astbury. We have also issued guidance on how recent changes in legislation regarding Controlled Drugs affect pharmacy practice.

In another important policy development, I'm delighted that the Society is hosting a major pharmacy event as part of Lord Darzi's review of the NHS in England. We recommended to Lord Darzi that he engage more closely with pharmacy and I'm pleased to say he has taken us at our word. The Department of Health is inviting a wide range of pharmacy organisations to our London offices on 27 February to meet the minister and his review team.

In Wales we have already held an important stakeholder event (on 29 January) on chronic conditions management and we are setting up a Pharmacy Mental Health Forum to ensure the Welsh Assembly is taking pharmacy properly into account in its new planning of health service delivery.

I have also invited senior hospital pharmacists from England, Scotland and Wales to form a "Secondary care think-tank" to complement the work of the Society's Hospital Pharmacists Group (whose chairman Ray Fitzpatrick is part of the think-tank). This will help to ensure we take on board the views of the hospital sector and are well positioned to address the challenges of the changing interface between primary and secondary care.

## Pharmacy leadership and devolution

In Scotland, as elsewhere, the debate about a new professional leadership body is gathering speed. The Society's Scottish Pharmacy Board takes the view that the profession needs an organisation that can effectively lead the development of practice in the Scottish political and cultural environment, but that there is great strength in being part of a GB (or UK) organisation, enabling Scotland to play its part on the bigger stage. I agree. The Scottish Directors of Pharmacy Group, the National Pharmacy Association and the Company Chemists Association (both UK-wide organisations), and



most other key players seem to take a similar view.

The challenge of devolution is to play to each country's particular needs while benefiting from the sharing of know-how and the economies of scale associated with a GB or UK organisation. Pharmacy across the devolved administrations of the UK will continue to face far more challenges that are common than different.

I believe true professional leadership should support and guide individual pharmacy professionals wherever they practise, give them a voice on the wider policy agenda and help them

to achieve both professional satisfaction and the best possible service delivery.

At a personal level, a new independent pharmacy has just opened in the village where I live. When I popped in there my first reaction was: "Wow! These people know how to offer a service." They're making a real pitch to be part of the community, finding out what people really need and want, and trying to build constructive relationships with the local GPs and commissioners. We could probably all learn something from local leadership like that — including the Society!

## FOCUS ON THE TREASURER

# What drives Andrew Gush?

Passionate commitment, driving persistence and a strong core of self-belief have been the defining career characteristics of Royal Pharmaceutical Society Treasurer Andrew Gush.

They have taken him from newly qualified owner of a failing pharmacy to mastermind of a substantial business. They have equipped him to weather the storm over the recent increase in the Society's fees. And they have kept his feet so firmly on the ground that he still regards working as a community pharmacist as one of his greatest pleasures.

Those qualities were all in evidence when, as an under-achieving student at an under-resourced comprehensive in a relatively deprived area of South Wales, he pretty well barged his way into the pharmacy course at Bath University.

"I didn't get very good A-levels," he says, "but I wouldn't give up. I kept on telephoning them, going to see them and being persistent and in the end they gave way and let me in." He rewarded his mentors by studying extremely hard and emerging with a first-class degree.

Andrew started work as a preregistration trainee at a branch of Boots in Bristol with high hopes that were promptly dashed. "I had high expectations of what I could do, but I quickly realised that the main job at that time was to work as a technician."

Undaunted, Andrew put it to his new wife Christine that they move to the Rhondda Valley, live in a derelict flat over a pharmacy that wouldn't make any money for three years and live off her wages as a hospital librarian.

Over 16 years he managed to build up a hugely successful business, purchasing eight pharmacies stretching across South Wales, from Swansea in the west to Caerphilly in the east.

"My success was based on quality and innovative practice," he explains. "Our whole business focused on providing a first-class service to patients, understanding the local demographics and tailoring our services to meet those needs."

### National recognition

He was rewarded with national recognition as well as commercial success, winning a UniChem Great Business award for business development, the *Pharmacy Business Magazine* Retailer of the Year award and a *Chemist and Druggist* Platinum Design award. Keen to spend more time with his wife and daughters Rhian and Elin, Andrew sold the business in 2003 to set up as a pharmacy business consultant, advising national pharmacy wholesalers and pharmacy groups as large as Day Lewis on marketing, branding and project management.



Andrew Gush — devoted family man

Before his election to the Society's Council in 2006, Andrew had been politically active with the National Pharmacy Association and Community Pharmacy Wales.

"My motivation," he explains, "has always been to prevent fellow pharmacists sharing my initial disappointment and to make sure they have professionally and financially rewarding careers that recognise their strong input to health care."

His meteoric rise to the high-profile role of Treasurer after just one year on the Council recognises the particular skills he could bring to bear on the looming issue of membership fees.

"Tough decisions needed to be made to keep the Society's finances stable. A large increase in fees had been considered before I was elected and my job was to look at how far that could be reduced without risking the Society's funds or reducing our output for members. We eventually settled on just under 40 per cent: it would have been easier for me to reduce it still further in order to be popular, but I would have considered that unethical."

Since last autumn, when the new rate was agreed, Andrew has lived in a storm of controversy, but he has continued to lead.

"There has been much dissatisfaction and many, many letters, and there isn't a single one I haven't answered personally.

"I recognise that the increase is large and unwelcome, but we have made it a priority to

SINCE LAST AUTUMN, ANDREW HAS LIVED IN A STORM OF CONTROVERSY, BUT HE HAS CONTINUED TO LEAD

introduce a staged payment for next year. I would also like to be able to offer reduced fees to members with low incomes if this idea proves acceptable. Help is presently available from the Benevolent Fund."

The time commitment has been as wearing as the flak. He spends two to three days a week on Treasurer duties and devotes a couple of hours every night to correspondence. Last summer the pressure was so intense that he worked most mornings of his summer holiday.

### Continuing to "walk the talk"

Nevertheless, Andrew regards his role as a privilege and would be happy to be re-elected this summer. Meanwhile, he continues to "walk the talk" as a part-time community pharmacist and strongly advocates an escalation of clinical services, including full medicine reviews, obesity advice, monitoring of diabetes, anticoagulant testing and independent services for minor ailments, all backed by prescribing.

Despite the overwhelming evidence of his commitment, Andrew insists he's not defined by his work. He is a devoted family man, a regular skier and a keen amateur cook.

"I enjoy everything about cooking: the planning, the shopping, the preparation and, finally, the sitting down and enjoying the food with interesting and fun company."

*Andrew Gush was interviewed by Isabel Walker, freelance journalist*

## SPOTLIGHT ON MEMBERS

# What has the Society done for me?

Many industrial pharmacists believe they are barely seen — let alone heard — but the massive expansion of the economies of China and India and the potential impact on the international pharmaceutical industry makes it ever more important that the voice of the industrial pharmacist in the UK is heard.

That's the view of Dr Gino Martini who this year became vice-chairman of the Royal Pharmaceutical Society's Industrial Pharmacists Group (IPG), under the chairmanship of Dr Michael Parker. Although pharmacists working for the large drug manufacturers make up only a small proportion of the professional workforce (around 5 per cent), the contribution they make to industry is fundamental.

## Something to be cherished

Gino says: "While it may not be a major player, in terms of its number of members, industrial pharmacy is something to be looked after and cherished. It's important for the Society to acknowledge manufacturing drug companies because what they do is central to high quality clinical and pharmaceutical care and that's what patients care about. Patients will always want to know how medicines are discovered, developed and manufactured and how they get onto the market."

Gino started his career 16 years ago in the community sector before switching to industry and joining GlaxoSmithKline in 1996 working on formulation development — helping to create dosage forms. During that time he was responsible for treatments for Parkinson's disease, diabetes, cardiovascular disease and pain relief. He moved on to focus on the manufacturing side of the industry making sure the transition of a drug from development to manufacture still met high quality standards. He explains: "My job is to make sure that our products are manufactured to the highest standards and that we minimise the impact of scale."

He adds: "You have to understand the quantities and problems in the lab and what can change when you scale up — it's an exciting and emerging area of the industry that has really taken off."

It is Gino's passion for the industrial side of drug manufacturing which drew him to become involved in the Society's special interest group. He was originally co-opted to the committee in 2001 when Dr Steve Wicks, then IPG chairman, thought that GlaxoSmithKline needed to be represented. This year he was voted onto the committee as a member for the first time and went on to be chosen as its vice chairman for the next three years.



**Gino Martini is determined that the voice of the industrial pharmacist be heard**

He also takes the views of the IPG into Europe in his capacity as president of the European Industrial Pharmacists Group. He says: "The specialist group is our vehicle for being heard. By having good strong links with the Society we make sure that educational standards (in the sector) and good information links are maintained. These are difficult times with globalisation and the expansion of China and India and it would be a shame if we were forgotten about."

The IPG newsletter, last year inserted into *The Pharmaceutical Journal*, but this year to be published in *Your Society*, appears up to four times a year. Articles are both inward looking — focusing on what is happening in the industry — and outward looking, taking industry issues such as the problems of drug counterfeiting and the supply chain to the wider pharmacist community. Gino says: "We take on an educational role, maintaining the importance of

how medicines are discovered and developed."

Continuing professional development for industrial pharmacists is also a priority for the group and articles and advice about how to keep up to date regularly appear in the newsletters and on the website. The group also provides the opportunity for professional networking and lobbies on behalf of industrial pharmacists, not only in the UK, but on the global stage. Gino says: "I recently wrote a letter, for example, in my capacity as president of the European Industrial Pharmacists Group to the European Commission and the European Medicines Agency putting forward some of the issues around wholesaling and that in the UK you do not have to be a pharmacist in order to be a wholesaler. I am determined that the voice of the industrial pharmacist is heard."

*Gino Martini was interviewed by Debbie Andaló, freelance journalist*

## WHAT DOES THE IPG DO?

**The Industrial Pharmacists Group is one of the five special interest groups established by the Society. It has nine members — two from Council and seven elected. Another two members are co-opted every year. The group meets up to four times a year and has recently introduced teleconferencing as a way of members keeping in touch between meetings. The IPG has links with every school of pharmacy and arranges opportunities for industrial pharmacists to visit and explain the benefits of their chosen career path. The group has its own link on the home page of the Society's website ([www.rpsgb.org](http://www.rpsgb.org)). The website also includes contact information, details and topics of future educational meetings such as how to improve formulations for children. Details of opportunities for student industrial placements also appear regularly on the website.**

## SERVICES FOR MEMBERS

# Help with legal and ethical issues

Pharmacists unsure about changes to the law around the supply of medicines or worried that they may have misinterpreted their professional Code of Ethics are just a phone call or e-mail away from a team of specialist advisers who can help.

Last year the Legal and Ethical Advisory Service, based in the Society's offices in London, dealt with 13,464 calls from the profession, approximately 2,000 e-mails and just under 500 letters all seeking advice. Daniella Murphy, the pharmacist who heads the six-person team, believes that through promotion of the benefits of the service they are reaching more members. She says: "We have had an article in *The Pharmaceutical Journal* and were involved in the Society Open Day last year. We also have a supply of business cards and information leaflets which can be circulated at meetings etc detailing how we can help. I think it's important that pharmacists know we are here — we are here to help them, that is our purpose — to provide them with the information they need in order for them to make professional decisions."

The service is free to members of the Society across all sections of the profession. But, according to Daniella, most of its enquiries (around 60 per cent) come from the community sector. "After community it's hospital pharmacists and then pharmacists working in primary care organisations or GP practices. It may be that pharmacists working



**Daniella Murphy leads the Society's Legal and Ethical Advisory Service**

I LOVE WHAT I DO. I ENJOY THE VARIETY — EVERYTHING CHANGES ALL THE TIME AND THAT'S EXCITING

## HOW TO CONTACT US

**The Legal and Ethical Advisory Service is open between the hours of 9am and 5pm, Monday to Friday, and can be contacted by:**

**Telephone on 020 7572 2308**

**E-mail at [ftp@rpsgb.org](mailto:ftp@rpsgb.org)**

**Fax on 020 7572 2610**

**Letter to Legal and Ethical Advisory Service, Fitness to Practise and Legal Affairs, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN**

**Outside these hours, or when lines are engaged, messages may be left to be dealt with when the office reopens or when advisers become free.**

outside the community pharmacy sector have more professional support, while in community pharmacies there may be a single pharmacist who is looking to us for reassurance or help for them to reach a decision."

Most of the calls to the service involve questions around the changes to the supply of Controlled Drugs in community pharmacy that were introduced following the recommendations of the Shipman inquiry. Daniella says: "Community pharmacists are worried about how medicines are supplied now and whether they are making supplies lawfully. This is not in terms of fraudulent prescriptions, but rather cases where they are worried that, for example, something may have been missed off the prescription."

A factsheet for community pharmacists about the changes to the supply of Controlled Drugs is now available on the Advisory Service's pages on the Society's website ([www.rpsgb.org](http://www.rpsgb.org)). The document is the latest in a series of 11 factsheets on different issues that have been compiled to provide pharmacists with information and answers to frequently asked questions. The service also publishes Law and Ethics Bulletins if it feels it needs to bring the profession up to date with a specific piece of medicines legislation or other new developments.

"The bulletins are published in the *PJ* but they are also available on our page on the Society website," Daniella says. The pharmacist advisers also compile and update the annual Medicines Ethics and Practice guide for pharmacists, which is also available in electronic form on its web pages.

Daniella, who practised in the community sector but also has a background in industrial pharmacy, says the service has been getting busier every year because of the wealth of changes to the laws around medicines and the Code of Ethics.

She says: "Some of the changes in the law have been inevitable because some of the legislation has been so old. But we are also busier because the questions are more complex. This is linked to pharmacy practice becoming more challenging and pharmacists increasingly dealing with ethical dilemmas."

Despite the increasing workload Daniella has no desire to return to practice. She says: "I love what I do. I enjoy the variety — everything changes all the time and that's exciting but mostly it's because when a pharmacist phones because they are worried, I know when they come off the phone that I have been able to help them and that is very rewarding."

**Daniella Murphy was interviewed by Debbie Andalo, freelance journalist**

## VETERINARY PHARMACISTS GROUP

# Lambing season warnings

The Department of Health, the Department for Environment, Food and Rural Affairs and the Health and Safety Executive have issued advice that pregnant women should avoid sheep in the lambing season.

Those coming into close contact with sheep during lambing may risk their health, and that of their unborn children, from infections, including chlamydia, toxoplasmosis and listeriosis, which are common causes of abortion in ewes, and Q fever.

Although the number of reports of these infections and human miscarriages resulting from contact with sheep is extremely small, it is important that pregnant women are aware of the potential risks.

To prevent infection pregnant women are advised that they should:

- Not help to lamb or milk ewes
- Avoid contact with aborted or newborn lambs or with the



Philip Connolly

afterbirth, birthing fluids or materials (eg, bedding) contaminated by such birth products

- Avoid handling clothing, boots, etc, which have come into contact with ewes or lambs

A pregnant woman should seek medical advice if she experiences fever or influenza-like symptoms, or if she is concerned that she could

have acquired infection from a farm environment.

Lambing season could also lead to a new occupational disease termed "lambing ears". According to the *British Journal of Dermatology* (2008;158:134-7), farmers in Hampshire have reported a new skin disorder around the season.

Their pinnae became hot and itchy, then started to blister and crust. Incidence was related to the degree of involvement farmers had with the animals around parturition and the condition resolved as soon as lambing was over.

A letter in farming magazines about the mysterious affliction drew 69 responses from UK farmers but none from abroad. The cause of lambing ears remains a mystery, but the biopsies resembled polymorphic light eruption, which occurs after exposure to sunlight. The condition also occurs, although less frequently, in farmers who are calving.

## Reminder over pet flea products issued

A reminder to pharmacists has been issued by the Society that it is not good practice to put NFA-VPS Frontline (fipronil) products on self selection shelves and that their staff should be able to demonstrate competence in the product area and give the correct level of advice. Some formulations of the pet flea product became available for over-the-counter sale in 2006. The Practice and Quality Improvement directorate predicts that similar products will become available OTC in the future.

Veterinary Pharmacists Group committee member Steven Kayne emphasises that spot on products containing permethrin are intended for the treatment of fleas and ticks in dogs only. "Cats treated with even small amounts of spot on products containing permethrin can develop nervous signs, such as depression,

drooling, tremors, seizures, vomiting and staggering, and can die," he says.

"Some pet owners apply spot on products containing permethrin that are indicated for use in dogs to their cats by mistake, or because they think that it is safe if they use only small amounts. It is not. If application should occur it is important to wash off the product from the cat with water and a mild detergent and seek advice from a veterinary surgeon," Dr Kayne adds. There are non permethrin spot on products specially formulated for use in cats.

The VMD is monitoring the incidence of suspected adverse reactions to these products. Details of how to report a suspected ADR can be found at [www.vmd.gov.uk](http://www.vmd.gov.uk). Sources of training on pet flea products can be obtained from the VPG and the National Pharmacy Association.

## Higher risk of zoonoses

The risk to humans from zoonoses has never been greater and has been compounded by international trade in exotic pets, according to a report in *The Times*. Such trade must be stopped if humans are to be protected from global pandemics, said Dorothy Crawford, professor of medical microbiology, University of Edinburgh. Many emerging infections, including HIV, severe acute respiratory syndrome and bird flu, have been acquired from animals.

Professor Crawford described a consignment of giant Gambian rats, flown into the US. The rats carried monkeypox virus, which transferred to prairie dogs that were sold in the same pet shop. The prairie dogs then passed the disease to humans. The chain of infection was only terminated after the microbe had infected 71 people.

## VPG

Membership of the Veterinary Pharmacists Group is open to all pharmacists engaged, or considering becoming engaged, in the preparation or supply of veterinary medicines. You can join the group at <https://my.rpsgb.org>.

## Michael Jepson

Michael Jepson retired as joint director of the Society's veterinary pharmacy education programme (VPEP) in October and the occasion was marked by a lunch at the Society's headquarters in London. Steven Kayne, VPEP director, paid tribute to the "tremendous contribution" that Dr Jepson had made to veterinary pharmacy, not only at the Society but also as a member of the Veterinary Products Committee.



Hemant Patel presents Michael Jepson with a crystal decanter and glasses engraved with farm animals

## Education

The 2008 cohort for the Veterinary Pharmacy Education Programme started in January but it is not too late to apply. The group is studying two modules of the veterinary pharmacy diploma, which lead to the award of a stand-alone Certificate in Companion Animal Healthcare. In addition, continuing professional development materials for colleagues involved in veterinary pharmacy have been developed. Full details of the courses and materials available can be found at [www.vpep.net](http://www.vpep.net)

## BRITISH PHARMACEUTICAL CONFERENCE

# Come and join me at conference!

Everybody has their memories of the Millennium. In my case, some bright spark had the idea of a family party. A pretty unremarkable event you might think. However, my grandad was one of 11 and my gran one of nine. This means I have more cousins and twice-removed relatives than the average and the idea was to bring as many of the family together for a big event. Over 150 members of the Wright/Garnett clan (Liverpool branch) met in a hall and had a memorable knees-up. I met many people I had not seen for years and many more that I had never met before. I learnt a lot about my family history, some good, some bordering on the scandalous — but mostly fascinating.

I was reminded of our party when chairing the first of the committee meetings for this year's British Pharmaceutical Conference (BPC). We have to bring together the many strands of the pharmacy family, many of whom have never met before. We have to entertain them professionally and socially, complete the task within a budget and have them going home after three days speaking of a great conference and looking forward to next year's. Simple, really.

The BPC has a history and so we have a lot to live up to. While keeping faith with some of the traditions of the past and the successful aspects of recent conferences, we have to think of the future. It is the biggest single event that the Society organises and attracts people from all four corners of the globe. Around 1,000 delegates attend, and speakers cover every aspect of pharmaceutical science and practice imaginable. We want to keep the variety and international appeal but reach out to all pharmacists here in the UK and also to those non-pharmacists who spend their working lives associated with the profession: in industry, commerce, academia, research, the media — everywhere, in fact, where you may find a pharmacist.



**John Gentle — BPC is a flagship conference**

We also need to give people a reason to go. BPC is one of the few occasions where you can mix with such a wide range of pharmacists and scientists. We use one of the best conference centres in the UK and bring together some of the best pharmaceutical talent in the world, from Nobel prize winners and presidents of Commonwealth country pharmacy associations to CEOs of major multinationals.

We are aiming to bring community, hospital and primary care pharmacists together with the pharmaceutical scientists and have a unique strand of presentations entitled "Science into

practice". There will be practice and science poster presentations, and awards presented for some of the most innovative work in all of these areas. We actively welcome participation from students and those undergoing preregistration training.

Running alongside all this will be a lively Exhibition and Careers Forum. There will be free pens and Post-it notes and the opportunity to talk to suppliers, wholesalers, publishers (including the Pharmaceutical Press), insurers and maybe get a better deal than the one you get now — without the interruption of patients, customers and staff.

There will be Council members, board members and Society staff there so if you want to pin them down over an issue (or a pint) then this is the place to do it. And you could get the chance to bend the ears of senior politicians — including the health and science ministers.

For those within striking distance of Manchester there will be evening events, both professional and social so if you can't go on the Sunday there will be something for you too.

It is the opportunity for the profession to show itself off to the public and a tremendous PR effort goes in to publicising the profession to the public via television, radio and the written media. Over the past 10 years the Society, with the support of the Academy of Pharmaceutical Sciences and sponsors, including Boots, AstraZeneca, GSK, Pfizer and the Pharmacists Defence Association, has worked to transform BPC from a predominantly branch-run social event to a flagship conference that attracts both a national and international pharmacy audience. The challenge going forward, starting in September 2008, is to develop the BPC as an attraction for everyone. Whether closely related or a distant relative, we are aiming for a burgeoning delegate list from all areas of the profession who we will send home entertained and challenged.

*John Gentle*

### £25 DELEGATE FEE

**BPC 2008 will open on a Sunday with a special rate of £25 for Society members. For most this will be affordable and does away with locum fees and the need to arrange a day off**



### ESSENTIAL INFO

**BPC 2008 takes place at Manchester Central from 7-9 September. For programme information, special rates and booking-forms visit [www.bpc2008.org](http://www.bpc2008.org).**