



Attendance at BPC 2008 up 15 per cent on last year . . .



BPC 2008: Over 930 delegates took advantage of a packed programme in which the latest cutting-edge findings in pharmacy science and practice were unveiled

The British Pharmaceutical Conference 2008 was a great success, with a big attendance increase over the three days and more than 670 attending on the event's first-time Sunday opener. More than 930 delegates took advantage of a programme packed

with sessions, presentations and debates based on the theme of "Pharmacy in the 21st century: adding years to life and life to years".

The Society's public relations unit tapped into news media across England, securing a huge array of

positive coverage for the conference, including a front page story in *The Daily Telegraph* and stories in the *Daily Mail*, *The Guardian*, *The Independent*, *The Sun*, the *Daily Express*, *The Times*, Channel 4 online, Channel M (Manchester TV) and BBC regional radio stations.

. . . and 2009 will be bigger and better

For members, the British Pharmaceutical Conference is over for another year, but for the Society planning team, work on BPC 2009 is already well under way and the Society's flagship event continues to evolve. This year's first-time Sunday opening with a £25 fee for members was one of the many innovations aimed at making the conference more accessible and the Society will build on this for 2009.

The next conference will take place over four days instead of three — Sunday to Wednesday. This is to allow the development of a dedicated pharmacy conference and a three-day science conference under the BPC banner. It will open on the Sunday with the new pharmacy conference Practice@BPC, which will allow delegates to explore, in greater depth, the many complex issues facing the working pharmacist on

the high street, in primary care organisations, in NHS trusts and beyond. It will also provide a focus on helping pharmacists develop the much broader range of professional skills now required for a rewarding and profitable career.

Practice@BPC will be based on the twin themes of safety and quality in pharmacy and the programme will cover current thinking, emerging issues and translating evidence into practice. Sessions will also tackle how to rate quality in pharmaceutical services, education or working environments.

The new three-day science conference, Science@BPC, will open on the Monday. Science@BPC will provide more sessions than has previously been the case, aiming to allow delegates to gain a broader and deeper perspective of cutting-edge developments in the

pharmaceutical sciences. It is hoped that, over time, Science@BPC can be built up to be Europe's answer to the world-renowned American Association of Pharmaceutical Scientists (AAPS) conference in the US.

Technology will be the theme, and the conference will showcase the technologies underpinning medicines and diagnostics. The fields of drug discovery and drug development, as well as the science behind emerging diagnostic devices that will support clinical decision-making, will be explored.

Each conference will also have its own dedicated exhibition and careers forum.

BPC 2009 will be bigger and more relevant, with greater focus for the working pharmacist and pharmaceutical scientist. The BPC 2009 dates for your diaries are Sunday 6 September to Wednesday 9 September 2009.

Coming into focus



Jeremy Holmes addresses guests at the BPC 2008 dinner

TRANSCOM AIMS TO GET ITS PROSPECTUS FOR THE NEW PROFESSIONAL BODY PUBLISHED BY THE END OF THE YEAR. AS SOON AS POSSIBLE AFTER THAT THERE WILL BE A FORMAL CONSULTATION AND MEMBERS OF THE SOCIETY WILL BE ASKED TO VOTE ON A SPECIAL RESOLUTION — SO STAND BY TO MAKE YOUR VOICE HEARD EVEN LOUDER!

For most of us, the days of having to adjust the focus on our cameras are long gone. But the process of setting up the new regulator and professional body for pharmacy is slightly different. That is now really starting to come into focus. By the time you read this, I expect the Pharmacy Order (the so-called “Section 60” Order) for the General Pharmaceutical Council will be imminent. And I know the Transitional Committee will have received reports from most of its working groups on the design of the new professional body. Alongside each of those, we are mobilising Council members to visit as many Society branches as possible to discuss the two-part picture as it emerges.

Sitting on the platform last month at the British Pharmaceutical Conference with Ken Jarrold, chairman of PRLOG, the Pharmacy Regulation and Leadership Oversight Group, which is overseeing the establishment of the new regulator, and Nigel Clarke, chairman of TransCom, it was clear to me that it is now

getting clear. By which I mean it is not yet pin sharp, but we can see the two new bodies really starting to take shape.

There were nearly 4,500 responses to *The Pharmaceutical Journal* survey on who should be members of the new professional body. That provided extremely important input, and the subsequent TransCom statement received widespread support.

The second survey on local networks is equally important.

The Pharmaceutical Journal is publishing the results of both surveys and, as you can see in this issue of *Your Society*, we are also publishing the results of our earlier market research (pp4–5). Many thanks to everyone who responded to all those initiatives. We need the pharmacy profession to make its voice heard — because a chance like this probably will not come along again in any of our lifetimes. Join the debate on *PJ Online* (www.pjonline.com) and on the TransCom website

(www.transitionalcommittee.com). TransCom aims to get its prospectus for the new professional body published by the end of the year. As soon as possible after that there will be a formal consultation and members of the Society will be asked to vote on a special resolution — so stand by to make your voice heard even louder!

By common consent, this year’s BPC was one of the best in recent memory. There was a genuine sense of confidence and enthusiasm for the future — we have turned a corner. Immediately after BPC, the Society’s officers group and executive group had an awayday where we discussed the real planning issues for the next 18 months. The plan is coming into focus, and there is no doubt in my mind that it can be achieved.

Oh, and photographs. Whoever it was who took one of me on the dance floor at the BPC dinner — if you’re reading this, call me and I will arrange a bribe to prevent publication!

NEWSROUND

Two NHS Lifecheck tools launched

This autumn sees the launch of the first of two NHS LifeCheck online tools, developed with the Society's involvement. The NHS Early Years and NHS Teen LifeChecks will roll out across 83 local authority areas in England, including the 70 early adopter areas, offering a gold standard, interactive health intervention tool.

NHS LifeCheck is a simple, easy-to-use online health assessment questionnaire that will help people manage their own health through the major life stages. It takes the user through a four-step process: a lifestyle assessment questionnaire; feedback and results; motivation and planning for change; and links to useful sources of information. There will also be the option to save and return to NHS LifeCheck to check progress.

NHS Early Years LifeCheck is for parents and carers with babies between five and eight months of age. It provides information and useful advice about what parents and carers can do to help keep their baby healthy, happy and safe. It was developed in consultation

with healthcare professionals and parents, and the content is based on "Birth to five" the Department of Health's guide to parenthood and the first five years of a child's life.

NHS Teen LifeCheck is for 12- to 15-year-olds. It is designed to empower young people to take greater control of, and responsibility for, their health and well-being by raising their awareness of risk-taking behaviour and signposting them to local sources of support and advice. In addition, it supports young people in helping them to set "SMART" health improvement goals. Young people have been central to the development of this tool. Each tool was evaluated independently, receiving positive feedback.

As part of NHS online tool development, Mid-life LifeCheck (for 45- to 60-year-olds) will be piloted in pharmacies early in 2009, as indicated in the White Paper for England. The pilot will focus on NHS LifeCheck's effectiveness and application within this setting.

This is the culmination of extensive work within the

NHS Early Years LifeCheck: an new online tool

Department of Health to develop online tools to help combat health inequalities across England. It is the product of the public consultation "Your health, your care, your say", in which members of the public clearly stated that they wanted to take more responsibility for their health and well-being. The DH has

been working in consultation with key stakeholders including the Society, the British Medical Association and the Faculty of Public Health to develop NHS LifeCheck. To find out more, visit the NHS LifeCheck pages on the Department of Health website at www.dh.gov.uk/lifecheck.

Census 2008: still time to get involved

Society members still have time to complete and return 2008 census forms that were last month sent to all pharmacists currently registered in England, Scotland and Wales. It is the first census the Society has conducted for three years and will provide essential information on the number of working pharmacists, the hours worked and the areas of practice they are involved in.

Results will be compared with the three previous census findings and used to identify trends that will inform future planning.

This year, the census will also provide an early indication of the implementation of Agenda for Change and how pharmacists are distributed within it to allow comparison with other healthcare providers.



In order to build on existing Society-funded workforce research data on trends and underpinning drivers and influences on choice, including workload and increased or decreased hours, the census again includes questions on work and life balance.

Wendy Harris, the Society's deputy registrar and director of regulation, said: "We very much appreciate the time that people take to complete the census, the information we gather is pivotal in the work we are doing to create a separate pharmacy regulator and professional body that are each fit for purpose, sustainable and have the widest possible support among the profession, policy-makers and other key stakeholders."

An analysis of the 2008 workforce data will be published on the Society's website in the new year.

For further details, visit www.rpsgb.org.uk, or contact the Society's registration team (tel 020 7572 2322; e-mail registration@rpsgb.org).

Society to recruit new PR lead

After leading the Society's PR activities for almost 10 years, head of corporate communications and membership, Jean-Pierre Moser has left the Society to take up the post of director of communications at St George's Healthcare NHS Trust, London.

David Pruce, director of policy and communications, said: "J-P has been a key member of the Society team and, working with the organisation through some major campaigns, events and projects, helped to ensure that Society messages got through to the right audience and promoted the pharmacy profession in the media."

SERVICES FOR MEMBERS OLR RESEARCH FINDINGS

Your professional body, your future: what you told us you want

The Government's decision to transfer the Royal Pharmaceutical Society's regulatory functions to a new regulator for pharmacy — the General Pharmaceutical Council (GPhC) — is a unique opportunity to build a new, dynamic professional body for pharmacy.

The Society is playing a pivotal role in the creation of this organisation and has been consulting widely with you, our members, and key stakeholders since spring 2007. As part of this work to help us understand what you want from a future professional body we commissioned an independent research company, Opinion Leader Research, to listen to and explore your views and perceptions.

Phase I: qualitative research (2007)

Phase I involved listening to members' views. Six group discussions with pharmacists from all sectors, pharmaceutical scientists, preregistration trainee pharmacists, students and technicians, were followed by individual in-depth interviews that delved into key issues.

Participants from across the UK, representing all sectors of the profession were randomly selected from the Registers.

Removing barriers

Key opinion Most participants were in favour of a split between the Society's regulatory and

professional services. The research indicated that the Society's dual role has hindered open communication with some members, who are wary of providing practice information that could be passed on to a regulator. A member-centred professional body would allow professional services to develop in line with members' needs and provide an opportunity to move forward with a coherent vision.

What's being done? We agree that the demerger offers an opportunity to create a first-class, member-centred professional body that can give 100 per cent focus to supporting and leading pharmacy professionals. Helping you to realise your professional potential and deliver the best possible service to patients and the public must be at the core of future service provision.

Developing advocacy and influence

Key opinion Research indicated that there is great pride in being a member of the profession, but some felt that the Society needs to have a stronger voice for pharmacy. Some participants reported that they are rarely aware of the Society taking a lead on issues across the wider health arena and that a new professional body should raise the profile of pharmacy and lead with a united voice.

What's being done? We recognise the challenges in presenting a united, outward-facing voice for pharmacy and have embarked on some new ways of working, eg, a formal All-Party Pharmacy Group within the Houses of Parliament is jointly sponsored with other major pharmacy bodies to inform and influence the public policy-making process.

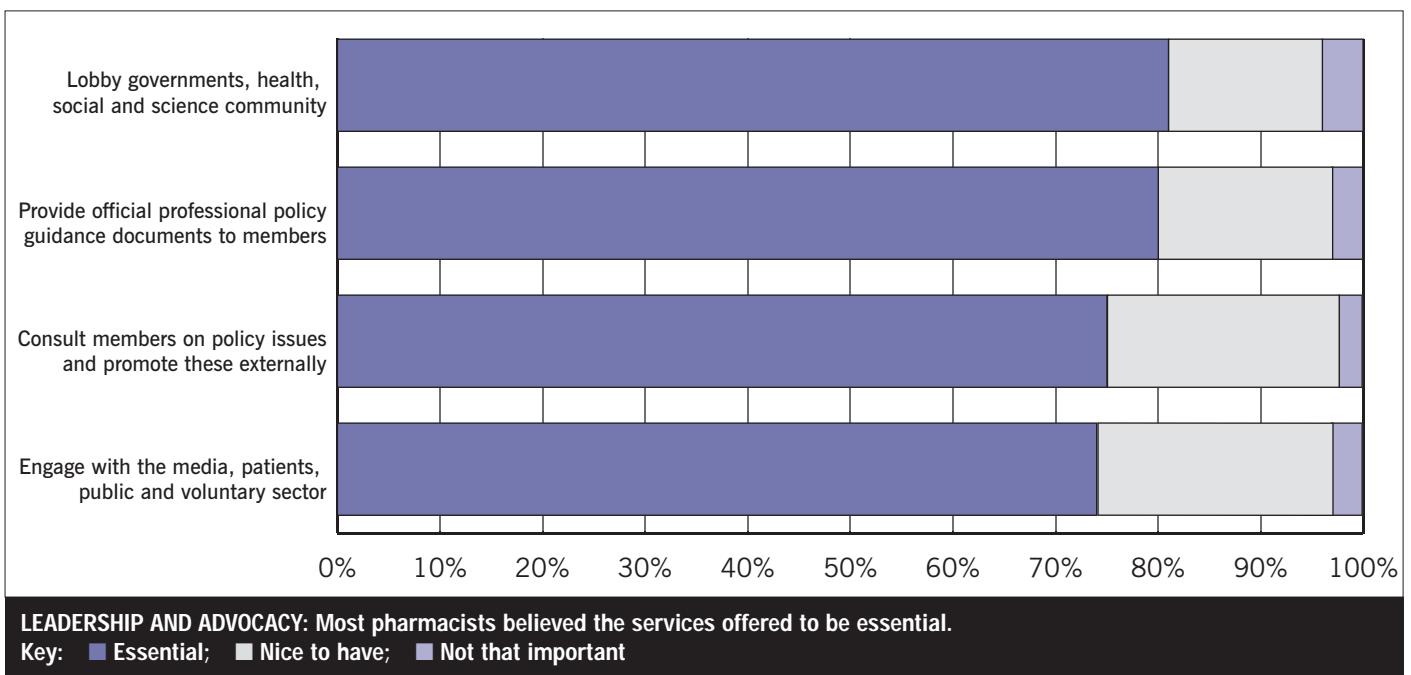
As part of our strategic communications programme to educate the public about the full range of pharmacy services, regular high-profile national media campaigns reach audiences of several million.

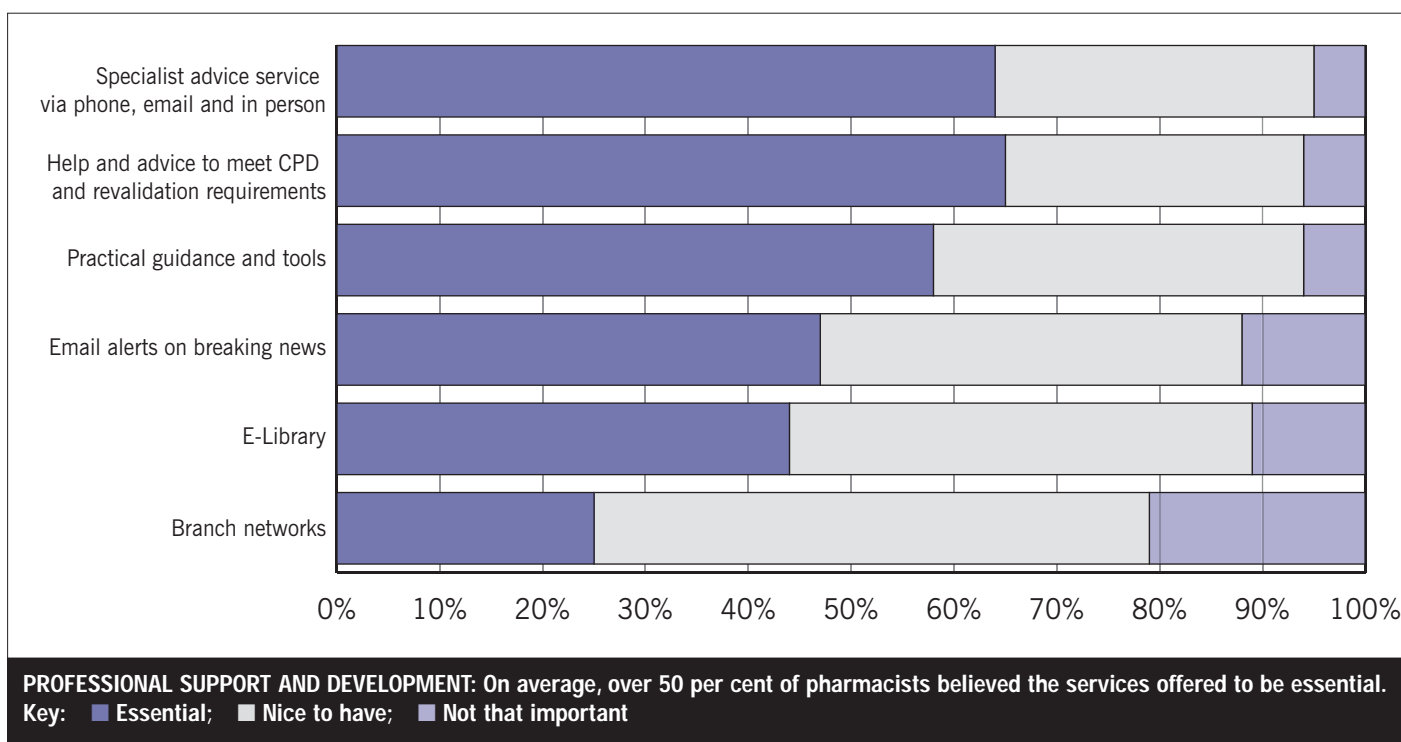
Influencing the public

During 2008, the Society has run a number of successful media campaigns on issues including internet pharmacies, hay fever and holiday health. These have generated significant national media coverage helping to increase awareness of the role of pharmacy in providing frontline healthcare services to the public.

Building relationships

Key opinion Some pharmacists, when they are asked for their perceptions of the Society, speak of an organisation which is distant and out of touch with its members. This association is often derived from the fact that they do not have very much direct contact with the Society.





What's being done? We are aware of the importance of fully understanding your views and needs in advancing the professional body and the profession. This is being done in various ways, including member research, Pharmacy 2020 and the independent Clarke Inquiry. More recently, the Transitional Committee (TransCom) which evolved from the Clarke Inquiry, is working to produce the prospectus for the new professional body.

Because TransCom wants to ensure the widest backing for its proposals, the process is interactive.

Its website — www.transitionalcommittee.com — highlights contact details for seven working groups set up to develop the prospectus. You can feed directly into any of the groups simply by e-mailing them. There is also a blog for you to respond to information already posted on the site.

We would encourage you to contact TransCom with any thoughts or information you consider relevant.

Increased accessibility

Key opinion Although some pharmacists thought it was relatively easy to access information at the Society, others said it was sometimes difficult sourcing information and advice from Society personnel and that they did not feel very well informed about Society activity.

What's being done? We recognise a need to improve our communication networks and build on existing services. This newsletter *Your Society* (to members) and the e-magazine

Pharmacy Now (to members in England), *PharmaCymru* (for members in Wales) and *The Bulletin* (for members in Scotland) are examples of new and existing vehicles of communication.

Phase II: quantitative research (2008)

Phase II of the research looked at possible services. A draft "member's package" was created, based on responses from the qualitative research results. This model was then tested. A questionnaire, answered by a statistically representative sample of 2,069 pharmacists from all sectors of pharmacy across the UK, explored whether or not the proposed service package was appealing to you. The package proposed three key areas of service:

- Leadership and advocacy
- Professional support
- Professional development

Research headlines

Eighty-five per cent of respondents said that the proposed membership services package was "appealing" or "very appealing". Participants were also given the opportunity to feedback a wish-list of additional services and a few additional services were suggested.

The research asked if services were considered to be "essential", "nice to have" or "not that important" across the three components of the package. The two charts on these pages illustrate the proportion of members who provided each response.

The leadership and advocacy role of the new professional body was considered essential by an overwhelming majority of respondents. More than two thirds of respondents also thought that the provision of specialist advice, and help and advice to meet the continuing professional developments (and eventually revalidation) requirements were essential.

Next steps

The research findings are being fed into TransCom, chaired by Nigel Clarke, as it develops a prospectus for the new professional body. Look out for further news over the coming months.

Summary

The Society would like to thank everyone who took part in each phase of this research: your honesty and openness is very much appreciated. We have listened to your likes, dislikes and hopes for the future with an equal amount of openness and a desire to learn and respond accordingly.

This feedback has been invaluable in helping the Society to address some of your concerns and has clearly identified the necessary building blocks to create a member package for the new professional body that will appeal across all sectors of the profession.

We still have some way to go, but the results indicate that we are on target to achieve this. The future is looking bright for the new professional body.

COMMUNITY PHARMACY GROUP

Advice for injecting heroin users

In 2000, over 30 injecting heroin users died from a serious and rare infection, believed to be caused by clostridium in muscle tissue. There is now a new spate of the problem. Since June 2008, new cases have been identified, with one further death. It is not certain whether only one batch of heroin is responsible for the recent cases, or if many batches are affected.

Cases of this illness are characterised by local inflammation at a subcutaneous or intramuscular injection site, usually the buttock, thigh or upper arm. The inflammatory reaction reported has varied considerably and not all of the following features are present in every case. Some cases have experienced only minimal pain and swelling at an injection site while others have presented with severe symptoms and signs, including pain, widespread oedema (often extending far beyond the site of injection, to involve a whole limb), myositis, erythema, cellulitis or a bruised, purplish appearance. Some lesions have been described as abscess-like but, characteristically, have produced little or no pus on incision or aspiration. Some patients have had a blackened or

blistered area at the centre of the lesion. Others have had evidence of extensive necrosis and occasionally necrotising fasciitis has featured.

Severe systemic features have usually occurred several days after development of the local lesion but, typically, cases have not had high fevers associated with these lesions (ie, temperature is usually less than 40C and may be normal or even low). There has then often been a dramatic deterioration in the patient's condition. Some patients have been admitted to hospital in a state of collapse rather than because of a lesion, although a lesion as described above can be found on the patient. Most usually there is circulatory collapse with sustained hypotension (systolic <90mmHg). Some patients develop respiratory distress syndrome, although others develop disseminated intravascular coagulation. At this stage, the patient may be hypothermic. All of these are likely to be toxin-mediated effects.

By the time patients develop serious illness, deterioration to death is often inexorable, despite antimicrobial and surgical treatment, and their condition is

not sustainably responsive to standard supportive measures. In most cases, however, the patient has remained mentally alert until an advanced stage. Another characteristic feature of more advanced illness is an elevated white cell count, which can often rise to >30,000cells/mm³ over a matter of hours. Elevated creatine kinase has also been noted.

The Health Protection Agency has issued advice to injecting drug users and pharmacists need to be aware of this. In order to reduce the risk of this infection, pharmacists should issue the following advice to injecting drug users:

- There is no way that you can tell if your heroin is likely to cause this infection.
- Smoke heroin instead of injecting it but if you must inject, do not inject into muscle or under the skin. Make sure you hit the vein (your blood is better at killing bacteria than your muscle).
- Do not share needles, syringes, cookers/spoons or other "works".
- Use as little citric acid as possible to dissolve the heroin.



Qwayx/Dreamstime.com

(A lot of citric acid can damage tissues, giving bacteria a better chance to grow.)

- If you inject more than one type of drug, inject each one at a separate site with clean works for each injection. (This is important because certain drugs [eg, cocaine] could give bacteria in heroin a better chance to grow.)
- If you get swelling, redness or pain where you have injected yourself, or pus collects under the skin, get a doctor to look at it immediately.
- The infection can only be caught by injecting. It cannot be caught by having sex with or living with a drug user.

FROM THE CHAIRMAN

The new consultation document from the Department of Health, "Building on strengths — delivering the future", shows us the thrust of its plans for the development of community pharmacy in England. It deals with key areas for community pharmacy, including control of entry, 100-hour pharmacies and dispensing doctors.

It is proposed that control of entry will be based on the pharmacy needs assessment (PNA) produced by primary care trusts. The DH has faith in PNAs and I regularly see examples from a wide area of England. But most are out of date and give little or no assistance in indicating whether a new pharmacy in an area would be valuable to patients or not. Community pharmacists are entrepreneurial and if it were left to the PNAs to act as the major

arbiter for the granting of a new contract, the provision and ready accessibility of the new services into expanding areas — often where there is no other NHS presence — could easily be stifled. It would be regrettable to see the regulated expansion we have seen over recent years prevented. The Community Pharmacy Group will be feeding into the response that the Society will be making to the consultation.

I continue to be bemused by the protracted debates on what we should call our "new Society" and am minded of the teachings of a fellow northerner, the late Charles Lutwidge Dodgson, better known as Lewis Carroll. Back in the 1860s, in one of his more famous stories, he told of a bystander at a crossroads being asked by a perplexed traveller about which road to

take. The bystander replied that it depends a good deal on where you want to go, because if you don't know, any road will do, if only you walk long enough. This advice is as valid now as it was then, all those years ago. In modern parlance it is called "strategic planning". Without it, most modern businesses are likely to fail. So, looking inwards, should we not clarify in our own heads where we, as a Society, want to go (the objective)? Only then should we decide on the route or routes (the strategies) and finally, among other issues, pick a name for the vehicle.

The CPG committee has a clear vision of the what, where and how, which are so fundamental for tomorrow's profession if it is to survive. We know which road to take.

Jeremy Clitherow

SPOTLIGHT ON MEMBERS PHARMACY RX FACTOR WINNERS

Four new faces of pharmacy found

The Society's Chief Executive and Registrar, Jeremy Holmes, announced winners for the 2008 Pharmacy RX Factor competition at the British Pharmaceutical Conference dinner on Sunday 7 September.

This exciting competition has identified four faces of pharmacy to support the Society's media campaigns in 2009. The winners will receive professional media training and have the chance to represent the profession across national and regional media.

Speaking about the initiative, Mr Holmes said: "We're very excited to have found four such brilliant, enthusiastic and dedicated pharmacists to represent the profession in four major media campaigns in 2009. Each will receive professional media training and we will work with them to help ensure the profession's expert voice is heard in the media across a range of health issues. We're very excited to have them on board and look forward to working with them to create a higher profile for pharmacy in the media."

The new faces of pharmacy are Paul Johnson (Great Britain), Hannah Stretton (England), Laura Wilson (Scotland) and Elen Jones (Wales).

Paul Johnson

Paul Johnson is an independent community locum pharmacist, with background experience as a community pharmacist manager, a prescribing support pharmacist, a prescribing adviser and a regional trainer for preregistration graduates and healthcare assistants. Paul is also media savvy, having had a regular slot on regional radio and various health articles published in the local press. It should come as no surprise that Paul doesn't shy away from the spotlight as he also is a master of arts in acting.

Paul says: "I decided to become a pharmacist because I wanted to be part of a profession that is respected, dynamic and challenging but, most importantly,



The RX Factor winners, announced at BPC 2008: (left to right): Laura Wilson, Paul Johnson, Elen Jones, Society Chief Executive and Registrar Jeremy Holmes, and Hannah Stretton

I wanted to do something I could be proud of. I'm proud of what I have achieved and will gain immense satisfaction from presenting a public face to the profession."

Hannah Stretton

Hannah Stretton has a specialist interest in education and training and is head of professional services for a national pharmacy training company. She is heavily involved in preregistration pharmacist training and works with trainees in both primary and secondary care. Hannah is also a locum community pharmacist and has previously worked in the pharmacy superintendent's office of a large multiple. She has been a local Centre for Pharmacy Postgraduate Education tutor and a production pharmacist for a specials manufacturing company. Her experience also extends to the NHS because she completed her preregistration training in a children's hospital.

Hannah says: "As one of the pharmacy RX Factor winners I hope to open the public's eyes to the amazing healthcare professionals available to them without an appointment in their communities and working tirelessly from their hospital pharmacy departments."

Laura Wilson

Laura Wilson is manager of a busy community pharmacy where she has implemented all aspects of the new pharmacy contract and set up a variety of additional services. In addition, Laura is a qualified supplementary prescriber and also has had experience in hospital pharmacy.

Laura says: "Not so long ago pharmacists and pharmacies were seen as the centre of the community and I think that we can go back to this situation with further self promotion. It is an honour to be one of the faces of the Society's 2009 media campaigns."

Elen Jones

Elen Jones is a community pharmacy manager working in a number of stores for a leading pharmacy chain within the South Wales area.

She has valuable experience in hospital pharmacy that she acquired as a preregistration trainee pharmacist.

During that time, she especially enjoyed the challenges encountered during her role in medicines information.

Elen is a confident, fluent Welsh speaker, and she particularly relishes the daily interaction with patients, the public and other healthcare professionals.

Elen said: "I look forward with much enthusiasm to the opportunity of promoting, bilingually, the work of pharmacists and possible future developments within the pharmacy profession, so that we can further raise awareness of the vital work we do."

SUPPORTING THE PROFESSION

Influencing decision-makers at party conferences in England

Party political conferences usually prove to be a heady mix of pure politics, power and passionate debate. This year, they promise outstanding spectator sport — dynamic changes in the fortunes of the two main parties since last year, rumours of a Cabinet reshuffle and a resurgent Conservative leadership. All of this activity — addictive to the media and political observers — will pass by relatively unnoticed by many, but not Society representatives, who are diligently analysing how these changes impact upon the pharmacy profession.

The Society's public affairs team will attend all three main political party conferences in England this year, underlining the Society's apolitical stance and our commitment to engage equally with all policy-makers. The team will undertake an ambitious three-strand approach to representation at the main party political conferences. We will lobby senior individuals on pharmacy-related issues that are close to the hearts of members: commissioning services;

working collaboratively at a local level; and the long lead-in time for the changes promised by the Pharmacy White Paper for England.

A series of meetings is being arranged with senior and influential politicians, and the views of members will be expressed in a less formal environment that seems a long way from the hallowed corridors and meeting rooms of Westminster. Politicians will be engaged on an informal level, with the public affairs team reminding decision-makers of the impact of verdicts made in Whitehall or Westminster.

We are also jointly hosting a fringe meeting at each conference on providing care for those with long-term conditions. Our partners for this event are the Optical Alliance, Breast Cancer Care and Macmillan Cancer Support. This particular fringe meeting was chosen because it tackles one of the subjects on which the Society is campaigning.

A third level of activity will be undertaken in conjunction with the Company Chemists'

Association, the National Pharmacy Association and the Pharmaceutical Services Negotiating Committee. Each organisation has identified pharmacists working or living locally to a conference venue who are prepared to help by attending alongside staff. Each representative will represent pharmacy in a fringe meeting, asking questions relevant to the aims of the profession. All answers received from politicians will be compiled to produce a comprehensive analysis of the three party's views of pharmacy and how it will fit into their future healthcare plans.

The end of conferences for 2008 won't be the end of this activity, with substantive issues raised during debate being followed up throughout the subsequent months.

The programme is ambitious but necessary with so much public policy relating to pharmacy being discussed by opinion-formers and decision-makers.

Charles Willis, head of public affairs

ETHICAL DILEMMAS



Our last ethical dilemma attracted a great deal of interest. You were asked to think about what to do if, late on a Friday, a woman requested an emergency salbutamol inhaler, without appearing to be having an asthma attack or being short of breath. She says her inhaler is empty.

In response, 74 per cent of you said the patient should be referred to a doctor for a prescription, because the surgery was open; 1 per cent said the woman should receive an inhaler "on loan" until she came back with a prescription; and 25 per cent agreed the salbutamol inhaler should be given to the patient as an emergency supply.

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 members of

the Society registration team would be happy to help you if you need assistance (tel 020 7572 2532; e-mail registration@rpsgb.org).

If you have any ideas about ethical dilemmas to include in this column, please contact me: priya.sejpal@rpsgb.org

Priya Sejpal, head of ethics

ETHICAL DILEMMA 6

A patient requests hydrocortisone cream, for application to the face. On questioning, the patient says he has been advised by his GP to purchase a pack over the counter as it is cheaper. It is now 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