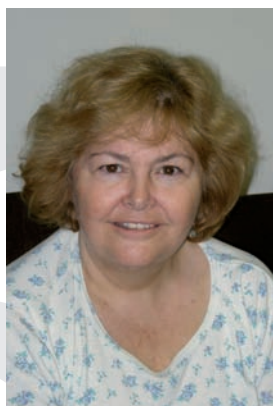


# A Word in your ear



## What's the buzz?

Have customers been driving you crazy? Asking for products you can't sell any more? If the answer's yes, you probably won't have to read the professional practice article this month! You've probably

already heard about the rescheduling of pseudoephedrine and d-nor-pseudoephedrine, and you've had to explain it to customers.

Even if this applies to you, it's always useful to have the facts in writing, which is why we've included the article in this quarter's *SAPA*.

What's your opinion on it? I must say that it's about time. Even when I was a student (in the year nineteen hundred and fish and chips), we were talking about the appetite suppressants, how harmful they could be to some people, and how often they were misused and abused.

You'll have a good idea of how long ago I qualified if I tell you that, in those days, we did a lot of our practical classes using animal tissues or even live animals to demonstrate the effect of various substances. I will never forget watching mice that had been given d-nor-pseudoephedrine, and seeing how frantically they rushed around. And that same year, some of us went to volunteer at a drug rehabilitation centre, and found out that some of the inhabitants were there because of addiction to d-nor-pseudoephedrine. There were problems long before the appearance of methamphetamine (tik). So the only thing that surprises me is how long it took to tighten the controls.

## Surely the sale can be controlled in pharmacies?

Schedule 2 medicines are sold only in pharmacies. They are sold only under the supervision of the pharmacist. Their sale is recorded, so we can account for every single packet entering the pharmacy. Not so?

Theoretically, yes. But I ask you a hypothetical question – is the sale of Schedule 2 medicines controlled in *your* pharmacy?

I'm asking it as an imaginary question because I'm scared of the answer you'll give me. I went into a pharmacy the

other day. I watched as a front shop assistant (not even a pharmacist's assistant) went into the dispensary, took a Schedule 4 product off the shelf and gave it to a patient. Where was the control? What was the pharmacist thinking to allow it? And what should I have done? What is my responsibility as an observer? As a pharmacist? As a member of Pharmacy Council? As a responsible adult? What would you have done?

I went into a different pharmacy a week later. This time, while I waited to speak to the pharmacist, a lady came in and spoke to the assistant. She told the assistant about her problem, and I listened to the assistant advise her. Incorrectly. No pharmacist consulted. And no privacy or confidentiality here. Again, I asked myself the question – where are the controls?

I hope *your* pharmacy isn't like these.

## Expand your portfolio

On a completely different note, you'll notice that the *Expand your portfolio* feature is slightly different this month. (At least, I hope you've noticed.)

There's a reason for this. A good reason. 2010 is coming closer. No, not the soccer. The Pharmacy Council's new CPD requirements.

Until recently, it was assumed that CPD would only be compulsory for pharmacists. We also assumed that it would therefore be voluntary for pharmacist's assistants.

At a recent Council meeting, it was agreed that pharmacist's assistants wouldn't be obliged to prove that they are participating in CPD in the same way as pharmacists will be, but that it is nonetheless a professional obligation.

We therefore need to be taking CPD for pharmacist's assistants more seriously than is done at present. *SAPA* is doing its bit. We're going to remind you (nag you?) that there's no point in just reading, or just going to a lecture, or just answering a bunch of questions. If you can't apply the knowledge, why bother? So we'll remind you of the CPD cycle every month. You do remember it, don't you? If you don't, get out your past issues of *SAPA*, or write to us – we'd be happy to send you information.

**Lorraine Osman**