

The Society

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No clear consensus on how to get right balance of pharmacists on the Council

Respondents to the second discussion paper issued by the Royal Pharmaceutical Society's modernisation steering group (*PJ*, 22 June, p883) have mixed views on how to get the right balance of members on the Society's Council. A document analysing the response from individual pharmacists and groups within pharmacy shows a slight majority favouring reserved places for pharmacists from England, Scotland and Wales and also reserved places for pharmacists from specific fields of practice. But stakeholder groups outside pharmacy responded differently, being strongly in favour of reserved places to reflect devolution but opposed to reserved places for fields of practice.

On the Council election voting system, respondents from within pharmacy tended to favour the "X" system, but bodies outside pharmacy preferred the single transferable vote (STV) system.

The steering group received a total of 59 responses, one of which was the feedback from the 1,760 completed questionnaires received by *The Journal* and analysed in last week's *PJ* (p341). Most of the 58 direct responses were from individual pharmacists; others were from groups within the Society, other bodies within pharmacy and a number of bodies outside pharmacy. The lower response rate than for the previous discussion papers is "perhaps inevitable as the modernisation programme moves on to cover more detailed issues", says the report.

INDIVIDUAL PHARMACISTS

The analysis shows that 30 direct responses were received from individual pharmacists in addition to the questionnaire forms returned to *The Journal*.

Asked whether all pharmacist members of the Council should be elected or some appointed, 15 of the direct respondents thought that all should be elected and 14 favoured a mix of election and appointment. (In the response to the *PJ* questionnaire, 67 per cent thought that all should be elected, 25 per cent thought that over 50 per cent should be elected and 1 per cent thought that under 50 per cent should be elected.)

Those favouring election only said that this was an as an impartial, democratic method. Those favouring a mix of election and appointment believed that election alone

could not ensure the consistent availability of the skills and knowledge needed on the Council to make it fit for purpose. It was proposed that pharmacists from the academic, industrial, hospital, pharmaceutical science or community sectors might be appointed.

Views were also fairly evenly split on whether there should be reserved places to reflect devolution. Fifteen thought that there should; 14 disagreed. Several opponents of reserved places said that they were not needed because the Society already had its Scottish and Welsh Executives, whose chairmen could attend Council meetings and ensure that the Council was aware of differences between the home countries. This could be reinforced by inviting the government chief pharmacists to attend Council meetings.

(Feedback from the *PJ* survey showed a similar split, with 49 per cent in favour of reserved places and 42 per cent against.)

In answer to a question about how reserved places might be filled, just over half the pharmacists who responded directly thought that members should be elected to the reserved places by the pharmacists in the country concerned. Reasons put forward were that this would provide local accountability and would be closer to the spirit of devolution. The remainder thought that pharmacists should be elected to those places by all members of the Society.

A small majority also thought that, if Scotland and Wales were to form constituencies for election purposes, England should remain one constituency. The remainder thought that England should be divided, perhaps along local government boundaries, to provide local accountability and to reflect the possible future regionalisation of England.

The concept of reserved places for specific fields of practice was also supported by just over half of those who responded directly. One response suggested that quality representation from all sectors would enhance the Council's strength. Fields suggested for reserved places included industry, hospital, academia, veterinary, community, primary care and pharmaceutical science, with academia and industry most often mentioned.

Some respondents among those who opposed reserved places suggested that they were unrealistic in view of the continually changing scope of practice and the impossibility of representing all sectors. Others reasoned that reserved places would undermine

collective responsibility by suggesting that Council members were accountable to a sector: "Council members should always be looking to the broad picture and making impartial decisions on behalf of pharmacy as a whole, not pursuing a lone furrow . . . for their specialist area". It was pointed out that alternative mechanisms were available to feed specialist expertise in to the Council.

(Feedback from the *PJ* questionnaire showed 55 per cent in favour of reserved places for specific fields of practice, with 36.5 per cent against. Suggested fields included community, hospital, industry and academia, with hospital and industry mentioned most frequently.)

Of those pharmacists responding directly who expressed a view on the election voting system, about half favoured STV, while a third favoured the X system and the rest had no preference. (In the *PJ* survey, 60.5 per cent supported the X system and 32.5 per cent preferred STV.)

SOCIETY GROUPS

Eight responses were received from committees or groups within the Society. Each took the view that all pharmacist members of Council should be elected. This was seen as democratic and avoiding any suggestion of "cronyism".

Views were split 50:50 on whether there should be reserved places for England, Scotland and Wales. Those not in favour of reserved places again suggested that the Executives were already in place and this was sufficient. Another view was that reserved places went against the principle of electing the best person for the job. Those who favoured reserved places said that this would inform the Council's decisions, reflect the different legislatures and represent the perspectives (not the pharmacists) of the home countries.

Three groups thought that, if reserved places were adopted, pharmacists should be elected to those places by the members in each country. Two groups favoured Britain-wide elections, feeling that the advantages of this arrangement outweighed the disadvantages because it reflected the Council's collective responsibilities and allowed for the election of the best people, as perceived by the electorate as a whole.

Four groups thought that if Scotland

and Wales were to form constituencies for election purposes England should remain one constituency; two groups thought that England should be divided.

Four groups also favoured some reserved places for fields of practice. Fields suggested included academia, community, industry, hospital, veterinary and primary care, with academia and industry most often mentioned. Three groups opposed reserved places. Again, it was suggested that this was unrealistic and would undermine collective responsibility.

On the voting system, although there were more Society groups favouring the X system than favouring STV, most of those proposing the X system included caveats, such as ensuring that the concerns of minority groups were met or using STV if the Society were to have any single-member constituencies in the future.

OTHER BODIES WITHIN PHARMACY

Fourteen responses were from other bodies within pharmacy. Within this group, a small majority supported the election of all pharmacist members of Council. It was thought that this was the best way to ensure that members could command support and that they were representative of, and accountable to, the profession. One response suggested that, even though places should be filled by election, candidates should have to demonstrate relevant competencies within a formal assessment.

Groups that favoured a mix of elected and appointed members suggested that pharmacists from the academic, pharmaceutical science, industrial or prison sectors might be appointed. Suggested appointing bodies included the Heads of Schools of Pharmacy, the College of Pharmacy Practice and the Academy of Pharmaceutical Sciences.

A small majority of these pharmacy bodies did not favour reserved places for England, Scotland and Wales. It was again suggested that the existing executives were sufficient, that the government chief pharmacists could be invited to provide information on the home countries, and that it was more important to elect the best person for the job. Those who supported reserved places believed that the Council needed to reflect the geographical areas it covered if it was to perform its functions well.

Asked how pharmacists should be elected to reserved places, if these were adopted, only one respondent in this group favoured election only by members within the relevant home country. The other groups that responded to this question thought that pharmacist should be elected to the reserved places by all members of the Society. It was believed that this was the simpler system, allowing for the election of the best person for the job, in the eyes of the whole electorate, and maximising voter choice. Some respondents commented that, if constituencies were to be formed, it should be on the basis of proportional representation.

There was no support from these respondents for dividing England into smaller constituencies. It was believed that

this would be overly complex and might not deliver the right candidates, because more than one excellent candidate might reside in one locality whereas another might not produce any competent candidates.

About two-thirds of respondents in this group favoured some reserved places for fields of practice. Fields suggested included academia, community, industry, hospital, veterinary, primary care, pharmaceutical science and advisory pharmacists, with academia and industry being the most often mentioned. Some of the responses recognised that achieving this could be complex. Respondents who opposed reserved places suggested that this proposal was unrealistic. One said that it "would completely undermine the concept of collective responsibility", and suggested that other methods of obtaining specialist input could be used. One response stated that Council members should be the most able to represent the profession in its totality.

On the choice of voting system, six respondents in this group favoured the X system, three favoured STV and two said that they had no preference.

BODIES OUTSIDE PHARMACY

Six stakeholder groups outside pharmacy responded to this discussion paper, compared to the 11 that responded to the first discussion paper.

Those that commented on whether all pharmacist members of Council should be elected suggested a mix of election and appointment. One regulatory body stated that an electoral process was essential to securing the profession's confidence but that it had found little support for a fully elected professional membership because the contribution made by appointed members in the fields of education and standards was widely recognised.

One consumer body stated that the system for recruiting pharmacist members should be as robust, transparent and fair as the system for recruiting lay members. Hence, it believed that a significant proportion of pharmacist members should be appointed by an independent panel, according to clearly defined criteria and following an open recruitment process. This, it felt, would help to secure specific expertise as well as ensuring competency of a proportion of the membership in a way that election could not guarantee.

This response also warned that election would imply that elected pharmacists were in some way delegates of the profession and there to represent their interests. The overriding purpose of professional regulation was protection of the public and the public interest and this was something all Council members should seek to uphold. The response noted that there might be pressure to have elected members of Council but that the emphasis should be on candidates demonstrating that they met the criteria for appointed members and were committed to the principles of protecting the public through professional regulation and open and transparent governance.

The six bodies from outside pharmacy showed overall support for, and no opposition to, reserved places on the Council for the home countries. It was suggested that this would ensure an active link to, and strengthen the relationship with, the devolved administrations. However, one response, while stating that the Council should adequately reflect the population it covered, suggested that administrative arrangements that took into account differences between the countries might be more appropriate than reserved places. It was emphasised that, whatever systems were introduced, flexibility to accommodate any changes would be important.

Four respondents in this group thought that, if reserved places were to be adopted, pharmacists should be elected to those places by members in each of the home countries. The other two respondents favoured election by all members of the Society. It was suggested that if candidates were unknown to voters, this could be seen as a positive factor as this would provide them with an opportunity to demonstrate their worth on competencies alone and communication should not be unduly affected, given advances in e-mail.

There were no strong views on whether England should be divided into smaller constituencies but the overall view was that England should not be split.

All these respondents were opposed to having reserved places for fields of practice. One professional body commented: "To attempt to have all areas of practice and expertise reflected in Council would be impossible through an electoral system without having a disproportionately large Council." A regulatory body stated that it had found insufficient support for reserved places for specialities. Arguments against reserved places included the difficulty of defining which specialities should have reserved places. There was also a view that the Council regulates the profession generically, hence an elected member's role was as a member of the profession first and a specialist second. Another point was that the Council should have confidence in the democratic process and not restrict voters' freedom of choice.

One consumer body thought that, while all fields of practice should contribute to the work of the Society and its Council, this could be achieved more effectively through specific forums (which might be virtual, physical, formal or informal) rather than by trying to ensure representation of each speciality on Council. Any system would need to be flexible to accommodate new fields of practice as they developed.

On the voting system, all respondents in this group who commented were in favour of STV, stating that it was a fair system that had been used successfully to date.

Society's CPD plans to be promoted at conference exhibition stand

The Royal Pharmaceutical Society's exhibition stand at this year's British Pharmaceutical Conference is to offer members the opportunity to learn more about the Society's plans for continuing professional development (CPD).

Visitors to the stand will be able to talk to staff from the Society's education division and view demonstration materials, including the website developed for use by the pharmacists taking part in the first stage of the CPD roll-out (*P7*, 25 May, p723).

The Society's stand will be manned throughout the conference, which takes place at the Manchester International Convention Centre from Monday 23 to Wednesday 25 September.

A separate exhibition stand will be manned by the Society's practice division. This stand will feature a range of practice topics, including the Society's membership groups. The practice division is also

involved in a breakfast session on "Improving access to medicines" on Wednesday 25 September at 7.45am, which will examine the Medicines Control Agency's medicines reclassification project. Janet Flint, practice pharmacist within the practice division, will speak at the BPC on the Society's involvement in the project, leading the work on identifying products and therapeutic categories with potential for reclassification from prescription-only to pharmacy medicine status.

Another conference exhibition stand will feature the Commonwealth Pharmaceutical Association, for which the Society provides the secretariat. The stand will be manned by the association's secretary, Professor Tony Moffat, and its president, John Bell (from Australia). The stand will promote the work of CPA and provide information about the association's next conference, which takes place in Ocho Rios, Jamaica, from 13 to 17 August 2003.

Discounts on Pharmaceutical Press books at BPC exhibition stand

The Pharmaceutical Press, the publications imprint of the Royal Pharmaceutical Society, will be offering discounts on a range of its publications at this year's British Pharmaceutical Conference, held in Manchester from Monday 23 to Wednesday 25 September.

The Pharmaceutical Press will have a stand in the exhibition hall displaying various titles, all of which will be available to purchase with a 20 per cent discount on orders taken during the exhibition.

The books displayed will include the latest editions of three Pharmaceutical Press reference books — the British National Formulary, Martindale: The Complete Drug Reference and Herbal Medicines. A representative will be on hand to demonstrate new electronic versions of all three titles.

Replica leech jars available from Society's museum

The museum of the Royal Pharmaceutical Society has commissioned a range of fine-quality, hand-finished replica leech jars copied from an original held in its own collection and available to purchase at £50 per jar.

The jar in the museum's collection is an example of a 19th century glazed earthenware show jar for leeches. It is urn-shaped and cylindrical with indented bands and a rose-shaped knob on the cover. The cover is finely pierced to admit air. The label lettering is black, although other jars may have red or gold lettering.

The replica jars are 15cm high with a circumference of 15.5cm. They are marked "Royal Pharmaceutical Society of Great Britain" on the base.

The museum says that bloodletting was a universal practice among the ancient Greeks and Romans, and it continued through the centuries. By the 18th century, physicians and apothecaries used leeches instead opening veins. Leeches were col-



The original leech jar in the museum's collection from which the replicas are copied

lected from many parts of Britain, particularly from Yorkshire and the Lake District. Most apothecaries kept a stock of leeches, and hospitals kept large stocks up to the beginning of the 20th century.

For storage, vessels that admitted air were needed. The decoration and ornamentation of these jars grew throughout the 18th and 19th centuries, and they were put into production by many of the large English pottery firms, including Hartley, Green & Co in Leeds and Wedgwood in Staffordshire.

Examples of leech jars and other merchandise from the museum are on display in the reception area of the Society's headquarters and within the library, from which replica leech jars can be purchased. Those unable to visit the library should contact the museum staff for further information (tel 020 7572 2210) or visit the museum section of the Society's website (www.rpsgb.org.uk/museum).

MAILORDER PURCHASE OF BOOKS AND CARDS FROM THE SOCIETY'S MUSEUM

Three book titles and four different packs of postcards and greetings cards are available for purchase by mail order from the museum of the Royal Pharmaceutical Society:

- 1 'Royal Pharmaceutical Society of Great Britain 1841–1991: a political and social history' by S. W. F. Holloway (440-page hardback, illustrated), £19.
- 1 "The bruising apothecary: images of pharmacy and medicine in caricature" by K. Arnold-Forster and N. Tallis (84-page A4 paperback, illustrated), £5.

- 1 'Pharmacy history: a pictorial record', by N. Tallis and K. Arnold-Forster (92-page A4 paperback, illustrated), £5.
- 1 Set of 24 postcards bearing images from the museum collections, £9.
- 1 Themed set of six of the above postcards showing the evolution of pharmacies from the early 1800s to the 1950s, £3.
- 1 Themed set of six of the above postcards bearing caricatures of pharmacists, apothecaries and their patients, £3.
- 1 Set of eight A6 blank greeting cards in four designs bearing images from the

museum collections (two cards of each design, with envelopes), £8.

All prices apply to both United Kingdom and overseas orders and include postage and packing costs. Orders should be sent with payment to: Museum of the Royal Pharmaceutical Society (Sales), 1 Lambeth High Street, London SE1 7JN. An order form can be downloaded from the Society's website (www.rpsgb.org.uk/museum). Further information is available from the Museum Office (tel 020 7572 2210; e-mail museum@rpsgb.org.uk).

Questions and answers on the Society's pharmacy workforce census

The Royal Pharmaceutical Society is conducting a census of pharmacists to check the information it already holds and to determine pharmacists' ethnic origins, current work situation, area of practice, level of education and membership of other health professional registers (PJ, 31 August, p302-03). Since pharmacists began receiving their census forms a week ago, the Society's practice research division has responded to a number of queries.

Answers to some of the more common queries are set out below

What should you do if you need to amend your register entry and your registration certificate because of a name change?

Because the Register of Pharmaceutical Chemists must provide an accurate list of all pharmacists, it is important that you are registered in the name you routinely use at work. To amend your registration certificate and the register you will need to return your current registration certificate to the Society's registration section along with proof of your change of name in the form of a photocopy of your marriage certificate or decree absolute or a copy of the deed poll document, as appropriate.

If you would like to have your old certificate discreetly cancelled and returned to you rather than destroyed you will need to state clearly this in the covering letter. Further details are available from the registration section of the Society's website (www.rpsgb.org.uk/society).

Two sizes of certificate are available — A3 and A4. The A4 certificate can be laminated at a cost of £2.50. Your covering letter should state which size of replacement certificate you would like and, if A4, whether you would like it laminating.

Why does the Society collect ethnicity data?

The Race Relations (Amendment) Act 2001, which came into force on 2 April 2001, imposed a new statutory duty on public authorities to promote race equality. Although the Society is not strictly a public body it performs functions of a public nature and is bound by the general duty within the Act in respect of its statutory and regulatory functions.

Registration is a statutory duty and therefore in order to meet its obligations under the Act the Society has to monitor the ethnic make-up of its register. This

concept is not, however, new. Before the enacting of this legislation the Society had in fact collected ethnicity data. A survey of ethnicity was included in the 1999 retention fee collection exercise and ethnicity data has subsequently been collected at the point of entry on to the register.

Collectively the ethnicity data will be a powerful tool in assisting the Society in meeting its obligations and in other areas of the Society's work. If the Society did not

research programme and offered a cost effective opportunity to update the Society's ethnicity data in line with the categories used in the 2001 National Census.

What does ethnic origin mean?

A working definition of ethnic origin as used by the Government is "a group of people who share common background characteristics such as common ancestors, geographical origin, language, culture and religion. This provides them with a distinct identity as seen by both themselves and others." The categories in the Society's workforce census are the same as those used in the 2001 National Census, therefore pharmacists should tick the category they ticked on the National Census.

What about other pharmacy educational qualifications?

We realise that pharmacists who have been qualified for some time may not have a pharmacy degree because the profession has been degree-entry only since 1970. It would be helpful if pharmacists who do not have a degree could write the name of the qualification they hold (eg, pharmaceutical chemist, chemist and druggist) and indicate where this qualification was obtained for Question 5.

RETURN OF CENSUS FORMS

Completed census forms should be returned as soon as possible using the Freepost (no stamp required) envelope provided.

If you have not received your census form by the end of September, or if you require further information about the census, please contact Zoe Whittington, Research Manager, Practice Research Division (e-mail zwhittington@rpsgb.org.uk; tel 020 7572 2276).

comply with this general duty it could be challenged by an action for judicial review made by anyone with an interest in the matter or by the Commission for Racial Equality.

As is indicated in the census covering letter, the urgent need to collect accurate and appropriate workforce data led to this being given a high priority in the Society's

Communications to the Royal Pharmaceutical Society of Great Britain should be addressed, except where otherwise stated, to the Secretary and Registrar, The Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629).

Statutory Committee inquiries

The Statutory Committee will meet at the Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1, from Monday 16 to Thursday 18 September 2002, at 10am on each day, to hear the following inquiries and applications:

Monday 16 September

1. An inquiry into a complaint by the Council of the Society against a pharmacist which alleges that the supply of 535ml of sucralfate liquid without the authority of a prescription, the supply of Percutol 2 per cent ointment against a prescription calling for GTN 0.2 per cent ointment and breaches of the legislation relating to the supply of prescription only medicines, amount to misconduct.

Tuesday 17 September

2. An inquiry into a complaint by the Council of the Society against a pharmacist which includes allegations that the storage at home of waste medicines, possession of temazepam at home without authority, unaccounted-for discrepancies between the amount of temazepam returned for destruction and that found at the pharmacist's home and the dispensing of prescriptions, including prescriptions for Controlled Drugs which had not been signed by a practitioner, amount to misconduct. The Committee will also hear the resumed inquiry into the same pharmacist adjourned for two years from 13 March 2001.

3. An inquiry into the case of a pharmacist convicted of obtaining property by deception. In addition the Committee will also hear a complaint by the Council of the Society against the pharmacist which alleges that the system of endorsing prescriptions adopted by the pharmacist whereby he obtained an overpayment from the Prescription Pricing Authority of a sum estimated to be about £20,000 amounts to misconduct.

Wednesday 18 September

4. An inquiry into a complaint by the Council of the Society against a pharmacist proprietor and his locum pharmacist which alleges that the sale without prescription of a quantity of co-proxamol tablets amounts to misconduct. The complaint against the pharmacist proprietor also includes allegations that the failure to account by means of valid prescriptions or emergency supplies for co-proxamol and Rohypnol supplied from the pharmacy and failure to ensure that all medicines possessed for the purpose of sale or supply are properly licensed amount to misconduct.

Thursday 18 September

5. An application for restoration from a person whose name has been removed from the Register.

6. An inquiry into a complaint by the Council of the Society against a pharmacist which includes allegations that the pharmacist's failure to ensure that a pharmacist was present at the pharmacy from the opening time of 9am on specified dates, failures to ensure compliance with the requirements for recording supplies of Controlled Drugs, private prescriptions and emergency stock or medicines without batch numbers and/or expiry dates on the dispensary shelves, amount to misconduct.

M. B. PAWLUCZYK (Mrs)
Secretary to the Statutory Committee

LIBRARY ADDITIONS

The following are among recent additions to the Royal Pharmaceutical Society's library in London. Books available for loan can be borrowed by members and by preregistration trainees and pharmacy students who have registered with the library. The loan period for most items is 28 days, and a loan may be renewed unless the item is required by another user. Pharmaceutical Press publications can be borrowed for a total of 14 days and are not renewable

BOOKS AVAILABLE FOR LOAN

Cardiovascular disease

ACE inhibitors. D'Orleans-Juste P, Plante GE. Basel: Birkhauser; 2001.

Antiepileptic drugs. 5th ed. Levy RH, Mattson RH, Meldrum BS, Perucca E. Philadelphia: Lippincott Williams & Wilkins; 2002.

Thrombolytic therapy for stroke. Lyden PD. Totowa: Humana Press; 2001.

Respiratory disease

Asthma and COPD: basic mechanisms and clinical management. Barnes P, Drazen J, Rennard S, Thomson NC. Amsterdam: Academic Press; 2002.

Clinical management of chronic obstructive pulmonary disease. Similowski T, Whitelaw WA, Derenne J-P. New York: Marcel Dekker; 2002.

Respiratory care pharmacology. 6th ed. Rau JL. St Louis: Mosby; 2002.

Mental health

Antidepressants. Leonard BE. Basel: Birkhauser; 2001.

Child and adolescent mental health services: everybody's business. (Strategy document). National Assembly for Wales. Cardiff: National Assembly for Wales; 2001.

Clinical handbook of psychotropic drugs. 11th ed. Bezchlibyk-Butler KZ, Jeffries JJ. Seattle: Hogrefe and Huber; 2001.

Current issues in the psychopharmacology of schizophrenia. Breier A, Tran PV,

Herrera JM, Tollefson GD, Bymaster FP. Philadelphia: Lippincott Williams & Wilkins; 2001.

Essential psychopharmacology of antipsychotics and mood stabilizers. Stahl SM. Cambridge: Cambridge University Press; 2002.

Neuropsychopharmacology: the fifth generation of progress. Davis KL, Charney D, Coyle JT, Nemeroff C. Philadelphia: Lippincott Williams & Wilkins; 2002.

Neurotransmitter receptors in actions of antipsychotic medications. Lidow MS. Boca Raton: CRC Press; 2000.

Infectious disease

Antibiotic development and resistance. Hughes D, Andersson DI. London: Taylor & Francis; 2001.

The antibiotic paradox: how the misuse of antibiotics endangers their curative powers. 2nd ed. Levy SB. Reading [MA]: Perseus; 2002.

Essentials of antimicrobial pharmacology: a guide to fundamentals for practice. Axelsen PH. Totowa: Humana Press; 2002.

Getting ahead of the curve: a strategy for combating infectious diseases. Department of Health. London: Department of Health; 2002.

Hospital-acquired infection: surveillance policies and practice. Glynn A, Ward V, Wilson J, Charlett A, Cookson B, Taylor L, Cole N. London: Public Health Laboratory Press; 1997.

Immunotherapy for infectious diseases. Jacobson JM. Totowa: Humana Press; 2002.

Infectious disease. 2nd ed. Bannister BA, Begg NT, Gillespie SH. Oxford: Blackwell Science; 2000.

Lamisil: the evidence. Hay RJ. New York: Parthenon; 2001.

Macrolide antibiotics. Schonfeld W, Kirst HA. Basel: Birkhauser; 2002.

Magic bullets, lost horizons: the rise and fall of antibiotics. Amyes SGB. London: Taylor & Francis; 2001.

Endocrine system

Changing therapies for type 2 diabetes. Leslie RDG, Pozzilli P. London: Martin Dunitz; 2002.

Enzymes. Copeland RA. New York: Wiley-VCH; 2000.

Glucocorticoids. Goulding NJ, Flower RJ. Basel: Birkhauser; 2001. (NAB-0208)

Insulin therapy. Leahy JL, Cefalu W T. New York: Marcel Dekker; 2002.

Malignant disease and immunosuppression

Melanoma: biologically targeted therapeutics. Borden EC. Totowa: Humana Press; 2002.

Modern immunosuppressives. Schuurman HJ, Feutren G, Bach J-F. Basel: Birkhauser; 2001.

Symptom management in advanced cancer. 3rd ed. Twycross R, Wilcock A. Abingdon: Radcliffe Medical; 2001.

Textbook of radiopharmacy: theory and practice. 3rd ed. Sampson CB. Amsterdam: Gordon & Breach; 1999.

DIARY

HEADQUARTERS MEETINGS

The following meetings take place at the Royal Pharmaceutical Society's headquarters, London

Monday 16 September	
Statutory Committee	9.30am
Tuesday 17 September	
Statutory Committee	9.30am
Infringements Committee	2pm
Meeting of Officers	4pm
Wednesday 18 September	
Council reserve day	9am
Statutory Committee	9.30am
Thursday 19 September	
Statutory Committee	9.30am

LOCAL MEETINGS

Events listed below are meetings of branches or regions of the Royal Pharmaceutical Society. Details of all future meetings notified to The Journal appear in the Diary section of PJ Online (www.pjonline.com/noticeboard)

Monday 16 September
Aberdeen and North Eastern Scottish
 "The right medicine: right for patients? right for pharmacy?" by Bill Scott (chief pharmaceutical officer, Scottish Executive) and Alison Strath (member of the Society's Scottish Executive). Jarvis Aberdeen Hotel (formerly Amatola), 448 Great Western Road, Aberdeen. Buffet. 7 for 7.30pm.
Clwyd Welcome to preregistration trainees

and tutors, and presentation by Kevin Plimley (Macmillan clinical nurse specialist). Lecture Theatre, Multidisciplinary Training Unit, Glan Clwyd Hospital. Buffet. 7.15pm.

South Lincolnshire "Modernisation of the Society" by David Pruce (audit development fellow, Royal Pharmaceutical Society). Marriott Hotel, Grantham. Buffet 7.30pm, meeting 8pm.

Tuesday 17 September
Bury "Modernisation of the Society" by Christine Glover (member of the Royal Pharmaceutical Society). Village Hotel, Bury, Waterfold Business Park, Rochdale Road, Bury (off M66, junction 2). 8pm.

Dudley and Stourbridge "Opportunities for pharmacy in the changing NHS" by Professor Alison Blenkinsopp (Keele University). Plus reception for preregistration trainees and their tutors (before the meeting). Medical Services Centre, Corbett Hospital, Stourbridge. 7.30 for 8pm.

Worthing and West Sussex "Continuing professional development: what's in it for me?" by Dr Peter Wilson (consultant to the Royal Pharmaceutical Society on CPD). Guildhall Room, Ship Hotel, North Street, Chichester. Buffet refreshments. 7.30 for 8pm.

Wednesday 18 September
Bedfordshire "Workings in coroner's department" by R. H. G. Corner (coroner). Star and Garter, Silsoe. Buffet 7.15pm, meeting 8pm.

Slough "Drug dependency and substance abuse" by Dr Naz Ahmad (substance abuse

clinic, Upton Park Hospital). John Lister Postgraduate Centre, Wexham Park Hospital, Slough. Buffet 7.15pm, meeting 8pm.

Solihull "Palliative care" by Sue Harris (local Macmillan nurse). Education Centre, Solihull Hospital, Lode Lane, Solihull. Buffet 7pm, meeting 7.45pm.

South East Metropolitan "Management of obesity" by Valerie Beeson. Clarendon Hotel, Blackheath, London SE3. Refreshments 7.30pm, meeting 8pm.

Thursday 19 September
Hull "Modern advances in the treatment of opioid dependence" by Dr Duncan Raistrick (Leeds Addiction Clinic). Basil Reckitt Conference Centre. Damson Lane, Hull. Coffee and biscuits 7.30pm, meeting 8pm.

Weald of Kent "Extended prescribing implications for pharmacists" by Dr June Crown (chairman of the Royal Pharmaceutical Society's pharmacist prescribing working group). Ramada Jarvis Hotel, Tunbridge Wells, 8 Tonbridge Road, Pembury, Kent. Buffet 7.30pm, meeting 8pm.

Wirral "Causes and treatment of attention deficit disorder and autism" by Jean Robb and Hilary Letts (Successful Learning, West Kirby). Postgraduate Medical Centre, Clatterbridge Hospital. 7.30 for 8.15pm.

Monday 23 September
North East Lancashire "Continuing professional development: what's happening" by Claire Grout (Manchester Workforce Confederation). Blackburn with Darwen Primary Care Trust, Guide Business Centre, School Lane, Blackburn. 8pm.



LONDON HEADQUARTERS
 Switchboard 020 7735 9141; direct dialling, see 'Medicines, ethics and practice' for a telephone enquiries guide; fax 020 7735 7629; website www.rpsgb.org.uk



SCOTTISH DEPARTMENT
 Headquarters of the Society in Scotland (including library and information service) 0131 556 4386 (see also 'MEP' guide); fax 0131 558 8850; e-mail info@rpsis.com



WELSH EXECUTIVE
 Headquarters of the Society's Welsh Executive 029 2041 2800; fax 029 2041 2810; e-mail wales@rpsgb.org.uk



INFORMATION CENTRE
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PERSONAL

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DEATHS

Ottolini On 6 September 2002, John Gerard Ottolini, MRPharmS, aged 81 years. Devoted husband of the late Mollie, greatly loved father of Susanne Elizabeth and special grandad of Freya Mollie. He will be sadly missed by his many friends in the pharmaceutical industry in Malaya, Borneo, Singapore, Belgium and the United Kingdom and for his service to the people of Alderley Edge, as a chairman and councillor of the parish council, Macclesfield Borough Council and Alderley Probus Club. His funeral service took place on Thursday 12 September. Donations if desired to Royal British Legion Benevolent Fund, Alderley Edge. All donations and enquiries to Albert R. Slack (Funeral Director) Ltd, 84 South Oak Lane, Wilmslow, Cheshire SK9 6AT (tel 01625 525053).

Correction

The Race Relations (Amendment) Act 2000 was incorrectly described as the Race Relations (Amendment) Act 2001 in the article "Questions and answers on the Society's pharmacy workforce census (p378).