

The Society

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OCTOBER COUNCIL MEETING

Use of STV in Council elections to end

The Council of the Royal Pharmaceutical Society has agreed to discontinue the use of the single transferable vote system in Council elections from next year, against the advice of its modernisation steering group. It agreed that elections to the reformed Council shall be by the “first past the post” system (meaning the system under which voters have one vote for each vacant place). All pharmacist members of the Council would be chosen by election.

The Council also agreed that the reformed Council should not have reserved places for specific fields of practice or for experts in pharmaceutical education or science, although there would be reserved places for representatives from England, Scotland and Wales.

In the absence of reserved places for specific fields of practice or areas of expertise, the Council agreed that the modernisation programme should recognise “the need for robust, flexible, efficient, effective and transparent mechanisms to ensure that specialist advice and expertise is fed into the Council, and that the Council is kept aware of the circumstances and concerns within sectors of the profession”.

The Council made those decisions after considering a paper produced by the modernisation steering group following consultation on getting the balance right on the future Council.

Introducing the paper, the PRESIDENT stated that the items and recommendations in it had been part of the consultation process. The information had been supplied to pharmacists and other organisations (P7, 22 June, p883) and they had responded (P7, 14 September, p375). The matter had been discussed by the Council at a policy development day on 30 July. No particular consensus had been arrived on that date at because there had been differences of views and therefore there would be debate on some if not all the points. There were seven recommendations in all, which the Council could accept, reject or refer back.

LINDA STONE said that the document was based on informal Council discussions that had been held before the discussions that had resulted in the decisions



MAIN POINTS

Future of the Council The Council has agreed to discontinue the use of the single transferable vote system in Council elections and revert to the “first past the post” system. It has also agreed that the reformed Council will not have reserved places for specific fields of practice or for representatives of pharmaceutical education or science (this page).

Pharmacy workforce report The Council has welcomed the Department of Health’s recently published discussion paper on skill mix in pharmacy and is to hold a full debate on it before the Society prepares its response (p548).

Practice without registration The Society has joined other health regulatory bodies in urging the European Commission to drop a proposal that individuals from a member state could practise in another member state for up to 16 weeks a year without registration (p548).

minuted and it seemed that the order was wrong. Was this document based on a discussion after the decisions taken by the Council on 18 September?

ALISON EWING said that she had grave concerns about some of the recommendations. She had been slightly dismayed to see the recommendation about reserved places and in particular a paragraph which included the sentence: “Only in the fields of education and pharmaceutical science is the need for specific expertise within the pharmacist membership of the Council sufficiently strong to make the case for securing this expertise through appointment.” She felt strongly that these were not the only areas.

With regard to devolution, she said that she was a member of the devolution subgroup, which was to hold its next meeting on 31 October. Bringing recommendations to the Council today could not preclude that group’s discussion.

Mrs STONE said that some good decisions had been reached on 18 September that were overwhelmingly supported by the Council. Some of the recommendations and text in the document before the Council did not take into account the decisions taken at that meeting. The decisions taken on that day were based on the understanding that there would be a body that supported a forum or a senate of experts who would be brought together for their expertise within the profession and allied areas, which was needed to inform the Council and underpin its work.

She had difficulty in seeing how one could combine an elected body on which there were reserved places with a body on which places were allotted to ensure levels of expertise. The Council should be discussing these questions in the light of the decisions taken on 18 September because those decisions were used as a basis for the well-received presentation made by the President at the British Pharmaceutical Conference.

The PRESIDENT said that the Council could refer the options back to the steering group or agree some other options. What Council members had in front of them were comments on the basis of what had been discussed at the end of July. It had then gone back to the steering group, which had taken

into account those discussion. The recommendations were largely based on the views that had been expressed, bearing in mind that there was not a clear consensus, subject to some comments from the steering group, which had looked at some of the issues from a different perspective. The Council now had the opportunity to discuss the recommendations individually and sequentially without prejudice.

Mrs STONE moved that the matter should be discussed informally later, when everybody had had time to absorb it.

HEMANT PATEL said that he would be happy to second a referral back of the matter.

ASHWIN TANNA said that the seven recommendations should be taken one by one on a show of hands and the matter could proceed from there.

ANDREW BURR said that it would not send a good message to the membership if the Council kept referring things back. He had been at the 18 September meeting and he would not be supporting some of the recommendations, but he wished to have the opportunity to debate them.

PETER CURPHEY said that Council members were confused because they were leapfrogging their own decisions. He would prefer to debate the matter in private and then have some reasoned decision-making in public. He supported referring the matter back, but pointed out that the Council was losing time.

The SECRETARY AND REGISTRAR said that the Council had had a number of discussion days. This was the second stage and it was now taking further issues forward. If the Council wanted more lengthy informal discussions before taking its decision then it could decide to do so.

Dr GORDON APPELBE felt that the Council was rushing the whole modernisation programme.

The SECRETARY AND REGISTRAR said that the branch representatives had been urging the Council to consider the single transferable vote and that this could be dealt with separately. However, the Council would have to make a decision on this item before November or December if it were to be implemented from next year.

DIGBY EMSON said that he did not think he would benefit from more discussion on the matter and he would support voting on it now.

Dr NICOLA GRAY said that she would be happy to take a vote on the recommendations but members would need to debate each point and say why they were not happy.

WALLY DOVE said that the Council had had sufficient exposure on these issues to be able to vote on them.

The PRESIDENT said he did not feel that there was any new information which could be produced on these topics and that sending it back for further debate would not take the matter any further forward because they had gone as far as they could.

The motion to refer the matter back was lost. The Council then agreed to consider the recommendations in open business.

Opening discussion on Recommendation 1 — “that two places be reserved within the pharmacist membership of the reformed Council for appointment of a senior pharmacist with expertise in education and an eminent pharmaceutical scientist” — Professor MICHAEL SCHOFIELD proposed that the recommendation should be deleted.

The SECRETARY AND REGISTRAR said that the steering group had proposed the recommendation to ensure that those particular skills and knowledge were available to the Council to enable to discharge its role and duties.

Mr BURR asked the Council to reject the recommendation because he was sure there was another way of getting the expertise required.

Dr GRAY said that there had been concern among pharmaceutical scientists about the future of science within the Society. They would feel reassured by having executive input into the Council. Eminent pharmaceutical scientists had tried to get elected to the Council in the past but they had not been able to do so.

HASSAN ARGOMANDKHAH said that he supported Mr Burr. The whole recommendation should be deleted.

Professor SCHOFIELD said that his suggestion that the recommendation be deleted had been based on it being overtaken by the discussion on the Council “awayday”, when the Council had talked about a forum on which such people would sit. He wanted input from scientists and academics, but he thought the Council had designed a better mechanism for doing that on its awayday.

HEMANT PATEL felt that the Council should make a clear decision to get rid of the proposal once and for all.

the Secretary and Registrar (Ann Lewis). Also present were the chairman of the Society's Scottish Executive (David Thomson) and the chairman of the Welsh Executive (Andrea Robinson).

Present by invitation were the following representatives of the Society's branches: Dr Ardeshir Danesh (vice-chairman, Norwich and Norfolk branch), Carole Maguire (treasurer, Macclesfield branch), Sarah Bailey (Morgannwg branch), Louise Winstanley (secretary, Central Lancashire branch) and Katie Smith (secretary, Ipswich and Suffolk branch).

COUNCIL BRIEFS

Obituary The Secretary and Registrar announced with regret the death of Ann Marsden, former member and chairman of the Society's Welsh Executive and former member of the Statutory Committee (P7, 17 August, p230). Council members stood in silent memory.

The Conference The President said that he wished formally to record the Council's thanks to all who had contributed to the 2002 British Pharmaceutical Conference. The quality of presentations had been as high as he could remember and had helped to make the conference a great success. He also thanked the staff involved and the Conference Committee. The success of the conference was only as a consequence of the hard work of many people.

Mrs STONE said that she wished to see a Council that was democratically elected supported by a forum that was strong and robust, because then they would have the best of both worlds.

CLIVE JACKSON said that his main concern was that he was not in favour of appointments to the Council. There would be fewer pharmacists on the new Council and he felt that there would be a perceived reduction in the democratic process. He did not see that the argument for these particular two carried more weight than any other areas.

The SECRETARY AND REGISTRAR stated that in the response from the membership 42 per cent favoured a mix of elected and appointed members, and the recommendation was trying to reflect the responses.

Mr EMSON said that if the Council made this decision it should be careful in the way it was communicated because it should not diminish the need to work on the representation of these groups.

Mr DOVE said that it was politically insensitive to bring this motion back to Council and he believed that they should delete it.

Mr CURPHEY said that the Council should explain that it wanted to ensure that expertise was properly brought to it but that it did not believe it helped the Council in its decision making to have factions that might be perceived as representing certain groups of people.

Mrs HOARE said that if the Society needed an expert opinion it could go to the Academy of Pharmaceutical Scientists and many eminent people, including its own chief scientist.

Recommendation 1 was then put to the meeting and was lost.

Recommendation 2 was “that all other pharmacist members of the reformed Council be elected.” The PRESIDENT put this recommendation to a vote, with the removal by agreement of Council of the word “other”. The motion was carried.

Recommendation 3 was that “the constitution of the reformed Council include

Attendance Those present at the meeting, which was held on 1 and 2 October 2002 at 1 Lambeth High Street, London SE1, were the President (Marshall Davies), the Vice-President (Dr Gillian Hawksworth), the Treasurer (Kirit Patel), Gerald Alexander, Dr Gordon Appelbe, Hassan Argomandkhah, Andrew Burr, Peter Curphey, Sultan Djani, Wally Dove, Digby Emson, Dr Phillida Entwistle, Dr John Evans, Alison Ewing, Christine Glover, Dr Nicola Gray, Sally Greensmith, Patricia Hoare, Clive Jackson, Hemant Patel, Helen Remington, Professor Michael Schofield, Linda Stone, Ashwin Tanna and

Retirement of Dr John Evans from the Council

During the Council meeting, thanks was offered to Dr John Evans for his contribution to the work of the Council over nearly 15 years. The meeting was the last attended by Dr Evans before his retirement from the Council after serving five three-year terms as a Privy Council nominee member.

The PRESIDENT said that Dr Evans had been regarded as a pillar of the Council because he had been there far longer than had many other Council members. The Privy Council had first appointed him in 1988 and his length of service was a record for any Privy Council nominee. He had joined the Council after a successful career in the Civil Service, where he had held a senior position within the Department of Health. He had also been involved in 1987

in a study of the control of medicines that had resulted in the Evans Cunliffe report, which in turn led to the establishment of the Medicines Control Agency.

He had contributed significantly to Council debates and had helped further policy within the Council. He had contributed also in terms of the committees of the Council and had made the Animal Medicines Subcommittee just about his own. His contributions at all the committee meetings and in the specialist groups had been invaluable.

On a personal note the President thanked Dr Evans for his guidance over the years. The Council wished to mark his retirement by presenting to him a memento. Dr Evans would remain with the Society in terms of its activities because he had been

appointed to the modernisation steering group as an individual rather than a Council representative. However, he would be sadly missed from the Council, and the President expressed deep appreciation for all that he had done for them. (*Applause*)

Dr EVANS, in reply, said that it had been an exciting day for him, not just because it would be his last appearance on Council, but because of the workforce document that had been discussed earlier. When he first joined the Council the Nuffield report was new and the discussion was, "How can we implement it and how can we carry pharmacy forward?" Now, 15 years later, they were actually going to do it! So it had been an exciting time and he thanked his colleagues for their friendship and their good fellowship. (*Applause*)

no reserved places for fields of practice, beyond the two place reserved for appointment of a senior pharmacist with expertise in education and an eminent pharmaceutical scientist".

Mrs STONE proposed that a full stop should be inserted after "practice" and the rest of the sentence deleted. The proposal was agreed and the amended recommendation was approved.

Recommendation 4 was that "the need for robust, flexible, efficient, effective and transparent mechanisms to ensure that specialist advice and expertise is fed into the Council, and that the Council is kept aware of the circumstances and concerns within sectors of the profession, be recognised within the modernisation programme".

Professor SCHOFIELD said that if this was agreed as being the first recommendation it would set the tone for the rest of the decisions and would deal with the concern that had been expressed about the message being sent out to the scientific communities about inclusivity.

The PRESIDENT said that that was a splendid suggestion. The Council approved the recommendation and agreed that it should be placed first.

On Recommendation 5 — that the reformed Council should include not less than one pharmacist members and one lay member from each of England, Scotland and Wales — Mr BURR asked whether the wording meant being resident in a particular country or working there.

The SECRETARY AND REGISTRAR replied that in normal circumstances it would be resident, but if the Council wished to clarify the matter it needed to be taken as part of the devolution discussions.

The PRESIDENT said that Hemant Patel was to chair a meeting on 21 September that would look at the implications of devolution. He had received a proposition from Miss Ewing that the recommendation should be deferred and considered at that meeting.

Mrs STONE seconded this proposition, which was agreed.

The SECRETARY AND REGISTRAR accepted that the item should be deferred but she thought that the principle of representation for England, Scotland and Wales should be accepted.

Miss EWING felt it would be better to come back with a firm and robust proposal.

Mrs HOARE suggested it might be helpful to agree in principle that there would be representation from Wales and Scotland but leave the details to the working group. (*Agreed*)

Turning to Recommendation 6 — that recommendations on the process for filling the reserved places for pharmacists be brought to a future Council meeting — the PRESIDENT asked the Council to agree that this recommendation no longer applied. (*Agreed*)

Commenting on Recommendation 7 — that the single transferable vote system be used to elect pharmacist members of the reformed Council — Mr TANNA suggested that the 2003 Council election should use the "first-past-the-post" system.

The PRESIDENT said that although the single transferable vote system was more complicated and difficult to understand it was apparently fairer to minority groups, and the Council did have to be concerned about diversity. Other bodies were pursuing the STV on the basis that it was in everyone's interest.

Mr BURR encouraged the Council to adopt the first-past-the-post system. They had to carry with them the membership for the modernisation programme and not ignore them. The members had continually asked for this particular system and it was time people listened to them.

Professor SCHOFIELD said that he had been involved with another professional body that used STV and was perfectly happy with it. If the other professional bodies used STV then that should be taken into account.

Mr CURPHEY said that the present system had been a thorn in the flesh of the membership ever since it was introduced 26 years ago.

Mr TANNA added that if the Council did not reject the present proposal it would antagonise the members more.

HEMANT PATEL agreed with the previous speakers because he said that pharmacy was becoming a much more diverse profession and he urged his colleagues to think about the longer term rather than the past.

Mrs STONE said that she did not think it made much difference overall; the difference would come at the margins. If all the other health professions were using STV it showed that it was understood and it did work.

Dr GRAY said that the comments from the membership over the past 26 years far outweighed any advantages that STV had.

The PRESIDENT put recommendation 7 to the meeting. It was lost by six votes to 14 votes, with two abstentions.

Mr TANNA proposed that the first-past-the-post system should be used to elect pharmacist members of the reformed Council.

Mr BURR felt that the word "reformed" should be replaced by "future".

The SECRETARY AND REGISTRAR believed that what the Council wished to do was, first, to say that the first-past-the-post system be used to elect pharmacist members of the reformed Council and, secondly, to put forward a separate proposal to say that the first-past-the-post system be used to elect pharmacist members of future Councils and that this be implemented as soon as practicable.

GERALD ALEXANDER said that he would be happy to second both propositions formally.

The PRESIDENT put the motion: "That the first-past-the-post system be used to elect pharmacist members of the reformed Council." The motion was carried.

The President also put the motion: "That the first-past-the-post system be used to elect pharmacist members for future Councils, to be implemented as soon as practicable." The motion was carried.

The SECRETARY AND REGISTRAR stated for the record that the paper they had been debating represented the

Council discussion in July and the feedback from the consultation. Despite some comments that had been made, the paper tried to represent that discussion and feedback and it had been fairly produced.

Dr EVANS said that the process had been started by the Government, which required the Society to modernise its arrangements. The end purpose of a series of similar discussions would be to present a package proposal to the Government and hope that it would accept it. The decisions were being brought to the Council by the President and by the modernisation steering group a few at a time to try to get agreement stage by stage as they went along. All these decisions were in a sense interim decisions because the end process had to be to wrap them all into one package to see if there were any inconsistencies or contradictions and to produce something that could be put to the Government as something that the pharmacy profession was united behind. Therefore the Council should not get too hung up on the individual decisions as they went along.

Professor SCHOFIELD asked when the procedures for the election of officers of the new Society would come before the Council for discussion. If the future Council consisted of 28 people of whom 16 were pharmacists, and if the President was elected only from among Council members, there would be a substantially increased lay input to the election of the President and a substantially reduced number of pharmacists from who they would choose. The Society needed to consider whether in future the President should be elected by the whole of the membership and not just by the Council. That also threw up the issue of whether the roles of President and the Council chairman should necessarily be filled by the same person. When would the Council have an opportunity to discuss those questions?

The PRESIDENT replied that he was not sure when the modernisation steering group planned to discuss that issue. It was an important point that needed to be considered and brought to the Council.

PHARMACY WORKFORCE

The Council welcomed the Department of Health's recently published discussion paper on skill mix in pharmacy, "Pharmacy workforce in the new NHS" (*P7*, 5 October,

pp469 and 480) and agreed to hold a full debate on it in time to submit a response before the 31 December closing date.

The President said, because the document had been published only at the end of the previous week, there had not yet been an opportunity to digest it in detail and to come forward with a paper that might form the basis for policy development for the Society. The intention was that a document would be produced for discussion at a later meeting. Adequate time was needed to involve other people and to consider a detailed response.

In answer to a question, the President said that the Society would be consulting other pharmacy bodies but each body would have the opportunity to respond individually. However, they would seek to highlight areas of common purpose.

During a brief preliminary debate, Council members welcomed the opportunities presented in the report and made some initial observations. The President thanked them for their contributions and said that, if the profession was to fulfil the roles identified for it in various documents, there had to be adequate and appropriate support. He believed that the skill mix document would give the profession the mechanism for such developments.

FUTURE COUNCIL COMPOSITION

ASHWIN TANNA asked for clarification about the mechanism for reducing the number of elected pharmacists on the Council following the decision that the new Council would have 24 to 30 members, with lay members accounting for up to 40 per cent. The elected pharmacist members would be no more than 16 or 18. To reduce the elected membership from the current 21 members would require ratification by a two-thirds majority in the Council followed by a special general meeting at which a 75 per cent majority would be required of those present and voting.

The SECRETARY AND REGISTRAR said that the Council had not yet decided on the detailed composition of a future Council, nor had it yet determined the way in which that might be achieved. She therefore could not say when a special general meeting would be held — if one had to be held. The Pharmacy Act allowed the composition of the Council to be altered,

and the Council would have to look at the impact of the Section 60 Order and its relationship with the Charter as it proceeded.

The PRESIDENT said that the issue was an important one that would need to be addressed at the appropriate time.

PRACTICE WITHOUT REGISTRATION

The President said that on 1 October a letter had appeared in the *Daily Telegraph* from the presidents and chairmen of the United Kingdom health regulatory bodies, urging the European Commission to drop a proposal that individuals from a member state could practise in another member state for up to 16 weeks a year without registration. The President had been among the signatories, representing the Society.

The President said that the Commission's proposal would be contrary to the Treaty of Rome and would run counter to the principles of health protection. It was therefore in conflict with the Government's policy of safeguarding the health and well-being of patients.

The proposal was of particular concern in the light of the probable expansion of the European Union. It would mean that a practitioner from a country where standards and practice were different would be able to come to Britain without the Society knowing anything about it. There would be no requirement for such a person to register for up to 16 weeks a year.

The President emphasised that what the health regulatory bodies were seeking was to ensure that patients and users of health services were safeguarded. They were not seeking to put barriers or impediments in the way of people who were qualified in their own countries and who legitimately wished to work in the UK. Free movement of health professionals was enshrined in the Treaty. But it was essential was that such individuals should be registered and should come to the attention of the Society.

The article had been referred to in the BBC Radio 4 *Today* programme, with an interview with the president of the General Medical Council, who had responded on behalf of all the health regulators. The matter would be raised in the European Parliament, and the health regulators, in concert, would be calling upon MEPs to reconsider the proposals.

Society-sponsored PhD ethics studentships awarded

Two students sponsored by the Royal Pharmaceutical Society are about to begin PhD studentships in pharmacy ethics.

A studentship at King's College London, based in the Centre for Public Policy Research (CPPR) of the School of Social Science and Public Policy, has been awarded to Ailsa Benson. She will be jointly supervised by Dr Alan Cribb, CPPR director, and Professor Nick Barber, director of the Centre for Practice and Policy, School of Pharmacy, University of London. The award will

allow Ms Benson to explore and develop values and ethics in the pharmacy profession in an interdisciplinary academic context.

A four-year, full-time research studentship based at the Centre for Professional Ethics, Keele University, has been awarded to Zuzana Deans. She will be supervised by Dr Angus Dawson, with support from a wider steering group which includes Professor Alison Blenkinsopp and Professor Christine Bond. This studentship is the core element in a project exploring the ethical dilemmas faced by pharmacists in the

course of their work. Ms Deans will be involved in gathering data from pharmacists working in different roles and working environments and at different stages of their careers. This data will provide the basis for doctoral research.

The need for research exploring pharmacy ethics was outlined in the Society's pharmacy practice research strategy last year. The Society says that ethics research is significantly underdeveloped in pharmacy and is best progressed through academic scholarship.

Support for mechanism for removing Council members from office

Respondents to the third discussion paper issued by the Royal Pharmaceutical Society's modernisation steering group (*P7*, August 10, p197) would like to see a mechanism for removing Council members from office for reasons such as poor attendance or poor performance.

Asked for their views on a range of issues concerning elections to the Council and Council membership, respondents also expressed strong support for Council election candidates being required to declare any adverse decisions on their fitness to practise. They also showed overall support for candidates having to declare their eligibility to serve as charity trustees.

Pharmacist respondents tended to favour retaining a three-year term of office for Council members but with a limit on the number of consecutive years a Council member may serve. Most pharmacists also favoured an age limit for Council members.

Pharmacists respondents also tended to favour some requirement for Council candidates to be "actively working" within pharmacy. There was general support for relaxing the restrictions on election canvassing.

The steering group received 44 responses, of which one was the feedback from the 2,143 completed questionnaires received by *The Journal* and analysed in last week's *P7* (p507). Of the 43 direct responses, 22 were from individual pharmacists, two were from groups within the Society, 12 were from other bodies within pharmacy and seven were from stakeholder groups outside pharmacy.

Residency Five pharmacist respondents thought that election candidates should have their registered address in the area covered by the Society's authority (ie, Britain, the Isle of Man or the Channel Islands) and four favoured retaining the "normally resident" requirement. Three pharmacists thought that candidates should live or work mainly in the area, as did both the Society groups. Four pharmacists and one Society group proposed a minimum period each year during which Council members would be required to live and/or work in the area.

Other pharmacy bodies were fairly evenly divided in their views but the four groups outside pharmacy that commented on this issue all favoured using a candidate's registered address as the criterion.

Board members of other pharmacy bodies

Eleven pharmacists thought that there should be no restrictions on eligibility to serve on the Council for pharmacists who are board members of other pharmacy bodies, three thought there should be restrictions on some activities and two thought that such pharmacists should not serve on the Council. Two expressed concern about the degree of common membership between the Council

and the boards of bodies representing community pharmacy employers. The corporate respondents generally did not support restrictions beyond the need to declare relevant interests and avoid conflicts of interest.

Fitness to practise Only two of the pharmacist respondents opposed Council candidates having to declare whether they had been the subject of any adverse fitness-to-practise decisions. Ten thought that candidates should declare all such decisions and two suggested that only serious findings should be declared. Three said that current investigations should also be declared. Two specified that only final decisions should be declared.

Two direct respondents thought that any pharmacist against whom such a decision had been made should be barred from the Council. Two thought that candidates should not be allowed to seek election if they were the subject of a current investigation.

The corporate respondents generally supported declaration of fitness-to-practise decisions, but with no consensus on whether this should include current investigations.

"Active working" Pharmacists were evenly split on whether Council candidates should be required to be working actively in pharmacy. Concerns raised included the risk of excluding good candidates, the difficulty of setting detailed criteria and definitions, a wish not to restrict voter choice, and the need for Council members to maintain contact with current practice.

The two Society groups supported an "active working" requirement, but seven of the 12 other pharmacy bodies were not generally supportive. Concern was expressed at the exclusion of pharmacists who could bring a broader perspective. Stakeholders groups outside pharmacy were divided on this issue.

Nominations Among the pharmacist respondents, 11 favoured removing the requirement that five of a candidate's 10 nominators should be from his or her own branch and eight thought it should be retained.

One group within the Society and seven other pharmacy bodies thought that nomination should be by any 10 pharmacists. The other Society group and two pharmacy bodies felt that the current requirement should be retained. One group outside pharmacy saw no need for change and three others thought the requirement should be removed.

Charity trustees Nineteen pharmacists thought that candidates should declare their eligibility to serve as charity trustees; one did not. Groups within the Society favoured a declaration, as did 10 of the other bodies within pharmacy and three of the bodies outside pharmacy. One pharmacy body said that the role of trustee should be separated from that of Council member.

Canvassing Eleven pharmacists wanted the current restrictions on canvassing to be retained, perhaps with some additional information made available to the electorate. Ten wanted the restrictions relaxed, although three thought that a financial limit was needed as well as ethical requirements built in.

Both Society groups favoured relaxing the restrictions, as did eight organisations within pharmacy, but three of the latter favoured some limit on campaign budgets. Two other pharmacy bodies favoured some relaxation, and one proposed no change. Two stakeholder bodies outside pharmacy felt that canvassing restrictions should go.

Term of office and election frequency Among pharmacist respondents, 14 favoured a three-year term of office for Council members, seven opted for four years and one for five years. Thirteen favoured annual elections, three preferred every two years and two suggested every three years. The corporate respondents tended to favour a four-year term, but opinions on the frequency of elections were spread over a range from one to four years.

Limit on office Eighteen pharmacists supported a limit on consecutive years served, 13 of them favouring six to nine years and four preferring 10 to 12 years. Three proposed no limit. Most corporate respondents believed there should be some limit, with eight years being the most frequent suggestion.

Age limit Among pharmacist respondents, 16 proposed an upper age limit for Council members, with 65 or 70 years most often suggested. Four were not in favour, seeing an age limit as discriminatory. It was also pointed out that a limit on consecutive terms of office might remove the need for an age limit.

Corporate respondents were divided on this issue. Where a limit was favoured, the most frequent suggestion was 70 years.

Removal from office Among the pharmacists respondents, 17 supported some change in the ways in which Council members may be removed from office, with only three proposing no change. Suggested reasons for removal were: poor attendance (seven respondents); poor performance or conduct (six); health reasons (five); fitness-to-practise cases (four), or bringing the Council into disrepute (three). Pharmacists suggested a range of mechanisms for removal. Some favoured a straightforward vote by the Council; others believed that the mechanism should be independent of the Council.

The Society groups also favoured some change, as did seven of the other pharmacy bodies. Among stakeholder groups outside pharmacy, five supported some change, although one group cautioned that "free thinkers should not be disadvantaged or discouraged".

PCTs hear about clinical governance in pharmacy in Central Lancashire

Aspects of clinical governance in community pharmacy were described to representatives of local primary care trusts (PCTs) at a recent evening meeting organised by the Royal Pharmaceutical Society's Central Lancashire branch and the Central Lancashire Pharmacy Development Group — a subgroup of the branch.

The aim of the meeting, held in Preston early in September, was to raise awareness of the role of pharmacy in supporting the local clinical governance agenda with PCT colleagues and with pharmacists themselves. As well as board and executive members of the six PCTs in the area, the 70 participants included clinical governance co-ordinators, members of the boards of the Lancashire Teaching Hospitals Trust, general practitioners and a Member of Parliament, as well as pharmacists.

During the meeting, PDG members described three community pharmacy clinical governance projects completed during the past year.

Baseline audit The first project was a baseline clinical governance audit for community pharmacy. PDG committee member Magnus Hird (pharmaceutical adviser, Blackpool PCT) said that the baseline audit had been developed by the Society. The questionnaire survey had had a good response rate of 72 per cent (116 of 161 pharmacies). Some of the main results were that:

- 1 25 per cent of pharmacies had some additional pharmacist cover during the week
- 1 24 per cent of all pharmacists have a personal development plan
- 1 23 per cent of dispensers/technicians have no qualifications
- 1 23 per cent of premises recorded doing an audit
- 1 4 per cent of pharmacies did not appear to be registered under the Data Protection Act, although it is a legal requirement wherever personal data is processed
- 1 70 per cent of pharmacies had a written complaints procedure
- 1 52 per cent of pharmacies kept records of errors, which had been mandatory from April 2002

The audit also identified that only full-time employee pharmacists and part-time primary care pharmacists were undertaking the recommended 30 hours of continuing professional development per annum. Most CPD was provided by the Centre for Pharmacy Postgraduate Education.

Dispensing incidents PDG chairman Malcolm Phillips (pharmaceutical adviser, Preston PCT) described the PDG's dispensing incident project, in which 96 pharmacies had participated. Pharmacies were invited to

record incidents in the dispensing process that, had they not been identified, would have resulted in a dispensing error. These "near misses" were identified during and after the completion of the dispensing process, using a quick and easy recording-method.

During the eight-week project the participating pharmacies dispensed more than a million prescription items and recorded almost 4,000 near misses — an average of one for every 250 items dispensed. About 10 per cent of the incidents were identified by patients or carers, either at the time the medicine was issued. Errors identified after the medicines was handed out accounted for less than 0.1 per cent of the incidents.

In the project report, the data received from the pharmacies was anonymised. However, each pharmacy had access to its own data via a code for comparison with their anonymised colleagues.

Interventions PDG secretary Barbara Healey (prescribing adviser, Preston PCT) reported on an interventions project that had involved community pharmacists recording the reasons why they had to contact GPs before prescriptions could be dispensed. The reasons varied from simple process issues such as missing signatures to serious clinical issues such as drug interactions.

The intervention rate recorded was eight interventions for every 1,000 items dispensed. However, 75 per cent of the inci-

dents were relatively minor. These mainly involved patient inconvenience.

CHALLENGE

Earlier, Peter Curphey, a community pharmacist member of the Royal Pharmaceutical Society's Council, presented a vision for pharmacy in the new NHS. He told the meeting that the case for pharmacy had been won. The Government had accepted the value of pharmacy and the role it would play in the future. The challenge for pharmacists was to be equipped to deliver the changes ahead. This would mean new ways of working that would not always be comfortable.

Mr Curphey said that some of the main concerns for PCTs are that expenditure on primary care prescribing is growing at over 11 per cent a year, that only 50 per cent of patients take their medicine as the prescriber intended, and that up to 15 per cent of the drugs bill is wasted.

He then went on to specify the many ways in which pharmacists could be involved and what PCTs might expect from pharmacy. These included medication review, which was important because it had been shown that every £1 spent on reviewing medication saves £2 in prescribing costs. Pharmacists could also help with minor ailments schemes, out-of-hours services, electronic transfer of prescriptions and prescription delivery services. They could be involved in training and educating NHS staff about medication issues, in providing training for carers on medication and in helping to improve communication between primary and secondary care.

In addition, pharmacists' support for patients generally could be extended in ethnic minority communities. They could help overcome language barriers by labelling in minority languages such as Gujarati. And they could help with specific needs such as advising Islamic patients on how to take their medicines during Ramadan.

Anne Adams, the Society's professional development manager, said that the Government's expectations of pharmacy were well documented in Department of Health publications such as "Pharmacy in the future: implementing the NHS plan" and "Clinical governance in community pharmacy". As health professionals, pharmacists should be aware of these. Pharmacists should also make use of continuing professional development to develop the relevant skills needed to fulfil the new roles.

During the evening there was also a poster display, which included a report on intervention monitoring in hospitals. — *Contributed by Louise Winstanley, secretary of the Central Lancashire Branch, and a committee member of the Central Lancashire PDG (e-mail Louise.Winstanley@chorley-pct.nhs.uk).*

What is a PDG?

A pharmacy development group is a group of pharmacists established in England, with the encouragement of the Society, to develop the profession locally. The aim is to harness the enthusiasm and expertise of pharmacists in all areas of practice to take the profession forward. PDGs are peculiar to England because the National Health Service structure in Scotland and Wales offers other mechanisms for developing pharmacy locally.

PDGs are concerned only with professional development and do not compete with the local pharmaceutical committee in negotiating for contracts. However, in many areas they co-operate with LPCs to respond to strategy documents, work up bids for new and extended services and get pharmacy integrated into local strategies.

Information about setting up a PDG can be obtained from Mrs Anne Adams, the Society's professional development manager. She can be contacted at 12 Pritchard Drive, Stapleford, Nottingham NG9 7GW (tel/fax 0115 939 6465; e-mail aadams@rpsgb.org.uk).

Pharmacists lobby SNP leaders

The importance of a pharmacy input to the formulation of health care policy in Scotland was emphasised by Scottish pharmacists when they lobbied leading members of the Scottish National Party at the recent four-day SNP conference in Inverness.

The Royal Pharmaceutical Society in Scotland was represented at the conference by members from the Northern Scottish and Moray and Banff branches. During the conference, Findlay Hickey (deputy secretary, RPSiS), Maurice Hickey (public relations officer, Moray and Banff branch) and Steven Kayne (executive member, RPSiS), had an hour-long interview with the SNP's shadow deputy minister for health and community care in the Scottish Parliament, Shona Robison, to explain how the party, as a force in Scottish politics, can support the profession. A similar message was given to the leader of the SNP Westminster parliamentary group, Alex Salmond, who was party leader from 1990 to 2000.

Throughout the conference, the RPSiS representatives handed out copies of the new brochure, "A healthy Scotland" (P7, 31 August, p300), which outlines pharmacy's role in improving Scotland's health.

Also represented at the conference was the Scottish Pharmaceutical General Coun-



SNP Westminster leader Alex Salmond (centre) examines the RPSiS brochure "A healthy Scotland" in the company of Maurice Hickey (left) and Findlay Hickey

cil, which carried out health checks on delegates. The SNP conference was the last of this year's four main Scottish political party conferences, all of which were attended by representatives of pharmacy.

The RPSiS Executive has recently appointed a working party to produce a document listing ways in which pharmacy can contribute positively to Scotland's health. The document will be submitted to all the Scottish political parties, which are currently putting together their policies in anticipation of the May 2003 Scottish elections. The RPSiS hopes that party leadership will acknowledge the importance of pharmacy input to facilitate a more efficient journey through the National Health Service for patients, and will recognise pharmacy's achievements and potential within their own election manifestos.

2002 practice research awards

The Royal Pharmaceutical Society's practice research awards for 2002 are to be awarded to Rachel Mullen, a doctoral student in the school of pharmacy at the University of Manchester, and Jon Silcock, a research practitioner in the University of Leeds School of Healthcare Studies.

The awards, made by the Society's Research Award Panel, were ratified by the Council at its meeting last week.

Ms Mullen is to receive the Sir Hugh Linstead Fellowship of £30,000 for a project on "Skill mix in community pharmacy: exploring and defining the roles of dispensary support staff". The research will seek to provide a greater understanding of the existing skill mix profile and the underlying issues within community pharmacy. The aim is to help inform and shape the development of pharmacy workforce policy in line with National Health Service plans to make the best use of pharmacy support staff.

Mr Silcock receives the £10,000 Galen Award for a project on patients' attitudes towards, and beliefs about, self-management of chronic congestive heart failure. He will use the award to explore patient-related barriers to the self-management of mild-moderate heart failure through conducting and evaluating interviews with about 30 patients in West Leeds PCT. Mr Silcock's research practitioner post is a joint appointment between Pharmacy Services, Leeds Teaching Hospitals NHS Trust and the Pharmacy Practice and Medicines Management Group, University of Leeds.

Applications for the 2002 practice research awards were invited in January. The Galen award is funded by a bequest by Rowland Henry Williams and the Sir Hugh Linstead Fellowship is funded by a grant from the Leverhulme Trade Charities Trust. Information about the 2003 practice research awards will be available in January 2003.

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, at 10am on Monday 14 October 2002, at 2pm on Tuesday 15 October 2002, at 10am on Wednesday 16 October 2002 and, if necessary, at 10 on Thursday 17 October 2002 to hear the following inquiries and applications:

Monday 14 October

1. A resumed inquiry into a complaint by the Council of the Society against a pharmacist which includes allegations that the sale of pharmacy medicines and the dispensing and supply of prescription-only medicines in the absence of a pharmacist amounts to misconduct.

2. A resumed inquiry into a complaint by the Council of the Society against a pharmacist which alleges that theft of temazepam elixir and the pharmacist's failure to deal with patient returned medicines in an appropriate manner, amounts to misconduct.

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

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

Tuesday 15 October

5. A resumed inquiry concerning a pharmacist convicted of driving with an alcohol level which exceeded the prescribed limit and a complaint by the Council of the Society which alleges that the pharmacist's inability to discharge his professional duties while engaged as a locum amounts to misconduct.

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

Wednesday 16 October

7. A resumed inquiry into a complaint by the Council of the Society against a pharmacist which alleges that the writing and sending of letters which are inappropriate in that they do not conform with accepted standards of personal and professional conduct, amounts to misconduct.

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

DIARY

HEADQUARTERS MEETINGS

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

Monday 14 October	
Statutory Committee	9.30am
Industrial Pharmacists Group Committee	10.30am
Examiners' meeting	2.30pm
Tuesday 15 October	
Examiners' meeting	9am
Statutory Committee	9.30am
Wednesday 16 October	
Statutory Committee	9.30am
Branch secretaries' meeting	9.30am
Thursday 17 October	
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 14 October

Bromley "Falls and the elderly" by Dr David Oliver (consultant, Queen Mary's Hospital). Postgraduate Centre, Queen Mary's Hospital, Sidcup. Buffet 7pm, meeting 8pm.

Colchester See Ipswich.

Ipswich "Homoeopathy" by David Birt (Nelsons). County Hotel, Copdock. Buffet 7.30pm, meeting 8pm. Joint meeting with Colchester branch.

Nottingham "Modernisation of the Royal Pharmaceutical Society" by Helen Darra-cott (head of professional practice, Royal Pharmaceutical Society). School of Pharmacy, University of Nottingham. Buffet 7.30pm, meeting 8pm.

Tuesday 15 October

East Metropolitan "Antipsychotics" by Stephen Bazire (pharmacy services director, Norfolk Mental Health Care NHS Trust). Churchill Room, Wanstead Public Library, Spratt Hall Road, London E11.

Thames Valley "The modernisation debate" by Sultan Dajani (member of the Royal Pharmaceutical Society's Council), followed by open forum. Queen Adelaide, Park Road, Teddington. Refreshments 7.30pm, meeting 8pm.

Wednesday 16 October

Barnet "Continuing professional development: the National Pharmaceutical Association way" by Lesley Johnson (head, education and training, NPA). Postgraduate Medical Centre, Barnet Hospital. Food 7.15pm, meeting 8pm.

Hull "Those magnificent men and their medicines machines" by Dr Stewart Anderson (chairman, British Society for the History of Pharmacy). Beverley Arms Hotel, Lairgate, Beverley. Coffee and biscuits 6.30pm, meeting 7pm. Followed by CPPE workshop on clinical governance. 8pm.

Leeds "Prescribing for dyslipidaemia: drugs which interfere with lipids" by Chris Acomb (Leeds Teaching Hospitals NHS Trust). Ramada Jarvis Hotel (Parkway), Otley Road, Leeds. 8pm (preceded by preregistration reception, 7.30pm).

Reading "Pharmacy's latest hot potatoes" by John D'Arcy (chief executive, National

Pharmaceutical Association). Boehringer Ingelheim, Bracknell. Buffet 7.30pm, meeting 8pm.

Slough "Misuse of drugs in sport" by Professor David Mottram (Liverpool John Moores University). John Lister Postgraduate Centre, Wexham Park Hospital, Slough. Buffet 7.15pm, meeting 8pm.

Solihull "The impact of British Thoracic Society guidelines on primary care" by a speaker from Astra Zeneca UK. Education Centre, Solihull Hospital. Buffet 7pm, meeting 7.45pm.

South East Metropolitan "Lifestyle nutraceuticals" by Dr Pamela Mason. Clarendon Hotel, Blackheath, London SE3. Refreshments 7.30pm, meeting 8pm.

Thursday 17 October

Doncaster "All creatures great and small" by Douglas Davidson. Castle Park, Armthorpe Road. Buffet 7.30pm, meeting 8pm.

Halifax Tour of Calderdale Royal Hospital pharmacy and Picture Archiving and Communications System, led by John Yorke (principal pharmacist) and Diane Rooney (PACS system administrator). Calderdale Royal Hospital. Buffet 7.30pm (hospital restaurant), meeting 8pm.

Norwich and Norfolk "Representation and regulation: issues facing the profession" by Ann Lewis (Secretary and Registrar, Royal Pharmaceutical Society). Buffet 7.30pm, meeting 8pm.

Plymouth "Modernisation of the Society" by Sultan Dajani (member of the Royal Pharmaceutical Society's Council). Postgraduate Medical Centre, Derriford Hospital. Buffet 7.15pm, meeting 7.30pm.

Wirral "Primary care trust progress" by Andrew Weinronk (Bebington and West Wirral PCT). Postgraduate Medical Centre, Clatterbridge Hospital. 7.30 for 8.15pm.

Monday 21 October

West Metropolitan "Modernisation and supervision" (discussion) led by Sultan Dajani (member of the Royal Pharmaceutical Society's Council). Irish Centre, Blacks Road, Hammersmith. Light refreshments 6.30pm, meeting 7.30pm.

PERSONAL

This column is intended for announcements of births, engagements, marriages, anniversaries, etc. The charge for an insertion is £18 for up to 25 words, and £7 for every additional 10 or fewer words. Personal cheques only (payable to The Pharmaceutical Journal) should be sent with the notice to the Editor, The Pharmaceutical Journal, 1 Lambeth High Street, London SE1 7JN. The sender's address and membership number, if applicable, should be on the reverse of the cheque.

MARRIAGES

Shergill Harminder (Robert Gordon University, Aberdeen, 1997–2001) and Sarbjit are delighted to announce their wedding on 18 August. Now back from their honeymoon in Florida, USA.