

# The Society

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FROM THE SECRETARY AND REGISTRAR

## All I want for Christmas

*In an end-of-year message for pharmacists, the Secretary and Registrar of the Royal Pharmaceutical Society, Ann Lewis, reflects on the past year's work on developing a modern regulatory framework for the profession and discusses the means of developing a new framework to support the Society's wider future role as a professional body*

As I reflect on a year in which the Council has already made some significant decisions for the future and no one appears to have gained much popularity in the process, I wonder why the most vociferous contributors to the letters pages of *The Pharmaceutical Journal* do not seem to consider that, although the past has been good, the future could be even better. Does it reflect a lack of confidence or a lack of vision or both — or am I just a “cock-eyed optimist”?

Much of the emphasis during the past year has been about developing a regulatory framework that will provide the profession with appropriate powers to meet the needs of today and the reasonably foreseeable future.

Equally important will be the framework to support the Society's wider role as a professional body. We can justly be proud of our heritage — indeed, we must cherish and learn from it — but we should not be enslaved by it, nor should we be afraid to move forward or fear the future. The Society's Supplemental Charter, which provides the current framework, is now almost 50 years old, written before most of today's pharmacists began their practice. Some of its language is outmoded, as is the narrow scientific basis on which it is predicated. Many pharmacists today might like to see the originating frameworks that define their profession reflect current practice and the science that underpins it.

### CONFIDENT

Pharmacists should be confident in their profession and in its future. Their knowledge and skills are in demand now as never before. Their position in public esteem rides high, even if public understanding of their contribution to health care could be greater. Roles unheard of 10 years ago are now the accepted norm, with new responsibilities for prescribing just months away.

It is true that there are challenges, significant for some, but the challenge is not



*Ann Lewis: does the Society need a new Charter to support a wider professional role?*

to pharmacy itself but to the way that it is practised. I have no illusions about the fundamental nature of those challenges, particularly in community pharmacy but also in hospital practice, in industry, in academia and for emerging roles in primary care.

Over the years pharmacy has adapted well to change. Perhaps it is that unique mix of professionalism and business that attracts the entrepreneur to community pharmacy; perhaps it is the lack of social distance between pharmacist and client, customer or patient; perhaps it is the very nature of what we do and where we do it.

One of the essential ingredients of a profession is the direct and fiduciary relationship with its clients. We can be confident in claiming this as a strength; pharmacists do have the trust and confidence of people who seek service and advice. Why then are we so unwilling to express confidence in ourselves?

Our profession has successfully integrated and developed the roles of regulatory body and professional society for nearly

70 years. We can be confident in seeking changes to our regulatory function, which most agree are necessary and which will stand the profession in good stead now and in future. We can be equally confident in seeking a sound basis for our professional responsibilities.

### VISION

Some of the critics of change would seek to hold on to what we have, but how many of them have described the vision of what might be? We do not need to fear our shadow, or to worry about disturbing the past if we seek change. We should be confident about claiming what we need for the future.

The pharmacist is not just a curer of winter ills, not just an expert adviser for all seasons, not just a solace to the lonely and deprived — not even just the last port of call for that forgotten present! The pharmacist is for the future.

The knowledge and ability of our young graduates and recently registered pharmacists is stunning. We owe it to them to develop a professional and regulatory framework with the next 50 years in mind which will enable them to make a real contribution to the public good.

If that means a new legal framework for our regulatory process, it also means a complementary framework to secure professional leadership and development, to promote scholarship, to uphold and cherish our heritage and to provide support in times of real need. A new Charter perhaps?

Ah well, perhaps Santa will bring me a tin hat and a big teddy bear!

# First opportunity to nominate members of less than 20 years' standing for fellowship

Following the Privy Council's recent approval of an amendment to the Royal Pharmaceutical Society's Byelaws (*PJ*, 7 December, p825), members of less than 20 years' standing can now be nominated for designation as fellows of the Society. The Panel of Fellows is ready to receive nominations for fellowships to be awarded in June 2003.

Fellowship of the Society is awarded to recognise outstanding original contributions to the advancement of pharmaceutical knowledge or the attainment of distinction in the science, practice, profession or history of pharmacy.

Before the Byelaw amendment — and ever since the initial appointment of a Panel of Fellows in 1965 — no pharmacist could be considered for designation as a fellow until he or she had completed 20 years on the Register of Pharmaceutical Chemists. The amendment has now lowered the minimum length of membership to 12 years. The Society's Council sought the change because it considered that a 20-year rule is inhibiting when pharmacists can make outstanding contributions to the profession early in their careers.

Any pharmacist wishing to nominate a colleague for fellowship needs the support of at least two other pharmacists. At least one of those making or supporting the nomination must be a fellow.

The nominator should provide a detailed biographical profile of the nominee, clearly showing the contribution made to pharmacy through his or her career. The biographical details should also include information about any involvement in civic affairs or other voluntary work on behalf of the community, which assists the panel in putting into context the nominee's contribution to the profession.

Nominations and inquiries about the procedure should be addressed to Roger Odd, Secretary of the Panel of Fellows, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2203). There are no official nomination forms.

The panel meets twice a year, in May and November. The closing dates for nominations is 1 March for the May meeting and 1 September for the November meeting. The panel's decisions are reported to the Council at its June and December meetings

so that authority can be given for affixing the Society's official seal to the fellowship certificates. Although appointed by the Council, the Panel of Fellows does not include any Council member.

An alternative, though infrequently used, means of attaining fellowship of the Society is available under a separate Byelaw which allows fellowship for members of as little as five years' standing. This Byelaw permits the Council itself to designate as fellows such members who, in its opinion, have made outstanding original contributions to the advancement of pharmaceutical knowledge or have attained exceptional proficiency in a subject embraced by or related to the practice of pharmacy.

A member wishing to become a fellow under this Byelaw must apply in writing, enclosing evidence to support the application, which is then considered by assessors specially appointed by the Council. The applicant may be called for interview by the assessors and may be examined on his or her work, either orally or in writing. The assessors report to the Council's Education Committee, which then submits a report on which the Council makes its decision.

## Branch PROs help in local media campaign on childhood ailments

The Royal Pharmaceutical Society has enlisted the help of its branch public relations officers (BPROs) in a health awareness campaign targeted at local media over the holiday period.

The campaign promotes pharmacists' role in treating minor ailments. Its main message is to encourage parents to take children to see a pharmacist, who can quickly recognise minor ailments and give treatment advice.

Local newspapers and radio stations have been sent a news release entitled "Don't let a cough or cold take the shine off your child's Christmas". Each copy includes a quote attributed to a local BPRO. All BPROs were sent an advanced copy of the release for information.

The Society's public relation unit says that the campaign topic was chosen because the holiday period can be spoiled if children suffer illness. The campaign also reinforces the Society's message that pharmacists are



Detail from a photograph sent out with the news release

experts in medicines who can offer health care advice without the need for an appointment.

Jean-Pierre Moser, the Society's head of public relations, said: "Our health awareness campaigns highlight the role of pharmacy in providing expert care to patients. The holiday period is traditionally a slow one for news and offers our BPROs a good opportunity to help promote the work of the profession in their local area."

## Parliamentary briefing on pharmacy in the new NHS

The role of pharmacies in Britain's health care is highlighted in a four-page Parliamentary briefing from the Royal Pharmaceutical Society.

The briefing, "Pharmacists: a vital contribution to the new NHS", has been sent to all members of Parliament and to those peers with health interests. It outlines key opportunities and challenges currently facing the Society and the profession. They include:

- The challenge of modernising the Society's role as a regulator and professional body for pharmacists
- How pharmacists are bringing medicines expertise to the health team
- How pharmacists could make a greater contribution to health care by prescribing in a broad range of circumstances.
- How pharmacists are supporting better medicines management in primary care
- How pharmacists can manage more appropriate handling of minor ailments and are increasingly involved in activities to promote healthy living

Copies of the briefing document can be obtained from the Society (tel 020 7572 2338; e-mail [cmitchell@rpsgb.org.uk](mailto:cmitchell@rpsgb.org.uk)) or downloaded from the news section of the Society's website ([www.rpsgb.org.uk/news](http://www.rpsgb.org.uk/news)).

## STATUTORY COMMITTEE

# Striking-off ordered for pharmacist who practised without paying his retention fee

The Statutory Committee has directed the Registrar to strike from the Register of Pharmaceutical Chemists the name of a pharmacist who practised for almost a year after his removal from the register for non-payment of his retention fee.

At its meeting on 18 June, the committee inquired into the case of Jayvant Patel, of "Chitrakoot", Spring Pond Meadow, Hook End, Brentwood, Essex. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that Mr Patel had practised as a pharmacist between about 7 June 2000 and 10 May 2001 while unregistered. In particular, it was alleged that he had practised on 11, 14 and 15 May 2001 after he had been told that he could not work as a pharmacist until he had been restored to the register.

David Bradly, of counsel, instructed by Penningtons (solicitors), was present to place the facts of the case before the committee.

Mr Patel attended the hearing; he represented himself.

## PENALTY FEE PAYABLE

The committee was told that Mr Patel's name was removed from the register for non-payment of the retention fee on 5 June 2000. A letter was sent to his registered address on the same date informing him of that fact and that if he wished to have his name restored a penalty fee of £297 would be payable in addition to the retention fee. On or about the same date, a letter was received from Mr Patel containing a cheque for £138 but omitting the penalty fee.

That cheque was returned, together with a letter informing him that the penalty fee was required. There was no response.

The following year, on 10 May 2001, Mr Patel had visited the Society's offices and explained that he had only, within the previous few days, gone to his registered address and opened the letter from the Society. He had not, he said, visited that address since before the previous June. He had brought with him £140 in cash, insufficient to pay for the retention fee and the restoration penalty.

He had been told unequivocally that he could not practise as a pharmacist until the full balance was paid and he had had written confirmation that his name had been restored.

On 15 May, when one of the Society's inspectors paid a routine visit to the pharmacy where Mr Patel was employed, he found him acting as pharmacist in charge. He had also admitted acting in that capacity on 11 and 14 May. His outstanding fee and penalty were then paid by his employer.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said that, notwithstanding the intimation that his name had been removed from the register and that notice of the removal had been printed in *The Pharmaceutical Journal* in August 2000, Mr Patel had continued to practise as a pharmacist. He had done so in a manner that showed a cavalier disregard for the requirements of the Pharmacy Act 1954. The committee found it astonishing that for something like 11 months he had not opened correspondence from the Society.

Mr Patel had argued in his own defence that there must have been some administrative error within the Society. It was not clear why he made that assumption. The clear evidence pointed the other way. He had been sent advice by e-mail from the Society

in May 2000 that he had to pay his retention fee before the end of that month.

Mr Patel appeared to have made no effort to check out his status on the register. That was particularly surprising because he was well aware of the process of removal from the register, having been removed previously for non-payment of fees in 1996.

Nor was Mr Patel an inexperienced pharmacist, said the chairman. He should have appreciated that the law conferred on pharmacists the privilege of dispensing not only on the basis of academic achievement but also of registration with the Society. Notwithstanding all that, he had carried on working for a period of 11 months. It strained credulity that he had never visited his address to see if there was any communication from the Society, nor had contact with it after June 2000. If he had done so, this wholly unacceptable situation would have been more swiftly resolved.

If the inspector had not carried out his routine visit when he had done, it was a matter of speculation how long the unlawful practice by Mr Patel would have continued. This was not a matter of a few days going by or a simple error of short duration. It was a protracted period.

## REGISTRATION IS ABSOLUTE ESSENTIAL

"It must be understood by those in the profession of pharmacy," continued Lord Fraser, "that registration with the Society is an absolute essential".

In the public interest, the committee had no option but to direct that Mr Patel's name should be removed from the register.

Mr Patel was given three months in which to appeal.

# Indecent photographs lead to pharmacist's striking-off

A pharmacist who had possessed and distributed indecent photographs of children has been struck off the register by the Statutory Committee.

At its meeting on July 23, the committee inquired into the case of John Wyatt, of 3 Orchard Close, March, Cambridgeshire. Information had been received that at Peterborough magistrates' court on 4 July 2001 Dr Wyatt had pleaded guilty to and been convicted on one count of distributing an indecent photograph of a child and four counts of possessing indecent photographs of children. All the offences took place between 1 January 1999 and 11 January 2001. He had received a community service order for 24 months with a condition to attend Cambridgeshire probation service

sex offender group work programme and ordered to pay costs of £65. An order was also made under the Sex Offenders Act 1997 for a period of five years.

Geoff Hudson, of Penningtons (solicitors) appeared in order to present the facts of the case to the committee.

Miles Bennett, of counsel, instructed by Dawbarns Pearson (solicitors) appeared on behalf of Dr Wyatt, who attended the hearing.

## WHOLLY UNACCEPTABLE CONDUCT

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said Dr Wyatt conceded that his conduct was wholly unacceptable for a pharmacist and

his conviction was such as to render him unfit to be on the register.

He had been open and honest with the committee. His probation officer's report had spoken of a low risk of further offending. However, the committee could only register its disapprobation of such conduct by ordering Dr Wyatt's removal from the register.

The chairman added a note of concern about the fact that when Dr Wyatt had twice approached the Society proffering his resignation he had been advised not to do so. The decision to remove his name had been more or less inevitable, he said, and the committee was somewhat surprised that that advice was given when he sought to resign.

## Striking-off for theft and possession of Controlled Drugs

A north London locum pharmacist has been removed from the register following a conviction for the theft of drugs from the pharmacy where he was working.

At its meeting on 23 May, the committee inquired into the case of Richard L. Conway, of 25 Pollard Road, London N20. Information had been received that at Hendon magistrates' court, on 7 September 2001, Mr Conway had pleaded guilty to and been convicted of three offences of the theft of "prescription-only/Controlled Drugs medicines", and one offence of possession of a class B drug, amphetamine. He had received a community punishment order for 100 hours, a fine of £50 and ordered to pay compensation of £135. The amphetamine was ordered to be destroyed.

Geoff Hudson, of Penningtons (solicitors), appeared in order to present the facts of the case to the committee.

Mr Conway had indicated that he would not attend the hearing; he was not represented.

The committee heard that the offences had taken place between January 2000 and 21 June 2001 while Mr Conway was acting as a locum pharmacist for two evenings a week at a north London pharmacy. They had come to light when the police chemists' inspection officer, during a routine inspection of the Controlled Drugs cabinet, had noticed discrepancies in the amphetaminestocks. The pharmacist proprietor and the police officer arranged for a box containing eight Dexedrine tablets to be placed in the cabinet in an easily visible location before Mr Conway came in to work his usual Thursday evening shift. When he left, at 8pm, the proprietor returned to check the cabinet and found the Dexedrine missing, with no corresponding entry in the CD register.

A similar exercise was carried out on 21 June, but this time the Dexedrine strips and container were marked using an invisible marker pen. Again, the Dexedrine was missing after Mr Conway had left. He was apprehended before reaching his house and

admitted he had taken the tablets, which were on his person, along with other drugs including propranolol and diazepam. A search of his bedroom revealed other drugs. These included propranolol 40mg tablets, pseudoephedrine 60mg tablets, diazepam 5mg tablets, fluoxetine 200mg capsules and Ritalin SR 20mg tablets. A total stock shortage of 320 Dexedrine tablets was identified.

The prosecution had followed.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said the salient feature of the case was that while Mr Conway had been acting as a locum in a pharmacy, he had stolen quantities of Controlled Drugs from that pharmacy and misused them personally. That amounted to an unacceptable breach of trust from a pharmacist.

The conviction was such as to render Mr Conway unfit to be on the register.

The committee ordered that his name should be removed.

He had three months in which to appeal.

## Pharmacist reprimanded after making dispensing errors

The Statutory Committee has reprimanded a pharmacist who had made dispensing errors and was criticised for his attitude to some patients.

At its meeting on 19 June, the committee inquired into the case of Gordon T. Cannell, of 7 Epsom Close, Stockport, Cheshire. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that dispensing errors by Mr Cannell, in the context of warnings and advice he had received, his failure to follow systems for dispensing and checking, and his responses to a patient when errors had been brought to his attention, might demonstrate that he had been guilty of professional misconduct.

Geoff Hudson, of Penningtons (solicitors), appeared in order to present the facts of the case to the committee.

Mr Cannell was present at the hearing and was represented by Oliver Britton, of Turner & Debenhams (solicitors).

The committee heard that in January 1998 one of the Society's inspectors had visited Mr Cannell at the Peak Pharmacy, Green Lane, Chinley, where he was the manager. During the visit, dispensing errors were discussed and Mr Cannell agreed to review his dispensing procedures.

In April 1999, the area manager for the company owning the pharmacy visited the premises following an alleged dispensing error and received an assurance from Mr Cannell that he would be more diligent and that his dispensing would be checked by a second person. Later that year and in the period up to February 2000, the area manager investigated complaints about Mr Cannell's alleged poor customer relations skills.

Then, between 18 February and 15 May 2000, it was alleged that venlafaxine tablets had been dispensed against three prescriptions calling for venlafaxine modified release 75mg capsules. The capsules are intended to be taken in one daily dose and the tablets in two divided doses daily. The error was discovered by the patient's psychiatrist, who had originally prescribed them. When the patient took the next prescription for venlafaxine capsules to be dispensed, she brought the error to Mr Cannell's attention. He insisted that modified release capsules were not available. However, on seeking to demonstrate the point by showing the patient the list on the computer screen the availability of delayed release capsules was demonstrated. He told the patient "they must be new" but offered no apology. In fact, the formulation had been licensed in 1997 and in the British National Formulary for more than a year.

Other errors were, in July 2000, supplying metformin 850mg tablets against a prescription for the 500mg strength and, in May 2001, dispensing thyroxine 25mcg tablets, labelled as 50mcg, when 50mcg had been prescribed. Those errors were admitted.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said that the error relating to the dispensing of venlafaxine was the most problematic. The committee had not been able to examine the prescriptions and it could not be ascertained with absolute certainty what was stated on them. The committee had, however, seen the medication record held by the patient's doctor and a comparable record kept by the pharmacy. The problem was that they did not match. It had been explained

that the doctor's records would not necessarily reflect all prescriptions issued to patients, particularly when the original prescription was a hand-written one given by a specialist. In that case, it might have been entered in the patient's medication record later to take account of what the specialist had indicated to the general practitioner. The critical matter was whether the prescription had called for capsules or whether it had first called for tablets.

There was no dispute that Mr Cannell did indeed dispense tablets on two or three occasions and that on at least one occasion he incorrectly dispensed tablets instead of modified release capsules. That might have happened on other occasions but the committee could not be wholly confident about that and so restricted its view of the error to a single occasion.

He had also made brusque and unacceptable responses to the patient when she had brought the venlafaxine error to his attention — even though she had good cause to make complaint. Only at the hearing had Mr Cannell offered a full apology for the error. The committee was uncomfortable with Mr Cannell's attitude to some of his customers.

Taking the three separate errors together, and weighing that unattractive conduct in the balance alongside those errors, said the chairman, that amounted to such misconduct as to render Mr Cannell liable to be removed from the register. However, he had a long and unblemished record as a pharmacist and had produced excellent references. And since those events he had followed a much improved dispensing procedure. The committee reprimanded Mr Cannell.

## DEATHS

**Reece** On 3 November, Phillip Neil Reece, MRPharmS, of 118 Shefford Road, Mepershall, Shefford, Bedfordshire SG17 5LL. Dr Reece registered in 1974.

## TRIBUTES

**Murray** In a tribute to the late James Murray (*PJ*, 23 November, p762), VICTOR HAMMOND writes: Jim Murray enlisted in the Royal Army Medical Corps in January 1941. Early in his wartime service he was posted from the depot in Leeds to 3 Company RAMC, which provided medical trooping parties for troopships. His first ship was *HMT Andes*. During his war service he encountered a number of pharmacy colleagues, including his friend Allan Woodhead, who had been his senior apprentice when he had managed a branch of Taylor's Chemists Ltd in Burley Hill, Leeds. Allan had enlisted in 1942, after qualifying as a pharmacist, and had engineered himself a posting to the trooping pool.

I remain grateful to Jim for supplying details of the 15 ships in which he sailed and also another 51 with which he, Allan and other colleagues were acquainted in the war.

The last message I received from Jim was a telephone call just over a year ago. I realised he was failing in health and that it was not likely that I would have my annual written news from him and his wife Betty. The world today would be a better place with more like them.

Jim's youngest son, Michael, is a pharmacist who works for the Association of the British Pharmaceutical Industry.

## OFFICIAL NOTICES

*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 decisions

Set out below is the outcome of recent inquiries heard before the Statutory Committee of the Royal Pharmaceutical Society of Great Britain.

On Tuesday 10 December 2002, in the resumed inquiry into **Adrian Stuart Lister Martin**, of 80 Welwyndale Road, Sutton Coldfield, West Midlands, the committee resolved to adjourn the inquiry for a further three months.

In the new and resumed inquiry into **Vinaykant Jayantilal Bhatt**, of 8 Bernays Close, Stanmore, Middlesex, the committee, having found misconduct established, resolved to direct the Registrar to remove Mr Bhatt's name from the Register of Pharmaceutical Chemists. Under Section 11 of the Pharmacy Act 1954, this direction is not to take effect until the expiration of a period of three months from the date on which notice of removal is given or in a case where an appeal has been brought against the direction, until the appeal is determined or withdrawn.

On Wednesday 11 December 2002, in the inquiry into **Bhupinder Singh Bharj**, of 227 Dewsbury Road, Leeds, West Yorkshire, and **Vemtech Ltd**, of 226 Dewsbury Road, Leeds, West Yorkshire, the committee, having found the conviction of Mr Bharj proved

## SOCIETY'S HOLIDAY OFFICE HOURS

The Royal Pharmaceutical Society's London headquarters building will close for the Christmas holiday at 4pm on Tuesday 24 December and reopen at 8.30am on Monday 30 December. It will close for the New Year holiday at 4pm on Tuesday 31 December and reopen at 8.30am on Thursday 2 January 2003. The library's usual Thursday late opening will not apply on 19 December or on 2 January 2003.

**Scottish Department** The House of the Society's Scottish Department in Edinburgh will close from 5pm on Wednesday 24 December until 9am on Friday 3 January 2003.

**Welsh Executive** The Society's Welsh Executive office in Cardiff will close from 12.30pm on Tuesday 24 December until 8.30am on Thursday 2 January 2003.

and the misconduct established, resolved to direct the Registrar to remove Mr Bharj's name from the Register of Pharmaceutical Chemists. Under Section 11 of the Pharmacy Act 1954, this direction is not to take effect until the expiration of a period of three months from the date on which notice of removal is given or in a case where an appeal has been brought against the direction, until the appeal is determined or withdrawn. As far as the company was concerned the committee resolved to take no further action.

In the inquiry into **John Bradley Sugarman**, of 22 Nunburnholme Avenue, North Ferriby, North Humberside, and **Regal Pharmacy Ltd**, of 475 Anlaby Road, Hull, North Humberside, the Committee, having found misconduct established, resolved to reprimand Mr Sugarman. As far as the company was concerned the committee resolved to take no further action.

On Thursday 12 December 2002, the chairman handed down the committee's reasoned decision following the inquiry into **Elaine Hutton**, of 37 Badgers Wood, Park Lane, Cottingham, North Humberside, heard on Wednesday 24 July 2002.

In the inquiry into **Lesley Christine Davison**, of "Earsdon Moor House", Earsdon, Morpeth, Northumberland, the committee, having found the convictions proved and the misconduct established, resolved to direct the Registrar to remove Miss Davison's name from the Register of Pharmaceutical Chemists. Under Section 11 of the Pharmacy Act 1954, this direction is not to take effect until the expiration of a period of three months from the date on which notice of removal is given or in a case where an appeal has been brought against the direction, until the appeal is determined or withdrawn.

In the application for restoration of **Yash Pal Kansal**, of 57 Oxford Street, Oldham, the Committee resolved to direct that the name of Mr Kansal should not be restored to the Register of Pharmaceutical Chemists.

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