

The Society

— FROM THE PRESIDENT	31	— BOOK SALE; MEP AMENDMENTS	33
— CONTINUING PROFESSIONAL DEVELOPMENT	32	— PHARMACY PRACTICE RESEARCH	34
— LAW AND ETHICS BULLETIN	32	— TRIBUTES; OFFICIAL NOTICES; DIARY	36
— WELSH PHARMACY PLAN	33	— PERSONAL	36

FROM THE PRESIDENT

A Society fit for purpose in a modern world

The President of the Royal Pharmaceutical Society, Marshall Davies, reviews the progress of the Society's modernisation programme over the past year and examines areas in which major decisions need to be made in the new year

I doubt that any previous year has seen the Society's Council making so many momentous decisions about the future of the organisation and the profession. Council members, the Modernisation Steering Group and Society staff have worked flat out to frame, consult on and deliver proposals for the Society's future within the timetable indicated by Government. The overall aim is to achieve a modern regulatory and professional body committed to quality and improvement and to meeting its responsibilities to the public and profession.

On the fundamental issues about the future of the Society, there has been consensus among pharmacists. On occasion, the debate within the profession has aroused high emotion. In some instances, this was evidently because pharmacists value the Society and its place in their professional lives and fear losing the framework of support that it provides. Yet it is precisely because we wish to see the Society continue and flourish as a mainstay of professional practice that we need to ensure that it is fit for purpose in a modern world. Other health professional regulators are well ahead of the Society in submitting their proposals for reform through legislation and the Government's responses have provided a clear indication that the status quo is not an option for any health professional regulator. There are those in pharmacy who cry that the Society is different in that it is more than a regulator and that this ought to exempt it somehow from the need to change. Whereas the first point is true, the conclusion is not, and is frankly fatally out of touch with the expectations of the public and the Government.

By embracing the need to reform, pharmacy has ensured that it continues to influence the inevitable change process. In deciding that the Society should keep its integrated roles as a regulatory and professional body, the Council has recognised that this needs to be within a reformed organisation that meets modern requirements and is firmly based on the public interest.

Over the year, there has been a good deal of focus on the Society's current span of activities and it has become clear that there are few, if any, that cannot be retained into the future. Indeed, a considerable number of new activities are likely to be needed to underpin

the development of the Society's regulatory and professional roles. The Council has taken some key decisions about its own composition that aim to bring the organisation's governance in line with modern thinking. There is a need to strengthen the work of the Council by greater involvement of the public, and the proposal to increase the Council's lay membership to between 30 and 40 per cent aims to achieve that. There

is also a need to reflect the development of devolution, which is the objective of the proposal to have at least one pharmacist elected from England, Scotland and Wales on the Council. The Council also needs to reflect the broadening of the pharmacy "family", so, provided that technicians are regulated by the Society, there are plans to provide two places on the Council for them.

In parallel with drawing up plans for organisational reform, the Society is working to deliver proposals for its regulatory powers. Proposals for improved or new powers to protect the public are being thought through for the Council to consider, as are proposals for such developments as a requirement for continuing professional development.

A key theme throughout the work has been the need for robust and transparent mechanisms to ensure that the Council has access to specialist advice and expertise and is aware of the issues and concerns of sectors within the profession. The Council has already had a preliminary discussion on how this might be taken forward, although it recognises that it will be for the new Council to decide how it wishes to proceed. This could be achieved in a number of ways. One option, presented at the 2002 British Pharmaceutical Conference, is to establish expert professional advisory boards to bring issues to the Council's attention and to contribute



Marshall Davies: need for robust mechanisms

to work on these issues. No decisions on this have yet been taken, and ideas are welcome. Once the deadlines for proposals for legislation have been met, the Council will consider these issues in more detail, potentially with a view to producing a proposal that the new Council can use to inform its decision-making on what committees and other structures it wishes to put in place.

The Council will also need to address the issue of the Society's Royal Charter. The Charter was originally granted in 1843 and superseded by supplementary Charters in 1901, 1948 and 1953. The Pharmacy Act also dates from 1954. This means that the foundations of the vast

part of the Society's role and remit have not been overhauled for 50 years. The Council will need to decide whether completion of the Society's programme of reform, requires a modern Charter to sit alongside new legislation. There could be benefit in seeking a new charter, as well as new legislation to support the Society's regulatory and professional roles and the provision of clear, appropriate powers. This could ensure that the Society is fully equipped for its modern, integrated roles.

The modernisation process will not be completed this year or next. It means continual striving to improve our service to the public and to help pharmacists pursue their goal of professional excellence. As an organisation, we are investing heavily in this work because it will help secure the public's trust and confidence in both the Society and pharmacists. In my view, that is the single most important factor in the continued existence and value of any profession.

CPD roll-out extended to prereg tutors and to more pharmacists in north-west

As the next stage in the roll-out of its continuing professional development programme, the Royal Pharmaceutical Society has now sent out CPD packs to all preregistration tutors and tutor managers and to pharmacists in seven more of the Society's branches in the north-west of England.

The CPD pack contains an 18-page guide entitled "Plan & record", plus an online user guide and a CD-ROM for those who intend to record their development electronically. Except for those sent to tutors and tutor managers in Wales, the packs also contain a Centre for Pharmacy Postgraduate Education videotape entitled "CPD: your next move" and an invitation to take part in CPD workshops. Tutors and

tutor managers in Wales will receive the CPPE video by alternative means when CPD is rolled out to all pharmacists in Wales.

The seven new branches included in the scheme are Bolton, Burnley, Bury and Rochdale, Macclesfield, South Cheshire, Warrington and Wigan. CPD packs have been sent to all pharmacists in these branches apart from those paying the reduced retention fee for pharmacists over 60 who are no longer working. Pharmacists in the Manchester, Salford and Trafford branch and the Stockport branch were sent CPD packs in October, as were senior staff at the Society, who are being encouraged to adopt the CPD framework in their own work (P7, 26 October 2002, p626).

Pharmacists on the extended distribution list who have not received a CPD pack by 15 January are invited to contact the Society's education division (tel 020 7572 2540; e-mail cpd@rpsgb.org.uk).

Pharmacists who are not yet part of the roll-out can learn the basics of pharmacy CPD from the Society's 30-minute video, "Introducing CPD", which was sent in October to all members other than those who pay the over-60 reduced fee (P7, 5 October 2002, p478). They can also download the "Plan & record" from the CPD section of the Society's website (www.rpsgb.org.uk/education), along with several fact sheets answering frequently asked questions about CPD. Those without internet access can borrow the "Plan & record" from the Society's library.

LAW AND ETHICS BULLETIN

An occasional feature, prepared in the Royal Pharmaceutical Society's Professional Standards Directorate, to highlight problems and inquiries currently being handled. Previous bulletin items can be found on PJ Online at www.pjonline.com/lawandethics

Covert administration of medicines

Pharmacists are reminded that covert administration of medicines must only be undertaken in accordance with a locally written policy. The policy must have the best interests of the patient or client in mind and the medicine to be administered must be considered essential for the patient's or client's health and well being, or for the safety of others.

The decision to administer a medicine covertly should not be considered routine, and should be a contingency measure. Each patient's or client's need must be assessed individually.

Before the covert administration of a medicine there must be involvement with the multiprofessional clinical team and the supporters of the patient or client and an agreement that this approach is required in the circumstances. Those involved should include carers, relatives, advocates and the multidisciplinary team, which should include the pharmacist. A further consideration must be made as to whether or not the patient or

client has indicated consent or refusal at an earlier stage, while still competent, in the form of a living will or advance statement.

Pharmacists asked to dispense products for covert administration must consider whether alternative licensed products are available, such as the same drug with a different formulation or a different drug for the same indication. Pharmacists should be aware that if a formulation is crushed, dissolved or otherwise tampered with then the product will be rendered unlicensed. Pharmacists must consider and advise on the potential for distortion in the bioavailability profile of the medicine and whether there is a need for reduction or increase in dose and how or whether this can be quantified.

Pharmacists must consider the risks and benefits for patients of administering in altered form against not administering.

Any nurse who wishes to covertly administer a medicine should be advised to approach the Nursing and Midwifery Council for advice (tel 020 7333 6564).

Stolen registration certificate

The Royal Pharmaceutical Society has learnt that a pharmacist's registration certificate has been stolen, with a photocopy of the certificate being left in its place.

The name on the certificate is that of Mrs Gurdeep Kaur Kenth, registration number 93332. Pharmacists are asked to be vigilant during the course of their work, especially when recruiting a new locum pharmacist or pharmacy manager.

If a pharmacist becomes aware of a person presenting with these details, they are asked, as a matter of urgency, to contact the Society's Professional Standards Directorate on 020 7572 2308.

Pharmacists are reminded that they should not make photocopies of their registration certificates except where required for identification purposes, for example, when approaching a locum agency or a new employer.

Revised forms authorising the purchase and use of strychnine

Pharmacists in England are advised of a change to the forms giving authority to purchase and use strychnine for killing moles.

The Department for Environment, Food and Rural Affairs intends to replace the existing authority documents, LP10 (authority to purchase) and STRYCH 3 (authority to use), which are currently

manually typed or handwritten, with new computer generated forms. The signature of the authorising officer and the DEFRA stamp (currently being developed) will authenticate the new documents.

DEFRA plans to introduce the new forms early in 2003. In the meantime pharmacists in England should continue to accept the existing documents, as referred

to previously in this bulletin (P7, 1 June 2002, p789) and described in detail in the section on non-medical poisons in the current edition of 'Medicines, ethics and practice: a guide for pharmacists' (p55).

The Scottish Parliament and the National Assembly for Wales have no plans to change the existing forms used in Scotland and Wales.

Society supports Welsh pharmacy plan

The Royal Pharmaceutical Society's Welsh Executive has welcomed the Welsh pharmacy strategy, "Remedies for success: a strategy for pharmacy in Wales", and says that it broadly endorses all the document's action points.

In a response produced after a detailed scrutiny of the strategy, the executive offers its general support for the review and for the action now required to ensure that pharmacy "continues to make the greatest possible contribution to the health of the population well into the new century".

The response gives specific comments on 25 of the 50 action points, either asking for greater clarity or advocating a change of emphasis. It has no comment on the remainder, apart from noting that many of the time scales specified in the document will need to be revised.

Welcoming the first action point, which calls for a wide-ranging and inclusive review of the future role, organisation and nature of community pharmacy in Wales, the response suggests that the review should identify the broad contribution made by community pharmacy, identify ways of recognising this contribution to ensure the sustainability of the pharmacy network, consider how community pharmacy's ability to generate prescriptions

might be extended, explore the future information technology requirements of community pharmacy, explore how community pharmacies can continue to develop as "one-stop health shops" and consider how to use the existing relationships within the "pharmacy family" to release the full potential of community pharmacy. It also says that the review body should be adequately resourced so that it can commission research of its own and complete its investigation quickly.

Welcoming an action point concerned with the development of pharmacy, the response says that local health boards need sufficient resources to fully explore community pharmacy's potential contribution to health care. It warns that successful pilot schemes should not be allowed to die because of failure to identify permanent funding.

The executive welcomes the proposed establishment of a pharmacy public forum provided it can improve communication between pharmacy and the public. But it says that the strategy is not clear on how the forum would do this and suggests that a consultation document should be issued.

On a proposal that the Welsh Pharmacy Forum should develop risk management standards for primary care, the executive suggests that the Society would be a more appropriate body to take the lead on such projects.

Welcoming a proposal that the Welsh Assembly Government should commission a leadership and management development programme for pharmacists, the executive says that such a programme would benefit both primary and secondary care pharmacists.

Commenting on an action point concerned with the shaping the future pharmacy undergraduate curriculum, the executive says that any curriculum changes should be coordinated by the Society as the accreditation body for pharmacy degrees. It would also need to be involved in any measures to increase undergraduate pharmacy provision in Wales.

On a proposal that the medication error reporting system used in hospitals should be extended to primary care in 2003, the executive says that a number of systems should be evaluated before a primary care scheme is developed.

On the extension of prescribing rights to pharmacists, the response says that a key priority is investment in infrastructure and training.

The response also endorses a range of recommendations calling for action on topics such as information technology, original pack dispensing, NHS Direct, medicines management, practice research and parallel imports.

Pharmaceutical Press January sale

The Pharmaceutical Press — the Royal Pharmaceutical Society's publishing division — is having a "January sale" of books of interest to practising pharmacists (see centre pull-out section between pages 26 and 27). A baker's dozen of books are available at savings of 12 to 20 per cent on their catalogue prices.

The books on offer are: 'Complementary therapies for pharmacists' by Steven Kayne, down £3 to £21.95; 'Dale and Appelbe's Pharmacy law and ethics' by Gordon E. Appelbe and Joy Wingfield, down £5 to £24.95; 'Drugs of abuse' by Simon Wills, down £3 to £16.95; 'Gene therapy: the use of DNA as a drug' by Gavin Brooks, down £5 to £24.95; 'Handbook of pharmacy health education' by Robin J. Harman, down £5 to £29.95; 'Handbook of pharmacy healthcare: diseases and patient advice' by Robin J. Harman and Pamela Mason, down £6 to £33.95; 'Hypertension in focus' by Susan Shankie, down £3 to £21.95; 'Locum pharmacy: a survival guide' by Pamela Mason, down £2 to £7.95; 'Non-prescrip-

tion medicines' by Alan Nathan, down £3 to £21.95; 'Patient care in community practice: a handbook of non-medicinal healthcare' by Robin J. Harman, down £3 to £21.95; 'Pharmacy practice' by Patricia Stone and Stephen J. Curtis, down £5 to £24.95; 'Practical exercises in pharmacy law and ethics' by Gordon E. Appelbe, Joy Wingfield and Lindsay M. Taylor, down £3 to £16.95; 'Zoonoses' by Martin Shakespeare, down £5 to £24.95.

In addition, the two pharmacy law and ethics titles can be purchased together for £37.50, saving 25 per cent of the catalogue price.

Books can be obtained by completing the order form on the pull-out section, folding and sealing the whole pull-out as instructed and sending it with payment or credit card details to the address given. Secure online purchase of books can also be made through the Pharmaceutical Press website (www.pharmpress.com).

The January sale follows a summer sale last year (*PJ*, 20 July 2002, p116).

'Medicines, ethics and practice' amendments

The monthly cumulative list of amendments to the 26th edition of 'Medicines, ethics and practice: A guide for pharmacists' is being held over because there is only one amendment this month.

Owners of the guide are asked to retain the amendment list published in *The Journal* of 7 December 2002 (p828) and to note the following addition: MicardisPlus tablets POM.

FELLOWSHIP OF THE SOCIETY

The Royal Pharmaceutical Society's Panel of Fellows is empowered to confer fellowship on members of not less than 12 years' standing who have made an outstanding original contribution to the advancement of pharmaceutical knowledge or have attained distinction in the science, practice, profession or history of pharmacy.

A 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 biographical profile of the nominee, showing the contribution made to pharmacy through their career. Information about involvement in civic affairs or other voluntary work on behalf of the community should also be supplied (this assists the panel in putting into context the nominee's contribution to the profession).

Nominations and inquiries 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 each May and November. The closing date for nominations is 1 March (for May) or 1 September (for November). The panel's decisions are reported to the Council in June and December so that authority can be given for affixing the Society's official seal to the fellowship certificates.

Pharmacy practice: investing in research and securing the future

This article has been produced in the Royal Pharmaceutical Society's pharmacy practice research division to draw pharmacists' attention to sources of funding in 2003 for research training for pharmacists and for pharmacy practice research projects

Since 1998 health policy has explicitly shaped the National Health Service to focus on the provision of high quality services that meet the needs and expectations of patients and the public.¹⁻⁵ Quality and accountability lie at the heart of this ambitious policy agenda with the development and implementation of clinical governance the statutory responsibility of chief executives in all hospital, community and primary care trusts.⁶⁻¹¹

The generation and use of research evidence in supporting decision making is key to the delivery of clinical governance, and the Department of Health has therefore sought to develop the capacity of the NHS workforce to conduct research and to appraise and apply the results in everyday clinical practice and service delivery. Investment in project funding for health services research from a number of sources has increased markedly in recent years with the Department, the NHS and the Medical Research Council all investing in major programmes of work that address aspects of the delivery of health care and services.

Since publication of the report of the Pharmacy Practice Research Taskforce in 1996,¹² the Royal Pharmaceutical Society has been pursuing a policy to increase the funding available to provide research training for pharmacists and to fund pharmacy practice research projects. The aim is to develop a pharmacy workforce that routinely uses research and one that can contribute to the conduct of research as research collaborators, independent research practitioners or research leaders. Subsequent work has set the agenda for implementing evidence-based pharmacy practice.¹³

The development agendas now being pursued in pharmacy^{14,15} will draw upon existing research and set the direction for future research in pharmacy — participation in research by pharmacists has always been recognised as an important, if underdeveloped, area of practice, but it is increasingly seen as being central to developing the pharmacy workforce. Recent investments in research networks — for example, in Hull and East Riding, and associated with the University of Manchester — and significant trials of new services in pharmacy signify major changes in the climate for conducting pharmacy practice research.

Publication in 2001 of the NHS research governance framework,¹⁶⁻¹⁸ which will be implemented in primary care from April 2003, has markedly changed the expectations placed on researchers to conduct research that is ethical and meets the requirements of good governance. Issues such as data protection, informed consent

and appropriate training of researchers are high on the agenda as a result. The need for investment in high quality feasibility studies and research training is now recognised and acknowledged.

Research training awards Through the Pharmacy Practice Research Trust, funding is available to support community pharmacists who wish to undertake research training. The research training bursaries were launched in 2002 to support participation in relevant masters programmes.¹⁹ Funding for PhD and post-doctoral study (up to senior scientist levels) is also available to pharmacists from the Department of Health, the MRC and the Wellcome Trust.²⁰

Practice research awards The Society has for a number of years offered small grants to fund pharmacists wishing to conduct research relating to pharmacy practice. A total of 22 grants has been awarded to practitioners and university staff to develop small projects or to fund research training.²¹

This article sets out details of the funding available for pharmacists to undertake practice research projects and research training.

RESEARCH TRAINING BURSARIES

The research training bursary scheme, launched by the Pharmacy Practice Research Trust in 2002, is intended to support community pharmacists who have an interest in developing their skills in conducting research relating to everyday practice. Applications are assessed on the individual and not on a proposed research project (unlike the Society's Galen award and Sir Hugh Linstead fellowship). Applicants do not need to have an established track record of research. However, it is desirable that applicants possess an interest in becoming part of the larger research network and contributing to the existing evidence base. The bursary provides funding for such pharmacists to pursue formal training at master's level and courses must include taught modules in fields relevant to practice research.

Funding for these bursaries has come from the Leverhulme Trade Charities Trust and is therefore to be used to help individual community pharmacists who demonstrate a real need for external support to develop their skills and careers in research. Pharmacists who currently work in community pharmacy and are either self-employed or are employed by a small chain (defined as up

to 60 registered premises) can apply for these bursaries.

The trustees of the Pharmacy Practice Research Trust are seeking additional funding to broaden the scope of the scheme and to open it to all pharmacists in the future.

Each bursary may (if required) include a contribution to the following items of funding: salary (pro rata for part time); course fees; research costs (up to a maximum of £250, to include printing, postage and travel); and conference attendance (up to a maximum of £200 to allow attendance and presentation of work at one or more United Kingdom conferences)

The Pharmacy Practice Research Trust was established in July 1999 as an independent research charity, with broad objectives to promote and develop the field of pharmacy practice research into how people use and take medicines. The trust has set out a programme of social and economic research that addresses the issues that relate to medicines and their uses, called the "Medicines and people" programme. The programme has four related themes:

- The health of the public and the place of medicines
- The right medicine for the right patient: preventing medication errors
- Medicines and the health of communities
- Science, technology and medicines

The deadline for completed applications will be 2 May. Interviews for shortlisted applicants will be held in July or August. Further information on the training bursaries is available from Kerry Crabb (tel 020 7572 2275; email kcrabb@rpsgb.org.uk).

PRACTICE RESEARCH AWARDS

Two types of practice research awards are offered by the Society. They are the Galen award — one or more awards made annually to a total value of £10,000 funded by a bequest by Rowland Henry Williams — and the Sir Hugh Linstead Fellowship — one or more awards made annually to a total value of £30,000 funded by a grant from the Leverhulme Trade Charities Trust in order to support research relating to community pharmacy.

All applicants must be members of the Society (those currently undertaking pre-registration training will be considered but will need to have joined the register before receiving funding). As the purpose of the awards is to build research capacity in pharmacy practice the following groups have been identified:

- Those requiring funding between PhD and postdoctoral grants
- Those requiring funding to go from MPhil to PhD
- Practitioners new to research
- PhD students requiring "research costs" to enhance their PhDs

The awards can also be used to fund new areas of research, such as pre-pilot and feasibility studies, that would not be considered by other funding bodies. However, because of its source of funding, applicants for the Sir High Linstead fellowship must either be community pharmacists or be seeking funding for research that benefits community pharmacy.

The level of funding requested is at the discretion of the applicant to a maximum of £10,000 for the Galen award and £30,000 for the Sir Hugh Linstead Fellowship. The awards can be used for salary costs, locum costs, training course costs, appropriate academic supervision costs and research costs. However, the awards cannot be used to fund overheads and research administration costs such as data entry and transcription.

The deadline for completed applications for the practice research awards is 13 June. The interviews for shortlisted candidates will be held on 13 August. Further information on the research awards is available from the practice research pages of the Society's website (www.rpsgb.org/pracres) or from the practice research division (tel 020 7572 2278; e-mail practiceresearch@rpsgb.org.uk).

In addition, applications from pharmacists are sought for awards funded as part of NHS funded multidisciplinary schemes.

RESEARCH CAPACITY DEVELOPMENT

The NHS Research Capacity Strategy Group, under the chairmanship of Professor Cliff Bailey (director of research and development, Directorate of Health and Social Care North) was set up to respond to recommendations made for developing research workforce capacity in the Mant report.²² Activities of the group include a number of training awards schemes which are open to pharmacists:

- NHS R&D national primary care awards
- Public health career scientist awards
- MRC/DH Health Service Research special training fellowships
- Complementary and alternative medicine awards

Details of the schemes and awards are available from the research and development section of the Department of Health website (www.doh.gov.uk/research/trd3/workforcecapacity.htm).

National primary care awards Invitations to apply for the following national primary care awards were announced in December 2002:

- Primary care researcher development awards

- Primary care postdoctoral awards
- Primary care career scientist awards

Researcher development awards are intended to identify individuals with outstanding potential early in their primary care research careers and to "fast track" them by supporting them in a research training environment with a customised training programme which reflects individual talents and needs. These awards are made for a period of three (or four years pro rata) and support completion of a PhD.

PPP Foundation/DH primary care postdoctoral fellowships are intended to support outstanding individuals who have completed research training up to PhD level. The award allows individuals to consolidate their research experience and to prepare them, through training and mentorship, to become independent research leaders. These awards are made for a period of three years (or four years pro rata).

Career scientist awards are intended to

unlock the career pathways of the highest calibre individuals at the stage of developing their own programme of research. Candidates are therefore likely to have held senior research appointments and should be able to demonstrate a substantial record in a relevant research area. Awards are made for a period of five years. All awards cover salary, tuition, a contribution to research costs and a conference allowance.

The closing date for completed applications is 1pm on Monday 3 February. Further information can be obtained from Linda Robinson at the National Coordinating Centre for Research Capacity Development (tel 0113 254 3838; e-mail linda.robinson@doh.gov.uk). Anyone wishing to discuss the relevance of the awards to pharmacists should contact Dr Sue Ambler, head of practice research at the Society (tel 0207 572 2277).

Other NHS awards Details of other NHS research awards can be obtained from the Department of Health website.

REFERENCES

1. Department of Health: The new NHS: modern and dependable. London: Department of Health; 1997.
2. Department of Health. A first class service: quality in the new NHS. London: Department of Health; 1998.
3. Department of Health. The NHS plan: a plan for investment; a plan for reform. London: Stationery Office; 2000.
4. Scottish Executive. Our national health: a plan for action, a plan for change. Edinburgh: Scottish Executive; 2000.
5. National Assembly for Wales. Improving health in Wales: a plan for the NHS with its partners. Cardiff: National Assembly for Wales; 2001.
6. Department of Health. Shifting the balance of power: securing delivery. London: Department of Health; 2001.
7. Department of Health. Clinical governance and community pharmacy: guidelines on good practice for the NHS. London: Department of Health; 2002.
8. Dewsbury C. What on earth is clinical governance?. *Pharm J* 2001;267:832.
9. Dewsbury C. Making sense of clinical governance. *Pharm J* 2001;267:873.
10. Dewsbury C. Clinical governance: what it means for community pharmacy. *Pharm J* 2002;268:119.
11. Dewsbury C. What do I do when I have tried to do what is right and it still goes wrong? *Pharm J* 2002; 268:156.
12. Pharmacy Practice R&D Task Force. A new age for pharmacy practice research: promoting evidence-based practice in pharmacy. London: Royal Pharmaceutical Society; 1997.
13. Working Group on Getting Research into Pharmacy Practice. Medicines, pharmacy and the NHS: Getting it right for patients and prescribers; setting the clinical effectiveness agenda for pharmacy. London: Royal Pharmaceutical Society; 1997.
14. Department of Health. Pharmacy in the future: implementing the NHS plan; a programme for pharmacy in the National Health Service. London: Department of Health; 2000.
15. Scottish Executive. The right medicine: A strategy for pharmaceutical care in Scotland. Edinburgh: Scottish Executive; 2002.
16. Department of Health. Research governance framework for health and social care. London: Department of Health; 2001.
17. Scottish Executive. Research governance framework for health and community care. Edinburgh: Scottish Executive; 2001.
18. National Assembly for Wales. Research governance framework for health and social care in Wales. Cardiff: National Assembly for Wales; 2001.
19. Pharmacy Practice Research Trust launches first training bursaries for masters degree courses (news item). *Pharm J* 2002;268:633-40.
20. Two pharmacists win five-year NHS fellowships (news item). *Pharm J* 2000;265:5.
21. Royal Pharmaceutical Society. Practice research awards. Available from: URL: www.rpsgb.org/pracres.
22. National Working Group on R&D in Primary Care (chairman D. Mant). R&D in primary care: national working group report. London: NHS Executive; 1997.

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).

Erasure from Register on direction of Statutory Committee
The name of the following person was erased from the Register of Pharmaceutical Chemists on 17 December 2002 following the direction of the Statutory Committee at its meeting on 17 September 2002: **Yui Pui Tsang** (registration number 81506), of 6 Oakwood Rise, Leeds.

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

TRIBUTES

Arnold In a tribute to the late Ian Arnold (*PJ*, 23 November 2002, p762), LILLIAN KLINKEN writes: I first met Ian Arnold in 1967 when we were fellow students at Heriot-Watt University. My lasting memory will be of his forthright, honest character. He will be remembered by all in our year for his great sense of fun — he brightened up our days with his sunny disposition.

After qualifying in 1972, Ian completed a year's Voluntary Services Overseas in Jamaica during which time he met his beloved Jenny. He went on to work in the

employ of various oil companies in Grand Cayman, in Russia and in the Middle East. His work literally took him to the four corners of the earth. At the time of his death he was superintendent of Petmar, the marine petroleum company.

Ian touched the lives of all who knew him. He was a special human being who will be greatly missed, not the least for his wonderful sense of humour.

In his private life Ian was a devoted husband and father. He is survived by Jenny and their two children, Karin and Michael.

DIARY

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 6 January

Southampton "Hormone replacement therapy and osteoporosis". Solvay House, West End, Southampton. 7.30 for 8pm.

Tuesday 7 January

Brighton "Erectile dysfunction and its treatment" by Phillip Thomas (consultant urologist, Brighton & Sussex University Hospitals NHS Trust). Postgraduate Medical Centre, Brighton General Hospital, Elm Grove, Brighton. 8pm.

Fife "The right medicine" (presentation by members of the Strategy Implementation Team). Dunniker House Hotel, Kirkcaldy. 6.30pm. Buffet available before the meeting.

Northern Scottish "Management of errors and experiences of an error reporting system" by James Wallace (chief pharmacist, Royal Hospital for Sick Children, Glasgow). Marriott Hotel, Culcabock Road, Inverness. Refreshments. 7.30pm.

Wednesday 8 January

South East Metropolitan Annual general meeting. 12 Micheldever Road, London SE12. 8pm.

South Staffordshire "Diagnostic products" by Jeremy Barber. Eaton Lodge, Rugeley. Buffet 7.30pm, meeting 8pm.

West Cumberland Annual general meeting. Hundith Hill Hotel, Nr Cockermouth. 7.15 for 7.30pm, followed by bar supper.

Thursday 9 January

Bolton "Smoking cessation" by a speaker from Pharmacia Upjohn. Education Centre, Royal Bolton Hospital, Farnworth. Buffet 7.30pm, meeting 8pm.

Glasgow and West of Scotland "Supervision and skill mix" by Alison Strath (community pharmacist) Val Findlay and Lynn Leitch (pharmacy technicians). McCance Lecture Theatre 1, McCance Building, Richmond Street, University of Strathclyde. 7.30 for 8pm.

Halifax See Huddersfield.

Huddersfield "Famous Irish physicians" by Dr Brian Lalor. Postgraduate Centre, Huddersfield Royal Infirmary. 8pm. Joint meeting with Halifax branch.

Sheffield "Obesity" by Dr Ian Campbell (chairman, National Obesity Society, and GP, Nottingham). Charnwood Hotel, 10 Sharrow Lane, Sheffield. Light buffet 7pm, meeting 7.30pm.

Monday 13 January

East Kent "Continuing professional development" by a speaker from the Royal Pharmaceutical Society. Pilgrims Rest Hotel, Canterbury Road, Ashford. Buffet 7.30pm, meeting 8pm.

Nottingham "Atypical antipsychotics" by Dr David Branford (director of pharmacy, Derbyshire Mental Health Trust). School of Pharmacy, University of Nottingham. Finger buffet 7.30pm, meeting 8pm.

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.

DEATHS

Orlans Kenneth Orlans, 30 November 2002, aged 86, of Liverpool and Hale. Qualified 1937. Beloved husband of Barbara, father of David (Liverpool) and Janet Dean (Hale).