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## CPD consultation document proposes “active” and “inactive” classes on register

The Royal Pharmaceutical Society is seeking views on whether the introduction of mandatory continuing professional development should be accommodated by splitting the Register of Pharmaceutical Chemists into “active” and “inactive” classes.

A consultation document issued by the Society’s CPD implementation committee proposes that those engaged in activities normally seen as a pharmacist’s activities would have to join the active register and meet CPD requirements. Others would be able to stay on the register as inactive members provided they made a declaration that they did not “purport to be or to practise as a pharmacist”. They would not face any CPD requirements but would still be subject to the Code of Ethics. Those unable to accept either option would have to leave the Society.

The document appears as a centre pull-out in this issue of *The Journal*. Readers will be able to respond by completing a survey form distributed with next week’s issue. The form will also be available to download from the Society’s website.

The consultation document begins with a background section explaining that the Government wants all health professions to introduce mandatory CPD in the public interest. The Society has already piloted a comprehensive CPD system that is now being rolled out on a voluntary basis. It is likely to have been launched to all pharmacists before CPD becomes mandatory.

The document goes on to say that the split register proposal acknowledges that pharmacists work in many different settings and that some choose to remain on the register even though they do not work as pharmacists at all. A key consideration has been how to apply CPD requirements to pharmacists working in different sectors and occupations.

The committee says that the register could be restructured by dividing it into two parts, by annotating the type of membership in one main list, or by having separate registers. There would be a means for pharmacists to move between the two classes, and for the public to be able to differentiate between the two classes. Pharmacists who chose the inactive class would have to make a declaration to

the Society that they are not active in pharmacy. Anyone making an inaccurate statement would be open to disciplinary action.

The committee’s understanding is that the Government wants mandatory CPD for anyone “holding themselves out to be a pharmacist”. The active category would therefore extend to anyone whose work involved the broad science and practice of pharmacy.

### Three groups of pharmacists

- **Group 1** — Those working in jobs that must be or are normally undertaken by pharmacists (eg, community, hospital and primary care pharmacists).
- **Group 2** — Those in jobs in pharmacy or health care for which they do not actually have to be a pharmacist (eg, industrial and academic pharmacists and persons working in a health context as administrators or managers).
- **Group 3** — Those who have retired, those who are on an extended career break, and those who work exclusively in jobs that have no connection at all with pharmacy practice or pharmaceutical science or with related activities such as health care management (eg, pharmacists working as solicitors or accountants).

The document says that the committee and the Council have categorised pharmacists into three main groups (see Panel). The document suggests that both Group 1 and Group 2 should be subject to mandatory CPD. Although their employment may not require those in Group 2 to be pharmacists, most would be seen as pharmacists because their jobs overlap with the science and practice of pharmacy. Public interest would require them to be in the active class.

To remain in the active class pharmacists would have to submit CPD records on a regular basis. Those who failed to do so would be removed from the active register. Those whose CPD returns were unsatisfactory would be offered help to put things right.

An “active” pharmacist in Group 2 would still be able to do locum work or move into mainstream pharmacy practice. This would not be a problem, the committee believes, because taking such a step without being properly prepared would contravene the Code of Ethics.

For Group 3, the committee suggests that those who want the option of practising as a pharmacist (eg, for occasional locum work) would have to carry out CPD and be in

the active class. For others, the inactive class would allow them to retain membership without having to undertake CPD. Arrangements would be in place to allow them to move to the active class, perhaps after further training. Those in the inactive class would still be members of the Society. As well as being subject to the Code of Ethics procedures, they could still receive *The Journal*, vote in Council elections, be involved as branch members, etc.

The committee goes on to ask whether it is in the public interest for those in the inactive class to call themselves pharmacists. It seeks views on whether there is a more appropriate term.

The consultation document makes it clear that the proposal does not go as far as revalidation, even though some other health care professions are developing revalidation systems that include practice requirements, performance appraisal and/or practice audit. But revalidation in the future is not ruled out.

The document also seeks views on the type of CPD that should be required. It says that CPD could be related to pharmacy in general, to the pharmacist’s specific sector of practice or to the pharmacist’s job. It asks for views on which category or categories should be required as a minimum.

The document adds that prescribing pharmacists might be required to show evidence of role-specific CPD relating to prescribing in generic terms and to the therapeutic area or areas in which they exercise their prescribing rights. Views are also sought on this suggestion.

Next week’s survey form will ask for responses by 17 March. The Council will consider the responses before drawing up its final proposals for the Department of Health, to take them into account in drafting legislation. The legislation is not expected to come into being before late 2004.

# Nominations sought for Council election

The Royal Pharmaceutical Society is calling for nominations of pharmacists to serve as members of Council (p208). The closing date for nominations is 18 March.

The Council's 21 pharmacists serve three-year terms of office, with seven retiring each year. This year Dr Gordon Appelbe, Hassan Argomandkhah, Peter Curphey, Alison Ewing, Dr Nicola Gray, Kirit Patel and Linda Stone will retire. They are all eligible to seek re-election, but Dr Appelbe has announced that, after 12 years' Council service, he does not intend to stand again. The retiring members' attendance records at Council meetings during the past two years are also published this week (p208).

We also reproduce this week the Council's policy on Council elections (p208). As a general principle, the Council considers that the election should be conducted so as to give all candidates an equal opportunity of presenting their views. The Council has set out criteria that it believes will prevent candidates having an advantage over their colleagues by virtue of their financial resources or other special influence.

The document says that sending out statements of policy with the voting papers allows candidates the maximum freedom of expression and is the only practical method of presenting candidates' unedited views to the membership. The Council objects to candidates seeking votes through canvassing

or letters to pharmacy journals. It does not object to branch or regional newsletters publishing the views of candidates on any topic, provided that all candidates are given an equal opportunity to participate. Similarly, the Council does not object to branches or regions arranging meetings at which candidates express their views, provided that those candidates who cannot attend may have a statement read to the meeting.

This week we also publish a call for nominations for election to the committee of the Society's Community Pharmacists Group (see p209). The seven elected places fall vacant at the end of May. Nominations should be submitted by 14 March, signed by at least five members of the group.

## Society's concern over control of traditional herbal medicines

The Royal Pharmaceutical Society has expressed concerns to the Government about the inadequacy of existing arrangements for controlling the supply of herbal medicines. The Society supports the European Commission's proposals for a directive on the regulation of traditional herbal medicinal products.

In a recent letter to Lord Hunt (Parliamentary Under Secretary of State with responsibility for medicines), the Society's President, Marshall Davies, cites a number of incidents that illustrate the Society's concern. They include reports over the years of toxic heavy metals in some products and therapeutic substances in others. Other concerns are interactions between St John's wort and certain prescribed medicines and the absence of any requirements for warnings about these on the label of this herbal product. More recently, the letter says, the Society has been alarmed by reports of toxicity due to aristolochia and kava kava products.

Mr Davies said: "The Royal Pharmaceutical Society has taken the view that a simple, harmonised legislative framework, within which the marketing of herbal medicinal products could be licensed for sale, would be a major step forward in protecting citizens of the European community. The Society has enthusiastically welcomed the development of the draft directive and it firmly believes that the directive is needed in the public interest. The current situation whereby unlicensed products — used very widely by the public — are not subject to regulatory control of quality and safety should not be allowed to continue."

The European Commission first adopted formal proposals for the directive in January 2002. The directive would introduce a simplified registration procedure for herbal products. Manufacturers would have to provide evidence of prolonged traditional use but would not have to demonstrate efficacy. Instead, products would carry a statement

that efficacy has not been clinically proven but relies exclusively on long-term use and experience. A bibliographic review of safety data would be needed and registration could be refused if safety data were inadequate or the product was found harmful in normal conditions of use.

Consultation on the draft directive took place early last year (*PJ*, 6 April 2002, p454) and in November 2002 the European Parliament approved the directive subject to a number of amendments. The Commission is expected to introduce an updated text within the next few weeks.

The directive is not likely to become law before 2004 and, because of a probable five-year transition period, is unlikely to be fully operational before 2009.

## Museum information sheet on weights and measures

The Royal Pharmaceutical Society's museum has added an information sheet on "Balances, weights and measures" to its range of sheets illustrating the history of the preparation of medicines.

The new information sheet looks at 6,000 years of history and covers details of weights from liquorice seeds and lead, to apothecaries' weights and the troy weight system, which used 5,760 grains of wheat to measure a pound. It includes a section decoding symbols of various weights and measures and giving conversions for weights including grains, scruples, drachms, ounces and pounds.

Like the original 10 sheets launched last year (*PJ*, 26 October 2002, p626), the new sheet can be downloaded as a PDF file from the museum section of the Royal Pharmaceutical Society's website ([www.rpsgb.org.uk/museum](http://www.rpsgb.org.uk/museum)). Copies of the double-sided, A4-

## Lord Winston to address reception

Fertility expert Professor Lord Winston is to be the guest of honour at the Royal Pharmaceutical Society's 2003 reception for science, to be held at the Society's headquarters on Wednesday 5 March. Lord Winston is professor of fertility studies in the department of reproductive sciences and medicine at Hammersmith Hospital, London. He will address the reception on the subject of the science of genetics.

The Society has held a reception for the science community annually since 2000 as an informal way of highlighting a key scientific theme that has, or will have, an impact on health care. Guests at the reception include representatives from academic institutions, government agencies, funding bodies, the pharmaceutical industry and professional and scientific organisations.

sized sheets are also available by post. Requests should be telephoned to 020 7572 2210 or e-mailed to [museum@rpsgb.org.uk](mailto:museum@rpsgb.org.uk).

The information sheets have been written for the museum by Peter Homan, FRPharmS. The original sheets cover "Drug preparation and extraction", "Secundum artem: the skill of the apothecary and pharmacist", "Liquid medicines and medicine bottles", "Lozenges and pastilles", "Suppositories, pessaries and bougies", "Ointments, creams and plasters", "Pills and pill-making", "Powders and cachets", "Capsules and tablets" and "Patent and brand name medicines".

Briony Hudson, keeper of the museum collections, said: "By providing virtual access to the museum's objects and expertise we can reach the public and let them know about the educational and research potential of our collections and historical information."

## DEATHS

**Baines** On 20 December 2002, William Kenneth Baines, of 21 Palmer Road, Retford, Nottinghamshire DN22 6SS. Mr Baines registered in 1934 and retired from the register in 1998.

**Clowes** On 5 January, Charles Richard Clowes, MRPharmS, of 2 Park Road, Buxton, Derbyshire SK17 6SG. Mr Clowes registered in 1936 (see tribute, Column 2).

**Cunningham** On 23 December 2002, Ross Cunningham, MRPharmS, of 23 Claybraes, St Andrews, Fife KY16 8RS. Mr Cunningham registered in 1941.

**Foster** On 27 December 2002, Stanley Foster, of 4 Gerrard Avenue, Timperley, Altrincham WA15 6HS. Mr Foster registered in 1950 and retired from the register in 1992.

**Harrison** On 23 December 2002, Frank Harrison, of 83 Victoria Road, Elland, West Yorkshire HX5 0QA. Mr Harrison registered in 1949.

**Jones** On 11 December 2002, Gwynne John Jones, of 88 Cotswold Road, Chipping Sodbury, Bristol BS37 6DS. Mr Jones registered in 1937 and retired from the register in 1987.

**Jones** On 28 November 2002, Thomas Lambert Jones, MRPharmS, of 16 Westover Avenue, Warton, Carnforth, Lancashire LA5 9QS. Mr Jones registered in 1938.

**Martin** On 14 December 2002, Ian Martin, MRPharmS, of 17 Ailsa Drive, Giffnock, Glasgow G46 6RL. Mr Martin registered in 1968.

**Maton** On 18 December 2002, Noel Eugene Maton, of Forde Park Nursing Home, 6-7 Forde Park, Newton Abbot TQ12 1DE. Mr Maton registered in 1940 and retired from the register in 1986.

**Phillifent** On 1 December 2002, Sarah Joan Phillifent, MRPharmS, of 100 Bawdsey Avenue, Newbury Park, Ilford, IG2 7TJ. Miss Phillifent registered in 1976.

**Pryce** On 6 October 2002, Albert Henry Pryce, of 6 Hill Street Brynmawr, Gwent NP3 4SX. Mr Pryce registered in 1938 and retired from the register in 1997. He was a former vice-chairman of the Welsh Pharmaceutical Advisory Committee and was designated a fellow of the Society in 1982.

**Reed** On 26 December 2002, Albert John Reed, MRPharmS, of Greystones, Tremorvah, Truro TR1 1NL. Mr Reed registered in 1940. He opened his own business in Truro in 1946, retiring in 1972.

**Robinson** On 18 October 2002, Frank Waters Robinson, of Flat 2, Franklyn Court, 65 Promenade, Southport, Merseyside PR9 0JB. Mr Robinson registered in

1929 and retired from the register in 1984. He spent several years working as a pharmacist in Hong Kong and later owned a community pharmacy in Bolton. He sold the pharmacy in the early 1960s to concentrate on Earex ear drops, the company and product which he founded. The company was sold in 1980, and he spent his retirement divided between Southport and Portugal.

**Sadler** On 22 December 2002, Adrian Philip Sadler, of 25 Castle Street, Aylesbury, Buckinghamshire HP20 2RA. Mr Sadler registered in 1948 and retired from the register in 2002 (see tribute, Column 3).

**Spencer** On 23 October 2002, Leonard Malcolm Spencer, FRPharmS, of 20 Finings Court, The Maltings, Lillington Avenue, Leamington Spa, Warwickshire CV32 5FG. Mr Spencer registered in 1939.

**Visrolia** On 31 October 2002, Harsha Jagdish Visrolia, of 20 Farquharson Road, Croydon CR0 2UH. Miss Visrolia registered in 1999.

## TRIBUTES

**Clowes** In a tribute to the late Charles Richard Clowes (see Column 1), ARTHUR NEWWEY writes: I was saddened at the news of Charles Clowes's death, as were so many people in the Buxton area. I had known him for many years and we were great friends.

Charles was born and brought up in Macclesfield and later obtained a scholarship to Kings School. He then entered Manchester University to study pharmacy. After qualifying in 1936, Charles did locum work before joining the Royal Air Force, where he worked on the new radar systems being installed around the coasts of Britain.

On demobilisation, while looking for a business to buy, among other things he was pharmacist to Chester Zoo. Once he had to prepare a sedative cachet for an obstreperous lion; fortunately he did not have to administer it.

In 1947 he acquired a business in Buxton, which he ran with great distinction for 54 years before handing it over to his son, Stuart.

Charles had many interests outside pharmacy. At one time he was a reader to the blind and a member of the Buxton Rotary Club, where last year he was awarded the Paul Harris Fellowship. He was also an active member of Probus. Amateur dramatics were a prime interest for him and he was recently made a life member of the National Drama Festivals Association — he was greatly amused at being made a life member at the age of 88.

He was a pharmacist of the old school — traditional pharmacy, always having time for his customers and with a lovely sense of humour. He was a great credit to pharmacy and he will be missed by all. Our deepest sympathy goes to his wife Joyce, their sons Howard and Stuart, and to the three grandchildren.

**Sadler** In a tribute to the late Adrian Philip Sadler (See Column 2), JOHN VOOGHTE writes: I have known Phil Sadler for over 30 years as a fellow pharmacist and as a business associate. Phil moved to Aylesbury in 1951, after serving in the Royal Air Force during the 1939-41 war with the 75 New Zealand Squadron and the Pathfinders where he was awarded the Distinguished Flying Cross.

He began working for Wilf Rouse and soon became a partner in the firm which became Rouse & Sadler. He retired as a practising pharmacist in 1984. He changed the business considerably during the time he was there, in particular when he met Jack Walsh, a consultant from the National Spinal Injuries Centre, and started selling wheelchairs and other equipment for the disabled. The shop was completely transformed as the cosmetics and perfumes were replaced by these mobility aids. Every year he attended the International Paraplegic Games at Stoke Mandeville where wheelchairs were sold and serviced.

In the early 1960s pharmacists in Aylesbury found it difficult to attend their local branch meetings in Harrow. Phil was the mastermind in creating the Aylesbury Branch (later to become the Buckinghamshire branch) of the Pharmaceutical Society in 1968. He also became vice-chairman of the Buckinghamshire Pharmaceutical Committee.

As Phil spent less time running the business, he was able to concentrate on his many other interests. He was an active member of the local Catholic Church, worked with the Citizen's Advice Bureau and lectured on astronomy at the University of the Third Age.

He still, however, used his skills as a pharmacist to help the War on Want charity, and in 1970 set up his own Overseas Medical Aid Trust to arrange the sending of medicines to overseas countries, with Mother Theresa among those to benefit when she was given 3.5 million tablets to help her aid work in Calcutta. Sponsorship for the clinics in East Africa, particularly Malawi, was via the local grammar schools and some students visited the clinics as part of their education. Until just before he went into hospital Phil was still checking medical kits for Oxfam.

Phil will be sadly missed as pharmacist, colleague and friend.

## ALCOHOL DRUG PROBLEM?

Do you have a problem with alcohol or drugs? Do you know of a pharmacist colleague who has?

Confidential help is available through the Pharmacists' Health Support Scheme. Telephone the Royal Pharmaceutical Society's welfare officer, Mrs Beverly Nicol (tel 01323 890135), who will in confidence give the telephone number of the scheme's independent national co-ordinator or one of its regional referees. Alternatively, you may call the national co-ordinator's direct helpline (tel 01926 315138).

*Communications to the Royal Pharmaceutical Society of Great Britain should be addressed, except where otherwise stated, to the Secretary and Registrar, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629). Official Notices also appear in the Notice-Board section of PJ Online (www.pjonline.com/notices)*

#### Council election 2003

Nominations for election as members of Council should be received by the Secretary and Registrar of the Society on or before 18 March 2003. Each nomination in the Council election must be signed by at least 10 members of the Society, of whom at least five must be from the branch of the member nominated.

Nominees who are accepting nomination to the Council are asked to enclose with the nomination form their biographical details, photograph and financial declaration, as indicated on the back of the nomination form.

ANN LEWIS  
Secretary and Registrar

*Nomination forms are available from the Secretary and Registrar or from the "About the Society" section of the Society's website (www.rpsgb.org.uk/society). Nominations can also be made by letter. See also news item, p206.*

#### Retiring members of Council

The following members of the Royal Pharmaceutical Society's Council are due to retire in May: Dr Gordon Appelbe, Hassan Argomandkhah, Peter Curphey, Alison Ewing, Dr Nicola Gray, Kirit Patel and Linda Stone.

The Council has decided that information should be published concerning attendance by retiring members of Council at regular two-day meetings of the Council in the previous two years. The following information covers the calendar years of 2001 and 2002. There were six regular meetings of the Council in each year and therefore 12 possible attendances for each member of Council during the two years. Attendance figures for the retiring members were as follows: Dr Appelbe, 11; Mr Argomandkhah, 10; Mr Curphey, 12; Ms Alison Ewing, 12; Dr Gray, 9; Mr Patel, 10; Mrs Stone, 12.

ANN LEWIS  
Secretary and Registrar

#### Council election procedures

The Society's Council has decided that its policy in relation to Council elections should be published each year to enable the membership, in particular candidates in the election, to be fully aware of the Council's current views on the matter. The procedure has been revised in the light of the motion carried at the Annual General Meeting in 1994 which encouraged the Council to develop a protocol which would allow what

was described as "limited canvassing" and to organise a hustings event.

As a general principle, the Council remains convinced that the membership is best served when each aspect of the election is conducted in a manner that, so far as possible, gives candidates an equal opportunity of presenting their views to the membership.

The following criteria will, in the Council's view, prevent any member having an advantage over colleagues by virtue of financial resources or any other special influence. They represent a relaxation of previous rules and are designed: (a) to encourage more members to vote in the Council election; and (b) to ensure that those members who do vote are as well informed about the candidates as possible.

**1. Canvassing** Candidates are expected to refrain from any personal canvassing or from requesting or giving permission for canvassing to be done on their behalf, including on-line canvassing by use of e-mail or internet discussion groups. Candidates who become aware that any person, group or organisation intends to canvass on their behalf will be expected to make every effort to dissuade those concerned from doing so.

These provisions apply from the date that an individual knows he or she is to be a candidate.

**2. Biographical details** Biographical details which are published in *The Pharmaceutical Journal*, will be standardised under the following headings: (a) name and town; (b) age; (c) year of registration; (d) academic qualifications; (e) civil honours; (f) professional awards; (g) current positions held; and (h) previous positions held (with dates). Both (g) and (h) are subdivided as follows: (i) occupation (branch of pharmacy and position held); (ii) public service positions; (iii) positions held as either an officer or member of the governing body or committee of a pharmaceutical organisation, including the local branch of the Society; (iv) positions held as either an officer or member of the governing body or committee of any organisation associated with health services, science or pharmaceutical education. Candidates, if they wish, may make further reference to their history or experience in their statements of policy.

Candidates are also asked to declare positions or companies from which they benefit financially, under the following headings: (a) remunerated directorships of companies, public or private; (b) remunerated employments, offices, trades, professions or vocations; (c) the names of companies or other bodies in which the candidate has to his or her knowledge, either alone or with or on behalf of a spouse or infant children, a beneficial interest in shareholdings of a nominal value greater than one-hundredth of the issued share capital. Candidates may decline to give this information but if so that must be made clear to the electorate.

The above information, together with the statement of policy (see item 4), should not exceed 630 words in total.

**3. Residential requirement** Candidates in the election must be members of the Society who are normally resident in Great Britain, the Isle of Man or the Channel Islands.

**4. Statements of policy** Candidates' statements of policy will continue to be sent direct to each member of the Society with the voting papers, thereby allowing candidates the maximum freedom of expression. The Council considers that this is the only practical method of presenting to the membership the unedited views of each candidate.

**5. Contributions to the pharmaceutical press** The editor of *The Pharmaceutical Journal* will continue the policy of not accepting letters from candidates for inclusion in the issue in which the nominations are published and thereafter until the date of the election. Candidates will be asked to observe the spirit of the *Journal* policy by not sending letters to other pharmaceutical journals for issues that will be published after the end of March.

The Council accepts, however, that it is frustrating for candidates if they cannot comment on questions of interest to the profession, which have arisen since a statement of policy was prepared. To overcome this problem and so assist members to make the most informed decision possible when voting, the Council has agreed that the editors of *The Pharmaceutical Journal* and other pharmaceutical publications will be invited to pose up to three questions to each candidate standing for the Council election. The questions will be topical and the candidates replies will be published in the respective journals. The timing of publication will, with advantage, be as close as possible to the mailing of the voting papers and obviously will be after the nominations for election have been published in *The Pharmaceutical Journal*. Questions asked will be at the discretion of individual editors and each response will be restricted in length to ensure fairness. Candidates will be given a deadline by which to respond and the editors will naturally reserve the right to edit the responses, normally in consultation with the candidate.

**6. "House" and member organisation magazines** It is recognised that candidates might wish to make an announcement regarding their intention to run for the Council election in the official magazine of any organisations of which they are a member or employee. There will be no objection to the publication of news announcements in "house" magazines, member organisation magazines and newsletters published by member organisations or the Society's membership groups, provided the following conditions are observed: (a) the announcement is of a factual nature, and supplies no more details than candidates' name, place of residence, age and current connection with the organisation concerned; (b) the announcement is published free of charge; (c) if there is more

than one candidate making an announcement, each candidate is given the same amount of space in the magazine; (d) if a photograph is to be published with the announcement it is a recent one of modest size; and (e) candidates undertake to bring to the attention of the editor of any "house" or member organisation magazine or newsletter that might be interested in his or her candidature, the section of the procedure relating to these publications and ask that there be no contravention of the policy in respect of his or her candidature.

A letter, accompanied by the procedure document, will be sent by the office, on the day candidates are announced, to editors of "house" and member organisation magazines and newsletters, seeking an assurance of compliance with the policy.

It will be possible for announcements of this nature to be published at any time leading up to an election following official announcement of the candidates. There will also be no objection to magazines of this kind undertaking a similar exercise as that described for *The Pharmaceutical Journal* and other pharmaceutical publications. The editors may therefore pose up to three questions to all candidates standing for the Council election, following the same procedures and subject to the same conditions.

**7. Branch and regional newsletters** Similarly, there is no objection to branch and regional newsletters publishing the views of candidates on any particular topic, provided certain criteria are observed. All candidates in the election should be given an equal opportunity to participate up to a stated maximum number of words, and the views expressed by candidates should be printed without editorial comment or amendment, except in the latter case where publication might lead to libel action. It would not be equitable if a branch or regional committee newsletter asked for support for one or more candidates, particularly for geographical reasons.

**8. Adherence of candidates to the rules** As previously stated, the rules are intended to ensure that each candidate has an equal opportunity of presenting policies to the electorate. Adherence to these rules is a matter of accepting this policy and abiding by the rules as a matter of personal integrity. In the past there have been complaints that some candidates have not adhered to the spirit of the rules.

Candidates standing for the Council election will be required to sign a declaration confirming; a) their agreement to abide by the Council election procedures and b) that they will do everything possible to ensure that others do not, on their behalf, act in conflict with the rules.

The material sent to candidates and the declaration mentioned above will clearly state the period during which the protocols for this procedure will be in force which will normally be from the end of March until the date of the election.

Any candidate who appears to breach the signed declaration will be required to

give an explanation to the President and the Council as to why they allowed a breach of the protocol to occur. This will apply to a candidate whether or not elected to the Council.

**9. Hustings** The Council has given careful consideration to the proposal that the Society should organise a hustings event. Poor attendance at past meetings was taken into account and the fact that the election procedure allows Branches and Regions to organise hustings events. The Council accepts that such meetings give a limited number of members an opportunity to hear the candidates' views in person and to ask them questions, but considers that it is extremely difficult to arrange and conduct a centrally organised event which would be fair to all candidates and would therefore not be a cost-effective use of the Society's resources.

For these reasons the Council has decided that the Society centrally should not organise a hustings event.

The Council will not, however, object to outside organisations as well as regions or branches arranging events of this kind if they so wish provided all candidates are given an equal opportunity to present their views. There will be no restriction on the reporting of hustings events by the pharmaceutical press. Travelling distances may make it difficult for all candidates to attend such meetings. The Council considers that if a candidate cannot attend, he or she should have an opportunity of submitting a statement, equal in length to the opening statements of candidates who are able to attend, to be read by the chairman or some other appropriate person.

#### Community Pharmacists Group committee election 2003

The seven elected places on the Royal Pharmaceutical Society's Community Pharmacists Group committee fall vacant at the end of May 2003. Nominations for election to membership of the committee are invited from group members and should be received by the secretary to the group by 14 March. Each nomination must be signed by at least five members of the group. Those accepting nomination as a candidate are asked to enclose with the nomination form their biographical details and a statement of policy amounting to not more than 200 words.

Nomination forms are available from the secretary to the group at the Society's headquarters and from the CPG section of the Society's website ([www.rpsgb.org.uk/society](http://www.rpsgb.org.uk/society)).

The election will be conducted using the single transferable vote system. Voting papers will be sent to the members of the group in April. The closing date for the receipt of voting papers will be noon on 9 May.

Those elected will serve for three years.

ANN HARRINGTON  
Secretary to the Community  
Pharmacists Group

*Unless otherwise stated, further details of meetings organised by the Royal Pharmaceutical Society can be obtained from the Society at 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629).*

#### PK/PD data analysis

The Royal Pharmaceutical Society and the Swedish Academy of Pharmaceutical Sciences (in association with the Academy of Pharmaceutical Sciences and the European Federation for Pharmaceutical Sciences) are jointly organising the fifth Advanced Level Workshop on Pharmacokinetic/Pharmacodynamic Data Analysis, to be held at Madingley Hall, Cambridge, from 18 to 22 May.

The workshop aims to provide an interface between the numerical analysis of PK and PD data and physiological concepts. Based on the background and concepts provided by the course lecturers, delegates will apply this information to the WinNonlin modelling package in hands-on exercises.

The workshop is intended for research scientists in the pharmaceutical industry, regulatory agencies and contract research firms with at least five years' experience in PK/PD modelling, plus those who attended the earlier introductory workshop and graduate students who want to learn more about the advanced features of WinNonlin.

The course fee, which include four nights' accommodation, meals, refreshments and course documentation, is £1,480 plus VAT for members of the organising bodies and £1,540 plus VAT for others. Those who register and pay before 21 February will receive a free copy of the textbook that will be used throughout the course.

Registration forms are available from Dr J. A. Clements, Room 301, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2261; fax 020 7572 2506; e-mail [science@rpsgb.org.uk](mailto:science@rpsgb.org.uk)).

#### Analytical validation and regulatory issues

The Royal Pharmaceutical Society is organising a two-and-a-half-day residential course on "International analytical validation and regulatory issues for the pharmaceutical industry" to be held at the Hilton hotel, York, from 9 July (noon) to 11 July.

The course is intended for managers, registration staff and analytical and bioanalytical scientists who need to update and/or extend their appreciation of validation in pharmaceutical and biomedical analysis.

The course fee is £1,200 + VAT for members of the Society or the Academy of Pharmaceutical Sciences and £1,260 + VAT for others. The fee includes bed, breakfast and evening meal for two nights, as well as lunch, refreshments and all course documentation.

Further details and registration forms can be obtained from Dr J. A. Clements at the Society's headquarters (e-mail [science@rpsgb.org.uk](mailto:science@rpsgb.org.uk)) or can be downloaded from the science section of the Society's website ([www.rpsgb.org.uk/science](http://www.rpsgb.org.uk/science)).

## 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 10 February

**Bromley** "Diabetes: practical help and support" by a nurse practitioner. Postgraduate Centre, Queen Mary's Hospital, Sidcup. Buffet 7pm, meeting 8pm.

**Nottingham** "How NICE works" by Anne-Toni Rodgers (communications director, National Institute for Clinical Excellence). School of Pharmacy, University of Nottingham. Buffet 7.30pm, meeting 8pm.

**Slough** "Wound dressings" by Lynffa Edwards (tissue viability nurse). John Lister Postgraduate Centre, Wexham Park Hospital, Slough. Buffet 7.15pm, meeting 8pm.

Tuesday 11 February

**Coventry and Warwickshire** "Tuberculosis and its treatment" by Dr Martin Wiselka (head of service, infectious diseases, Leicester Royal Infirmary). Warwickshire Nuffield Hospital, The Chase, Old Milverton Lane, Leamington. Buffet 7.30pm, meeting 8pm.

**Moray and Banff** "Aberdeen and North East Deaf Society" by Jennifer Walker. Laichmoray Hotel, Elgin. 7pm.

**Oxfordshire** "Advances in pharmacogenomics" by Dr Malcolm Brown (medical consultant, Nuffield Orthopaedic Hospital). Level 3, George Pickering Postgraduate Medical Centre, John Radcliffe Hospital, Headington, Oxford. Light refreshments. 7.30 for 8pm.

**Southampton** "Cholinesterase inhibitors: beyond the pivotal studies" by Dr D. G. Wilkinson (consultant in old age psychiatry). Southampton Health Authority. 7.30 for 8pm.

**South West Metropolitan** "Managing minor injuries: casualty in the pharmacy". Alistair Hunter Room, St George's Hospital Medical School. Buffet 7.15pm, meeting 8pm.

**West Surrey** "Epilepsy" by Professor Ley Sander (National Society for Epilepsy). Burchatts Farm, Guildford. Light refreshments 7.30pm, meeting 8pm.

Wednesday 12 February

**Medway** Presentation on the new school of pharmacy in Medway by Sian Howells. Medway Postgraduate Centre, Medway Hospital, Gillingham. Buffet 7.30pm, meeting 8pm.

**Solihull** "Recent trials in the treatment of hypertension" by Dr David Sandler (Heartlands Hospital). Education Centre, Solihull Hospital, Lode Lane. Buffet. 7pm.

**West Cumberland** "Drugs in sport" by Professor David Mottram (Liverpool John Moores University). Hundith Hill Hotel, near Cockermouth. 7.15 for 7.30pm, followed by bar supper.

**Wirral** "Stroke and its treatment" by Dr Anthony Cummings. Postgraduate Medical Centre, Clatterbridge Hospital. Buffet 7.30pm, meeting 8pm.

Thursday 13 February

**Bolton** Annual general meeting and wine and cheese party. Education Centre, Bolton Royal Hospital, Minerva Road, Farnworth. Buffet 7.30pm, meeting 8pm.

**Chelmsford** "Supplementary prescribing" by Katherine Delargy (senior pharmacist, Mid-Essex Hospitals). Room 003, Sawyer's Building, Anglia Polytechnic University. Buffet 7.30pm, meeting 8pm.

**Glasgow and West of Scotland** 42nd Todd lecture: "Moving forward, looking back." by Ann Markham (chair, NHS Education for Scotland). McCance Lecture Theatre 1, McCance Building, Richmond Street, University of Strathclyde. 7.30 for 8pm. Joint meeting with School of Pharmacy, University of Strathclyde, and Lanarkshire branch.

**Lanarkshire** See Glasgow and West of Scotland.

**North Staffordshire** "What supervision means to me?" by Collette McCreedy (head, practice division, National Pharmaceutical Association). Nadine Lecture Theatre, North Staffordshire Medical Institute, Hartshill, Stoke on Trent. 8pm.

**South Staffordshire** "NHS exemption fraud" by Margery Lumsdaine. Lichfield College Hall. Buffet 7.30pm, meeting 8pm.

**Weald of Kent** "Current political topic" by Dr Robert Lee (director of primary care services, Kent Strategic Health Authority). Ramada Jarvis Hotel, 8 Tonbridge Road, Pembury. Buffet 7.30pm, meeting 8pm.

Monday 17 February

**Bury** "Role of the primary care trust: the pharmacist's input" by Vivienne Ben-David (prescribing adviser, Rochdale PCT). Village Hotel, Waterfold Business Park, Rochdale Road (off M66 at Junction 2). 8pm.

*The following are among recent additions to the Royal Pharmaceutical Society's library in London. Books available for loan can be borrowed by members and by preregistration trainees and pharmacy students who have registered with the library. The loan period is 28 days, and a loan may be renewed unless the item is required by another user.*

## BOOKS AVAILABLE FOR LOAN

**Drug misuse and dependence**

Addictions. Teesson M, Degenhardt L, Hall W. Hove: Psychology; 2002.

Drink, drugs and dependence: from science to clinical practice. Caan W, De Belle-roche J. London: Routledge; 2002.

Drug misuse and community pharmacy. Sheridan J, Strang J. London: Taylor & Francis; 2003.

Drug misuse and dependence: guidelines on clinical management. UK Health Departments. London: Stationery Office; 1999.

Drugs and addictive behaviour: a guide to treatment. 3rd ed. Ghodse H. Cambridge: Cambridge University Press; 2002.

Karch's pathology of drug abuse. 3rd ed. Karch SB. Boca Raton: CRC Press; 2002.

This is alcohol. Brownlee N. London: Sanctuary; 2002.

This is cannabis. Brownlee N. London: Sanctuary; 2002.

This is cocaine. Constable N. London: Sanctuary; 2002.

This is ecstasy. Thomas G. London: Sanctuary; 2002.

This is heroin. Ashton R. London: Sanctuary; 2002.