

The Society

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Society to develop public health strategy

The Royal Pharmaceutical Society's Council has decided to develop a strategy for pharmacy's involvement public health, including the possibility of establishing a pharmacy specialism in public health.

The Council made its decision on 4 February after hearing a presentation by Professor Siân Griffiths, president of the Faculty of Public Health Medicine and the recently appointed chairman of PharmacyHealthLink (the new name for the Pharmacy Healthcare Scheme — see P7, 8 February, p179).

Professor Griffiths told the Council that the definition of public health used by the Faculty of Public Health Medicine is a short, sharp one that points out that public health is everybody's business — “the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society”.

One problem for those working in public health, she said, is the difficulty of putting boundaries on it. People are starting to talk about three domains of public health, and elements of pharmacy fit into each domain.

The first domain is health protection and prevention. It includes disease and injury prevention, communicable disease control, environmental health and emergency planning.

The second domain is health and social care. It covers quality, clinical effectiveness, efficiency, service planning, audit and evaluation, and clinical governance.

The third domain is health improvement. This involves employment, housing, family, community, education, inequalities, exclusion and lifestyles. Within this domain, public health professionals are increasingly working with local government, local communities, local businesses and voluntary organisations. Socio-economic, cultural and environmental conditions all impact on public health — as pharmacists in areas of deprivation see in their daily practice.

Professor Griffiths said that a key skill in public health is reviewing the evidence to see what is worth while, and the United Kingdom Public Health Association is doing just that. There is strong evidence of involvement by pharmacists, with the literature showing that pharmacists have contributed in areas such as smoking cessation, coronary heart disease prevention, drug misuse, immunisation, oral health, head lice and emergency hormonal contraception.

The multidisciplinary nature of public health has a major implication for professional development, said Professor Griffiths.

The Faculty of Public Health Medicine is hoping to turn itself into a Faculty of Public Health so that it can train people from different backgrounds together rather than leave them in silos.

Another issue is professional regulation. A voluntary register is being created for those in public health who are not already on a professional register.

A further issue is strategic development. This raises questions such as where pharmacy fits within public health, where public health fits within pharmacy, and what is the direction of travel in this area.

In 2000, the Chief Medical Officer for England produced a report that lists three categories of people involved in public health. These are the accredited specialists who spend all their time in public health, the practitioners whose work integrates with public health practice, and those with a public health interest such as social workers and voluntary organisations. Professor Griffiths said that to those three categories she would add local people, who are often the biggest champions of public health issues.

A number of areas of specialist practice occur within the multidisciplinary public health framework. They include:

- Surveying and assessing the population's health and well-being
- Promoting and protecting the population's health and well-being
- Developing quality and risk management within an evaluative culture
- Working collaboratively for health
- Developing health programmes and services and reducing inequalities
- Developing and implementing policy and strategy
- Working with and for communities
- Strategic leadership
- Research and development
- Ethically managing self, people and resources

What is not clear, said Professor Griffiths, is how pharmacy fits in. For example, what would be the specialist pharmacist's contribution to “promoting and protecting the population's health and well-being”?

Professor Griffiths said that one of the challenges of working in a multidisciplinary endeavour is that no individual fits into any particular box. To break down the silos between the different professional groups one needs to find some common approaches. Specialists in public health share the same

standards, competencies, language, etc, so that there are no barriers to prevent them moving into different areas of public health. How would pharmacy feel about sharing the same specialist competencies and standards, and what would that mean?” It is something for the Society to think about.

The reason why there is not one register for public health is that many people would not want to give up their professional identity as doctors, dentists, nurses or pharmacists. However, they do need some way of sharing, learning and training together because of the implications for workforce development, workforce planning and support and training for the future.

The setting up of the Council for the Regulation of Healthcare Professionals was changing existing relationships, Professor Griffiths said. All the regulators are changing their shapes. There will be more working across the professions, engaging with the public and being clearer, and it will be interesting to see how it goes forward.

The Society might want to discuss a number of issues. For example, is there a strategy for pharmacy in public health? Or for public health in pharmacy? What does pharmacy in public health look like and who should be doing it? The Government is committed to public health, Professor Griffiths said, and all health professions have a role in it. But how is it best done? Can they all do it together? And what has to be done to move pharmacy forward?

Asked how pharmacists would become accredited as specialists in public health, Professor Griffiths said that the professions need to recognise a common framework that they can all work within, and then each registering body would decide how to apply the common standards. At the moment there is nothing to debar pharmacists from the faculty's training schemes, she added. All they need is a degree of experience.

Answering a further question, Professor Griffiths agreed that, although public health is seen as relevant to the wider community, it is also important in hospitals and across the hospital/community interface.

Society calls for access by pharmacists to medical records

The Royal Pharmaceutical Society has told the NHS Information Authority that pharmacists should be able to access patients' medical records and also contribute to them.

In its response to the Information Authority's consultation on patient privacy, the Society argues that pharmacists' exclusion from future arrangements for shared patient records would be contrary to Government policies on developing clinical roles for pharmacists in all sectors.

The response explains that confidentiality is a requirement of the profession's Code of Ethics. The Society has never had to take disciplinary proceedings against a pharmacist for disclosing information from pharmacy-held patient medication record (PMR) systems. This indicates that pharmacists understand confidentiality requirements and can be trusted to participate in future arrangements for shared patient records.

The response goes on to explain that pharmacists' own PMR systems have severe limitations. They do not provide informa-

tion on diagnosis or the reason for prescribing a particular medicine. They are not likely to contain information on the patient's medical history, current medical condition, allergies and previous adverse reactions or a full history of medicines prescribed for the patient. Furthermore, because the patient is free to use any pharmacy, the pharmacist is likely to have only a partial record of the medicines supplied. These factors limit the pharmacist's ability to assess whether a prescribed medicine is safe and appropriate for the patient and to help the patient manage the medical conditions.

Explaining why community pharmacists should be able to contribute information to the shared patient record, the Society says that, as pharmacists take up new roles with a greater clinical dimension, they will increasingly generate information that needs to be shared with other health care professionals involved in the patient's care.

The Society's head of policy development, Eileen Neilson, said: "Pharmacists need patient information to perform their

current roles, and this will become increasingly important as the new and extended roles envisaged for the profession are developed. The current situation limits the ability of pharmacists to carry out their professional role of assessing whether the medicines prescribed are safe and appropriate for the patient. In their new clinical roles, pharmacists will also be generating information that will need to be recorded and shared with other health care professionals involved in the care of those patients.

"What is needed is accurate, up-to-date, structured information, at an appropriate level of detail, on key areas that pharmacists need to do their job. There is much work to do to develop the new records. Like all other health care practitioners who will use the new records, pharmacists and their support staff will require additional training, guidance and support to take on the new roles and responsibilities involved."

The Society's full response is available from the policy section of the Society's website (www.rpsgb.org.uk/policy).

Leaflet highlights museum services

The museum of the Royal Pharmaceutical Society has launched a new leaflet highlighting the range of services it offers.

The museum covers all aspects of British pharmacy history and provides a historical research service based on the information, archives, photographs and objects in its collections.

Briony Hudson, keeper of the museum collections, said: "Our approach has been to present a friendly, welcoming leaflet that will encourage users to contact us. In addition to giving details of the museum's service and merchandise, the leaflet invites people to contact us if they are interested in working



libraries and archives. Further information and copies of the leaflet can be obtained from the museum (tel 020 7572 2210; e-mail museum@rpsgb.org.uk).

with us on future projects. We are very much focused on developing the collections' potential as a resource for learning, for school children, for university students, for community groups, for web users and through loans to other museums."

The leaflet, "How can we help you?", will be distributed to a wide range of interested organisations, including all members of the London Museums of Health and Medicine and local museums,

Inspectors' talks: date chosen for Blackburn

Details have now been finalised for the presentation for preregistration trainees to be given in Blackburn by the Royal Pharmaceutical Society's inspector for the area, Stan Brandwood. The session will take place from 9.15am to 12.30pm on Wednesday 19 March at Blackburn Royal Infirmary's postgraduate education centre. Advance booking is not necessary.

The hospital is a mile or so south of the town centre on the A666 Bolton road. Parking may be difficult. Buses (route 4) run at 15-minute intervals from the town centre.

The Society's Professional Standards Directorate says that details have still not been finalised for the presentations in South Wales (Cardiff and Swansea), where a new inspector has only recently been appointed. As soon as details are available, a revised version of the full list of presentations will be made available for downloading from the preregistration training pages within the education section of the Society's website (www.rpsgb.org.uk/education).

New speakers guide reflects profession's changing needs

The Royal Pharmaceutical Society's list of recommended speakers for branch and regional meetings has been revised to reflect the changing needs of the profession.

A new edition of the guide, entitled "Speakers for branch meetings 2003", gives contact details for more than 70 expert speakers who are willing to speak at local meetings. They include 20 members of the Society's Council, 23 senior members of the Society's staff and 29 other specialists.

Between them the speakers cover a broad range of relevant topics, including: National Health Service modernisation; pharmacy policy, practice and politics; professional accountability; continuing

professional development; interventions and clinical issues; pharmacist prescribing; and medicines management. The guide also contains checklists to assist with planning and preparing meetings.

The Society's membership unit produces a new edition of the guide each year to assist branch and regional secretaries in booking speakers for their meetings. The Society centrally is prepared to cover the costs associated with travel and accommodation expenses for up to two listed speakers a year for each branch. Further information about the guide can be obtained from Sally Holden in the Society's membership unit (tel 020 7572 2331; e-mail sholden@rpsgb.org.uk).

STATUTORY COMMITTEE

Temazepam theft leads to striking off

The Statutory Committee has ordered that a pharmacist who had stolen temazepam elixir and had disposed inappropriately of patient returned medicines should be struck off after he had failed to comply with conditions imposed by the committee at an earlier hearing.

At its meeting on 14 October 2002 the committee resumed its inquiry, adjourned from 21 May and 19 June 2002, into the case of Neil M. Henderson, of Flat 2, 1 The Square, Northam, Bideford, Devon

A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that Mr Henderson's admitted theft of a bottle of temazepam elixir, for which he had received a police caution, and his failure to deal in an appropriate manner with medicines returned by patients amounted to misconduct such as to render him unfit to have his name on the Register of Pharmaceutical Chemists.

Geoff Hudson, of Penningtons (solicitors) attended all three meetings to present the facts of the case to the committee.

Mr Henderson was present, and represented himself, at the meeting on 21 May 2002; he did not attend, and was not represented at, the resumed inquiry on either date.

At the meeting on 21 May 2002 the committee heard that on 3 August 2000, following an allegation made by the pharmacy company for whom Mr Henderson had been working as a locum pharmacist, the police searched his then home on a warrant. Mr Henderson was not present. Among the items found were eight Lamisol

tablets and a bottle of temazepam elixir. Subsequently Mr Henderson was arrested on suspicion of theft. In a police interview, he said the items were patient returns which had been given him as he was locking up the pharmacy and he had taken them home.

On 10 January 2001, Mr Henderson had admitted theft of the temazepam elixir and been given an official caution.

At the conclusion of the first hearing, the chairman (Lord Fraser of Carmyllie, QC) said that Mr Henderson's motives in stealing the temazepam elixir were far from clear. He had denied consuming any of it and there had been no indication of the quantity remaining in the bottle. The committee was therefore unable to conclude that he had in fact been consuming the elixir.

Coupled with the theft was the allegation that Mr Henderson failed to deal with patient returns in an appropriate manner. Mr Henderson had acknowledged that he knew what should be done with patient returns, and that he had not done disposed of them accordingly.

Misconduct such as to render him unfit to be on the register had thus been proved.

ALCOHOL PROBLEM

Evidence had also been given that Mr Henderson had an alcohol problem of long standing. His name had been removed from the register on a previous occasion for reasons directly relating to alcohol dependency. It was not as clear in the present case that alcohol dependency had led to the mis-

conduct. However, he had acknowledged that he had suffered some relapse in his abstinence from drinking.

Before making its decision, the committee would require further information. The appropriate course was to adjourn the case until later in the year, said the chairman, when the committee would want to see a report from Mr Henderson's doctor, a report from an experienced counsellor on dependency problems and references from those who had employed him. Mr Henderson would also have to undertake not to practise as a pharmacist during the period of the adjournment.

When the hearing was resumed on 19 June 2002, the committee was informed that a letter had been received from Mr Henderson on 17 June 2002 in which he undertook not to practise as a pharmacist during the period of the adjournment and that he was endeavouring to obtain the required reports and references.

At the resumed hearing on 14 October 2002, the committee heard that Mr Henderson had written a month earlier to say that he would not attend the hearing and that he had not been able to obtain the required references and reports. He had also stated that on 2 August 2002 he had been convicted of drink driving at Barnstaple magistrates' court and had received a three-year driving ban and eight months' probation.

The committee ordered that Mr Henderson's name should be removed from the register.

He had three months in which to appeal.

Pharmacist reprimanded over offensive letters

Offensive letters written to the editor of *The Pharmaceutical Journal* have resulted in a reprimand from the Statutory Committee for the pharmacist concerned.

At its meetings on 23 and 25 July and 16 and 17 October 2002 the committee inquired into the case of Kirtikumar T. Patel, of 298 Kingston Road, Ilford, Essex. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that he had written inappropriately to the editor of *The Pharmaceutical Journal*, Olivia Timbs, a number of letters that did not conform with accepted standards of personal and professional conduct and that this might demonstrate that Mr Patel had been guilty of misconduct such as to render him unfit to have his name on the register.

Fenella Morris, of counsel, instructed by Penningtons (solicitors), appeared in order to present the facts of the case.

Mr Patel was present at the hearings and was represented by Jane Deighton, of Deighton Guedalla (solicitors)

The committee heard that Mr Patel had written a letter on 20 May 2001 which read, in part: "The fate of Mr — Shah is of grave concern to black pharmacists. His crime is to voice the concern of his community in Bradford. A minority within a minority. Today it is Mr Shah. Tomorrow it will be Mr Levy or a muslim woman who refuses to dress from head to toe. Should the national pharmaceutical associations in Germany and Austria have remained silent when Jewish pharmacists were being attacked?"

A second letter, written on 7 August 2001 said: "Does the Pharmaceutical Society approve of a campaign of racial hatred orchestrated by a white pharmacist owner against a black pharmacist locum employed through a locum agency in Rainham? The white pharmacist owner feels sexually inadequate when confronted by a black pharmacist. I am willing to deconstruct the white pharmacist owner for the benefit of black pharmacists."

Then, on 20 August, Mr Patel had written: "Thank you for not publishing my letter in the trade magazine. The association of petty shopkeepers should address the issue of horrifying racial experience endured by black pharmacists at work and patients including asylum seekers. You do it to us because a black is classified below the Pan paniscus* in the white Darwinian scale of values. There will come a time when the white skin is a liability and not an asset."

A further letter, sent on 16 November 2001 and marked "Private", included the statements: "'Onlooker' and Nancy Mitford, Frau Olivia Timbs, should discuss white lying as a moral choice. It is appropriate in the case of Afghanistan. The people of Afghanistan have suffered because of the great game played by whites who rank the black native below the Papio hamadryas† in the white Darwinian scale of values. Please continue the game so that there comes a

* Pygmy chimpanzee

† Hamadryas baboon

time in history when the white skin is a death sentence in the agriculture districts of Europe.”

Finally, a Christmas card sent in December 2001 said: “To Frau Olivia Timbs. Please read and digest the black bible, Yours etc Mr Lester Young, née Mr Kirtikumar Thakorrbhai Patel”. Enclosed with the card was a copy of a book, ‘The wretched of the Earth’, by Frantz Fanon. The word “violence” on the back cover of the book was underlined.

The committee rejected a submission on behalf of Mr Patel that there was no case to answer.

The committee was told that although Miss Timbs had found the first letter unsuitable for publication, she saw nothing offensive in it. She had, however, become increasingly concerned by the tone of the subsequent correspondence. After seeking other people’s views, she had eventually decided to refer the matter to the Society’s Professional Standards Department.

Giving the committee’s decision, the chairman (Lord Fraser of Carmyllie, QC) said that Miss Timbs, who was not a pharmacist, was the editor of the professional journal published by the Society, Mr Patel’s professional body.

Mr Patel had every right to disagree with her editorial policy, with the views of the Council or any contributor to *The Pharmaceutical Journal*. Miss Timbs did not dis-

pute that, nor had she attempted to silence him beyond exercising legitimate editorial control.

OFFENSIVE

However, said the chairman, as a professional man writing to the editor of his professional journal, Mr Patel should not have done so in an offensive manner. In the committee’s view, Miss Timbs’s reaction to the letters was not unreasonable. It had been extraordinarily insensitive to send a book in which the word “violence” had been underlined.

He continued: “The words used by Mr Patel in these letters are offensive and were, not surprisingly, understood as such”. They were repeatedly threatening, sometimes in the most unacceptable fashion, and generally offensive in a manner the committee could only conclude was intended.

Mr Patel may have suffered racial abuse, said Lord Fraser, but it could not be appropriate for a professional man to respond to abuse by being abusive to one who had done him no harm, or expressed no hostile intention to him or shown any contempt for the colour of his skin. He should have known that writing in such terms fell well below the appropriate standards of personal and professional conduct.

Mr Patel, however, insisted at the hearing that he did not understand that and still

seemed to insist that what he wrote was not offensive, nor intended to be. Yet in a report, prepared a month previously, a consultant psychiatrist had said: “Mr Patel believes that he has caused insult to the editor and for this he apologises.” The psychiatrist had said in evidence that he was “concerned” by the letters. The report also said that the circumstances leading to the letter-writing behaviour were unlikely to recur.

The chairman commented that Mr Patel had, unfortunately, previously suffered from mental illness, resulting in his removal from the register. It might have been argued that he was not responsible for his own actions. However, that had not been argued. The psychiatrist’s report said that Mr Patel showed no evidence of mental disorder at interview and there was no reason to believe that he had displayed the features of mental illness since his discharge from treatment in 1998. It was clear that Mr Patel had to accept responsibility for his actions and for the words he had used.

The circumstances of his previous removal were far removed from the present case and were not relevant, said the chairman.

Supportive references were presented on Mr Patel’s behalf, but the committee ruled that he should be reprimanded for his misconduct.

Restoration after undertaking to meet high practice standards

The Statutory Committee has restored to the register a former pharmacist whose name was removed three years ago for consistently poor standards of practice.

At its meeting on 15 October 2002, the committee considered an application for restoration to the register by Mohammed Y. Sohawon, of 415 Charles Road, Birmingham, who had been removed from the register on 20 October 1999 for his consistently poor practice standards (PJ, 2000;264:p32).

The facts of the case were presented to the committee by Geoff Hudson, of Penningtons (solicitors). Mr Sohawon attended the hearing and was represented by David Reissner, of Charles Russell (solicitors).

Giving the committee’s decision, the chairman (Lord Fraser of Carmyllie, QC) said that a disturbing feature of the complaint against Mr Sohawon three years earlier had been the length of time over which there had been concern about the way he ran his pharmacy and also, when caught out, his misrepresentation to an inspector of the Society. The committee had now to determine whether he should be allowed to resume practice as a pharmacist, probably in the first instance as a locum or manager but in the longer term to run his own community pharmacy.

Mr Sohawon had good references in his favour. Possibly more importantly, he had been commendably honest at the hearing in accepting that he had not run his pharmacy in the 1990s in accordance with the high standards of the Royal Pharmaceutical Society. “He has assured us that he would make every endeavour to meet those high standards”, said the chairman. “We are inclined to accept that he has learned his lesson”.

Stating that the committee would allow Mr Sohawon’s name to be restored to the register, the chairman added that if the Society had cause to be critical of the way Mr Sohawon ran his pharmacy to the point where the committee again ordered his name to be removed, there would be little prospect of his name being restored for a second time.

Name restored to register after overcoming alcohol problem

At its meeting on 14 October 2002, the Statutory Committee approved the restoration to the register of a former pharmacist who had been struck off because of an alcohol problem.

The application for restoration was made by Alistair Bell, of 54 Barbeth Way, Cumbernauld, who was present at the hearing. The facts of the case were presented to the committee by Geoff Hudson, of Penningtons (solicitors).

Giving the committee’s decision, the chairman (Lord Fraser of Carmyllie, QC) said that Mr Bell’s name had been removed from the register, following a direction by the committee, on 15 June 2001. When he had come before the committee previously (PJ 2001;267:276), Mr Bell had a history of alcohol abuse. He appeared now to be much improved. He had come to the present hearing without legal representation but had discharged himself with skill and aplomb.

To restore someone’s name after only some 18 months was on the short side. The committee had indicated previously that in ordinary circumstances two years or more was the appropriate interval. However, they had been impressed with what Mr Bell had told them, the way he had worked to understand the depth of his previous problems and the efforts he had made to improve his general health. They were particularly impressed that the national co-ordinator of the Pharmacists’ Health Support Scheme should have given him such a warm endorsement.

Lord Fraser said that he hoped Mr Bell had understood how his alcoholic problems had been brought about. The committee hoped they could be confident that he would never relapse into alcohol abuse again; but if he should for any reason come before the committee again it would be difficult to see how he would be able to continue to practise as a pharmacist. “We are”, said the chairman “making something of a judgement on his ability to steer clear of alcohol from now on and wish him well in attaining that objective”.

The committee directed that Mr Bell’s name should be restored to the register.

STATUTORY COMMITTEE

Reprimand for pharmacist guilty of alcohol-related misconduct

A pharmacist who had been guilty of drink-driving charges and professional misconduct, but who had successfully fought alcohol problems, has been reprimanded by the Statutory Committee

At its meetings on 9 October 2001 and 15 October 2002 the committee inquired into the case of James W. Fitzwilliams, of 15 Mansfield Road, Lodge Moor Estate, Gunness, Scunthorpe, South Humberside.

Information had been received that on 12 March 2000 at North Lincolnshire magistrates' court, Mr Fitzwilliams had pleaded guilty to and been convicted of driving when his breathalyser reading, 129mcg of alcohol per 100ml, exceeded the prescribed limit. He was disqualified from driving for two years, and received a probation order for 12 months with a condition that he attended a programme for alcohol impaired drivers for 20 hours. He was also ordered to pay costs of £55.

In addition, a complaint had been received from the Council of the Royal Pharmaceutical Society alleging that Mr Fitzwilliams had been on duty as a pharmacist while incapable of discharging his professional duties. That might indicate he had been guilty of misconduct that could render him liable to be removed from the register.

Geoff Hudson, of Penningtons (solicitors) attended both meetings to present the facts of the case to the committee.

Mr Fitzwilliams was present on both dates; he was represented by Sara Morgan, of Brooke North (solicitors).

NOT FIT TO WORK

At the hearing on 9 October 2001, the committee heard that on 1 November 2000, a police officer paid a routine visit to the pharmacy at 247a Freeman Street, Grimsby, where Mr Fitzwilliams was working as pharmacist in charge. He observed that Mr Fitzwilliams's appearance was scruffy and unkempt, he looked unwell, his arms appeared to be shaking and he smelt of alcohol. On 6 November 2000 the police officer returned to the pharmacy accompanied by one of the Society's inspectors. Mr Fitzwilliams, when interviewed at the pharmacy, admitted that he had a drink problem. He agreed he was not fit to work, and went home.

Two members of the pharmacy's staff, interviewed on the same day, informed the inspector that Mr Fitzwilliams smelt of

drink on most days and had sometimes appeared drunk. One of the staff said she had in the past corrected dispensing errors he had made and that he had been surly with customers.

The chairman (Lord Fraser of Carmyllie, QC) said that the conviction had been proved and the misconduct established. It had been revealed that Mr Fitzwilliams had a serious problem of alcoholism. If that conduct had persisted, the committee would have removed his name from the register.

However, following the inspector's visit Mr Fitzwilliams had gone for treatment to Birdsgrove House for five weeks. Since then, there had been a transformation in his behaviour. The staff had noted a positive improvement. On subsequent unannounced visits by the inspector there had been no criticism of Mr Fitzwilliams's conduct. He had been abstinent for six months.

Ordinarily, said the chairman, that would not be regarded as a sufficient period to allow the committee to be confident there would be no further lapses. One concern was that his partner's ill health might be a cause of stress for Mr Fitzwilliams. They felt a greater period should elapse before coming to a decision.

The case would be adjourned for 12 months. When the hearing was resumed, reports would be required on Mr Fitzwilliams's conduct from appropriate counsellors. In the interim, it was suggested that Mr Fitzwilliams should have greater contact than in the past with his superintendent pharmacist, so that he could play a more supportive role.

Giving the committee's decision at the resumed hearing on 15 October 2002, the chairman said that there had been no adverse reports since the previous hearing. Reports from the Society's inspector, the director of Birdsgrove House and Mr Fitzwilliams's superintendent pharmacist had all been satisfactory. None had expressed concerns about his fitness to practice.

Nevertheless, the concerns of the committee had not been entirely allayed. In the past year, Mr Fitzwilliams had been battling alone against alcoholism. While that had its admirable side, there was some disappointment that he had not seemed to wish to avail himself of the wide range of support available to him. It was recommended that he should keep in touch with those sources.

Mr Fitzwilliams was then reprimanded.

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.

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).

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

PHARMACISTS HEALTH SUPPORT SCHEME: CONFIDENTIAL HELP FOR PHARMACISTS WITH ALCOHOL OR DRUG PROBLEMS

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. Help can be obtained by telephoning 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).

DIARY

HEADQUARTERS MEETINGS

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

Wednesday 26 February
Veterinary Pharmacists Group
Committee 9.30am

LOCAL MEETINGS

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

Monday 24 February

Cambridge "POM-to-P switches" by Amanda Williams (Medicines Control Agency). Addenbrookes Hospital. 7.30pm.

Southampton "Hormone replacement therapies" by Dr Caroline Sadler. Solvay Healthcare, West End Southampton. 7.30 for 8pm.

Tuesday 25 February

Croydon "Men's health: (2) erectile dysfunction" by Mr P. G. S. Raju (consultant, Mayday Hospital). Postgraduate Medical Centre, Mayday Hospital. 8pm.

Wednesday 26 February

Barnet "Perspective of travel health medicine" by Paul Goodyer (director, Nomad Pharmacy). Postgraduate Medical Centre, Barnet General Hospital. Food available from 7.30pm, meeting 8pm.

Cardiff and Vale of Glamorgan See Mid Glamorgan East.

Gwent See Mid Glamorgan East.

Mid Glamorgan East Tour of Welsh Assembly, followed by question time with Geraint Davies, AM. Tour 6.45pm, buffet 7.30pm,

meeting 7.45pm. Welsh Assembly Building, Cardiff Bay. Joint meeting with Cardiff and the Vale and Gwent branches.

Norwich "The new school of pharmacy at the University of East Anglia, Norwich" by Bob Shaw (director of undergraduate studies, school of chemical sciences and pharmacy, UEA). Sportspark, UEA, Norwich. Buffet 7.30pm, meeting 8pm.

West Hertfordshire "Upper gastrointestinal tract" by Dr Ian Harrison (consultant gastroenterologist). BUPA Hospital, Ambrose Lane, Harpenden. 7.30 for 8pm.

Worcester "Coronary heart disease prevention: your contribution" by Chris O'Dell (NHS development executive, Pharmacia Ltd), Alan Dawson (co-ordinator, CHD collaborative, West Midlands Region) and Julia North (Worcestershire smoking advice service). Raven Hotel, Victoria Square, Droitwich. Buffet 6.30pm, meeting 7.30pm.

Thursday 27 February

Birmingham Annual general meeting and "Palliative care" by Christine Hirsch (Aston University). Birmingham Medical Institute, Edgbaston. Buffet 7.15pm, meeting 8pm.

Great Yarmouth and Waveney "What a performance! The role of the pharmacist" by Dr Malcolm Brown. Burrage Centre, James Paget Hospital, Gorleston, Norfolk. Buffet 7pm, meeting 7.30pm.

Lincoln Talk by Roger Atkinson (coroner, West Lincolnshire). Postgraduate Medical Centre, Lincoln County Hospital. Food 7.30pm, meeting 8pm.

Monday 3 March

East Kent Pharmacy development group update meeting, chaired by Heather Lucas. Howfield Manor Hotel, Chartham Hatch, Canterbury. Buffet 7.30pm, meeting 8pm.

Sefton "Analgesics: A pain or a pain killer" by Ross Groves (facilitator, Centre for Pharmacy

Postgraduate Education) and Kay Walsh (interface/formulary pharmacist). Scarisbrick Hotel, Southport. Buffet 7.30pm, meeting 8pm.

Southampton "New drugs and services: how do primary care trusts prioritise?" by Dr Brian Curwain and Karen Ashton. Postgraduate Medical Centre, Royal Hampshire County Hospital. 7.30 for 8pm.

West Hertfordshire "Homoeopathy" by Ian Jackson (Weleda). National Pharmaceutical Association, St Albans. 7.30 for 8pm.

DEATHS

Flory On 4 January, Reid Flory, MRPharmS, of 37 Duke Street, Huntly, Aberdeenshire AB54 5DT. Mr Flory registered in 1948, his pharmacy studies at Robert Gordon's, Aberdeen, having been interrupted by war service with the 51st Highlanders in France and the Royal Army Medical Corps in India. After beginning his career as a community pharmacist in Aberdeen, he moved in 1958 to Huntly, where he opened a pharmacy on Duke Street. He worked there for 30 years until his retirement in 1988. For 14 years until 1975 he served on Huntly Burgh Council. He was a councillor, bailie and the last provost of Huntly.

Wood On 17 January, George Stafford Wood, MRPharmS, of 2 The Glade, Thornbury Wood, Chandler's Ford, Eastleigh, Hampshire SO53 5AZ. Mr Wood registered in 1958. He was born in Tauranga, New Zealand, and registered as a pharmacist in that country in 1957. He began his career in community pharmacy but soon after moving to Britain he joined Parke-Davis, at first as a medical representative and then in the sales department. He was sales manager for some years.

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 (made 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.

BIRTHS

Brady Peter and Helen (née Armstrong), ex-Sunderland 1989-92, are delighted to announce the birth of their son Ethan James on 20 December 2002.

DEATHS

Phillips Barbara Clare Phillips (née McMurray) of 1 Rectory Close, Farmborough, Bath BA2 0AW, died on 24 January 2003, aged 72. Clare registered in 1951. Mourned by Harold and family and friends.