

# The Society

— PHARMACY WORKFORCE CENSUS	313	— DEATHS; TRIBUTES	316
— MUSEUM; COMMITTEE ELECTIONS	313	— OFFICIAL NOTICES	317
— PHARMACY WORKFORCE CENSUS	314	— 'MEDICINES, ETHICS AND PRACTICE'	316
— BRITISH PHARMACEUTICAL CONFERENCE	316	— DIARY	318

## Society publishes headline results from its pharmacy workforce census

The Royal Pharmaceutical Society has published a summary of the results of the census of members conducted between September and December 2002.

Among the findings is that 36 per cent of pharmacists who work in community practice describe themselves as locums. Only 18 per cent of community pharmacists are owner pharmacists, although 31 per cent of jobs in community pharmacy are in independent pharmacies.

More than a fifth of the census respondents (21 per cent) identify themselves as being from minority ethnic groups.

One pharmacist in five either does not work at all or works outside pharmacy. Of

those who do work in pharmacy, 11 per cent exceed the maximum working hours set out in the European Union working time directive.

The census also found that, although women now make up just over half the register overall, they account for as much as 63 per cent of the register in Scotland but remain in the minority in Wales.

The summary report is available to download from the practice research section of the Society's website ([www.rpsgb.org.uk/practres](http://www.rpsgb.org.uk/practres)). A version also appears in *The Pharmaceutical Journal* this week (see p314).

The Society's practice research division commissioned the census to provide information that could be used to describe the current workforce and to analyse trends to

inform future planning in subsequent years. The census will be used to provide the foundation for future work at the Society in both professional and regulatory areas.

Gill Hawksworth, the Society's Vice-President, said: "The nature of professional practice in pharmacy is changing rapidly, as are the patterns of work and the careers of many pharmacists. In the light of this, there is a growing need to understand this increasingly complex and dynamic workforce in order to plan effectively for the future of the profession. These data are extremely valuable and timely in the current policy context. The Society will be using them to support developments in CPD and workforce planning in the first instance."

## Museum partnership exhibition opens

The Royal Pharmaceutical Society's museum and Hackney Museum have jointly created an exhibition on the history of the former German Hospital in Dalston. The display traces the history of the hospital, its staff and the community it served.

The display is based around a selection from the large number of objects acquired by the Society's museum from the hospital dispensary. Also on show are photographs of the hospital in the 19th and 20th centuries.

The German Hospital opened in 1845 as a voluntary subscription hospital serving the East End's large, poor German community. It was run by German nursing staff and doctors. New hospital buildings were opened in 1864. After the 1914-18 war, during which the German staff remained at the hospital, the buildings were further improved and extended. A new wing opened in 1936 housed maternity and children's wards, and a roof-garden for convalescents provided views across the city. In 1940 the staff were interned on the Isle of Man and British staff took over. In 1948, now German in name only, the hospital was taken into the National Health Service. From 1974 it cared for psychiatric and psychogeriatric patients. It closed in 1987 and its services were transferred to the new Homerton Hospital.

Briony Hudson, the Society's keeper of the museum collections, said: "Working with Hackney Museum has been a fruitful

partnership. The Society's museum has the appropriate objects and subject expertise and Hackney Museum has a thriving exhibition venue and provides the geographical link that enables the objects to mean something in the community. Bringing the two elements together has resulted in a really interesting insight into the German Hospital's history."

The exhibition marks the first outreach project through which the Society's museum is seeking to collaborate with other museums with the aim of creating broader access to its collections.

In another collaborative project in East London, items from the Society's collection are to be used to help Newham Heritage Services tell the story of its building in Stratford, which was a dispensary between 1861 and 1879.

The exhibition about the German Hospital opened at Hackney Museum on Thursday 27 February and will run until Tuesday 29 April. The museum is based in the new Hackney Technology and Learning Centre at 1 Reading Lane, London E8. Its opening hours are 9.30am to 5.30pm Monday, Tuesday and Friday, 9.30am to 8pm on Thursday, and 10am to 5pm on Saturday. It is closed on Wednesdays, Sundays and Bank Holidays. Admission is free. Further information about the exhibition is available from Hackney Museum (tel 020 8356 3500; e-mail [hmuseum@hackney.gov.uk](mailto:hmuseum@hackney.gov.uk)).

## Candidates sought for election to group committees

Three of the Royal Pharmaceutical Society's membership groups are currently inviting nominations for election to their committees.

The Hospital Pharmacists Group has this week announced an election to fill two vacancies for committee members to represent England and one vacancy for a member to represent Wales. The Veterinary Pharmacists Group is seeking nominations to fill five committee vacancies. Nomination must be received by 21 March for both groups.

In addition, nominations are still welcome for the seven vacant places on the committee of the Community Pharmacists Group. Nominations close on 14 March.

Potential candidates in this year's election of seven Council members still have time to garner the required 10 nominations. Nominations for the Council election close on 18 March.

*Official Notices, p317*

# Overview of main census findings

*In September 2002, the Royal Pharmaceutical Society distributed census forms to all its members with the aim of updating and expanding its membership data (PJ, 31 August 2002, p302). The Society needs detailed, up-to-date information to inform its future work as a professional and regulatory body in the areas of workforce planning, education, research, developing the register and implementing race relations legislation. The census returns are being analysed for the Society by researchers in the School of Pharmacy and Pharmaceutical Sciences at the University of Manchester. This article, by Dr Karen Hassell, NHS career scientist and senior research fellow, and Philip Shann, research associate, provides a summary of the main findings.*

**F**indings from the 2002 pharmacy workforce census provide information on the socio-demographic profile and employment practices and patterns of pharmacists registered with the Royal Pharmaceutical Society. This report gives a brief overview of the main findings. All pharmacists on the register in August 2002, whether classed as "home" (living in England, Scotland or Wales) or "overseas", were included in the census. From this population of 45,267 pharmacists, 39,020 useable responses were received, which gave an overall response rate of 86.2 per cent.

Different response rates were noted for England, Wales, Scotland and "overseas" pharmacists — 88 per cent, 90 per cent, 90 per cent and 69.5 per cent, respectively. The overall response rate from pharmacists on the "home" register was 88 per cent.

Comparison with the register shows that non-responders were more likely to be overseas-based, but there was also a slight over-representation of younger pharmacists and males among the non-responders.

The following analysis is based on data from all respondents to the census.

## GENDER

Of those respondents who indicated their gender, just over half (52.6 per cent) are female (Table 1).

Analysis of gender by region (Table 2) shows that, although the gender split in England more or less mirrors that of all respondents, Wales has a slightly lower proportion of female pharmacists (49 per cent) and Scotland has a substantially higher proportion (63 per cent).

## AGE

Table 3 shows age groups and gender for pharmacists, grouped into 10-year age bands. Those falling in the 60–69 age group are split further to differentiate the state pension ages for men (65 years) and women (60 years).

Within the 10-year age bands, the biggest single group of respondents — more than a quarter (25.6 per cent) — are aged 30–39 years, and 23 per cent are aged 40–49 years. In total, 42 per cent of respondents are under 40 years of age. The number of females under 40 is high, representing 52

**TABLE 1: GENDER OF RESPONDENTS**

Gender	Number	Percentage
Male	18,315	47.4
Female	20,354	52.6
All respondents	38,669	100.0

**TABLE 2: GENDER BY REGION (PERCENTAGE)**

Region	Male	Female
England	48	52
Scotland	37	63
Wales	51	49
All respondents	48	52

**TABLE 4: AGE GROUP BY REGION (PERCENTAGE)**

Age group	England	Scotland	Wales
29 years and under	16	19	15
30–39 years	26	25	22
40–49 years	23	22	23
50–59 years	15	16	14
60–64 years	6	6	7
65–69 years	6	6	7
70–79 years	6	5	8
80 years or older	3	2	4
All respondents	99	101	100

*Total percentages other than 100 are due to rounding*

per cent of all females, whereas the males under 40 represent 30 per cent of all males.

Looking at the older age groups, 8.2 per cent are aged 70 or over. Taking account of the different retirement ages for men and women, 16 per cent of respondents are over the official age of retirement. The gender breakdown of those over state pension age is 22 per cent male and 12 per cent female.

The age groups remain relatively similar in proportion if they are examined by region (Table 4), other than in Wales, where the proportion of older pharmacists is slightly higher.

## ETHNIC GROUP

Recent legislation means that all public bodies, including the Society, will be expected to have complete ethnic origin information on their registers. Therefore, a question on ethnic origin was included in the census.

Most respondents (79 per cent) describe themselves as white or white British, while just over one-fifth (21 per cent) are from an ethnic minority background (Table 5). The single biggest ethnic minority group are Indian pharmacists, constituting 11 per cent of all respondents (and accounting for most

**TABLE 3: AGE GROUP AND GENDER**

Age group	Male	Female	Total	Percentage
29 years and under	2,054	4,097	6,151	16.1
30–39 years	3,393	6,384	9,777	25.6
40–49 years	3,963	4,863	8,826	23.1
50–59 years	3,189	2,450	5,639	14.8
60–64 years	1,531	802	2,333	6.1
65–69 years	1,553	702	2,255	5.9
70–79 years	1,493	666	2,159	5.7
80 years or older	866	185	1,051	2.7
All respondents	18,042	20,149	38,191	100.0

**TABLE 5: ETHNIC GROUP**

Ethnic group	Number	Percentage
All white	30,472	79.0
Black/Black British	813	2.1
Mixed	204	0.5
Asian/Asian British	5,596	14.5
Chinese	1,127	2.9
Other	356	0.9
All respondents	38,568	99.9

*The total percentage is less than 100 because of rounding*

of the Asian/Asian British category shown in the tables).

The ethnic group data change substantially if viewed across regions (Table 6), with both Scotland and Wales having a much smaller proportion of pharmacists from minority ethnic groups than England.

## EMPLOYMENT SITUATION

About 20 per cent of respondents are either not in active employment or work outside pharmacy altogether (Table 7). Therefore, it could be said that one fifth of pharmacists are "non-practising".

Of the 80 per cent who work within the profession, 85.9 per cent work solely in pharmacy, 7.6 per cent work partly inside and partly outside pharmacy and 6.5 per cent are officially retired but still work in pharmacy in some capacity.

As Table 8 shows, there is little difference in employment situation across England, Scotland and Wales.

## SECTOR OF PRACTICE

Those in active pharmacy employment (80.4 per cent of all respondents) were asked

**TABLE 6: ETHNIC GROUP BY REGION (PERCENTAGE)**

Ethnic group	England	Scotland	Wales
All white	76.6	96.0	95.0
Black/Black British	2.5	0.4	0.6
Mixed	0.6	0.2	0.6
Asian/Asian British	17.3	2.8	2.9
Chinese	2.1	0.4	0.9
Other	1.0	0.2	0.2
All respondents	100.1	100.0	100.2

Total percentages other than 100 are due to rounding

**TABLE 7: EMPLOYMENT SITUATION**

Situation	Number	Percentage
Active in pharmacy	31,347	80.4
Active outside pharmacy	1,402	3.6
Not active	6,259	16.0
All respondents	39,008	100.0

**TABLE 8: EMPLOYMENT SITUATION BY REGION (PERCENTAGE)**

Situation	England	Scotland	Wales
Active in pharmacy	81.1	81.2	80.6
Active outside pharmacy	15.7	16.4	17.9
Not active	3.3	2.4	1.5
All respondents	100.1	100.0	100.0

Total percentages other than 100 are due to rounding

**TABLE 9: SECTOR OF PRACTICE**

Sector	Number	Percentage
Community	22,923	73.1
Hospital	6,385	20.4
Primary care	1,867	6.0
Other	3,658	11.7
All responses	34,833	111.2

The total is greater than 100 per cent because some respondents work in more than one sector

to provide information on the sector they work in, their job (a maximum of four jobs) and hours of work.

About 73 per cent of all those in active employment work in the community pharmacy sector, 20 per cent in the hospital sector, 6 per cent in primary care and 12 per cent in other sectors, such as industry and academia (Table 9).

The breakdown of sectors remains broadly similar when those actively employed in England, Scotland and Wales are examined separately (Table 10). However, statistically significant differences are found, with proportionately more pharmacists in Scotland working in primary care than is the norm for the population as a whole and more pharmacists in England working in "other" pharmacy sectors.

Gender differences are found within sector of employment of all those actively employed: 73.5 per cent of hospital pharmacists are female, while 49 per cent of community pharmacists are female.

## NUMBER OF JOBS HELD

Remaining with those stating they are active in pharmacy, the findings showed that about 86 per cent of those working in pharmacy (in any sector) have one job only, while 14 per cent have two or more jobs. However, the findings look different when each sector is examined individually, with 65 per cent of primary care pharmacists having two or more jobs (Table 11). This suggests portfolio working is much more the norm for people in this sector.

**TABLE 10: SECTOR OF PRACTICE BY REGION (PERCENTAGE)**

Sector	England	Scotland	Wales
Community	74	77	74
Hospital	20	22	21
Primary care	6	5	9
Other	11	7	6
All respondents	101	101	101

Total percentages other than 100 are due to rounding

**TABLE 11: PHARMACISTS IN EACH SECTOR WITH MORE THAN ONE JOB (PERCENTAGE)**

Sector	Percentage
Community	16
Hospital	22
Primary care	65
Other	37
Total	140

The total is greater than 100 per cent because some respondents work in more than one sector

**TABLE 12: POSITIONS HELD BY HOSPITAL PHARMACISTS (PERCENTAGE)**

Position	Percentage
Grade A-C	30.0
Grade D-E	49.6
Grade F or higher	10.6
Locum	8.7
Other	2.6
All respondents	101.5

The total is greater than 100 per cent because some respondents work in more than one sector

## POSITIONS HELD BY HOSPITAL PHARMACISTS

For those active in hospital pharmacy (Table 12), the largest proportion of jobs, 49.6 per cent, are graded D to E, while 8.7 per cent are classed as locum.

## POSITIONS HELD BY COMMUNITY PHARMACISTS

Of all pharmacists who are active in the community sector, 18 per cent are owner pharmacists (Table 13). Only 28 per cent are managers (and thus with permanent positions). The single largest category within this sector is the locum position, accounting for 36 per cent of community pharmacists. Relief or second pharmacists account for a further 10 per cent and 9 per cent, respectively. Combining the locum and relief pharmacist categories suggests that about 46 per cent of pharmacists who work in the community sector are in non-permanent positions.

## HOURS OF WORK

An examination of hours of work for all pharmacists in active employment used total hours worked across the maximum of four jobs and took an eight-hour day as the average working day. It was found that 40 per cent of the total work between 33 and 40 hours a week (Table 14). A slightly higher proportion of women than men work these hours (42 per cent and 37 per cent, respectively).

The census indicates that 11 per cent of respondents work 49 hours a week or more,

**TABLE 13: POSITIONS HELD BY COMMUNITY PHARMACISTS**

Position	Number	Percentage
Owner	4,152	18.1
Manager	6,389	27.9
Relief	2,193	9.6
Second	2,063	9.0
Locum	8,351	36.4
Other	1,117	4.9
All respondents	22,923	105.9

The total is greater than 100 per cent because some respondents work in more than one sector

**TABLE 14: HOURS OF WORK PER WEEK**

Hours worked	Number	Percentage
Up to 16 hours	3,551	12.9
17-24 hours	2,512	9.1
25-32 hours	2,453	8.9
33-40 hours	10,898	39.6
41-48 hours	5,107	18.5
49 hours and over	3,027	11.0
All respondents	27,548	100.0

**TABLE 15: DISTRIBUTION OF COMMUNITY PHARMACY JOBS ACROSS PHARMACY TYPES**

Pharmacy type	Number	Percentage
Independent	7,831	31.4
Small multiple	3,717	14.9
Medium multiple	2,514	10.1
Large multiple	10,851	43.6
All respondents	24,913	100.0

which is in excess of the maximum recommended by the European Union working hours directive. About half those who work 49 hours and above are owners of community pharmacies.

As is the general pattern, greater proportions of men work longer hours than women. However, there is also a relatively large proportion of men (19.4 per cent) who work less than full-time (ie, all those who work 32 hours or less), compared with 40.3 per cent of women.

## DISTRIBUTION OF JOBS ACROSS PHARMACY TYPES

The distribution of community pharmacists across the different pharmacy types (large multiples, independents, medium chains and small chains) is shown in Table 15. This table does not refer to numbers of pharmacists but to all jobs in the community sector.

Of all the jobs in community pharmacy 43 per cent are located in large multiples, 31 per cent in independents, and the remainder in small chains (15 per cent) and medium chains (10 per cent).

Looking at respondents' positions within community pharmacy, the census reveals that 75 per cent of all owner positions are located in independents and 63 per cent of managers are located in large multiples.

Locum jobs are more evenly distributed across the different types, with one third of locum jobs held in independents, a third held in large multiples, and the remaining third split between the small and medium chains.

## Manchester to host BPC from 2004

TRIBUTES

The Manchester International Convention Centre (MICC) has been chosen as a long-term home for the annual British Pharmaceutical Conference from next year. A firm booking has been made for BPC 2004 and provisional bookings for the following four years. The dates are as follows:

- 2004 — 27 to 29 September
- 2005 — 26 to 28 September
- 2006 — 25 to 27 September
- 2007 — 10 to 12 September
- 2008 — 8 to 10 September

The chairman of the Society's Conference Committee, Wally Dove, said: "We are looking to move BPC forward as the conference for pharmacy practice and science. We held a highly successful event in Manchester in 2002 and we believe that the venue is ideal for the biggest pharmacy event held in Britain. Manchester is a great location and the MICC provides a venue that meets the needs of the BPC and its delegates."

Since the British Pharmaceutical Conference began in 1864, it has been held at venues all over Britain, from Aberdeen to Plymouth and from Llandudno to Norwich. It has also occasionally been held overseas — in Dublin four times, Belfast twice and, most recently, in Jersey in 1986. Until now the conference has only visited the same place two years running as a consequence of war, which led to small conferences being

held in London from 1915 to 1919 and from 1949 to 1946.

BPC 2003 is being held at Harrogate International Centre from Monday 15 to Wednesday 17 September. The conference theme this year is "Delivering innovation for patients". The programme will examine the development and delivery of breakthroughs in treatment and diagnosis by pharmacists in both industry and practice. The symposium sessions will focus on innovation in cancer care, paediatric pharmacy and the delivery of innovation to patients (*PJ*, 25 January 2003, p135)

Further information about the conference can be obtained from Angela Lyons (events manager) at Health Links, Windsor House, 11a High Street, Kings Heath, Birmingham B14 7BB (tel 0121 248 3399; fax 0121 248 3390; e-mail alyons@health-links.fsnet.co.uk). The provisional programme and other information can be accessed online through the events section of the Royal Pharmaceutical Society's website ([www.rpsgb.org.uk/events](http://www.rpsgb.org.uk/events)) or directly from the Health Links website ([www.health-links.co.uk/bpc](http://www.health-links.co.uk/bpc)). The Society's website also offers links from its homepage and from the "What's new on this site" section.

The online information also includes calls for papers for the science and practice research sessions. The closing dates 25 April for science abstracts and 31 March for practice research abstracts.

## DEATHS

**Shaw** On 16 February, Arthur George Shaw, OBE, FRPharmS, of 15 Jennings Road, St Albans, Hertfordshire AL1 4NU. Mr Shaw registered in 1938. He was a former secretary and deputy director of the Association of the British Pharmaceutical Industry.

Mr Shaw undertook a community pharmacy apprenticeship in Bradford and went on to study pharmacy at Bradford Technical College (now the University of Bradford). He registered with the Society as a chemist and druggist in 1938 and as a pharmaceutical chemist the next year, when he began a career in hospital pharmacy. He worked in Edmonton and Edgware, Middlesex, before moving to Kingston-upon-Thames, where he was appointed chief pharmacist to Kingston Hospital in 1948.

From the start of his hospital service Mr Shaw was active in the work of the Guild of Public Pharmacists (now the Guild of Healthcare Pharmacists). He was a member of its council from 1942 to 1953 and was president in 1952–53. He represented the guild on the Pharmaceutical Whitley Council from 1948 to 1953 and served as staff side



secretary of committee "C" of the Whitley Council from 1951 to 1953. During his hospital pharmacy career he obtained the diploma in biochemical analysis in 1943.

At the beginning of 1954, Mr Shaw left the hospital service to join the staff of the Association of the British Pharmaceutical Industry as assistant secretary. He was called to the bar of the Middle Temple in 1959 and elected a fellow of the Corporation of Secretaries in the following year. He was appointed secretary of the ABPI in 1967 and took on the additional role of deputy director in 1977. He retired from the association in 1982, and was made OBE in the Queen's New Year honours list that year.

He served on a number of committees during his career, including the Joint Formulary Committee of the British National Formulary. He was also active in the industrial pharmacy section of the International Pharmaceutical Federation and served as the section's president. He also served on the court of the University of Bradford and was a past president of the Thames Valley Pharmacists Association. (Tribute, Column 3).

**Funeral:** Friday 28 February, 12.40pm, Garston Crematorium, High Elms Lane, Garston, near Watford. Donations to Yorkshire Vascular and Surgical Research Fund, 1 Manor Park, Arkendale, Knaresborough, North Yorkshire HG5 0QH.

**Shaw** In a tribute to the late Arthur George Shaw (see Column 1), JANE NICHOLSON writes: I met Arthur Shaw at the Regent Street offices of the Association of the British Pharmaceutical Industry when he was secretary of the association and I was a member of its regulatory committee, chaired by John Spink. Arthur's solid background in hospital pharmacy, coupled with his legal training assisted enormously with the committee's rambling discussions around the early days of the Medicines Act.

Arthur was proud to have been the president of the industrial pharmacy section of the International Pharmaceutical Federation and had a number of life-long pharmacy friends from various parts of the world, and particularly from Scandinavia and Switzerland, as a result of attending international pharmacy congresses.

Arthur shared a passion for opera with Christopher (my late husband) and me, and he introduced me to some wonderful performances at Garsington and Holland Park as well as at the better known venues of Glyndebourne and the Coliseum.

As well as maintaining an interest in the developments in his profession of pharmacy, he was very much at home among members of his other profession, the law. In later years, he used the Middle Temple as his lunch or dinner "dining club." An intelligent and well read Yorkshireman, he will be sadly missed by family and friends.

**Hunterman** In a tribute to the late Israel Hunterman (*PJ*, 18 January, p96), VICTOR HAMMOND writes: When I placed a notice in the *PJ* Wants List in 1992 asking colleagues for details of their wartime service, Israel Hunterman provided me with some recollections from the time that he volunteered to join HM Forces. Although he had only qualified in 1937, on 3 September 1939, he wrote and confirmed his intention to join the Royal Army Medical Corps. As he wrote to me in 1993: "I was given seven days to close my pharmacy in Leeds, having . . . opened it in 1938". Israel reported to the RAMC training depot within a month.

He spent most of his wartime service looking after prisoners and staff in prisoner of war camps. In less than three weeks from reporting to the training camp he was posted to the number one POW camp for officers at Grizedale Hall in the Lake District. As a pharmacist, he found that: "The medical facilities at the camp were nil. The doctor was a civilian medical practitioner, approximately 70 years of age. My job with the medical officer was a medical examination of every individual — full details regarding scars, marks, etc, were logged."

Israel was posted to Europe soon after VE Day. There he saw service in Bruges, Belgium and Brussels before a spell in a military hospital in Antwerp. At the end of the war in Europe he was in what had been a civilian internment camp, south of Hamburg.

Israel Hunterman demonstrated his devotion to his profession under difficult circumstances with a cheerful optimism.

*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](http://www.pjonline.com/notices))*

#### Statutory Committee decisions

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

On Monday 17 February, in the resumed inquiry into **Hasmukhkant Nanji Badiani**, of 32 Beechcroft Gardens, Wembley Park, Wembley, Middlesex, and **Amal Razouki Hasan**, of 49 Churchill Gardens, London W3, the committee, having found misconduct established against both Mr Badiani and Mrs Hasan, resolved to direct the Registrar to remove Mr Badiani's name from the Register of Pharmaceutical Chemists and to issue a reprimand to Mrs Hasan. Under Section 11 of the Pharmacy Act 1954, the direction in relation to Mr Hasan is not to take effect until the expiration of a period of three months from the date on which notice of removal is given or in a case where an appeal has been brought against the direction, until the appeal is determined or withdrawn.

In the inquiry into **Stella Mary Kalembe Zikulabe Luwaga**, of 19 Grace Path, Sydenham, London SE26, the committee, having found misconduct established, resolved to admonish Mrs Zikulabe Luwaga.

In the inquiry into **Scott Andrew Lawson**, of 22 Greenfield Park, Monktonhall, Musselburgh, Midlothian, the committee, having found the misconduct established, resolved to reprimand Mr Lawson.

On Tuesday 18 February, in the inquiry into **Rosemary Stella Telford**, of 76 Newton Grove, Newton Mearns, Glasgow, the committee, having found the misconduct established, resolved to reprimand Mrs Telford.

In the application for registration of **Valerie Onoriode Esievo**, of 94 Burrow House, Stockwell Park Road, London SW9, the committee resolved that the name of Ms Onoriode Esievo should be registered on the Register of Pharmaceutical Chemists.

On Wednesday 19 February, in the inquiry into **Sarwan Dass Samrai**, of Woodvale, Vale Avenue, Walsall, West Midlands, the committee, having found misconduct established, resolved to reprimand Mr Samrai.

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

#### 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](http://www.rpsgb.org.uk/society)). Nominations can also be made by letter.*

#### Hospital Pharmacists Group Committee election 2003

Nominations are invited from members of the Royal Pharmaceutical Society's Hospital Pharmacists Group for candidates to stand for election to the committee. There are vacancies for two committee members to represent England, and one committee member to represent Wales.

Candidates to represent England in the election must be group members resident in England and may be nominated only by group members also resident in England. Candidates to represent Wales in the election must be group members resident in Wales and may be nominated only by group members also resident in Wales.

Nominations should be submitted to Liz Griffiths, secretary to the Hospital Pharmacists Group at the Society's headquarters, and should be received by 21 March.

Nominations need not be made on a special form. The proposer should state his or her registered name, registered address and registration number.

If more candidates are nominated than there are places to fill, an election will be carried out by postal ballot in May 2003. Only members of the group living in England will be eligible to vote for two committee members to represent England, and only members living in Wales will be eligible to vote for one committee member to represent Wales.

All three elected members will normally serve for a period of three years from June.

NB: Only members of the Hospital Pharmacists Group are eligible to nominate or seek nomination for election. Receipt of the Hospital Pharmacist journal does not confer membership of the Group.

LIZ GRIFFITHS  
Secretary to the Hospital  
Pharmacists Group

#### Veterinary Pharmacists Group Committee election 2003

Nominations are invited from members of the Royal Pharmaceutical Society's Veterinary Pharmacists Group for candidates to stand for election to the committee.

There are five vacancies for committee members.

Nominations should be submitted to Liz Griffiths in the practice division at the Society's headquarters, and should be received by 21 March. Nominations need not be made on a special form. The proposer should state his or her registered name, registered address and registration number.

If more candidates are nominated than there are places to fill, an election will be carried out by postal ballot during May.

All five elected members will normally serve for a period of three years from June 2003.

NB: Only members of the Veterinary Pharmacists Group are eligible to nominate or seek nomination for election.

LIZ GRIFFITHS  
Secretary to the Veterinary  
Pharmacists Group

#### 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

## 'Medicines, ethics and practice' amendments

The monthly cumulative list of amendments to the 26th (July 2002) 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 1 February (p173) and to note the following addition:

Cialis tablets POM

## HEADQUARTERS MEETINGS

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

Monday 3 March  
Resource Management Committee 11.30am  
Infringements Committee 1.30pm

Tuesday 4 March  
Practice Committee 9.30am  
Science Committee 9.30am  
Education Committee 1.30pm  
Law and Ethics Committee 1.30pm  
Science Reception 6.30pm

Wednesday 5 March  
Council reserve day 9am

## 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](http://www.pjonline.com/noticeboard))*

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 (Centre for Pharmacy Postgraduate Education facilitator) and Kay Walsh (interface/formulary pharmacist). Scarisbrick Hotel, Lord Street, 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.

Tuesday 4 March

**Bradford** "Impact of continuing professional development on the profession" by a speaker from Boots The Chemist. John Stanley Bell Lecture Theatre (D4), Richmond Building, Bradford University. 7.30pm. Buffet and drinks afterwards.

**Brighton** "Female infertility and its treatment" by Julia Montgomery (consultant obstetrician and gynaecologist, Brighton and Sussex University Hospitals NHS Trust). Postgraduate Medical Centre, Brighton General Hospital, Elm Grove, Brighton. 8pm.

**Clwyd** "New developments in respiratory medicine". Oriol House Hotel, St Asaph. Buffet 7.15pm, meeting 7.45pm.

**Leicestershire** "Cystic fibrosis". Leicester Tigers Ground, Aylestone Road, Leicester. Buffet 7pm, meeting 7.45pm.

**Oxfordshire** "e-Pharmacy" by Ian Shepherd (former head of information technology, Royal Pharmaceutical Society) and "e-Commerce in a pharmacy context" by Julian Fifield (marketing director, Rizome

Ltd). Level 3, George Pickering Postgraduate Medical Centre, John Radcliffe Hospital. Light refreshments. 7.30 for 8pm.

**Stockport** "NHS update: medicines management local projects". Lecture Theatre A, Postgraduate Medical Centre, Stepping Hill Hospital, Stockport. Refreshments 7.15pm, meeting 8pm.

Wednesday 5 March

**Thames Valley** "Pharmacist prescribing: opportunity or challenge?" by Beth Taylor (manager, Southwark Primary Care Trust community services team). Adelaide Public House, Park Road, Teddington. Refreshments 7.30pm, meeting 8pm.

Thursday 6 March

**Bedfordshire** "Developments in gynaecology" by Mr C. B. Lynch (consultant gynaecologist, Milton Keynes Hospital). Star and Garter, Silsoe. Buffet 7.15pm, meeting 8pm.

**Colchester** "Aphrodisiac from the garden" by Professor Peter Houghton (King's College). Mark Tey Hotel, near Colchester. Buffet 7.30pm, meeting 8pm.

**Hounslow** "Update on drug misuse" by Dr David Temple (lecturer, Welsh School of Pharmacy, Cardiff University). Education Centre, West Middlesex University Hospital, Isleworth. Buffet 7.30pm, meeting 8pm.

**Huddersfield** "A hospital consultant". Postgraduate Centre, Huddersfield Royal Infirmary. 8pm.

**Hull** "Pharmacists and status: are you content with yours?" by Dr Malcolm Brown. Postgraduate Education Centre, Hull Royal Infirmary, Hull. 7.30 for 8pm.

**Ipswich** "Deep vein thromboses: doppler scanning, stockings and travel" by Sister

**Apology: Birmingham branch**

In a Diary entry last week for a Birmingham branch meeting on 27 February we accidentally gave the details of a branch meeting planned for 27 March. We offer our apologies to branch members who were inconvenienced by the error.

Ellie Lindsay (district nurse, Otley Surgery). Thornham Hall, Thornham Magna, near Eye. 8pm. Two course meal available after the meeting.

**Sheffield** "Palliative care" by Bel Morris (clinical pharmacist, Weston Park Hospital, Sheffield). Charnwood Hotel, 10 Sharrow Lane, Sheffield. Light buffet 7pm, meeting 7.30pm.

Monday 10 March

**Derby** "Medication errors" by Professor David Cousins (National Patient Safety Agency). Postgraduate Medical Centre, Kingsway Hospital, Derby. Buffet 7.30pm, meeting 8pm.

**Exeter** "Continuing professional development: have you boarded the bus?" by Dr Peter Wilson (special adviser on continuing professional development, Royal Pharmaceutical Society). Crossmead Conference Centre, Barley Lane, Exeter. 7pm.

**Nottingham** "Clinical governance: American style" by Jo Attewell (community pharmacy clinical governance lead). School of Pharmacy, University of Nottingham. Finger buffet 7.30pm, meeting 8pm.

**Slough** "Skin cancers" by Dr Marcia Hull (consultant medical oncologist). John Lister Postgraduate Centre, Wexham Park hospital, Slough. Buffet 7.15pm, meeting 8pm.