

The Society

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Council to consult the membership on content of a new Charter for the Society

The Council of the Royal Pharmaceutical Society has begun the process of consulting the membership on the content of a proposed new Royal Charter for the Society.

The Council decided on 5 March to seek a new Charter to complement new legislation (see p379). The Society is following up that decision by publishing a four-page preliminary consultation paper as a centre pull-out in this issue of *The Pharmaceutical Journal*.

Explaining the importance of the Charter, the paper says that the Society is governed both by legislation and Charter. It has always been proud of its chartered status, the benefits of which include flexibility, autonomy and the power to carry out a wider range of activities than set out in legislation, provided they are not at odds with the public interest.

The original Charter, granted in 1843, established the Society as a chartered corporation and set out its objects, its structure and some of its powers. Supplemental Charters amended the original Charter in 1901 and 1948, and another supplemental Charter in 1953 was effectively a new Charter, revoking all previous Charters except in so far as they served to incorporate the Society. However, the 1953 Charter is now out of date in a number of respects, the document says. For example, modern requirements for good governance mean that the Charter should make explicit what is currently implicit, such as confirming that the Society's powers will be exercised for the public benefit and describing the purposes for which the Society's assets may be used. The Society's ability to regulate its internal affairs is hindered by the need for Privy Council approval before the Byelaws can be changed. Other out-of-date features are the provisions relating to property and the focus on "advancing the science of chemistry".

The Council has decided that an entirely new Charter is necessary because the Society could not be made fit for the future just

by amending the current Charter. Small amendments would not be sufficient to achieve clarity and consistency.

A further problem with seeking only to amend the current Charter is that it would depend on the outcome of a special general meeting at which 75 per cent of those present would need to accept the proposed changes. The Council is concerned that an

SGM might not reflect the majority views captured over the past year's consultation on reform but instead be dominated by "a small but vocal minority who have monopolised much of the debate on reform so far". Furthermore, the Privy Council would also be unlikely to consider that an SGM reflects adequate consultation.

The document says that a new Charter will complement the legislation the Council is seeking so as to support the Society's integrated roles in a coherent way. A new

Charter will demonstrate a commitment to the Society's wider functions as a professional body and will ensure that it is fully equipped and empowered to fulfil its remit as an integrated modern regulator and professional body.

Proceeding separately with proposals for legislation and the Charter would be unlikely to achieve the best outcome for pharmacy and the public, the paper suggests. The option of having a new Charter alongside an Order under Section 60 of the Health Act 1999 gives the Society the opportunity to ensure that it is properly equipped for its role as a modern regulator and professional body, with clear and appropriate powers and functions. A new Charter would support the Society's integrated functions and, in particular, safeguard and strengthen the professional role.

The document points out that all methods of seeking a new Charter involve an extensive period of consultation and clearance with the Privy Council's advisers. These would be essentially the same Department of Health officials and lawyers as are involved

with the formulation of the Section 60 Order.

The document warns that, if the Society does not update its Charter concurrently with new legislation, the Government may well use legislation to act directly on the Charter — not necessarily with the Society's agreement. The Charter would in effect be overwritten by legislation. This could make it harder for the Society to achieve the best outcome for the profession and the public and reduce its ability to achieve desirable change in the future. It would leave the Charter to wither on the vine, serving no real purpose other than to incorporate the Society.



The preliminary consultation paper published this week

What happens next?

A pull-out section in next week's *Journal* will carry the text of the current Charter, a suggested first draft of a new Charter, a table of comparisons and explanatory notes. The draft new Charter, based on legal advice taken to date, will be intended simply to give a general idea of how things could look. Before petitioning the Privy Council for a new Charter, the Council will revise the draft to take into account the feedback from a wide-ranging consultation with the membership and other stakeholders.

The Council is planning a communications programme that aims to stimulate debate with as many members as possible. Over the coming months, it will communicate with members via the pharmacy press and the Society's website. Members will be able to express their views at a range of gatherings, including branch and regional meetings and the Society's annual general meeting and branch representatives' meeting. To inform discussions at the AGM and BRM, the Council is inviting initial views, based on the information in next week's *Journal*, by 22 April.

FROM THE PRESIDENT

A Charter for a world-class organisation

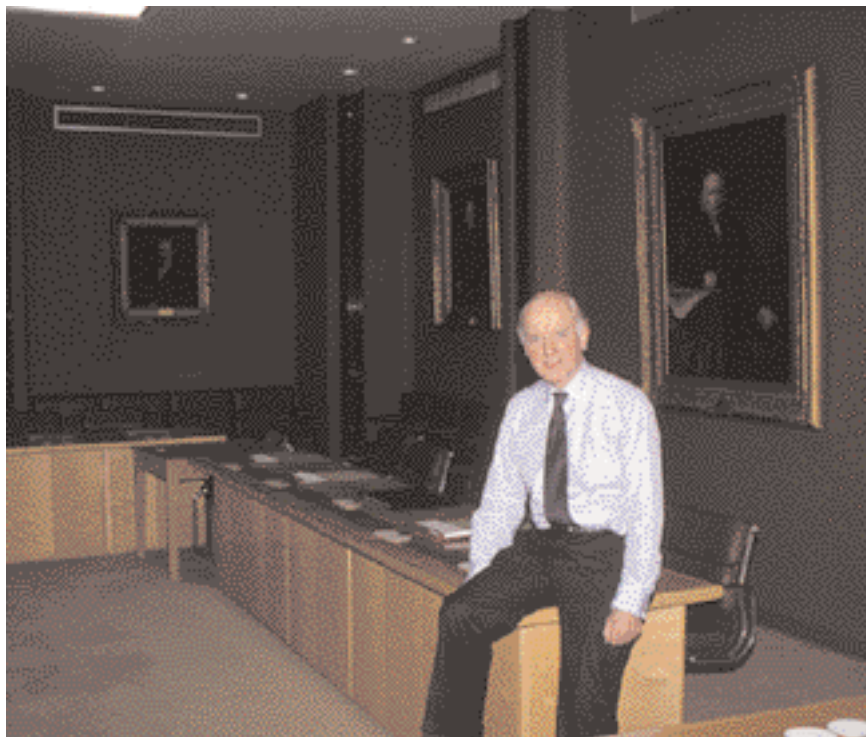
Last week, the Council made a unanimous decision to seek a new Royal Charter for the pharmacy profession (see report, p379). I cannot overemphasise the importance of this move, which aims to ensure that the Society retains the flexibility, autonomy and self-determination that Chartered status confers.

As well as completing the Society's governing framework, a new Charter will have the important outcome of allowing the Society to pursue and develop its role as a professional leadership body. The Charter will sit alongside legislation to create a robust, integrated framework that will take the Society into the future as a world class organisation of its kind.

The Society has always been rightly proud of its chartered status. The benefits it confers are many: flexibility, autonomy as well as the powers to undertake a broader range of appropriate activities than set out in the governing legislation, provided of course, these do not conflict with the public interest.

The original Charter, granted in 1843, established the Society as a Chartered corporation and set out the Society's objects, structure and some of its powers. Since then, supplemental Charters have been granted in 1901, 1948 and 1953. The Council itself is constituted jointly by Charter and legislation and is responsible for the discharge of all the Society's functions whether provided by Charter or legislation.

Many readers of *The Pharmaceutical Journal* will be familiar with the background to the Society's modernisation programme through which the Council is working to create a modern, effective regulatory and professional body for pharmacists. In theory, the



The President in the Council chamber. Behind him is a portrait of William Allen, who was President when the Society was granted its Charter of Incorporation in 1843

programme of reform could be achieved solely through legislation through an Order in Council under Section 60 of the Health Act. However, this could leave the Society's Charter to wither on the vine, serving no real purpose other than to incorporate the Society. In order to retain and improve the advantages that chartered status confers, the Council has, therefore, decided that there should be a new Charter.

And there is also a strong possibility that, if the Society does not update its Charter concurrently with new legislation, the Government will use legislation to act directly on the Charter, not necessarily with the Society's agreement. The Charter would then effectively be overwritten by legislation, which could make it more uncertain that the Society could achieve the best outcome for the profession and the public it serves. It could also reduce the Society's ability to achieve desirable change in the future, as powers under the Charter could be lost.

Not surprisingly for a 50-year-old document, the 1953 Charter is out of date in many crucial respects. The Council agreed that just amending the current Charter would not make it fit for the future and that an entirely new Charter was what was needed.

Having taken the decision to seek a new Charter, the Council now intends to launch a wide-ranging programme of consultation with the membership and other stakeholders on the content of the Charter.

The Council is committed to ensuring the widest possible consultation process, with the membership and with the key stakeholders to explain the issues that led to its decision and to seek views to inform the content of the new Charter. A wide-ranging communications programme is being planned to enable us to reach as many members as possible in order to stimulate debate and feedback.

Over the coming months, we will be taking the opportunity to talk to pharmacists through the Society's branches and regions, the pharmacy press, the website, the annual general meeting and branch representatives' meeting and by other means. This is a crucial moment in the profession's history and it is important that as many pharmacists as possible take part in the process that will lead to a new Charter. My colleagues and I will be working to communicate the issues, stimulate debate and collect feedback.



The Society's 1843 Charter of Incorporation, which is on display within the Society's Lambeth headquarters building

SPECIAL COUNCIL MEETING

Council decides to seek new Charter

The Council of the Royal Pharmaceutical Society, at a special meeting on 5 March, decided to seek a new Charter for the Society at the same time as seeking new legislation for the profession. It will petition for a new Charter only after wide consultation with the membership on the content of the Charter.

At an informal session earlier in the day the Council had considered a paper on the topic and heard the views of Robert Bulling (Allen & Overy), an expert in the law relating to chartered bodies and a member of the Society's modernisation steering group.

The paper said that being governed by both Charter and legislation gave the Society greater flexibility and autonomy, allowing it to carry out a broad range of activities, provided they did not conflict with the public interest. However, the Charter was deficient in a number of ways and needed to be updated in tandem with the new legislation the Society was seeking.

Small amendments to the Charter would not be sufficient to achieve clarity and consistency. A new Charter would demonstrate the Society's commitment to its wider functions as a professional body and ensure that it could fulfil its remit as a modern regulator and professional body.

The paper added that the Department of Health agreed that the best approach to reform was to work towards new legislation and a new Charter at the same time.

The paper concluded by recommending that the Council should seek both new legislation and a new Charter.

In the light of the views expressed during the morning, the paper's recommendation was revised to read: "To seek both new legislation and a new Charter and to seek the views of the profession on this by a range of means before proceeding further."

Opening the debate during the Council meeting, the PRESIDENT said that the position the Council had reached that morning, on the advice of an expert, was that if it determined to continue with the existing Charter, then powers of the Society in those circumstances would almost certainly fall within legislation and not within the Charter. If there were no new Charter it was likely that legislation would be developed in a way that would leave the Charter as a historical artefact.

The issue was whether the Council wanted the powers of the Society to be largely confined to legislation, which the Parliament of the day would determine, or whether it wanted to see the profession continue to be self-regulated, with powers derived from both Charter and legislation. The advice given that morning was that the existing Charter put a great question mark about that, whereas a new Charter would enable the Society to move forward.

ASHWIN TANNA formally proposed that there should be a new Charter.

Dr GORDON APPELBE seconded the proposal.

CHRISTINE GLOVER said that she was not prepared to vote on the matter until she had an assurance that there would be an explanation for the membership as to how the Council had arrived at the consensus it had reached that morning.

The PRESIDENT said that would be essential.

HEMANT PATEL said that he wanted to know the reasons for a new Charter.

The PRESIDENT said that, following the morning's discussions, everyone round the table well understood the position. But the reasons would need to be articulated.

ALISON EWING said that it was important for the Council to point out not just the reasons for a new Charter but also what would happen without a new Charter.

LINDA STONE, commenting on the aim of seeking both new legislation and a new Charter, asked whether the Council could link the Section 60 Order and the new Charter to the same time frame.

The PRESIDENT said that he believed that it could. The Council had already agreed to seek a Section 60 Order. Advice had been given that there were advantages in doing that concurrently with seeking a new Charter. But first the Council had to establish the principle of whether there should be a new Charter.

PETER CURPHEY said that he thought that for the best motives they had tried to turn consensus into recommendation halfway between sending out the agenda and having the meeting. He wished they would stick to the agenda.

The PRESIDENT said he understood Mr Curphey's point. The recommendation could be split into separate recommendations relating to a new charter, new legislation and a process of consultation.

The SECRETARY AND REGISTRAR said that if Council agreed that they should seek a new Charter, as it was already seeking

new legislation, those matters could be pursued contemporaneously. It was clear in the papers that had been circulated that matters could come into effect to match each other. They were seeking to achieve that.

The PRESIDENT then put to the vote Mr Tanna's motion that there should be a new Charter.

The Council voted unanimously in favour of the motion.

The President said that the Council would now consider the part of the recommendation that was concerned with seeking to introduce new legislation. The legislation might not be contemporaneous with the Charter but the implementation of the two measures would be contemporaneous.

Mrs STONE asked what would happen if the Society obtained the Section 60 Order quickly but did not get the new Charter rapidly because the process took longer.

The SECRETARY AND REGISTRAR said that the matter had been discussed with Mr Bulling and the Department. They would seek the two in parallel. A process was in place for the Order and the Department was hoping to consult on it later in the year. It was likely that the consultation would be completed probably by the end of 2003 or early in 2004. Mr Bulling had indicated that there was no reason why the Council could not develop a new Charter within the same time frame. The critical time factor would be the consultation with the membership to assure the Council that it had support for the change. Consultation was the key and the Council would require a robust process for consultation.

Dr APPELBE said that it was common for Orders or Statutory Instruments not to give the date of implementation. Usually Statutory Instruments stated the date on which they were made. But there was no reason why the Statutory Instrument could not be issued and the dates coincide eventually when the Charter was granted.

PHILIP GREEN (deputy secretary of the Society) said that the two matters could be timed to come into effect simultaneously with no difficulty. The same people, in terms of administration and in terms of the Privy Council, who decided on the Section 60 Order could also decide on the Charter. Hence it was in everyone's interest to co-ordinate things. There was a strong likelihood that they could do so within the time scale required.

Mr (H.) PATEL asked how the process would work to guarantee that the Charter and the legislation were considered contemporaneously.

Mr GREEN said that ideally the proposals needed to be developed side by side so that they could be considered together. Each affected the other. But, as Mr Bulling had explained that morning, there were significant benefits in looking at what could be incorporated within the Charter. If

Those present at the meeting were the President (Marshall Davies), the Vice-President (Dr Gillian Hawksworth), the Treasurer (Kirit Patel), Gerald Alexander, Dr Gordon Appelbe, Andrew Burr, Peter Curphey, Wally Dove, Digby Emson, Dr Phillida Entwistle, Alison Ewing, Christine Glover, Dr Nicola Gray, Sally Green-smith, Patricia Hoare, Clive Jackson, Professor Bob Michell, Hemant Patel, Helen Remington, Linda Stone, Ashwin Tanna and the Secretary and Registrar (Ann Lewis). Also present were the chairman of the Society's Scottish Executive (David Thomson) and the chairman of the Welsh Executive (Andrea Robinson).

Apologies for absence were received from Hassan Argomandkhah, Sultan Dajani and Professor Michael Schofield.

the Council did not do that, the Department, to achieve what it wanted, would put more into the Order. In terms of time scale, the process for the Order had a published time scale in terms of consultation. It did not require the same time scale as primary legislation, and there were time slots within parliamentary business for Orders to be dealt with.

The PRESIDENT said he wanted to put to the Council the second option, which encompassed what had been said. The recommendation was that the Council sought both new legislation and a new Charter. [Agreed]

The President said that the next part of the recommendation was that the Council should seek the views of the profession by a range of means before it proceeded to petition for a new Charter.

ANDREW BURR said that he welcomed the Council's unanimous decision to go for a new Charter. It was long overdue. Many colleagues shared his aspiration for a modern profession that delivered everything they wanted to see. A move on from the 1953 Charter would be a great step forward for the profession.

The Council needed to consult widely to make sure that the members were fully aware of the situation. The consultation would probably take from three to six months. It should give as many members as possible the opportunity to understand the implications of the Council's decision. Also, those who had concerns would welcome the opportunity to express them.

People should take the time and trouble to understand the issues, or they would come to the debate with incomplete information. Therefore the profession should be encouraged to gain an understanding, and members should take time and effort to read carefully why the decision had been taken, what were the consequences and how that would fulfil ambitions in the future.

DIGBY EMSON said that he welcomed the decision to seek a new Charter and also to link the new Charter to the Section 60 developments to achieve the right balance. The right balance would empower the Society to meet the aspirations of the profession.

He also welcomed the period of consultation. The Council had an obligation to explain the approach to the membership. It was important to enter into open dialogue and listen seriously to the members' views through the widest possible means. The Council should seek to convince the membership that the future of the profession was in its own hands. If the profession did not seize the initiative then it would be denied opportunity, influence and power.

Mrs STONE said that it was important that the new Charter was flexible and enabling to allow the Society to meet the aspirations and expectations of the membership within an up-to-date framework. She proposed: "That before petitioning for the new Charter the Council seek the views of the profession by a range of means."

The SECRETARY AND REGISTRAR said that they needed to be clear that

they would seek views on the concept but had taken the decision that they would be seeking a new Charter.

Mr CURPHEY said that there had been a clamour of misunderstanding of the Council's motives and intentions. As a Council member for a long time, he took that personally. He found it disappointing that people would think that Council members intended to destroy their profession, but that seemed to be the tone of some comments that they had seen.

Perhaps people misunderstood because the current Charter was couched in difficult language. A new Charter would make crystal clear what was meant by "safeguard and promote the interests of the members in the exercise of the profession of pharmacy". It would confirm that that was in the public interest. If that were explicit, then those who had misinterpreted the Council's intent could no longer do so if they were prepared to listen to the arguments — and he believed that they were prepared to do so.

There was also the opportunity to headline some of the changes that the Section 60 Order would bring in because it was hoped to tie the two together, and not seek views just on the new Charter.

The view of their critics was: "The Council does not understand and could not care less about our views and is intent on destroying us." He wanted to change that to: "You must try harder because we think that we know what you're trying to do but you are not doing the communications very well." There was a strong chance of succeeding if the Council put the arguments clearly and openly by a variety of means, such as *Pharmaceutical Journal* articles and roadshows. He believed that commonsense and their thoughtful process would prevail.

Answering a comment about the Charter's wording, the PRESIDENT said that he did not feel it appropriate to talk about the precise form of wording. That morning it had been highlighted that the Charter was a constitutional instrument. It had to stand the test of time. The purpose of consultation was to hear views and to gain an understanding of what was wanted and how that could be managed. He did not wish to go any further than that. But the strength of feeling was well understood.

Miss EWING said that she was proud to be part of the Council that had taken a leadership role and had made such a huge decision. Some people held the Charter as an untouchable. The Council had led the profession in taking the decision to seek a new Charter. There was no conspiracy involved: the Council was seeking changes for open and transparent reasons. Had it not taken the opportunity to do so, there would have been challenges in the future. The Council had made the right decision.

HELEN REMINGTON said that the current Charter did not adequately meet the Society's needs as a professional body. The decision to seek a new Charter should be reassuring to the profession. It was the start of making sure that the Council set out its stall and modernised the professional body as well as the regulatory body. She was

pleased to support the decision and she looked forward to the debate with the membership about how professional leadership could flow from the new Charter. The single message should be that the existing 50-year-old Charter was in urgent need of attention, and seeking a new Charter was as an opportunity for the next 50 years.

Dr NICOLA GRAY said that putting the Charter next to the Section 60 Order and talking to the members about both would crystallise the full picture. Dealing with one without the other had not served the Council well up to now. Members had to be warned that they might be disappointed by the lack of detail within the Charter.

Professor BOB MICHELL said that the reason he found himself on the Council as a Privy Council nominee was precisely because he believed firmly that in areas like health care enlightened self-regulation worked infinitely better in the public interest than most of the alternatives. Self-regulation was not a God-given right; it was an increasingly scarce privilege. A new Charter in effect bought the profession the opportunity to be as flexible and adaptable as it wished, over an almost infinite time scale, provided that what was done was not inconsistent with the public interest. That was the only detail of the Charter that really mattered for the profession because it was so precious.

Dr APPELBE wondered how many members of the Society knew what a Charter was. Nobody had asked that question. In any consultation process it would be useful to highlight perhaps three specific aspects. Examples might be furthering the interests of the members and enforcing standards in education. That would therefore avoid people asking what was to be in the Charter. It would be useful to give an illustration.

Agreeing, the PRESIDENT said that it was a matter of highlighting the issues in language that people understood.

CLIVE JACKSON welcomed the decision to seek a new Charter. Not only was the move necessary for the Society to remain relevant and effective in the 21st century, but also it could offer additional benefits and opportunities. He looked forward to the profession having an opportunity to be equally informed of the issues that had led to the Council's decision and also to the membership being consulted in an effective and transparent way to ensure their input and ownership of the crucial decision. He exhorted all pharmacists to consider the detail carefully and contribute fully in a constructive way to the process.

The Council then voted unanimously in favour of the motion that, before petitioning the new Charter, it should seek the views of the profession by a range of means.

The PRESIDENT thanked the Council for the quality of discussion on a matter that was perhaps the most significant decision for the Society in 50 years.

Mr TANNA said that it was a historic decision.

The PRESIDENT said that the conclusions reached would do credit to the Council and to every member in due course.

Scientific research is over-regulated, Lord Winston tells Society's Science Reception

Scientific research is over-regulated in the United Kingdom, Lord Winston, professor of fertility studies, Imperial College, London University, said when he addressed the Science Reception at the Society last week.

He compared the length of time taken for research projects to be given the go-ahead in this country compared with the United States and said: "It is a serious issue for scientists."

He explained that he had just received an animal licence for a particular piece of work that he intends to undertake and that it had taken eight months. In Texas, he explained, it would take three weeks for permission to come through for an equivalent research licence and in California, four weeks.

Lord Winston also complained about some stem cell research for which he had raised about £1m and that he said would



Lord Winston, centre, with the Society's President (Marshall Davies) and the chairman of the Society's Science Committee (Dr Nicola Gray)

revolutionise certain aspects of reproductive medicine. Yet the research had been turned down on ethical grounds, even though the patients were donating their embryos voluntarily, the embryos were not going to be

"immortalised" and the research was of a type which Parliament had approved by a massive majority. "We need a decent amount of freedom to be able to undertake this sort of research," he added. "We need to be more assertive and aggressive in pointing out the harm that might be done to our country if the pharmaceutical industry, in particular, has unnecessary constraints put upon it."

Lord Winston also said that part of the reason was that science did not have a high enough status in society and that people should recognise that science is as much a part of British culture as Shakespeare. "Science does not have a moral dimension, it is how the knowledge is gained and how it is used that is important. Scientists need to show more openness, and be able to communicate." The process should start in improving science teaching in schools.

Retention fees reminder

The Royal Pharmaceutical Society has issued a reminder to members and pharmacy owners to pay their retention fees for 2003, which were due on 1 January. Members' receipts are being issued as the forms are processed.

The Society advises those members and pharmacy owners who have not yet paid to submit their retention fees and forms without delay if they are to avoid the risk of removal from the Register and the penalty fee that would then be due in addition to the retention fee.

Members and pharmacy owners who have not received a retention fee form should pay by sending a cheque. For members' fees cheques should be clearly marked with the member's name and membership number. For premises fees cheques should be marked with the company name and the premises address or, in the case of a sole proprietor, the membership number and premises address. Cheques should be sent to Registration Section, Royal Pharmaceutical Society, PO Box 646, London SE1 7LA.

The fee for members working full-time is £195. The premises fee is £101. Members who are paying a reduced fee without returning a retention fee form should enclose a statutory declaration and signed letter confirming which fee they are paying.

Further information about registration matters, including how to pay the retention fee by direct debit in future, is available from the registration section of the Society's website (www.rpsgb.org.uk/society).

Museum's online exhibition

The Royal Pharmaceutical Society's museum has mounted an online exhibition to commemorate pharmacists who have made an impact outside pharmacy.

Launched as part of National Science Week, the exhibition looks at pharmacists from the 18th to the 20th centuries who were involved with inventions such as light bulbs (Sir Joseph Swan), Worcestershire sauce (John Lea and William Perrins), table salt (George Duncan Bowie and George Weddell), custard powder (Alfred Bird), English porcelain (William Cookworthy), friction matches (John Walker and Samuel Jones), soda water (Johann Jacob Schwegge), soap powder (Robert Hudson), metal polish (Joseph Goddard) and fire extinguishers (Ambrose Godfrey). The exhibition includes illustrations of historical advertisements and portraits of the inventors.

Briony Hudson, the Society's keeper of the museum collections, said: "This is the museum's first online exhibition and, I hope, the first of many. The impact that pharmacist-inventors have had on our everyday lives seemed to be a perfect topic to explore for National Science Week. It's amazing how many household names belong to pharmacists!"

The exhibition will remain online on the museum section of the Society's website (www.rpsgb.org.uk/museum) until the end of August. Further information can be obtained from the museum (tel 020 7572 2210; e-mail museum@rpsgb.org.uk).

Society to lose its head of professional standards

Helen Darracott, head of professional standards, is leaving the Royal Pharmaceutical Society at the end of March. She has accepted a post as director of legal and regulatory affairs at the Proprietary Association of Great Britain.

Mrs Darracott joined the Society's staff in 1995. Early last year she and Stephen

Lutener (head of pharmacy law) were appointed joint directors of the Professional Standards Directorate in an interim arrangement pending completion of the Society's modernisation programme. Mrs Darracott has been responsible for most of the directorate's project work, including the Code of Ethics, standards of professional

performance, registration and fitness to practise.

At a Council meeting on 5 March, the President (Marshall Davies) expressed the Council's thanks to Mrs Darracott for her contribution to the Society over the years. He wished her every success in her new role.

Changes to branch funding explained

The Royal Pharmaceutical Society is piloting a new system of funding branch activities, in which a core grant is combined with the opportunity to bid for extra funds. Applications for extra funding are open to any branch with less than £1,000 in their accounts, and are due by 25 April. This article, from the Society's membership section, explains the changes and gives some ideas for making use of extra funding

Why has the Council decided to change the funding system? A varied combination of factors has prompted the change. The "old" system did not allow active branches to apply for extra funds and engage in more activities. There was no flexibility. Conversely, less active branches were, over a number of years, able to accumulate substantial funds that have just sat in accounts. In June last year over £200,000 was held in branch accounts — even before payment of the grants for the year (£190,000 in total). It was therefore difficult to make a case for more funding, especially against a backdrop of all Society budget holders being asked to make savings. The membership team was asked to save £25,000 on grants, which left a budget of £165,000 for direct branch payments. Good governance principles within the profession mean that we have to be accountable for the distribution of our resources, and that we make best use of them.

What about sponsorship money? Some branches have unused sponsorship money, but this money was given to the branch to be used for Society members, and we need to mobilise it. Although some branch officers feel it is prudent to hold funds on account, it is not ideal to hold them in this way year after year in branch accounts. From our discussions with branch officers, we believe that asking for money back is not a constructive option because it would close off the possibility of branches mobilising their funds to best effect for the benefit of their members.

So how does the new system work? Under the new system, all branches are eligible for a core grant, which will be worked out on a capitation basis following a formula that recognises the need to award relatively higher sums per head to branches with fewer members (see Panel).

Branches with less than £1,000 in reserve will also be invited to apply for extra

funding to cover specific further activities. No maximum has been set, but the funds are offered in multiples of £250 and £500. Multiple bids for these amounts may be made. In addition, the Society will continue to fund the expenses of two speakers attending branch meetings who are chosen from the speakers' booklet, which has been updated for 2003.

What are the criteria for applications? The following criteria will be valued in the bids that we receive. We would like to help and encourage branches to:

- Support continuing professional development
- Plan priority topics for national and local issues
- Have joint activity with other branches — perhaps less frequent, larger meetings
- Have multidisciplinary activity
- Encourage attendance by preregistration trainees and their tutors
- Encourage new attenders, to extend branches' reach to local pharmacists
- Offer a forum for mediated discussion or debate

Is it all about meetings? No, we have included space on the application form for branches to suggest other activities that might reach members who do not attend meetings. Funding for strategic mailings, facilitating a visit to a pharmacy by the local member of Parliament or professional executive committee chairman, or taking part in wider health-related activities such as Ask About Medicines Week in October 2003 (P7, 26 October 2002, p698) are examples of innovative use of funds.

How much detail do you need to specify? Branch officers have expressed concern about the amount of detail that might be necessary to include on the application form, especially as we are asking them to create a programme earlier than they would do normally. An application form has been devised to help branches structure their applications and to ensure consistency of information given. We want to encourage reflection on what branches hope to achieve for their members in the way the programme is constructed, but we believe that a well thought-out sentence or two for each meeting or item would be adequate for this purpose. Not all meetings and/or speakers have to be specified, but the branch should have ideas about most of its proposed programme and how it meets the criteria. Applications will be assessed against these criteria. We will request meeting reports at the end of the year, but we recognise that some subjects might have to change at short notice due to circumstances beyond branches' control.

How will you decide which bids are to be funded? We plan that the membership team, with the support of a Council member, will review the applications and use the criteria above to prioritise funding. It is hoped that we will be able to fund all high quality applications.

What is the timetable for this process? In January, branches were sent a letter explaining how the system will work. In February, they were notified of their core grant allocation. Secretaries will shortly receive instructions and forms for applying for extra funding. Applications for extra funds will be required by 25 April. Application for the core grant will be requested in June. Core grant allocations and extra funds will be paid in July.

Is this true that funds will be available to support first-time attendance at the British Pharmaceutical Conference? Yes. The Society is inviting applications for grants of up to £250 to send a first-time attender to BPC 2003. A specific application form for this is in the pack being sent to branch secretaries.

Will there be winners and losers under the new system? We are confident that there will be winners. Some branches will have access to more funding under the new system than they would have done previously, and this funding will be linked to quality programmes and collaborative working. We do not think that losers are inevitable, and those branches that have accrued money over the past few years should find their reserves sufficient to run their programme for 2003.

What about regions? It is inevitable that regional funding will also be reviewed over the next couple of years with flexibility and quality in mind. But for the moment their funding remains the same. Some regions have already expressed disappointment that they are not able to apply for extra funding. We hope to extend these opportunities if we get a positive review of the system by branch secretaries at their meeting later this year.

What would you say to the volunteers who run these local networks about the implications of these changes? The changes have been introduced to ensure good corporate governance and to meet the requirements of the budget. However, we believe that this change in funding, offering more flexibility, creates an opportunity to reinvigorate local networks. We hope that branch officers, whose goodwill we depend upon to maintain local outreach to members, will continue to feel positive about our commitment to them. The modernisation process will touch every part of our organisation, and we look forward to working hard with branches and regions to meet these challenges.

Formula for paying core branch grants

For the first 50 members, £4 per member
 For the next 200 members, £3 per member
 For the next 100 members, £2 per member
 For each additional member (above 350), £1 per member

EXAMPLE: For a branch of 400 members, the core grant would be $[50 \times £4] + [200 \times £3] + [100 \times £2] + [50 \times £1] = £1,050$

Branches with fewer than 100 members will continue to receive an extra subsidy of £100.

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)

Erasure from Register on direction of Statutory Committee

The name of the following person was erased from the Register of Pharmaceutical Chemists on 10 March 2003 following the direction of the Statutory Committee at its meeting on 10 December 2002: **Vinaykant Jayantilal Bhatt** (registration number F404), of 8 Bernays Close, Stanmore, Middlesex.

ANN LEWIS
Secretary and Registrar

Statutory Committee inquiries

The Statutory Committee will meet at the Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1, at 10am on Monday 17, Tuesday 18 and Wednesday 19 March 2003 to hear the following inquiries and applications:

Monday 17 March

1. A resumed inquiry into a pharmacist convicted of possessing a quantity of cannabis.
2. An inquiry into a complaint by the Council of the Society against a superintendent pharmacist and a company which alleges that the dispensing errors made by the superintendent pharmacist, and his failure to deal appropriately with the matter when informed of the errors, in the context of previous advice and warnings concerning dispensing errors and his attitude when dealing with those errors, may amount to misconduct.

Tuesday 18 March

3. Resumed inquiries into a pharmacist convicted of driving with an alcohol level which exceeded the prescribed limit and a complaint by the Council of the Society against the pharmacist which includes allegations that the storage at home of waste medicines, possession of temazepam at home without authority, unaccounted-for discrepancies between the amount of temazepam returned for destruction and that found at the pharmacist's home and the dispensing of prescriptions, including prescriptions for Controlled Drugs which had not been signed by a practitioner, amounts to misconduct.
4. An inquiry into a complaint by the Council of the Society against a locum pharmacist and a pharmacist proprietor. The complaint against the locum pharmacist includes allegations that the

method and equipment used in preparing an extemporaneous preparation for a patient were inadequate. The complaint against the pharmacist proprietor includes allegations that the pharmacist's failure to ensure that there were adequate equipment and containers in the pharmacy for use in making extemporaneous preparations and the absence of procedures for making and recording such preparations may amount to misconduct.

Wednesday 19 March

5. An inquiry into a complaint by the Council of the Society against a superintendent pharmacist and a company which includes allegations that the supply of Controlled Drugs by the pharmacy in the absence of a valid prescription at the time of supply may amount to misconduct.
6. An application for restoration from a person whose name was removed from the Register.

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

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

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 elec-

tion 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 Committee

SOCIETY MEETINGS

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).

West Midlands regional conference on
pharmacist prescribing

The Royal Pharmaceutical Society's West Midlands Region is holding its 2003 annual conference on Sunday 23 March in the Stevenson Suite of the Holiday Inn Hotel, Queensway, Smallbrook, Birmingham. The topic will be "Pharmacist prescribing".

Speakers will include Professor Clare Mackie (Robert Gordon University, Aberdeen) and representatives of the main pharmaceutical bodies. They will explain how they see the process developing and how it will affect pharmacists in their day-to-day practice.

The day starts with coffee and registration at 10am and ends at 4pm. Lunch will be provided.

The conference is free for pharmacists and preregistration trainees. Because numbers are limited, places must be booked in advance. Bookings should be made to John Gentle, Willow Street Pharmacy, 6 Willow Street, Oswestry, Shropshire SY11 1AA (tel/fax 01691 653033; e-mail willowstreet.pharmacy@npanet.co.uk), indicating how many people want to attend, their names, their contact details, their branch of the profession and any dietary requirements.

DIARY

HEADQUARTERS MEETINGS

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

Monday 17 March
Statutory Committee 10am

Tuesday 18 March
Statutory Committee 10am

Wednesday 19 March
Statutory Committee 10am

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 17 March

Bradford "Current issues affecting the profession" by Dr Jim Smith (chief pharmaceutical officer, Department of Health). John Stanley Bell Lecture Theatre (D4), Richmond Building, Bradford University. 7.30pm. Buffet and drinks afterwards.

Bromley "Continuing professional development" by Vanessa Taylor. Frogna Postgraduate Centre, Queen Mary's Hospital, Sidcup. Buffet 7pm, meeting 8pm.

Northern Scottish "First aid" by Peter White (University of Stirling, Highland Campus). Gold View Hotel, Seabank Road, Nairn. Refreshments. 7.30pm. Joint meeting with SCPPE.

West Metropolitan "Update on asthma and chronic obstructive pulmonary disease thera-

peutic strategies" by Andrzej Kostrzewski (senior principal pharmacist, Guy's & St Thomas's Hospital NHS Trust), preceded at 7.15pm by informal discussion on the registration examination led by Rachel Nunn (preregistration training manager, London Pharmacy Education and Training). Lecture Theatre 208, Level 2, Civil Engineering Building, Imperial College. Buffet 7pm.

Tuesday 18 March

Bury "New antimalarial drugs from plants" by Dr Colin Wright (lecturer, University of Bradford). Village Hotel, Waterfold Business Park, Rochdale Road, Bury (off M66 at Junction 2). 8pm.

Cardiff and Vale of Glamorgan "Palliative care" by Professor The Baroness Finlay of Llandaff. Aberdare Hall, Cardiff University. Cheese and wine. 7.30 for 8pm.

Chelmsford "Respiratory: chronic obstructive pulmonary disease" by Dr Jenkins, Dr Hattatuwa (consultant respiratory physicians) and Ruth Brown (physiotherapist, respiratory COPD outreach service). Room 003, Sawyer's Building, Anglia Polytechnic University. Buffet 7.30pm, meeting 8pm.

East Metropolitan "Malignant haematology today" by Dr Catherine Anderson (consultant pathologist, Whipps Cross Hospital). Churchill Room, Wanstead Public Library, Spratt Hall Road, Wanstead, London E11. Buffet 7.30 for 8pm.

Isle of Man Annual general meeting. Postgraduate Medical Centre, Noble's Hospital. Chinese banquet 7pm, meeting 8pm.

Plymouth "Dietary support in the community" by Sue Ramsay (community dietitian, Passmore Edwards Hospital). Postgraduate Medical Centre, Derriford Hospital. Buffet 7.15pm, meeting 7.30pm.

Worthing and West Sussex "Tuberculosis: current trends and treatment" by Jo Congleton (consultant in respiratory medicine, Worthing and Southlands Hospitals Trust). Postgraduate Medical Centre, Park Avenue, Worthing. Buffet 7.30pm, meeting 8pm.

Thursday 20 March

Edinburgh and Lothians "Will you still be competent to practise?" Hilton International Hotel, Edinburgh Airport. 8pm. Joint meeting with Fife.

Wednesday 19 March

South East Metropolitan Meeting cancelled.

Thursday 20 March

Edinburgh and Lothians "Will you still be competent to practise?" Hilton International Hotel, Edinburgh Airport. 8pm. Joint meeting with Fife.

Fife See Edinburgh and Lothians.

Great Yarmouth and Waveney "Alzheimer's disease" by Dr David Pache (Cardiff University). Breydon Room, James Paget Hospital, Gorleston. Buffet 7pm, meeting 7.30pm.

Halifax Annual general meeting. Miller's Kitchen (formerly the Quays), Huddersfield Road (bottom of Salterhebble Hill). Hot meal provided. 8pm.

Lincoln "Alcohol and its interactions with homoeopathic medicines" by Dr Keith Jenkins. Lincoln Co-op Headquarters, Tentercroft Street. Cold buffet 7.30pm, meeting 8pm.

Reading "Current issues in microbiology" by Dr Andrew Stacey (consultant microbiologist). Postgraduate Centre, Royal Berkshire Hospital. Buffet 7.30pm, meeting 8pm.

Wirral "The Royal Pharmaceutical Society modernisation agenda" by Alison Ewing (member of the Society's Council). Postgraduate Medical Centre, Clatterbridge Hospital. 7.30 for 8.15pm.

Sunday 23 March

West Midlands Region Annual conference: "Pharmacist prescribing". Stevenson Suite, Holiday Inn Hotel, Queensway, Smallbrook, Birmingham. 10am to 4pm. (See Society Meetings, p383).

PERSONAL

This column is intended for announcements of births, engagements, marriages, anniversaries, etc. The charge for an insertion is £18 for up to 25 words, and £7 for every additional 10 or fewer words. Personal cheques only (payable to The Pharmaceutical Journal) should be sent with the notice to the Editor, The Pharmaceutical Journal, 1 Lambeth High Street, London SE1 7JN. The sender's address and membership number, if applicable, should be on the reverse of the cheque.

BIRTHS

Drew Richard and Sarah (née Smith), ex-Nottingham 1992-95, are delighted to announce the birth of Matthew Michael on 21 February 2003.