

The Society

— APRIL COUNCIL MEETING	521	— PHARMACY WORKFORCE CENSUS	526
— MUSEUM	525	— WELSH EXECUTIVE NEWSLETTER	526
— SPECIAL GENERAL MEETING	525	— BRANCH REPRESENTATIVES' MEETING	527
— CHILDREN'S NSF	526	— OFFICIAL NOTICES	530
— CHARTER ROADSHOWS	526	— DIARY	530

APRIL COUNCIL MEETING

Further progress made on modernisation

The Royal Pharmaceutical Society's Council has approved a further range of recommendations concerned with the modernisation of the Society (see panel, p522–23).

The Council's decisions cover topics such as eligibility criteria for service on the Council, the removal of members from the Council, filling casual vacancies on the Council, access to the Register of Pharmaceutical Chemists, ability to leave the Register voluntarily, requirements for registered names and addresses, character requirements for registration, the appointment of the Secretary/Chief Executive and Registrar, power to provide guidance on support workers, and the register of Council members' private interests.

Some of the decisions make explicit a currently implicit situation. An example is the first decision — that requirements for service on the Council should include eligibility to serve as charity trustees under the provisions of the Charities Act 1993. The Council noted that anyone disqualified from being a charity trustee is already ineligible for Council service because Council members are trustees of the Society's trusts. Reasons for ineligibility under the Act include convictions for offences involving dishonesty or deception, bankruptcy (undischarged), removal from office as a trustee by a court and disqualification from serving as a company director. Another explicit requirement for the future Council would be that candidates should be members of the Society (or registered technicians, if there are to be places on the Council for technician).

When the Council considered the recommendations on election candidates' declarations, ANDREW BURR suggested that "any other adverse decisions that might be relevant to membership of the Council" was too vague.

CHRISTINE GRAY (project manager for the modernisation programme) said that it was catch-all wording because it was impossible to define all relevant adverse decisions.

CLIVE JACKSON said that he was concerned that different people might inter-



MAIN POINTS

Modernisation The Council has adopted a further range of recommendations concerned with the modernisation of the Society. The 30 decisions are mainly concerned with eligibility to serve on the Council, the constitution of the Council, the register and registration (this page).

Section 60 Order The Council has approved a list of measures concerning registration and continuing professional development that it wants to see included in an Order under Section 60 of the Health Act 1999 (p523).

Public health strategy The Society's plan to develop a public health strategy for pharmacy is likely to be carried out jointly with other bodies (p524).

Museum policy The Council approved an access and learning policy for the Society's museum (p524).

pret the wording in different ways. Some might declare everything; others might not. To guide them, a range of examples was needed.

When the Council considered the recommendation on the Council code of conduct, Mr JACKSON asked what would happen if the President was under suspicion.

The PRESIDENT said that a complaint about the President would need to be considered by the Privy Council members of Council.

During debate on the procedure for removing members from the Council, several Council members expressed concern that there would be no appeal mechanism. It was pointed out that a court would not necessarily grant a judicial review and that all such a review did was to decide whether procedures had been properly followed. It could not overturn a decision. It could also be slow and expensive.

Commenting on the recommendation that a sanction under this procedure should require a two-thirds majority vote of those Council members voting, the SECRETARY AND REGISTRAR acknowledged that Council decisions were normally made by a simple majority vote, but said that a two-thirds majority would provide an important safeguard in the case of a sanction that could prevent that a Council member from taking part in Council activities. Other health regulators had a similar provision in their regulations.

At this point the Council referred back a recommendation concerning the suspension of a member of Council who was the subject of any investigations or proceedings against him. Council members expressed concern about the proposed period for which a suspension might last and also about the risk of prolonged suspension for a Council member who was also the superintendent pharmacist of a large multiple company and who would inevitably from time to time be party to investigations involving his or her company.

During discussion of the recommendation that registration certificates should be signed either manually or electronically, PETER CURPHEY advocated keeping to the tradition of certificates being individually signed by the officers of the day.

Council decisions on modernisation

The following are the 30 decisions on modernisation issues made by the Council at its April meeting (see p521). Most are concerned with eligibility to serve on the Council, the constitution of the Council, the register and registration.

COUNCIL MEMBERS: ELIGIBILITY CRITERIA AND REMOVAL

Fitness criteria

- Fitness eligibility for candidates for election to the reformed Council shall be specified as follows: (i) membership of the Society (or registered technician, if applicable); (ii) eligibility to serve as a charity trustee

Candidates' declarations

- Candidates for election to the reformed Council should declare: (i) whether or not they have ever been the subject of an adverse finding by any final determining fitness to practise committee (including health) of any regulatory body in the UK or overseas and, if so, the terms of the finding or voluntary restriction, the committee's direction, and the date of the finding or period to which the restriction applied; (ii) whether or not they have ever been convicted of a criminal offence, excluding convictions spent for the purpose of the Rehabilitation of Offenders Act; (iii) any other adverse decisions that might be relevant to membership of the Council

Criteria for removal from Council

- Criteria for automatic removal of members of the reformed Council shall be specified as follows: (i) removal from the Register (for pharmacist or technician member of Council); (ii) ineligibility to serve as a charity trustee

- The reformed Council shall be empowered to exercise discretion in the removal or suspension of a member of Council for such reasons and according to such procedure as shall be specified in regulations.

Procedures for removal

- The suggested structure and procedure for the conduct panel [as set out in an appendix] be formalised, with the clarification that the panel may recommend a course of action but only the Council will have the power to impose a sanction
- The procedure should not include an appeals mechanism, on the basis that, in reaching a decision, the Council exhausts its authority, and it is up to the member to seek a judicial review if he or she so wishes
- A majority vote of at least two thirds of those members of Council present and voting (this two-thirds majority constituting an absolute majority of all members of Council) should be required to impose a sanction under this procedure

CONSTITUTION OF THE COUNCIL

Definition of lay member

- A lay person shall be defined as someone who is not and has never been registered by the Society

Casual vacancies

- Where a casual vacancy arises among the pharmacist or technician members of the reformed Council, a vacancy shall be filled through a by-election and the person so elected shall hold office for such period as the person whom he or she has replaced would have held office

REGISTER OF PHARMACEUTICAL CHEMISTS

Access to the Register

- The requirement to publish the Register shall be maintained, but the requirement to put on sale annually a printed copy of the Register shall be removed

Ability to leave the Register voluntarily

- Statutory provision shall be made to enable a pharmacist to leave the Register voluntarily by informing the Registrar in writing

Restoration of voluntary leavers

- A pharmacist who leaves the Register voluntarily and later applies for restoration should be subject to the same registration requirements as a pharmacist who has been removed for non-payment of fees and applies for restoration, other than the need to pay a penalty fee (although a restoration fee over and above the retention fee may be required)
- Any person who has left the Register for any reason may be subject to the fitness to practise committees when seeking restoration to the Register
- The reformed Council may require persons applying for restoration to the Register, who have been unregistered for more than a specified period, to undertake such education or training or to gain such experience as it shall specify

Registered name

- There shall be a statutory requirement for a pharmacist's registered name to be the one under which he or she practises, if applicable, or by which he or she is known

The PRESIDENT said that the motion merely gave an option for electronic signatures.

The SECRETARY AND REGISTRAR added that if the Society regulated technicians there could be twice as many certificates to sign. It may be a matter on which they would wish to retain discretion because there were going to be significant increases in numbers and they should think about the future and retain discretion.

On the proposed removal of the requirement for the published Register to identify those who had entered the Register with an appropriate diploma from elsewhere in Europe, DIGBY EMSON said that it was helpful for employers to have some indication of this because of possible language issues.

The PRESIDENT said that employers had a right and responsibility to test language skills, but some people might be uncomfortable about signalling that a person who meets all the requirements is from elsewhere in the EU.

The SECRETARY AND REGISTRAR said that the Society could give such information on request.

When the Council discussed the recommendation on the Registrar's power to disqualify a person from admission to the Register, Dr APPELBE said that the proposal did not seem to square with the Human Rights Act. Leaving it to one person to make a decision it was hardly a fair hearing.

Ms GRAY said that advice had been given that the wording was acceptable because a candidate for admission to the Register did not have the same rights as someone facing removal from the Register. There would be a separate paper about a mechanism of appeal.

On the recommendation concerning the duty of schools of pharmacy to disclose character concerns regarding pharmacy graduates, HASSAN ARGOMAND-KHAH asked for an assurance that graduates would be able to view these reports and challenge them.

The PRESIDENT said that anyone could demand to see what records were kept on them and had the right to challenge them.

PROPOSALS FOR A SECTION 60 ORDER

The Council approved a list of measures concerning registration and continuing professional development that it wants to see included in an Order under Section 60 of the Health Act 1999. Many of the proposed measures update and strengthen powers and obligations set out in existing legislation (principally the Pharmacy Act 1954). Others would put into legislation some of the requirements of the Code of Ethics.

One proposed new measure is the power to limit the time between graduation and the start of preregistration training, the duration of preregistration training and the time between completion of preregistration training and registration.

Another proposal is the specific exclusion of the Society from classification as a

- 1 Pharmacists should have a legal obligation to inform the Registrar of any change of name, providing such proofs as the Registrar may require, and the Registrar should authorise the reissue of their certificates accordingly

Power to require pharmacists to provide information

- 1 The reformed Council should have powers to enable it to require such reasonable information as it sees fit from pharmacists to assist in the furtherance of its regulatory and professional duties

Provision of full postal address

- 1 Any UK address supplied should match, wherever possible, that held on the official UK postal database and, if not, the Registrar should have authority to change the address supplied to match the entry held on this database

Registrar discretion if not notified of change of address

- 1 The Registrar shall be empowered to remove a pharmacist from the Register if he or she receives no reply to a registered letter sent to the registered address within one month of the date of posting, nor to a subsequent registered letter within one month of the date of posting

Signing of certificates

- 1 Certificates of Registration shall be signed either manually or electronically as the Registrar sees fit

Published Register and certificates

- 1 The current legal requirement for identification on the published Register and certificates for those entering the Register with an appropriate European diploma shall be removed

REGISTRATION OR RESTORATION TO THE REGISTER: REMOVAL OF PRIVY COUNCIL FUNCTION

- The function of the Privy Council specified in the Pharmacy Act 1954 section 11(2) should be removed

CHARACTER REQUIREMENTS FOR REGISTRATION

Declaration of character

- The Council shall request the following provisions in the new legislation: (a) applicants for registration must make a declaration of good character in order to satisfy the Registrar that an applicant is capable of safe and effective practice; (b) applicants must provide such proofs in relation to their declaration as the Council sees fit, to be specified in regulations

Disqualification from registration

- The Council shall request the following provision in the new legislation: the Registrar, following such guidance as Council shall specify in regulations, may exercise the functions of the disciplinary committees, or refer such cases for internal consideration as he or she thinks fit for a decision on an applicant's fitness for admission to the Register

Duty on schools of pharmacy to disclose character concerns

- The Council shall request the following provision in the new legislation: that schools of pharmacy within the Society's jurisdiction be required to hold such adverse character information relating to pharmacy students as the Council may specify in regulations for disclosure to the Society at the point of application for registration

APPOINTMENT OF SECRETARY/CHIEF EXECUTIVE AND REGISTRAR

- The reformed Council should not appoint a Secretary of the Society annually
- A Secretary and/or Chief Executive of the Society may be appointed by the reformed Council for such period and on such terms as the Council may determine, through normal employment procedures appropriate to the position

GUIDANCE ON SUPPORT WORKERS

- Provided that the Society proceeds to register technicians, the reformed Council should have power to provide guidance to pharmacists, registered technicians, employers and such other persons as it thinks appropriate in respect of standards for the education and training, supervision and performance of persons who provide services in connection with those provided by pharmacists or registered technicians

COUNCIL MEMBERS' PRIVATE INTERESTS

- Statutory provision shall be requested to the effect that the Council shall establish and maintain a system for the declaration and registration of private interests of its members
- Statutory provision shall be requested to the effect that the Council shall publish entries recorded in a register of members' interests
- Various sets of questions used in order to compile the Register of Council members' interests shall be reviewed and consolidated in due course
- Advice shall be sought on the advisability of maintaining a register of interests of non-Council members of boards, committees or other bodies

"trade organisation" within the terms of Section 13 of the Disability Discrimination Act 1995. This would ensure that any challenges to Society decisions affecting disabled students or pharmacists (or pharmacy technicians) would be made against the Society as a health regulator rather than as a trade body. This measure had been recommended by counsel who had acted for the Society.

Also proposed is a power to specify and require programmes of study and/or experience for practice roles and specialisations.

Presenting the proposals document to the Council, the PRESIDENT said that it sought general powers in relation to what the Council wanted to do. It did not go into detail.

PHILIP GREEN, deputy secretary, said that the Government had no desire for the Society to seek powers for revalidation under the initial Section 60 Order. It was likely that there would be a further Order or Orders under which revalidation could be introduced.

Mr CURPHEY said that he was concerned that mandatory CPD was unsustainable without revalidation.

The PRESIDENT said that the matter would be raised again in discussions with the Department of Health.

SOCIETY'S CHARTER

Giving the Council an update on the Charter proposals, the President emphasised that the Council had agreed that there should be a new Charter but had not yet agreed what should be in that Charter. A proposition had been put forward for debate, discussion, points of view and commentary on what had been included and indeed perhaps what had not been included and should be included. This was the whole purpose of the consultation.

The Council needed to know what members and other interested parties would like to see in the Charter and allow them to put forward points of view and arguments.

The issues were complex and wide-ranging and needed full discussion and debate.

The President added that an e-mail response facility had been set up on the Society's website so that all those who wished to express views may do so. Presentation material had been tested in three branch talks, at which there had been a good debate and much interest in the topic. Additional funding was to be offered to the branches to cover extra meetings on the new Charter and roadshows were being planned (*PJ*, 5 April, p487). Precise details would be announced in due course. A feedback form was being produced to allow the Society to capture views in a coherent and up-to-date way.

LINDA STONE said that while branches would welcome the £300 per branch allocated for extra meetings, it was not enough for a large branch, which would have to spend at least £200 on mailings and room hire.

HASSAN ARGOMANDKHAH said that enough money should be made avail-

Attendance Those present at the meeting, which was held on 1 and 2 April 2003, at 1 Lambeth High Street, London SE1, were the President (Marshall Davies), the Vice-President (Dr Gillian Hawksworth), the Treasurer (Kirit Patel), Gerald Alexander, Dr Gordon Appelbe, Hassan Argomandkhal, Andrew Burr, Peter Curphey, Sultan Dajani, Wally Dove, Digby Emson, Dr Phillida Entwistle, Alison Ewing, Christine Glover, Dr Nicola Gray, Sally Greensmith, Patricia Hoare, Clive Jackson, Hemant Patel, Professor Michael Schofield, Linda Stone, 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 Apologies for absence were received from Professor Bob Michell, Helen Remington and Ashwin Tanna.

Guests Present by invitation were the following representatives of the Society's branches and regions: Heather Elliston (chairman, South East Metropolitan branch), John Jolley (chairman, Anglia region), Karen Koppack (Leicestershire branch), Nawaz Jiwani (secretary, Croydon branch) and Darren Lewis (secretary, Dorset branch).

able to ensure that proper meetings were held.

ANDREW BURR thought that £300 was reasonable for an average branch. The idea of encouraging branches to come together was positive because it widened the debate and the views expressed.

PAT HOARE pointed out that the £300 for the first 80 branches that applied and there were 130 branches.

The PRESIDENT said that not all branches were active. The objective was to encourage branches to hold meetings. Specific issues relating to individual branches could be taken up outside the meeting.

CRHP

The PRESIDENT told the Council that he had attended an inaugural meeting of the Council for the Regulation of Health Care Professionals before it officially came into being on 1 April. The meeting had highlighted that Council members would initially go through a learning experience to familiarise themselves with the activities of health regulatory bodies. There were legal requirements placed on this particular body within the regulations and those issues would also be addressed with a fair degree of urgency.

The CRHP chairman, Jane Wesson, had said that she would like to attend meetings of all the health regulators and one CRHP lay member had asked specifically to sit in on a meeting of the Society's Council. That would be take place probably on the second or third meeting of the new Council.

COMMON VALUES IN HEALTH CARE

The Secretary and Registrar reminded the Council that at an earlier meeting (*PJ*, 13 October 2001, p529) it had ratified a statement drafted on behalf of all the health regulatory bodies to set out common values of health care professionals — values that were already reflected in the Society's Code of Ethics. It was now planned to send the statement to a range of stakeholders for comment. The Society would be contributing to the list of stakeholders.

PUBLIC HEALTH STRATEGY

Giving the Council an update on the development of a public health strategy for pharmacy (*PJ*, 22 February, p283), the Secretary and Registrar said that what was likely to be proposed was the development of a pharmacy strategy led by a coalition of four key organisations — the Society, PharmacyHealthLink (formerly the Pharmacy Healthcare Scheme), the Faculty of Public Health Medicine and the Department of Health.

There would be an internal strategy group consisting of staff from the four collaborating organisations. The group would be supported by a panel of expert advisers. The secretariat would be provided by PharmacyHealthLink, supported by a staff member from the Society.

In common with many other recent initiatives, a wider reference group would be established consisting of representation of the major pharmacy and public health organisations as well as the royal colleges and other professional bodies. It was expected that two Council members would be part of that reference group. PharmacyHealthLink received funding from the Department so it would be a joint initiative and that would take forward a strategy for pharmacy in public health.

MUSEUM ACCESS AND LEARNING POLICY

The Council approved an access and learning policy for the Society's museum.

The PRESIDENT said that the museum had an active outreach. Arguably, artifacts and associated information had been seen in recent times by more individuals than was the case when the museum was presented in a more limited way within the building. Much good work was being done by the museum staff.

Dr NICOLA GRAY, chairman of the Science Committee, said that the Science Committee was pleased to have the museum within the remit of its activities. The document was to be taken in parallel with the acquisitions and disposals policy, and it was crucial to the future of the museum and its registration status.

The museum was overcoming constraints within which it was working within and building relationships with other museums. For example, it was working with the Hackney museum on a joint exhibition about the German Hospital (*PJ*, 1 March, p313). A key role was access to the collection and its availability to other museums.

COUNCIL BRIEFS

Ashwin Tanna The President informed the Council that Ashwin Tanna's absence from the meeting was because of an emergency admission to hospital. The Council joined the President in wishing Mr Tanna a full and speedy recovery.

Conduct panel The Council noted that a conduct panel consisting of lay members of other health regulators has been established in order to receive, consider and adjudicate on any complaint that a member of the Council is guilty of a serious breach of the Council code of conduct. The five panel members had been chosen because of their relevant experience.

Harrison memorial medal The Council agreed that the recipient of the Harrison memorial medal for 2004 should be Professor William Dawson, FRPharmS. Professor Dawson is a former director of research and director of technology acquisition at the Eli Lilly & Co Research Centre. He has served on the Society's Council and on several of its committees.

CPA representative The Council appointed Hemant Patel as its representative on the council of the Commonwealth Pharmaceutical Association.

Another important part of the document was about making information accessible to all, including those with impaired hearing or sight. The Science Committee commended the document. It also wanted the acquisitions and disposals policy to be kept under review in case there was a need to acquire something important.

Dr PHILLIDA ENTWISTLE said that she was cheered by what Dr Gray had said. She had been worried about the access arrangements. She said she had not been part of the body that had restricted access. However, the current arrangements clearly did not allow the full delivery of the mission statement. One way of widening access would be to get at least part of the collection out to a museum in the provinces. It might be possible for an exhibition to be arranged in the Manchester Museum of Science and Industry, which had a broad basis and free access for all with a large number of people attending. That could be done at the time of the British Pharmaceutical Conference and be promulgated as a joint venture. The museum in Manchester was keen to expand its chemistry basis. At the moment it was mainly engineering and aviation. Dr Entwistle said she would be pleased to help in the organisation that might be involved.

The SECRETARY AND REGISTRAR said that the paper before Council made it clear that it was essential to maintain the museum's status as a registered museum. She was grateful for the suggestions made. The museum's travelling display cases were currently being used at the Royal Free Hospital in connection with its 175th anniversary (*PJ*,

22 March, p417). They were greatly welcomed and had been seen by many people.

BRIONY HUDSON, keeper of the museum collections, said that she would welcome the opportunity to work with the museum in Manchester. Working with other museums was the ideal way to make the collection known to as many people as possible. The previous week she had had a preliminary meeting with the museum curators of the British Dental Association and British Optical Association to consider the possibility of a national touring exhibition on the theme of health on the high street.

GERALD ALEXANDER said that costs to the owners of displays could be reduced as result of using roving exhibitions nationally and even internationally. Museums around Britain would be expected to handle insurance and the provision of looking after the collection. A rolling programme of exhibitions had the advantage of open access to virtually anyone in the country. That should be applauded.

EUROPEAN UNION

The Council agreed that at a future meeting it would consider a policy paper on the membership of the United Kingdom delegation to the Pharmaceutical Group of the European Union, the term of office of

the Society's representative and the arrangements for the leadership of the UK delegation.

The UK delegation consists of representatives from the Society, the National Pharmaceutical Association and the Pharmaceutical Society of Northern Ireland, who attend the thrice-yearly PGEU general assembly. The term of office for the Society's representative has never been defined in the past, nor have the arrangements for the selection of the head of delegation.

A policy paper is to be drawn up after discussions with the NPA and PSNI.

OFFICE OF FAIR TRADING

Reporting on developments with regard to the Office of Fair trading report on control of entry to pharmacy dispensing contracts, the President said that the Society, like other organisations in pharmacy, had been briefing Government officials, the media, parliamentarians and assembly members of all parties on the issue. An adjournment debate, four current early day motions and numerous policy questions on the issue in both Houses of Parliament indicated a high level of awareness and understanding of the issues.

The Health Select Committee was shortly to inquire into the OFT report and the President and the Secretary and Regis-

trar would attend as observers. The Society had been asked to submit a memorandum to the committee, which it had done.

RETIREMENT OF DR GORDON APPELBE

At his last full Council meeting before his retirement from the Council, Dr Gordon Appelbe was thanked for his contribution to the Council during his 12 years of membership.

The PRESIDENT said that Dr Appelbe probably had a longer association with the Society's headquarters building than anyone else who entered it from time to time. After a long and distinguished career with the Society, he served on the Council for 12 years, during which time he had approached his duties in a somewhat iconoclastic and totally independent way without fear or favour. He had contributed significantly in a number of ways. He had acted as an officer as Treasurer of the Society, and in every respect the Council had appreciated his knowledge of the Society and his knowledge of the law and of ethics as it related to the Society.

Thanking the President, Dr APPELBE said that he expected to attend the Council's short May meeting and felt it would be more appropriate to say a few words on that occasion.

Society's museum takes part in Royal Free anniversary celebration

The Royal Pharmaceutical Society's museum is providing activities and historical displays as part of the 175th anniversary celebrations of London's Royal Free Hospital on Thursday 17 April.

The Royal Free originally opened in 1828 as a dispensary (P7, 22 March, p417), and in recognition of this the theme of the day will be the history of pharmacy. The activities and displays provided by the Society will be based around historical objects from the dispensary and sick room. Museum staff will be on hand encouraging visitors to try their hand at pill making, using a pill machine and rounder. Young children will be able to try the "Pharmacy Challenge", matching images of well known pharmacy objects with their descriptions.

Briony Hudson, keeper of the Society's museum collection, said: "We're really pleased that the Royal Free has chosen to go back to its origins and celebrate its 175th anniversary with a focus on the history of pharmacy. This is a great opportunity for us to take the pharmacy's past out to the public and we look forward to working with the hospital to make the 17 April an enjoyable and informative day for visitors to the event."

The free event will be open to staff, patients and the public between 11am and 4pm in the atrium of the hospital in Pond Street, London NW3.

SGM requested to discuss modernisation and Charter

A special general meeting of the Royal Pharmaceutical Society has been requested to debate planned changes to the organisation of the Society. The meeting would also consider motions calling for lay membership of the Society's Council to remain at its current ratio and for a referendum of members on any proposed new Charter.

More than 40 members signed the request. They include former Council members and past Presidents and candidates in this year's Council election. They say that the purpose of the SGM would be to debate proposals for a new Charter.

In particular, they wish to raise four specific issues. The first is the Society's proposal to change the composition of the Council from 21 pharmacists and three lay members to 17 pharmacists, 10 lay members and possibly two pharmacy technicians.

The SGM would be asked to vote on the following motion: "This meeting rejects any increase in the proportion of non-pharmacist members of the Council of the Royal Pharmaceutical Society as such an increase would undermine the Council's ability to maintain the honour and safeguard and promote the interests of the members in the exercise of the profession of pharmacy".

The other subjects for discussion are the future remit of the Society, its proposals to seek charitable status and the impact of this

on the membership, and whether it is right for the Society's assets and funds to underpin a body constituted to perform regulatory functions under the Health Act 1999.

A second motion for debate reads: "This meeting instructs the Council to arrange for a referendum of the entire membership to be held to establish the level of support for any proposed new Charter once the details of any such proposal(s) have been finalised." The meeting might also consider other motions related to the issues proposed on the day.

The signatories want the SGM to be held on a Sunday afternoon in central London or central Birmingham.

The request for the SGM was delivered to the Society on 8 April by Mark Koziol, one of the signatories and a former member of Council. Mr Koziol told *The Journal*: "We do not trust the Council's consultation process, so we have decided to start our own, beginning at an SGM."

He said that a consultation process without presumptions was needed. "We do not want it to be based on predetermined parameters nor do we want to hear that it is too late and that it has already been decided — that is not an acceptable consultation."

The Society confirmed that it had received a request for a special general meeting and said that Council members were being informed.

Comments sought to support design and implementation of Children's NSF

The Society's practice division is seeking comments, predominantly from community pharmacists, in order to support pharmacists currently involved in the design and implementation stages of the Children's National Service Framework.

An article published on the practice section of the Society's website (www.rpsgb.org.uk/practice) lists several questions and topics for respondents to consider. It says that the questions are not intended to be restrictive and extended comment is welcome, as is any additional advice. It also asks for examples of services currently run by community pharmacists that demonstrate an impact on children's health.

The article says that the overarching question to be considered is "How can community pharmacists help improve the health care of babies, children and pregnant women?" It says that the following points in particular should be borne in mind:

- What changes are required?
- What changes would deliver most benefit?

- What would help achieve these changes?
- What are the barriers and constraints?
- What, if any, are the educational needs of community pharmacists to enable them to deliver an improved service in this area?
- What examples of good practice already exist?

Seven of the external working groups and topics for consideration are listed. They are:

Healthy children and young people The management of minor illness and ailments, reducing teenage pregnancy and health promotion, for example, substance misuse, smoking cessation and reducing obesity.

Maternity The health of pregnant women and care of the newborn.

Disabled children and long-term conditions Improving concordance and compliance, the role of medication review, the role of supplementary prescribing by pharmacists and medicines in schools (mainstream, special and school trips).

Children in special circumstances Residential care homes, foster care, asylum seekers and pre-school care (nurseries).

Child and adolescent mental health and psychological wellbeing

The acutely ill child Differentiating minor illness from major disease, responding to symptoms and referrals from NHS Direct and NHS 24.

Medicines Unlicensed and "off-label" medicines, home care (high technology home care such as parental nutrition, hospital outreach services, palliative care, oxygen therapy and mobility), provision of information to carers and children, and empowering carers and children to make decisions about treatment.

The article asks that comments should be received at the Society by 30 April 2003. E-mail communications are welcome and should be sent to aharrington@rpsgb.org.uk.

Charter roadshow dates and venues announced

The Royal Pharmaceutical Society has announced the dates and venues for a series of 11 roadshows to seek pharmacists' views on the draft of a new Royal Charter.

Under the banner of "Fit for the future", the evening meetings will include presentations and a question and answer session. They will take place in the Society's 11 English regions and in Scotland and Wales as follows: *Cambridge*, Garden House Hotel, 6 May; *Nottingham*, Nottingham Racecourse, 7 May; *Sunderland*, Stadium of Light, 27 May; *Leeds*, Royal Armouries, 29 May; *Exeter*, Crossmead Conference Centre, 10 June; *Southampton*, Southampton

Football Club, 11 June; *Cardiff*, Miskin Manor, 16 June; *Birmingham*, Birmingham Repertory Theatre, 17 June; *Manchester*, Mechanics Centre, 24 June; *Dunblane*, Hilton Dunblane Hydro, 25 June; *London*, the Society's assembly hall, 30 June.

Each roadshow will start with registration and a light buffet at 7pm and will finish at about 9.30pm. Pharmacists wishing to attend a "Fit for the future" roadshow should e-mail membershiptemp@rpsgb.org.uk with details of the evening they would like to attend or write to Esther Corcoran, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN.

The Society's President, Marshall Davies, said: "We know that pharmacists are rightly proud of their chartered status and it is important that we hear as many views as possible. The roadshows will be an important way of engaging our local network in the process."

The Charter consultation package also includes an opportunity to discuss the draft Charter at the forum session before the annual general meeting on May 14, a presentation and discussion on the afternoon of the branch representatives' meeting on May 15, extra funding of £25,000 to help branches organise meetings on the subject.

Census summary report published

The Royal Pharmaceutical Society has published a summary report of the pharmacy workforce census conducted between September and December 2002.

The report costs £30. Details are available from Jackie Moon, secretary to the practice research division (tel 020 7572 2278; e-mail practiceresearch@rpsgb.org.uk).

The report builds on the headline report published in *The Journal* (P7, 1 March, p314) and available from the practice research section of the Society's website (www.rpsgb.org.uk/pracres).

The census was commissioned to provide information about the current workforce and, in subsequent years, to analyse

trends to inform future planning. The census will provide the foundation for significant areas of future work at the Society in both professional and regulatory areas.

A more detailed analysis of the census data is being undertaken and further reports will appear over the coming months.

The Society's Vice-President, Dr Gillian Hawksworth, said that the survey data were extremely important in providing a clear picture of the pharmacist workforce. The census had already highlighted issues such as the numbers of pharmacists choosing to practise as locums, the extent of portfolio working and the increasing proportion of women in the profession.

Welsh Executive launches newsletter

The Royal Pharmaceutical Society's Welsh Executive has launched a regular series of newsletters to provide up-to-date information about pharmacy to all sectors of the profession in Wales. The newsletters are published in association with *Interlink Wales*.

The first newsletter, distributed to all pharmacists in Wales, highlights recent developments in National Health Service reorganisation, the Welsh Assembly's rejection of the Office of Fair Trading recommendations, a summary of Welsh Executive activities and information about pharmacy development groups in Wales.

Concern over Council's plans for future

Several motions submitted for the Royal Pharmaceutical Society's 2003 branch representatives' meeting reflect concerns about Council decisions relating to the future of the Society. One motion says that in restructuring for the future the Society should observe the modernisation principles drawn up by the Young Pharmacists Group. Another asks the Society not to seek charitable status without full consultation and a referendum.

One motion asks the Council to drop its proposal to "hive off" its publications activities and another seeks a reduced retention fee for those not employed solely in non-pharmacy jobs. Other motions makes suggestions relating to the possible election of technicians to serve on the future Council and the introduction of mandatory continuing professional development. Two further motions bemoan the Council's recent decision on branch funding, two others are concerned with medicines packaging and one asks for the Society's regis-

tration examination pass list to be published in at least one newspaper.

There are 11 motions this year, compared with 17 in both 2001 and 2002.

The branch representatives' meeting takes place at the Society's London headquarters on Thursday 15 May. The 11 motions will be debated during the morning session. All motions carried by the meeting will be referred to the Council for its consideration. In the afternoon session there will be presentations by the President, Marshall Davies, on the Society's petition for a new Charter and an update on continuing professional development by the Society's CPD consultant, Dr Peter Wilson, with an opportunity for branch representatives to raise questions.

Set out below is the text of the motions for debate. Each is followed by an explanatory paragraph from the branch or branches concerned and background information provided by the Society's Council.

1. British Pharmaceutical Students Association *That there should be an extensive review of the packaging of medicinal products currently available including generic products, with regard to the marked similarities between different packaging, in an attempt to reduce dispensing errors and patient confusion.*

THE ASSOCIATION SAYS: In the current state of affairs, there is a huge opportunity for dispensing errors and patient confusion to occur due to similar packaging of medicines. Although the fact of similar product packaging has been recognised in many dispensaries and safeguards introduced, errors still occur, and different packaging would avoid such safeguards being necessary.

Many hospital admissions a year are related to patients taking the wrong drug or wrong dose due to confusion. Any effort that can be made to reduce this should be encouraged.

Pressure should be put on the pharmaceutical companies to act more responsibly when packaging their products.

THE COUNCIL SAYS: The Council recognises the potential for confusion and medication error that can result from similarities in product packaging and shares the concerns expressed in this motion.

Contributing to meeting the Department of Health's target of reducing the number of medication errors by 40 per cent by 2005, the Medicines Control Agency has recently published a working document, implemented from 1 March 2003, entitled "Best practice guidance on the labelling and packaging of medicines.

The Society is to meet representatives from the Medicines and Healthcare Products Regulatory Agency, the Association of the British Pharmaceutical Industry, the British Generic Manufacturers Association, the National Patient Safety Agency and other key stakeholders in order to express the concerns of the profession. The Society is to seek to establish a process for identifying products where similarities in packaging and labelling have been a factor in medication error, and the actions that need be taken to ensure that these products will comply with the new best practice guidance.

2. Brighton *That patient information leaflets are made less frightening and more user friendly for the general public.*

THE BRANCH SAYS: Patient information leaflets often frighten the general public with their long lists of side-effects, such that they do not take their medicines, resulting in potentially greater harm to the patient and waste of valuable NHS resources.

THE COUNCIL SAYS: The Council recognises the potential for patient harm that can result from the misinterpretation of patient information leaflets and shares the concerns expressed in this motion.

The Council of the European Communities directive 92/27/EEC Article 8, requires that package leaflets must be written in clear and understandable terms for the patient and be clearly legible. Subsequent guidelines were also produced on the readability of package leaflets in 1998 and on the user testing of package leaflets in 1999, for marketing authorisation applicants.

The Society is to meet representatives of the Medicines and Healthcare Products Regulatory Agency, the Association of the British Pharmaceutical Industry, the British Generic Manufacturers Association and other key stakeholders to express the concerns of the profession and to review how the directive and guidelines are being complied with in practice.

3. West Metropolitan *That this meeting deplores the fact that the branch funding has been reduced and the means of allocating funds changed without consultation or notice.*

THE BRANCH SAYS: Branch committees were first informed of the changes (which took effect in January 2003) in October 2002. Branch secretaries were only given the opportunity to comment on minor details of the new system.

Extra funding will only be available for activities supported by the Society — meaning a decrease in autonomy of the branches.

Extra expense of modernisation was given as the reason for the reduction in sums available to branches. This belies the assertion that modernisation will not affect the Society's commitment to membership issues.

COUNCIL COMMENT: See Motion 4 below.

4. Shropshire; Northumbrian *That the recent decisions to reduce branch funding and to change the way in which branch grants are allocated should be condemned and reconsidered.*

THE BRANCHES SAY: In October 2002 the Society's Council decided to reduce the budget for branch grants by more than 13 per cent. In addition, a new system of funding was imposed in an apparent attempt to give less money to branches that are not spending it on a branch programme, and to give more to "active" branches. The system they have come up with to do this is a blunt instrument which will result in the amount that branches are guaranteed to receive being reduced by an average of 43 per cent.

Although branches will be able to apply for additional money from a pot of some £56,000, many will find the new procedure difficult to comply with. The restrictions put on branches that apply for the "extra" money are unrealistic and unfair, and although a few branches may gain, the overwhelming majority of branches are likely to be penalised.

In implementing the new system branch officers will be faced with considerably more work for less return and most branches will see an overall cut in their grant, active or not, as the total spend on branches is being reduced by about £26,000.

Branch committees feel ignored, as the final proposals were put forward as a *fait accompli* with little or no chance of amending the proposals, not even to make them more workable.

The new system of branch funding should be scrapped as soon as possible and the Society should work with its branches to replace it with a much fairer and realistic one.

THE COUNCIL SAYS: The membership team was asked to reduce the total spend on grants by £25,000 as part of the budgeting process. However, the main impetus for introducing the new system for 2003 was the Council's wish to address the situation whereby some branches feel deprived of adequate funding for their programmes while others struggle to use up their allocation and accrue considerable unspent bank balances. Rather than claw back unspent grant allocations, the Council wanted to encourage branches to use the funding for the benefit of their members and to help take the profession forward locally.

The Council's decisions on these matters were made shortly before the branch and regional secretaries' meeting in October 2002; a workshop session was put into the meeting to gather views and useful ideas so that the system could be put in

place in time for 2003. In line with the views of that meeting, the method for allocating grants for 2003 has been made as simple and fair as possible. All branches will receive core funding and those branches that need extra funding for their programmes can apply for it. The system will be reviewed at year end. The membership team has invited any branch secretary who has a difficulty as a result of the changes to contact them in order to discuss their problem and seek to solve it.

5. West Metropolitan *That the Society should observe the modernisation principles agreed by the YPG [Young Pharmacists Group], NPA [National Pharmaceutical Association] and PSNC [Pharmaceutical Services Negotiating Committee] in any changes it recommends to the structure of the Society.*

THE BRANCH SAYS: The agreed principles are that:

(a) The Society's professional representative roles must be properly accommodated in a reformed structure and be distinguished from and given equal prominence to the functions of a modern regulator. Moreover, the structure of the Society's governing body must be such to allow for independent consideration of Government policies that may impact adversely upon the profession. The Society must be sufficiently independent of Government to be able, if necessary, to oppose Government policies affecting non-regulatory issues;

(b) Lay members of Council must not become involved in determining policy in respect of representation on professional issues;

(c) The number of pharmacists on the governing body should be similar to the number on the current Council to adequately represent the broad spectrum of interests across the profession;

(d) The Society must be accountable to its pharmacist members for promoting the profession, and for the development of professional roles and opportunities. At the same time it must be accountable to pharmacists, Government and the public for the regulation of the profession;

(e) The Society has a duty to safeguard and promote the interests of its members.

THE COUNCIL SAYS: The Council has already made a number of decisions to prepare for its responsibilities as a modern regulator and professional body. These include specifying, within its proposals to government, the Society's functions of: protecting the public by keeping up to date registers and setting and enforcing standards of education, practice and conduct; considering allegations of misconduct or of unfitness to practise owing to poor performance or ill health; supporting and fostering good practice and science in pharmacy; promoting the profession of pharmacy so that its contribution to health and health care is understood; and developing the profession of pharmacy.

The proposed responsibilities of the reformed Council include: leading strategic development and policy in the profession, science and practice of pharmacy; contributing to wider policy debate in the public interest; advising the public, other professions, the Government and pharmacists on pharmaceutical matters, including the use of medicines in society; representing the Society's policies and views to others and promoting the profession of pharmacy in the public

interest; making rules governing the Society's regulatory functions, including setting standards for education, practice and conduct; and ensuring the proper exercise of regulatory and law enforcement duties.

Another key decision is the preferred structure for the reformed Council: 17 pharmacists, two technicians (provided that the Society registers technicians) and 10 lay members. Assuming that this structure is accepted by government, the new Council would have a substantial pharmacist majority. It would be supported by other structures which would include pharmacists. The motion suggests that a lower number of pharmacists on Council would result in fewer areas of expertise being included. However, a larger Council would not guarantee a better balance of experience and views and could never include all the expertise needed. This could be brought in by other means. It is also worth noting that Council members need to take a holistic approach in their decision-making: they do not represent any particular interests within pharmacy.

The Society will need an identifiable governing body. That body will be the new Council. It will have to meet government's requirements for modern regulators, including increased lay membership. It would not be practical or desirable to exclude lay members from part of the Council's agenda. The Council, as governing body of the Society, is responsible for the discharge of all the Society's functions. It would, in any case, be particularly difficult to separate "regulatory" and "professional" discussions at Council level, where the focus is on setting strategy and over-arching policy within the broad context of pharmacy and health management. However, it would be feasible and appropriate for work on some issues within that policy framework to be taken forward by groups comprised mostly or entirely of pharmacists.

The motion refers to the Society's "professional representative roles". The Society's professional role and its representational work are sometimes referred to interchangeably but they are not the same.

The Society's representational role spans its entire remit. It acts as an advocate for the profession, bringing influence to bear on any issue — regulatory or professional — that affects the profession's ability to deliver a safe, high quality service. This includes, when necessary, opposing government policy. The Society is independent of government and will remain so. The Society cannot represent pharmacists' individual or commercial interests, and it cannot act in conflict with the public interest. However, the Society's view of the public interest need not always coincide with that of the government of the day. This is the situation now — modernisation will not change this.

The Society serves both public and profession and its arrangements for accountability reflect this. The public is represented by Parliament, and the Society will be accountable to Parliament for the exercise of its regulatory functions. Accountability to pharmacists is expressed primarily through the election of pharmacists to the Council.

6. Oxfordshire *That Council ensure that technician representation on the future reformed Council will be confined to those working in pharmacy practice, in community pharmacy or hospital sectors.*

THE BRANCH SAYS: We wish the Society to avoid technician representation on the Council being extended to those working outside the direction of a pharmacist. This would therefore exclude those working for dispensing doctors.

THE COUNCIL SAYS: In December 2002 the Council agreed a regulatory framework for pharmacy technicians, including registration with the Society. This decision was made with the knowledge that, if the Society had not decided to take on this role, it is likely that technicians would be registered by another body, perhaps the Health Professions Council (formerly the Council for Professions Supplementary to Medicine). This could lead to different, perhaps incompatible standards operating within pharmacy to the detriment of patient care. On the other hand, extending professional regulation to technicians should help take pharmacy forward on a broader front than ever before. Assuming that the Government accepts the Society's proposals and the Society does indeed regulate technicians, pharmacy technicians will be included on the reformed Council.

It would not seem appropriate to exclude registered technicians in some practice settings (or those not currently working) from being able to stand for Council. This would be analogous to excluding pharmacists who were working outside mainstream pharmacy practice from standing for the Council.

It is intended that technicians would be elected to the Council by and from technicians registered by the Society (except for the first term when technicians join the Council, when they would be appointed). Again, this is analogous to the way in which pharmacists are elected to serve on the Council.

It should also be noted that dispensary assistants working for dispensing doctors may not be able to fulfil the requirements for registration as pharmacy technicians with the Society since they may not be able to meet the entry requirements proposed for registration.

7. Oxfordshire; Hull *That in relation to the Society seeking charitable status, (a) there must be full consultation with the membership using all available information, (b) the membership should be satisfied that charitable status does not contravene the Society's Charter; (c) the membership must be reassured that the Society will not give away "the family silver" and (d) a referendum of all members must be held before Council's proposal for charitable status is taken further.*

THE BRANCHES SAY: It is recognised that charitable status may bring tax benefits to the Society. But we believe that the advantages and disadvantages of charitable status have not been fully explained and members should have all information before such a change to the Charter is proposed.

Furthermore, in view of the likely changes in charity law for which many charitable organisations are currently lobbying, this may not be the right time to be considering such a move.

Considerable assets have been accrued, largely through revenue raised from commercial activities, like publications. The membership, through the Society, must retain ownership of key assets like the headquarters building and publications. Any changes to the publication arm must

ensure that the Society continues to benefit from future profits.

The Society should allow members' professional interests to be protected and maintain its right to take part in "political" activities.

THE COUNCIL SAYS: The Council, in considering the proposal that the Society should seek charitable status, debated all of the issues on three occasions and made its decision based upon the following key considerations:

1. In examining the public good component of the Society's work, expert opinion indicated that the organisation already operates to many of the standards expected of a registered charity. Levels of governance are high; members of the Council have an appreciation of the role of trustees and are, indeed, already working to appropriate standards in their role as trustees of the registered charities that the Society has.
2. Following on from the above, expert opinion also indicated that, given the Society's public good role, there may already be an implied duty to register as a charity.
3. Charitable status would mean that the Society would not bear certain costs borne in the commercial sector.
4. The Council has been considering the Society's publishing operation for some time with a view to developing its full potential while retaining all the traditional standards of quality and excellence. Regardless of the issue of charitable status, there is a compelling argument for separating publishing activities to provide a more suitable environment and management framework. All commercial activities carry a risk element and the Society's publishing activities are no exception.
5. The Council has stressed that the Society must have full ownership of the planned publishing company. Thus, the Society would own 100 per cent of the share capital of the new company. If the Society were a charity the publishing company profits would be capable of being transferred, free of tax, to the Society by means of gift aid.
6. Potential changes in charity law have no real bearing on the case to register as a charity.

8. Cheltenham and Gloucester *That the Council should not proceed with its proposal to hive off its publications activities to a separate company.*

THE BRANCH SAYS: The profession was informed by the editor in *The Pharmaceutical Journal* of 14 December 2002 that, as a consequence of the Society seeking charitable status, the publications arm would have to be disposed of because business activity would be incompatible with its aspirations.

This may have a short-term attraction but if this profitable side of the Society's activities, which supports its role in looking after the profession, is put under the control of a separate company, it would be possible for some future Council, consisting of more lay members and technicians, to dispose of it. This and its proposed charitable status could lead to a professional organisation with a greater role in looking after the public rather than the profession's interest, a larger and more costly Council and ultimately without the assets to support it.

THE COUNCIL SAYS: There are several reasons why the Society is considering a proposal to place its publications activities in a separate, wholly owned company. The report in the *PJ* of 14 December 2002 reflects these accurately: in sum, better governance and sustained growth. As a result publications will create more financial and intellectual resources for the Society. However, the Council will consider the matter again later in the year, when it will review a fully costed business plan as well as the detailed arrangements for incorporation. Only if it is satisfied that these are in the best long-term interests of the Society will it proceed with incorporation.

Whether publications are managed within the context of a wholly owned company or remain within a directorate as now, they will continue to preserve the current balance between professional interest and financial advantage. For those publications which are central to the Society's interests, including *The Pharmaceutical Journal* and its associated publications, and the British National Formulary, special safeguards will be required to ensure their continuing integrity and independence.

It should also be noted that there are powerful commercial arguments for retaining an intimate link with the Society. Although the relationship may curtail the company in the exploitation of some commercial opportunities, it nevertheless gives the publications a considerable authority and standing in the market-place, and this has been in large measure responsible for their present success. To sever it would have direct and adverse commercial consequences.

Finally the act of placing publications in a separate company does not in itself increase the likelihood of their disposal. At present the Council has the power to close or dispose of any of its current portfolio of publications, and has occasionally done so in the past. Intrinsically there seems no reason why a reformed Council with a larger lay component should take any different view. Nevertheless the establishment of a separate company will of necessity require clarification of the remit of publications within the Society, and will put better governance arrangements in place. As a result it is quite possible that any divestment of publishing interests would become harder rather than easier to do in the context of a separate company.

9. Harrow and Hillingdon *That when pharmacists are required to submit regular CPD records to remain an "active" practitioner; then these pharmacists should be issued annually with a form of identification that is easily recognisable to employers, other health care professionals and pharmacy colleagues.*

THE BRANCH SAYS: Once the Register differentiates between "active" practitioners and other pharmacists, it will be necessary to issue them with a form of identification that enables employers and colleagues to check the currency of their "active" status. One cost-effective method might be to issue a card with integral photograph downloaded from a digital image retained on the Society central database. Such cards are now commonly used in universities and hospitals. This identification should be issued annually upon receipt of registration fees and appropriate declarations of fitness to practise.

This will help employers and colleagues to check that a pharmacist whom they have not worked with before is on the "active" part of the register. The format of such identification should therefore be publicised appropriately prior to implementation. Moreover, the inclusion of a data chip may provide further technological opportunities to identify individual practitioners for the purposes of access to patient records etc. The cost of issuing such identification should be met from the annual retention fee for "active" members.

THE COUNCIL SAYS: The policy, processes and methods by which the "active" practitioner is recorded must be carefully considered. The issue of some form of identification needs to be addressed under the policy, and, if accepted, procedures and processes devised to ensure that the issue of the identification is robust. If this is to be issued annually, an expiry date will need to be included on the identification document or card.

10. Harrow and Hillingdon *That the current option for full-time membership fees with the Society should relate only to "active" pharmacists, and that members who are employed solely in other trades should be entitled to claim Society membership as "non-active" members and hence be required to only pay "part-time" or otherwise reduced membership fees."*

THE BRANCH SAYS: A significant number of Society members no longer practise pharmacy but still wish to retain their professional membership. With the expected introduction of mandatory CPD, there is an opportunity to show a distinction between "active" and "inactive" pharmacists, and to accept that the burden of membership of "inactive" (ie, non-practising) pharmacists should be lower than those who are practising.

THE COUNCIL SAYS: The issue of membership fees and status of pharmacists on the register is currently being considered.

11. British Pharmaceutical Students Association *That the names of successful candidates who sit the Society's registration examination should be published in at least one national broadsheet newspaper.*

THE ASSOCIATION SAYS: An increased public awareness of our professional profile would benefit the profession, and this is one way to achieve this. It would also create a feeling of being valued in those who are newly qualified, something which is often missing.

It is important for the pharmacy profession that pharmacists are recognised as professionals and valued as much as other professions. For other professions, the governing body is responsible for publishing their names, and some universities also show their pride in their graduates, using this method.

The cost of such a move could be offset by the clever sponsorship opportunity that this would provide.

THE COUNCIL SAYS: The membership unit has recently made enquiries with regard to such a list appearing in either *The Times* or *The Independent* newspaper. The quoted costs for this were £20,000 and £7,500, respectively.

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)

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 14 and Tuesday 15 April 2003 to hear the following inquiries and applications:

Monday 14 April

1. A resumed inquiry into a pharmacist convicted of driving with an alcohol level which exceeded the prescribed limit and a complaint by the Council of the Society, which included allegations that the pharmacist's inability to discharge his professional duties amounted to misconduct. The inquiry was first heard in April 2002 when the committee, having found misconduct established, resolved to adjourn the inquiry for 12 months.
2. A resumed inquiry into a complaint by the Council of the Society against a pharmacist which alleged that the pharmacist's conduct in stealing dihydrocodeine tablets for personal use amounted to misconduct. The inquiry was first heard in April 2002 when the committee, having found misconduct established, resolved to adjourn the inquiry for 12 months.

3. An inquiry into a complaint by the Council of the Society against a pharmacist which alleges that the payment by the pharmacist of the reduced part-time retention fee notwithstanding that the pharmacist had worked in excess of 13 weeks may amount to misconduct.
4. An inquiry into a complaint by the Council of the Society against a pharmacist which alleges that the pharmacist's failure to honour his professional obligations and contractual commitments may amount to misconduct.

Tuesday 15 April

5. An inquiry into a complaint by the Council of the Society against a pharmacist which alleges that a number of dispensing errors made while the pharmacist was locum pharmacist in charge may amount to misconduct.
6. To hear an application for restoration from a person whose name has been removed from the Register.

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

Welsh Executive election

Notice is hereby given to members of the Royal Pharmaceutical Society of Great Britain whose addresses in the Register are in Wales that the annual election for members of the Welsh Executive will be held in June. The four retiring members are Andrew Hales, Karen Worrall, Peter Jones and Robert Gartside, all of whom are eligible for re-election.

Nominations for candidates for the 2003 election are now invited, the closing date for receipt of nominations being 4pm on Wednesday 16 April 2003. Nominations require the

signature of the self-nominating nominee and one supporter. Nominees are asked to enclose with the nomination form their biographical details not exceeding 150 words and a statement indicating how they can assist the Welsh Executive to carry out its responsibilities not exceeding 100 words, as indicated on the nomination form. Nominations should be addressed to the Secretary to the Welsh Executive, Royal Pharmaceutical Society, Gloucester House, 14 Mount Stuart Square, Cardiff CF10 5DP.

CATHERINE O'BRIEN
Secretary to the Welsh Executive

DIARY

HEADQUARTERS MEETINGS

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

<i>Monday 14 April</i>	
Statutory Committee	10am
Honorary Auditors	11am
<i>Tuesday 15 April</i>	
Statutory Committee	10am
<i>Wednesday 16 April</i>	
Modernisation meeting	2pm

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/diary)

- Tuesday 15 April*
- East Metropolitan** "What can the NHS learn from the Pharmacy in a New Age initiative" by Dr Karen Rosenbloom (senior lecturer, Derby University). Churchill Room, Wanstead Public Library, Spratt Hall Road, London E11. Buffet 7.30pm, meeting 8pm.
 - Fife** Annual general meeting and "Breast care" by Marlene Malloch (Macmillan breast care nurse, Queen Margaret Hospital, Duffermline). Dunnikier House Hotel, Kirkcaldy. Buffet. 6.30pm.
 - Ipswich** "Continuing professional development: what you need to know" by Peter Wilson (CPD co-ordinator, Royal Pharmaceutical Society). Butterfly Hotel, Bury St Edmunds. Buffet. 7.30 for 8pm.
 - Plymouth** "How diving affects the brain" by Dr Stephen Daniels (Cardiff University). Postgraduate Medical Centre, Derriford Hospital. Buffet. 7.15pm, meeting 8pm.

- Wednesday 16 April*
- Solihull** Annual general meeting followed by presentation by Alastair Buxton (head of NHS Services, Pharmaceutical Services Negotiating Committee). Education Centre, Solihull Hospital. Buffet. 7pm.
 - South East Metropolitan** "Fit for the future: why do we need a new Charter?" by Christine Glover (member of the Royal Pharmaceutical Society's Council). Clarendon Hotel, Blackheath, London SE3. Refreshments 7.30pm, meeting 8pm.