

The Society

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Council agrees framework for ensuring the competence of dispensary assistants

The Council of the Royal Pharmaceutical Society has agreed a framework for implementing its policy on the minimum standard of competence for dispensary assistants. The Council has decided that by January 2005 all staff involved in assembling prescriptions, including generating labels, should be trained to a minimum standard equivalent to Level 2 of the Scottish/National Vocational Qualification (S/NVQ) in pharmacy services or be undertaking training in this respect.

The Society says that it fully supports dispensary assistants undertaking the S/NVQ but, because many employers and organisations already have excellent training programmes in place, it has decided that an alternative to the S/NVQ framework should be available. This alternative will use the standards developed for the S/NVQ Level 2 and require training providers to demonstrate that their programmes are of an equivalent Level in delivering the underpinning knowledge and assessing competence. The Society, or its agent, will determine this equivalence and accredit training programmes as equivalent to S/NVQ Level 2.

The Society also recognises that dispensary assistants form a transient population,

many of whom are employed part-time. The roles and tasks assigned to this level of staff can vary greatly.

The Society says that its function as a regulator is to ensure that all staff working in a pharmacy have the knowledge and competencies to perform the tasks and roles assigned to them. It would expect dispensary assistants to have completed all the units from the S/NVQ Level 2 or an equivalent course related to the roles and tasks they perform. The standard operating procedures for each pharmacy will indicate the level of competence expected for each function performed by dispensary assistants.

Therefore, from January 2005, dispensary assistants will be able to meet the minimum standard of competence in one of four ways:

- Successful achievement of the S/NVQ Level 2 in pharmacy services
- Successful achievement of the units in the S/NVQ Level 2 that are relevant to the roles and responsibilities undertaken by the dispensary assistant
- Successful achievement of a training programme accredited to be of an equivalent level to S/NVQ Level 2

- Successful achievement of the units of an accredited training programme of an equivalent level to S/NVQ Level 2 that are relevant to the roles and responsibilities undertaken by the dispensary assistant

The Society's head of practice, Nigel Graham, said: "We are delighted that the Council has agreed a framework for meeting the minimum standard of competence for dispensary assistants. This will enable employers or training providers to develop training programmes for dispensary assistants that ensures their competence in the roles they perform. The practice division, in consultation with employers and training providers, will shortly begin work on the detailed issues surrounding the minimum standard such as models for accreditation, the grandparent clause, reciprocity and time limits for commencement and completion. Further details will be presented to the Council in due course."

Further information about the framework is available from Kailas Mahadevaiah at the Society's headquarters (tel 020 7572 2537; e-mail kmahadevaiah@rpsgb.org.uk).

BPC to have its first woman Science Chairman in 2004

The British Pharmaceutical Conference is to have its first woman Science Chairman next year. She is Professor Ruth Duncan, who is head of the centre for polymer therapeutics and professor of cell biology and drug delivery at the Welsh School of Pharmacy, Cardiff.

The conference has met annually since 1864. For more than 100 years it was an independent body, electing its own chairman each year. When the Pharmaceutical Society took over its organisation in 1971, the role of Science Chairman was created, with the Society's President acting as overall chairman of the conference.

Professor Duncan is a founder member of the UK Association of Pharmaceutical Scientists, a member of the board of governors of the Controlled Release Society and

chairman of the UK and Ireland Controlled Release Society. She has been editor of the *Journal of Drug Targeting*, and a co-chairman of the Gordon conference on drug carriers in biology and medicine. She has received a number of awards in recognition of her work on "polymer therapeutics", including the transfer of the first polymer-anticancer conjugates from laboratory to clinical trial. The awards include the Royal Society of Chemistry's interdisciplinary award and the Berlin-Brandenburg Academy of Sciences Monika Knutzner award for innovative cancer research.

Professor Duncan said: "It is an honour to be appointed as the first female Conference Science Chairman in the long history of the BPC. I thank my colleagues for electing me to the position and I look forward to

working with them to develop a first class programme for the 2004 British Pharmaceutical Conference that will showcase the excellence of UK pharmaceutical science and innovation."

The conference will take place at Manchester International Convention Centre from 27 to 29 September 2004. This year's conference takes place in Harrogate from 15 to 17 September.

Society launches online library catalogue

To help meet the information needs of its members, the Royal Pharmaceutical Society has launched an easily searchable online catalogue of publications in its library as the first stage in a programme to deliver more library and information services over the internet.

The online catalogue contains details of more than 15,000 titles added to the library since 1991, plus selected titles published earlier. For many items the catalogue offers a link to the full text at a relevant website.

The online catalogue is available at olib.rpsgb.org.uk or through the information centre section of the Society's website (www.rpsgb.org.uk/infocentre). It includes a search facility designed to make it easy to track down items of interest. Searches can be made by author and/or title or by free text, and can be limited by date of publication (before/after a specified year) or by type of publication (eg, book, legislation, pharmacopoeia, Statutory Instrument, thesis).

The title/author search page accepts partial titles, provided the exact start of the title is included. It also accepts incomplete authors' names. If unsure of the exact author or title, the searcher can use the free text search option, which accepts individual keywords from the title, subtitle, series, names and subject fields. Boolean logic searching and phrase searching can be used.

Once a publication has been found, the website offers a page of information that includes title, subtitle, author(s), publisher, year of publication, number of pages, loca-

Title details																															
Title	Pharmacy in the future: implementing the NHS plan. A programme for pharmacy in the National Health Service																														
Name(s)	G B Department of Health (Corporate Author)																														
Publication	London: Department of Health, 2000																														
Physical Details	26p																														
Classmarks	347.614.2.615.914.1/2																														
Subjects	Pharmacy.																														
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A search for the Department of Health's pharmacy plan on 22 April produced this page of information

tion within the library and, if available, a link to the full text on the relevant website.

The page also lists every copy of the title held by the library, with an indication of its availability. For example, the page for the Department of Health's pharmacy plan, "Pharmacy in the future: implementing the NHS plan", indicates that the library has four copies, of which one is available only for reference and three are available for loan. The page currently shows that one of these three is out on loan, due back by 20 May.

The Society's librarian, Roddy Morrison, said: "The new service allows 24-hour access to the library catalogue, which is the

key to making this unique collection of pharmacy related information available to pharmacists. This is the first stage in a programme to deliver more library and information services over the internet. Future developments to the library catalogue will allow users to look up their library account, to reserve and renew loans, and to make requests for stock and non-stock items."

The library points out that if a book published before 1991 cannot be found through the online catalogue it may still be in the collection. A check can be made by telephone (020 7572 2300), fax (020 7572 2499) or e-mail (library@rpsgb.org.uk).

Hundreds view museum display at Royal Free



More than 300 visitors took time to view collections from the museum of the Royal Pharmaceutical Society displayed at the Royal Free Hospital in London on 17 April, as part of the hospital's 175th anniversary celebrations. The activities and displays provided by the Society were based around historical objects from the dispensary and sick room. Museum staff were on hand to answer questions and to demonstrate traditional pharmacy skills.

The photograph shows visitors to the event viewing museum artefacts

AGM to debate Society's proposed charitable status

The Royal Pharmaceutical Society's annual general meeting is to debate a motion demanding a referendum on the Council's decision to seek charitable status for the Society.

The motion, to be moved by Mark Walker, reads: "This meeting directs the Council to gain the approval of members through a referendum before Council's proposal for charitable status is taken further."

No other motions were received by the 20 April closing date. The AGM takes place at the Society's headquarters on 14 May.

Revised Official Notice, p600

Charter medal winners for 2003

The Royal Pharmaceutical Society's Charter gold medal for 2003 is to be awarded to Professor Stephen Denyer, head of the school of pharmacy, University of Brighton. The Charter silver medal will go to Colin Ranshaw, immediate past chairman of the Society's Welsh Executive.

The Charter medals, awarded annually, were instituted in 1963. The gold medal recognises outstanding services rendered by a member to the Society, or generally, in promoting the interests of pharmacy. The silver medal recognises outstanding services rendered by a member locally or to a specific sector of the profession. The medals will be presented at the Society's annual general meeting on 14 May.

Reform of the Society: more questions answered

Royal Pharmaceutical Society Council member Digby Emson, a member of the Council's modernisation steering group, addresses some recent concerns about the Society's reform process and the Council's decision to seek a new Charter

There has been a lot of talk about what the Government will and will not accept from the Society's reform proposals. I have heard that the Government is prepared to treat the Society more leniently than the other regulators. What has the Government actually said?

The Government has made its requirements clear, both to the Society and to other pharmacy bodies, and it is simply not true that it is prepared to cut us any slack. The NHS plan set out a common vision for all regulators back in 2000, with no exception for pharmacy. The Department of Health has consistently reinforced that message to us ever since. Let me give you just two examples. In October 2002, Dr Jim Smith, chief pharmaceutical officer at the Department of Health, wrote to the Young Pharmacists Group at the request of Alan Milburn, Secretary of State for Health, copying his letter to the Society. He said: "Ministers expect the RPSGB to come forward with proposals for modernisation. . . . This will involve securing an increase in lay membership of the Council similar to that now being achieved for the other health professions' regulatory bodies. . . . I would like to emphasise as firmly as possible that the Government [is] seeking these changes in order to strengthen the way the RPSGB operates and not in any sense . . . to remove or weaken . . . its ability to exercise leadership and advocacy on behalf of the profession".

Secondly, David Lammy, Parliamentary Under Secretary of State for Health, speaking on the record at a Council dinner, said that the Society needs "to make changes so that there is greater transparency, accountability and public involvement in [its] processes. . . . Our vision is of a reformed Royal Pharmaceutical Society which, in its strengthened role as a modern regulator, continues to operate at arm's length from Government. Equally important, we expect the reforms to enhance the Society's ability to provide strong, independent leadership and advocacy for the profession as a whole in taking forward the agenda for pharmacy with patients, Government and the NHS".

What about the YPG's proposed model for the Society? Has Government ever said that it would not be acceptable to them?

I quoted a letter from the Department's chief pharmaceutical officer above. That letter also stated: "The proposal put forward by the YPG, involving all the regulatory functions being discharged by a board or committee of the Society, could not form the basis of a satisfactory proposal from the RPSGB."

The modernisation process is putting the Society's very existence at risk. If the over-

arching council of health regulators were to take on the regulation of professionals itself one day, then the Society will have no role.

This is precisely the sort of situation that a new Charter can prevent.

We have no reason to think that this Government, or a future Government, would wish to take regulation of the health professions to itself. However, if that were to happen, bodies such as the General Medical Council, as it currently exists, would be entirely subsumed.

A new Charter would reinforce the Society's professional leadership role and ensure that it could continue in such a situation as a chartered body.

Is it not the first role of the Society to represent its members? After all, that is what it was set up to do 160 years ago.

We have seen many comments in the pharmacy press lately about the Society's role as a membership body. I understand people's concerns about this issue.

When the Society was originally established, its primary aim was to support the interests of pharmacy owners of the day, although even then there was an acknowledgement of the need to protect the public. Since then, its objectives have shifted towards professional leadership and public protection. This was seen most clearly in the 1930s when the Society became the regulatory body for pharmacy, with obligatory membership, while continuing to exercise a representational role.

And what do we mean by the Society's representational role? The crucial difference between the representational role of the Society and the role of a membership body as envisaged by some critics of the reform process, is that the Society cannot represent pharmacists' individual or commercial interests. The Society cannot act in conflict with the public interest. This is the situation now – the proposed reforms will not change this.

The Society's actual "representational" role spans its entire remit, covering regulatory and professional issues. It promotes pharmacy's contribution to health and aims to ensure that the voice of the profession is heard wherever policy relevant to pharmacy is made or implemented. It lobbies for change in the interests of both public and profession on issues across the full range of the Society's remit, whether regulatory or professional. The Society means to retain — and improve — this role.

It has been suggested that there may not be a pharmacist majority on the reformed Council. Let me make this clear — there will be a pharmacist majority. We want to

strengthen the professional leadership role, not downgrade it. The new Charter marks an important watershed in the Society's history and it will enable the Society to become one of the leading professional leadership bodies.

The Council says it is committed to the widest possible Charter consultation process. If so, why doesn't it hold a referendum of the entire membership to establish the level of support for any proposed new Charter?

A referendum would be an inadequate and fairly meaningless method of doing this. There is not a simple Yes or No question to pose. The Council wants feedback on the draft, which is a complex legal document. You might have a situation where a pharmacist who was unsure about one article within the Charter found him or herself having to vote "No" to a statement of general confidence in the draft Charter. This would give an entirely misleading result.

Looking at the planned meetings across the country, few can doubt that the Council plans to hold the widest possible consultation process with the membership. As part of that it will be distributing feedback forms that encourage members to consider carefully whether the draft Charter will be fit for purpose, or whether changes are needed, in the light of the Society's integrated professional and regulatory remit. The Council will take account of all feedback it receives and make a final decision on the contents of the petition for a new Charter.

It is up to all members of Council, and the profession itself, to help ensure that the Society supports and develops pharmacists in the practice of their profession.

Will the Society be a body constituted to perform regulatory functions under the Health Act 1999?

The Society is not constituted under the Health Act. It is constituted as a corporate body under the Charter, with an integrated, professional and regulatory remit. The Council, as governing body of the Society, is constituted jointly by the Charter and by legislation.

QUESTIONS FOR COUNCIL CANDIDATES

At the invitation of the Royal Pharmaceutical Society's Council, *The Journal* has asked Council election candidates three questions on matters of topical interest. We intend to publish the answers next week. Voters may wish to read the answers to the questions in conjunction with the candidates' statements of policy before deciding how to vote.

Preparing for CPD and prescribing

Two future developments affecting pharmacists — mandatory continuing professional development and supplementary prescribing — were the topics for an evening conference held by the Royal Pharmaceutical Society's Border region on 19 March in Chester-le-Street. Malcolm Goldie reports

Learning from experience makes all pharmacists more capable, said Dr PETER WILSON, the Society's consultant on continuing professional development. A past example of such learning was the introduction of non-prescription sales of emergency hormonal contraception (EHC). Although every community pharmacist had received a training pack, pharmacists almost certainly found the first sale fraught and worrying but then gained improved skills and confidence through further experience.

Dr Wilson defined CPD as "a way of recognising what you learn through work and then writing it down". The process was a circular one involving reflection, evaluation, planning and action. It could be divided into unscheduled learning and planned CPD. The former involved capturing the moment, reflecting on the situation, evaluating the experience and recording the outcome. The latter required a preplanned programme, however small, and an examination of its impact on the future of one's career. It was altogether a more structured experience.

Record-keeping is part of CPD because records increase understanding, identify further learning needs, become a source of satisfaction and provide proof of professional development, Dr Wilson said. Records can be kept on computer, on paper or on the Society's CPD website (www.uptodate.org.uk). Dr Wilson urged all pharmacists to visit the website and see what it offered.

Discussing misconceptions about CPD, Dr Wilson said that some people think it just means more hours of continuing education, some think it has to be done through approved courses, some think they can never do it because they would "fail", some think they will not have time for it because it will take hours to record, and some think that it will force older pharmacists to leave the profession. Of all these beliefs, only the last one might have some truth in it. Currently the Society cannot prevent a pharmacist working, but when CPD becomes mandatory — probably some time in 2004 or 2005 — the Society can and will prevent those who have not undertaken CPD from practising. Some pharmacists may choose to leave the profession at that point.

Introducing mandatory CPD is not bloody-mindedness on the part of the Society, said Dr Wilson. It is a direct result of various medical malpractice cases over recent years, which have focused the Government's mind. Although some pharmacists may be unhappy that past medical incompetence should cast unwarranted doubt on pharmacists' competence, the Society has to comply. However, pharmacists will not be subject to the annual revalidation that doctors will have to undertake.

If the Society fails to act, the Government will take the matter out of its hands and pass responsibility to the Health Professions Council, which is to oversee CPD for some smaller health care groups. For those groups, CPD will become mandatory by 2004 or 2005, and revalidation will be the norm.

Dr Wilson said that several pilot studies have shown that pharmacy CPD instills an awareness of developing needs and increases confidence. It is a practical process, needing no more than about 30 minutes a month to complete records of important activities.

CPD will be monitored, but at intervals of greater than 12 months. The Society will look for "good CPD practice" both in the context of the whole profession and in the field of each pharmacist's specific practice. Feedback will be provided to make the process more effective. The object is to ensure that pharmacists keep abreast of developments. The format of an individual's CPD is personal and pharmacists are at liberty to improve those parts of their knowledge that they believe are lacking by whatever means they so choose.

Answering a question, Dr Wilson said that it was yet to be decided whether CPD for non-practising pharmacists would have to encompass aspects of current clinical learning as well as covering their chosen field.

Asked whether it would be possible to fabricate a CPD record, Dr Wilson said that although it was possible it would almost certainly be easier to undertake the work and do the job honestly.

SUPPLEMENTARY PRESCRIBING

Supplementary prescribing offers benefits to patients in the form of convenience, choice and quicker access, said PAUL BROWN, a prescribing adviser involved in developing and supporting non-medical prescribing in three primary care trusts in the north-east. Supplementary prescribing is also safe and effective, he said. It benefits the National Health Service through increased efficiency and better targeting, and it benefits pharmacists and nurses by way of role expansion.

Mr Brown said that an agreed working definition of supplementary prescribing is: "A voluntary partnership between the responsible independent prescriber and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement, particularly but not only in relation to prescribing for a specific non-acute medical condition or health need affecting the patient."

The independent prescriber (IP) has to be a doctor or dentist and responsible for the initial assessment and diagnosis and for setting the parameters of a clinical management plan (CMP). The IP must agree a limit of

responsibility with the supplementary prescriber (SP), and must provide advice and support to the SP and share information.

SPs must prescribe in accordance with the CMP, monitor and assess patient progress, and work within the limits of their clinical competence and professional code of practice. They must accept professional responsibility for their prescribing practice, recording their activities contemporaneously in a record shared with the IP — ie, joint working would be the order of the day.

The IP must be someone with whom the SP is able to communicate readily and who is willing and able to share access to common patient records and to share access to and use the same guidelines or protocol. Patient progress should ideally be jointly reviewed at agreed intervals.

The CMP is essential. It is a formal agreement between IP, SP and patient, and must be agreed before prescribing begins. It will be specific to the patient and the patient's condition and may be kept on paper or electronically. It must include reference to the classes of medicine that may be prescribed for the named patient, including strength, dose, frequency and formulation. It must specify the circumstances under which the SP may alter medicines and the circumstances under which the SP should refer the case back to the IP. It must also include details of relevant warnings, as well as start and stop dates.

All medicines other than Controlled Drugs and unlicensed drugs may be ordered under the scheme and will be supplied at NHS expense.

Mr Brown said that training for supplementary prescribers will be to degree level and consist of 25 taught days at an approved higher education institution plus 12 days of learning in practice. It will need access to a medical supervisor and will be Government-funded. Pharmacists or nurses will need to be able to find the time to attend the course, which will extend over three to six months. Assessment will include demonstrating ability and knowledge, including all aspects of supplementary prescribing. However, because 37 days cannot teach everything, entry to the course will assume a high level of skill and knowledge. CPD after completing the course is essential and will include clinical guidance frameworks, clinical supervision, peer review and mentoring.

During discussion it was pointed out that the presentation made no mention of reward for undertaking a potentially onerous training schedule and providing additional services. Although the Government may not be anxious to place a financial millstone around its own neck, some indication of the value it would place upon such work would not be amiss.

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)

Annual general meeting: revised announcement

Notice is hereby given that the 162nd annual general meeting of the members of the Royal Pharmaceutical Society will take place in the Assembly Hall, 1 Lambeth High Street, London SE1, on 14 May 2002 at 7.30pm.

The following business will be conducted:

1. Presentation of the annual review of the Council for 2002 for adoption.
2. Presentation of the financial statements for 2002 for adoption.
3. Consideration of any matters raised or motions moved by members of which notice has been given in writing not later than 20 April.
4. Adoption of rules of procedure for debate of motions (Byelaws, Section VI, Paragraph 3): "A member may raise any matter or move any motion at any annual general meeting of which he has given the Secretary notice in writing not later than the 20th day of April in the year in which the said meeting is to be held. The Rules of Procedure for debating such motions shall be proposed by the Council and presented for adoption at each annual general meeting at which such a motion is to be moved." The proposed rules will be circulated at the meeting.
5. Motion — The following motion will be moved by Mark Walker, MRPharmS: "This meeting directs the Council to gain the approval of members through a referendum before Council's proposal for charitable status is taken further."

ANN LEWIS

Secretary and Registrar

The following programme of events takes place on 14 May before the AGM: 5pm, tea and sandwiches available in the hall foyer for those attending the AGM; 5.45pm, presentation of fellowship certificates for 2002, followed by presentation of the Charter gold and silver medals for 2003; 6.30pm, one-hour discussion forum, led by the President, designed to provide an opportunity for members to discuss the new draft Royal Charter.

Statutory Committee decisions

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

On Monday 14 April 2003, in the resumed inquiry into **Matthew Richard**

Jacques, of 32 Dylan Thomas Road, Nottingham, the committee resolved to adjourn the inquiry for a further three months.

In the resumed inquiry into **Christopher Dotchin**, of 166 Silver Lonnien, Newcastle upon Tyne, the committee, having found misconduct established at the earlier hearing, resolved to reprimand Mr Dotchin.

In the inquiry into **Harold Leslie Peet**, of 330/127 Tanadorn Home Place Ring Road, Ban Jan Muang, Udon Thani, 41000 Thailand, the committee, having found misconduct established, resolved to adjourn the Inquiry. The adjournment is to give Mr Peet time to pay to the Society the balance of fees owed by him for the years 2000 and 2001 when he worked more than the permitted 520 hours in each of those years.

In the inquiry into **Stephen Bruce Inns**, of The Toll House, The Barns, Lower Treluswell, Penryn, Cornwall, the committee, having found misconduct established, resolved to reprimand Mr Inns.

On Tuesday 15 April 2003, in the application for restoration of **Samir Patel**, of 41 Dudley Walk, Wolverhampton, the committee resolved to direct that the name of Mr Patel should be restored to the Register of Pharmaceutical Chemists.

M. B. PAWLUCZYK (Mrs)

Secretary to the Statutory Committee

Council voting papers

Voting papers for the 2003 Council election have now been posted to members of the Royal Pharmaceutical Society. After completion, the papers should be returned to Electoral Reform Ballot Services Ltd, PO Box 6352, London N1 1YR, to arrive not later than noon on 16 May.

The business reply envelope sent to members living in Great Britain and Northern Ireland is marked "second class" and members are asked to post their voting papers as early as possible.

Any members who do not receive voting papers should contact the Head of Central Administration so that a further set can be sent.

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).

Charter roadshows

The Royal Pharmaceutical Society is to seek pharmacists' views on the draft of a new Royal Charter at "Fit for the future" roadshows across Britain. Each will start with registration and a light buffet at 7pm and finish at about 9.30pm.

The roadshows will take place as follows: *Cambridge*, Garden House Hotel, 6 May; *Nottingham*, Nottingham Racecourse, 7 May; *Sunderland*, Stadium of Light, 27 May; *Perth*, Best Western Queens Hotel, 28 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; *London*, the Society's assembly hall, 30 June.

Pharmacists wishing to attend a roadshow should e-mail membership@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.

History meeting: Chemist-opticians

The Royal Pharmaceutical Society and the British Society for the History of Pharmacy are to hold a joint evening meeting on Wednesday 7 May at 6.30pm, at the Royal Pharmaceutical Society's headquarters, London, when Neil Handley, curator of the British Optical Association Museum, will speak on "Chemist-opticians".

Refreshments will be served from 5.30pm. Non-members are welcome to attend. Advance booking is not required.

Opportunities in veterinary pharmacy

The Veterinary Pharmacists Group of the Royal Pharmaceutical Society is to hold its 2003 weekend conference on 17 and 18 May at the Redcliffe Hotel, Paignton, Devon. The conference theme will be "Exciting new opportunities in veterinary pharmacy". The conference will start on the Saturday with a buffet lunch, followed by a visit behind the scenes at Paignton Zoo to meet veterinarians and keepers engaged in the zoo's conservation and breeding programme. The conference dinner takes place at the hotel on the Saturday evening, followed by entertainment.

The Sunday conference programme will provide an opportunity to hear about the Government's response to the Competition Commission report on the distribution of animal medicines and, in particular, how it would involve community pharmacies. There will be the chance to learn how pharmacists in Ireland have become more involved in the supply of veterinary medicines through a special category of pharmacy medicines. Speakers from industry will present their views on pharmacists' future roles in the distribution of veterinary medicines. There will also be an opportunity to hear from pharmacists who have developed specialist veterinary medicine sections in their pharmacies and about the training available to support pharmacists who are keen to take on these roles.

The cost of the conference, including Saturday lunch and dinner, bed and breakfast and Sunday lunch, is £145 for conference participants and £125 for accompanying persons. Attendance at the Sunday conference only cost £15, which includes lunch and refreshments.

Fuller details and registration forms can be obtained from the group's secretariat (tel 020 7572 2409; e-mail lfearon@rpsgb.org.uk). The conference organiser, Roger Odd, can be contacted via the secretariat. The closing date for bookings is 9 May.

Perth to be Charter roadshow venue for members in Scotland

The Royal Pharmaceutical Society has announced that the Scottish leg of its "Fit for the future roadshow" is to be held at the Best Western Queens Hotel in Perth on Wednesday 28 May, and not as originally announced (*PJ*, 12 April, p526). No other venues or dates have changed.

The 11 evening meetings will include presentations on the proposals for a new Royal Charter followed by a facilitated question and answer session. Each will start at 7pm and close at 9.30pm.

Anyone wishing to attend a roadshow should send contact details to Esther Corcoran, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE17JN (e-mail membershiptemp@rpsgb.org.uk; fax 020 7572 2503).

Branches take up offer of funding for Charter meetings

More than 30 branches of the Royal Pharmaceutical Society have responded to the offer of additional funding to help them organise local meetings on the Council's proposal to seek a new Royal Charter for the Society (*PJ*, 5 April, p287).

By 22 April, 31 branches had submitted application forms. Some others had expressed an interest but were still to apply formally.

DIARY

AHEADQUARTERS MEETINGS

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

Monday 28 April
Remuneration Committee 9am
Infringements Committee 1.30pm

Tuesday 29 April
Practice Committee 9.30am

Wednesday 30 April
Council reserve day 9.30am

LOCAL MEETINGS

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

Monday 28 April
Nottingham Annual general meeting, with cheese and wine. School of Pharmacy, University of Nottingham. 7.30pm for 8pm.

Tuesday 29 April
Barnet Annual general meeting and "Prescribing steroid eye-drops" by Marvyn Elton. Postgraduate Medical Centre, Barnet General Hospital. Buffet 7.30pm, meeting 8pm.

Bradford "Malaria and the role of plants" by Dr Colin Wright (senior lecturer in pharmacognosy). D4 Lecture Theatre, Bradford University. Buffet 7.30pm, meeting 8pm.

Brighton Annual general meeting and discussion of motions for branch representatives' meeting. Postgraduate Medical Centre, Brighton General Hospital. 8pm.

LOCAL MEETING ANNOUNCEMENTS

Announcements of branch and regional meetings for the Diary column should reach *The Journal* by 1pm on the Tuesday before publication. Branch programme cards are welcome at the beginning of the season, provided that branches subsequently notify *The Journal* in good time about any changes or any essential information that was not available when the card was printed.

Cheltenham and Gloucester "The Society's proposed new Charter" by Christine Gray (modernisation programme manager, Royal Pharmaceutical Society). Cheltenham Postgraduate Centre. Buffet 7.15pm, meeting 8.15pm.

Croydon Annual general meeting followed by "Developing roles for preregistration tutors". Postgraduate Medical Centre, Mayday Hospital. 8pm.

Dudley and Stourbridge Annual general meeting. Medical Services Centre, Corbett Hospital, Stourbridge. 8pm.

Durham Annual general meeting. Salutation, Framwellgate Moor, Durham. Followed by bar meal. 8pm.

Edinburgh and Lothians Annual general meeting and "Recent progress in mental health" by Dr Elizabeth Hare (consultant psychiatrist, Royal Edinburgh Hospital). 367 York Place, Edinburgh.

Hull Annual general meeting. Postgraduate Education Centre, Hull Royal Infirmary. 7.30 for 8pm.

North Hampshire See Southampton.

Southampton "Modernisation" by Beth Taylor. Intech (Hampshire Technology Centre), Morn Hill, Winchester. 7.30 for 8pm. Joint meeting with North Hampshire branch.

Wednesday 30 April

Cardiff and Vale of Glamorgan "Continuing professional development" by Dr Robert Dewdney (head of education, Royal Pharmaceutical Society). Aberdare Hall, Cardiff University, Corbett Road, Cathays Park, Cardiff. 7.30 for 8pm.

Central Lancashire "How to do a medicines review" by Magnus Hird and other branch members. Imperial Hotel, Blackpool. Buffet 7pm, meeting 7.30pm.

Crawley, Horsham and Reigate "Chiroprody and what it offers" by Michelle Collingwood (registered chiroprodist), followed by annual general meeting. Postgraduate Medical Centre, Crawley Hospital. Refreshments 7.30pm, meeting 8pm.

Thursday 1 May

Huddersfield "Unconventional uses for conventional drugs in the field of pain" by Dr Piers Lesser (consultant anaesthetist). Lecture Theatre, Huddersfield Royal Infirmary. Buffet 7.30pm, meeting 8pm.

Manchester, Salford and Trafford "American experience: a personal view" by Nicola Gray (member of the Royal Pharmaceutical Society's Council) and discussion of branch representatives' meeting motions followed by annual general meeting. Postgraduate Medical Centre, Manchester Royal Infirmary. Buffet 7.30pm, meeting 8pm.