

The Society

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SPECIAL COUNCIL MEETING

Council proposes that inactive members can call themselves pharmacists

The Royal Pharmaceutical Society's Council has agreed a proposal that members of the Society on the inactive register can be allowed to describe themselves as pharmacists. However, they must always ensure that they qualify that with the proviso that they are non-practising pharmacists.

This was one a range of proposals agreed by the Council on the subject of mandatory continuing professional development and the structure of the Register. Others were that:

- CPD should be mandatory for those undertaking a job that legally requires them to be a pharmacist or one that is usually undertaken by a pharmacist, as well as those undertaking a pharmacy or health care job for which they do not have to be a pharmacist
- CPD should not be mandatory for those who have retired, who are on an extended career break or who are otherwise not active in pharmacy (inactive/non-practising pharmacists)
- Pharmacists who are inactive/non-practising should be required periodically to read a statement and sign an undertaking that they are not and will not engage in pharmacy practice — in its broadest sense, not just patient care — or proffer pharmaceutical or health care advice
- CPD records must, as a minimum, relate to pharmacy in general and as a matter of promoting good practice they should also relate to the pharmacist's sector of employment and to his or her specific job; also, within the CPD record of every pharmacist wishing to be in the "active" or practising register, there must be evidence of reflection on pharmacy science or practice, or the application of learning and development to pharmacy science or practice
- The Register should be restructured to have "active" and "inactive" categories of pharmacist, with the latter not subject to a CPD requirement



The Council came to its conclusions at the end of discussions following a presentation on mandatory continuing professional development for pharmacists by Dr ROBERT DEWDNEY, head of the Society's education division.

Dr Dewdney told the Council that mandatory CPD should apply to anyone holding themselves out to be a pharmacist if employed, self-employed or in any kind of voluntary work. The Council did not have to go along with that, but its proposals for a Section 60 Order had to go to the Department of Health and be agreed by them. He said that CPD would be related to supplementary and independent pre-

scribing and possibly other defined roles would emerge. Qualified Persons might come into this but there would have to be consultation with the Royal Society of Chemistry and the Institute of Biology. CPD might also apply to technicians.

In presenting the outcomes of the Society's CPD consultation, Dr Dewdney said that the proposals of the Continuing Professional Development Implementation Committee were strongly supported. He wanted to focus Council members on the proposed Group 2 (those people who did not have to be a pharmacist, such as academics and industrial pharmacists) because that was where the implementation committee was holding to its guns. A small majority of respondents to the consultation had agreed that mandatory CPD should apply to such pharmacists. There would be some people in Group 2 who would regard this as an imposition but most members believed that that was the right thing to do.

Dr Dewdney said that the model the implementation committee had in mind was that there should be a register where some pharmacists were in the "active" or "practising" category and some pharmacists would be in the "inactive" category. He explained that the three options for pharmacists faced with the implementation of the mandatory system was that (i) when asked, they could make a CPD return and they would be an "active" pharmacist on the register, (ii) when

MAIN POINTS

Continuing professional development

The Council has agreed a number of proposals relating to mandatory continuing professional development for pharmacists (this page). Among these are proposals that the register be reconstructed into "active" and "inactive" parts and that inactive members can call themselves pharmacists, so long as they make it known that they are non-practising.

Interim suspension of Council members

The Council has agreed that it may suspend a member of Council from any Council office, including Council membership, as an interim action while investigations by regulatory or public bodies or criminal proceedings are under way, and for as long as such investigations or proceedings may take (p701).



Royal
Pharmaceutical
Society
of Great Britain

asked they could make a statement that they would not hold themselves out to be an active or practising pharmacist and they could undertake to make that clear to anybody they were dealing with. If neither of these was what the person wanted to do then the remaining option (iii) was for them to leave the register.

Dr DEWDNEY referred to a question in the consultation that had asked whether the Society should restructure to create active and inactive practising pharmacists. That proposal had strong support. The implementation committee had newly proposed that, in the statement that pharmacists would have to sign, they should undertake that if they describe themselves as a pharmacist they should always make a personal qualification in words of their own choosing that they were non-practising. The Society was not proposing to change who could use the restrictive title "pharmacist" because people clearly felt very strongly about this, but they were saying that people who were in the inactive category on the register should state that they would not hold themselves out to be active or practising and that they would make clear to people that that was the situation.

Dr NICOLA GRAY said that anybody who made a CPD return would be active. The industrial pharmacists were worried because they would not be active pharmacists, but if they completed a CPD return they would remain as active pharmacists.

Dr GORDON APPELBE said that if somebody used MRPharmS how could they say that they were not practising.

Dr DEWDNEY explained that if somebody had put on their letterhead "MRPharmS" and nowhere in the letter was there any indication, they would have to cover that in guidance. If people used their title in that way on business headings or other notepaper then it would be incumbent upon them to make clear that they were not a practising pharmacist.

HELEN REMINGTON believed that there was still an element of self-regulation, because a person could quite easily submit a CPD return as a hospital pharmacist and then try to work in the community on a Saturday as a locum for which they were not competent.

Dr DEWDNEY stated that the feeling of the implementation committee was that they would make it an ethical obligation on the individual, rather than seek something in an Order to remove the restrictive title of "pharmacist" for those who were not on the active part of the register.

DIGBY EMSON agreed that the individual should act reasonably but he welcomed the more liberal interpretation and use of the restrictive title, particularly in relation to retired people. He understood that such people could still be on the register if they agreed not to be practising pharmacists.

Dr DEWDNEY replied that they would be on the register and they would be inactive.

PETER CURPHEY believed that the Society's position should be made quite

clear to those pharmacists who were very concerned about the issue. In relation to letterheads, he could not imagine that underneath the heading there would be a bracket saying "I am still a member but I cannot practise because they will not allow me to". It had to be something that people understood quickly and there should not be any suggestion that anyone was taking away anything from people. There was an onus on people to understand how to behave and that had to be made explicit. Retired pharmacists needed to understand that they were not taking away from them the title of "pharmacist", but they would need to qualify their position when talking to other people. The Society was not trying to get them to remove titles, qualifications, and so on, in their everyday life.

Dr DEWDNEY stated that if a pharmacist was writing to someone else in a personal capacity which had nothing to do with the Society or pharmacy then it would not matter, but if a person was in some kind of consultancy and had used MRPharmS on the letterhead the recipient or recipients could reasonably infer that they were a practising pharmacist and that would have to be qualified in the letter or whatever they were sending. That would be the spirit of what the implementation committee intended.

LINDA STONE pointed out that there was nothing which explicitly gave the Society the power to seek certain requirements if somebody wished to switch from the non-practising to the practising part of the register. If somebody decided after a long break that they wished to return to practice, there was nothing which covered that.

Dr DEWDNEY replied that the implementation committee had discussed people returning to the practising register from the non-practising register and the agreement was that the pharmacist concerned would have to show evidence that they had prepared themselves for that transition. That would take the form of satisfactory evidence of their CPD.

Mrs STONE requested that that be made very explicit so that people understood very clearly that there was a route back.

HEMANT PATEL said that at the present time every pharmacist, if they wanted to own a pharmacy, could do so but if they had to be practising or non-practising on the register what would happen in relation to their ability to own a pharmacy, he asked. Would it be restricted to those who were practising pharmacists or could a non-practising pharmacist own a pharmacy?

The PRESIDENT replied that the ownership of a pharmacy was not restricted to pharmacists.

GERALD ALEXANDER said that, in relation to the issues surrounding the inactive part of the register and pharmacists declaring themselves through a personal statement or undertaking, he believed that the regulatory powers of the Society should be applied to the ethical obligation. Once a pharmacist had decided to put himself or herself on the inactive part of the register, that was where the powers of the Society

COUNCIL BRIEFS

Regulation of pharmacy technicians

The Council agreed that the Society should proceed with the implementation of the regulatory framework for pharmacy technicians as agreed by the Council in December 2002. It also agreed to seek to protect the title "pharmacy technician" and the abbreviation "Reg-PharmTech" via an amendment to Section 78 of the Medicines Act 1968.

would hinge. They needed to have a clear understanding of what would be included in the statement.

The SECRETARY AND REGISTRAR said that she understood that what was being recommended was that the Code of Ethics would apply whichever part of the register a person was on and whatever time of day it was.

Mr ALEXANDER said that once someone had put themselves into that part of the register there were certain obligations that would apply and that person would not be able to practise as a pharmacist in their previous sphere of practice.

Dr DEWDNEY said that there was not going to be a perfect definition but if someone on the inactive register was found working in a community pharmacy by one of the inspectors there would be a problem. However, he suspected that the difficulties were going to be in other areas, such as consultancy and so forth.

CLIVE JACKSON said that they needed to be clear about the impact of this active and inactive split in relation to existing legislation particularly where legislation referred to pharmacists in a formal sense, for example, in the Misuse of Drugs Act, and the ability of a pharmacist to possess Controlled Drugs. Would that be affected, he asked, by the active or inactive part of the register.

The SECRETARY AND REGISTRAR said that the Department of Health would take that into account in the drafting.

The PRESIDENT said the important point was that there was no intention to remove the restricted title from those who had registered as pharmacists and who were MRPharmS. Active pharmacists or practising pharmacists were those who submitted CPD and if they submitted CPD for the relevant activity then they were practising. Where they were not practising then the ethical obligations would kick in. They could address themselves as pharmacists but the ethical obligations that they were not practising would have to be emphasised inasmuch as others might believe that they were practising.

Mrs REMINGTON asked if there was a definition available of "practising" or was somebody going to judge her CPD return and say "That doesn't count and neither does that".

Mr H. PATEL said that nobody wished to be associated with negative terms. Perhaps the question should be turned round to

Attendance Those present at the meeting, which was held on 30 April 2003, at 1 Lambeth High Street, London SE1, were the President (Marshall Davies), the Vice-President (Dr Gillian Hawkworth), the Treasurer (Kirit Patel), Gerald Alexander, Dr Gordon Appelbe, Andrew Burr, Peter Curphey, Wally Dove, Digby Emson, Dr Phillida Entwistle, Alison Ewing, Christine Glover, Dr Nicola Gray, Sally Greensmith, Patricia Hoare, Clive Jackson, Hemant Patel, Helen Remington, 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 Hassan Arghomandkhal, Sultan Dajani and Professor Bob Michell.

say, "What should a practising pharmacist be allowed to call himself?"

Dr DEWDNEY replied that this point had been discussed with the other regulators and the Department of Health. Members of the public would understand the term "pharmacist" to mean a practising pharmacist: they would not understand it the other way round and it would be misleading.

The next point related to how those people were affected. The people who wished to remain on the practising part of the register must give evidence related to pharmacy in general or a particular job. For the non-pharmaceutically active people who wished to remain on the active register, in other words, the accountant or the retired person, they would make a CPD return and the proposal was that some of it must relate to pharmacy.

But what would be the minimum that would be accepted? They were heading towards a situation where they would accept from an accountant that they had just been on courses or undertaken distance learning. This was where the implementation committee had slightly modified its proposal in the light of what the members had said to them. Consequently, the proposal was that within every pharmacist's CPD record there must be evidence of reflection on pharmacy science or practice, or the application of learning and development to pharmacy science or practice. When making a CPD return it must have the features of evidence in reflection on pharmacy science or practice, or the application of learning and development to pharmacy science or practice.

ANDREW BURR said his difficulty was in relation to the definition of "pharmacy" because many people would interpret that very differently. He would assume it would be much more in keeping with something like medicine usage, medicine supply and that sort of thing.

Dr DEWDNEY said that they would take it very broadly. He did not believe that they had to define it because many of the evaluators would be pharmacists and they would talk it through and reach a consensus with a view to accepting things and not excluding them.

KIRIT PATEL said it was important that no hard demarcations were put in and it should be as generic as possible.

Mr EMSON said that they should take a sensible, commonsense approach. The CPD cycle itself would direct people appropriately and it should not be made too specific and prescriptive.

Dr GRAY said that there would be a relatively small number of people looking at a lot of records and they would be able to see the size of any problem very quickly and where the extremes were.

Dr DEWDNEY further explained that they had had a specific question about supplementary prescribers. It had been answered by an overwhelming 92 per cent agreeing with the proposal that if a person were a supplementary prescriber they should look for and find in their CPD evidence that they had addressed themselves to their prescribing role, and, obviously, relevant therapeutics would be important in this.

He went on to say that they needed clarity as to how far this system would extend because the planned roll-out covered the whole of Great Britain. But the implementation committee's view was that exactly the same requirements should apply to all pharmacists throughout the world. There were 4,000-odd overseas pharmacists and to send them the CPD packs would cost in the order of £40,000 to £50,000 plus postage. They had an option either to give them exactly the same resources at a cost between £50,000 and £100,000 or just make it available to people overseas online.

CHRISTINE GLOVER did not think it was appropriate to disadvantage anybody by being prescriptive about the way they could do their CPD. If it required that they had to have it in manual form then so be it; if they could go online that would be a bonus. It would not be appropriate to say to anybody that they could not be registered on the register because they could not access computers in the middle of the jungle. Whatever it costs, then that was what they had to do.

Mrs REMINGTON said that they should do everything possible to encourage an electronic system overall. The processing was an important issue because trying to process overseas pharmacists' returns would be much more expensive and one would have to take into account an administration fee. She believed that the default should be electronic and if paper was required there would have to be an administrative cost.

Mr EMSON supported what Mrs Remington had said but pointed out that the Society had asked for a substantial increase in membership fees over the past few years and one of the reasons for that was to fund CPD.

The SECRETARY AND REGISTRAR suggested that if overseas pharmacists were going to participate then the fee should reflect that because at the present time the Society was not recovering the costs.

Mr BURR saw the costs as being part of registration and all costs should be covered as part of that. He did not think they should have to pay out more money.

Mrs STONE said that it had to be borne in mind that overseas pharmacists did not benefit from other services in the same way and so they had to be very careful about picking out one thing. They did not have the branch network and some of them received the *P7* by surface mail. They also had to remember that some overseas pharmacists were registered with the Society purely for economic reasons so that they could come here to work and go back again. Some overseas pharmacists had to be registered with the Society because there was no alternative. There was no proper regulatory process in some of their countries and some of these countries were extremely poor. So charging them what was an economic rate in this country was not necessarily equitable. She said she hoped that these points would be considered in due course.

INTERIM SUSPENSION OF COUNCIL MEMBERS

The Council has agreed that it may suspend a member of Council, from any Council office, including Council membership, as an interim action while an investigation or proceedings are under way.

Such investigations or proceedings could be by any UK or overseas regulatory authority or public body, or could be criminal proceedings. A member of Council in this position must inform the President promptly and in writing. The President, in accordance with guidance agreed by the Council, may decide not to inform the Council on the grounds that interim suspension would not be appropriate. In all other cases, the President must inform the Council. The Council will then decide whether the member of Council should be suspended from any Council office, including Council membership.

The Council further agreed that:

- The term of an interim suspension should be for the duration of the relevant investigation, allegations or proceedings
- If the Council or some section thereof is given discretionary powers to impose interim suspension on a Council member under specified circumstance, a two thirds majority of those present and voting be required, this two thirds being an absolute majority of all members of Council
- Should a procedure be chosen that includes a specific role for the President, provision be made for that role to be assumed by the Immediate Past President, should the President be the subject of an investigation or proceedings by a regulatory body or be charged with a criminal offence.

The Council came to these conclusions after considering a paper from the modernisation steering group.

CHRISTINE GRAY, project manager, modernisation steering group, reminded the Council that it had already dealt with and agreed the question of convictions and proven misconduct and had agreed that the Council should have power to make regulations for the removal of members of Council in specified circumstances. Following on from that was the question of whether it was proper for somebody accused of a serious crime or serious professional misconduct to continue under the governance of the Society during the period of investigation or proceedings. It was intended that suspension would be seen as a neutral act.

Dr APPELBE said it was a fundamental principle that in Britain one was innocent until proven guilty, which ruled out automatic interim suspension. What was being expressed was contrary to human rights. Until someone was found guilty the Council should do nothing.

The SECRETARY AND REGISTRAR said that they were not talking about guilt or innocence: they were talking about transparency. If a health care professional, particularly in the National Health Service, was the subject of an inquiry then they were normally suspended for a period without any implication as to guilt or otherwise.

Mr CURPHEY said that the Society was a regulatory body and that the Council was in a position of making policy that affected the

lives of other people. In the interests of transparency anyone who was in the middle of that process should not be seen taking part in their proceedings until everything had been sorted out. He did not believe their members would support them if they found out that policy matters being made about their livelihoods could have been made by people who should not have been making those decisions. Therefore when fitness to practise matters were raised those people should be asked to stand aside. Other major regulators had an automatic interim suspension process.

Mrs GLOVER said that, in relation to safeguarding the function of the Society, it was about the greater good. It may be that they impinged on the individual's potential rights, and so on, when they were absenting themselves but she felt that the greater good had to prevail. That was why a person absenting themselves on the advice of the President was the right way forward.

The PRESIDENT said that the points recently made could be incorporated in the guidance agreed by the Council adding that the difficulty was where it was left to the individual and the individual chose not to absent himself or herself. If people acted honourably there was no difficulty but it was where people chose not to act honourably where the problem arose.

HEMANT PATEL asked if suspension meant that the person was not allowed to enter the building or the Council Chamber, because a person could attend the meetings but not speak or vote.

The PRESIDENT emphasised that suspension was a neutral act. The difficulty was that suspension in the minds of many people sitting round the table was not a neutral act and the approach was slightly alien. The reality was that they were not talking about a trial but a neutral act to enable matters to be investigated further without any prejudice to the individual concerned.

The SECRETARY AND REGISTRAR believed that they needed to get the issue into proportion because she could only recall one incident when this had happened in the whole of her time at the Society. It was a pretty rare event.

The PRESIDENT said that full account would be taken of the points raised within the guidance which would be determined by the Council.

CHANGE OF REGISTER TITLE

The Council agreed that the title of the "Annual Register of Pharmaceutical Chemists, would in future be the "Annual Register of Pharmacists".

The PRESIDENT emphasised that this was not removing the restricted title of "pharmaceutical chemist". That restricted title would continue.

The SECRETARY AND REGISTRAR added that the register also included the list of bodies corporate and their superintendents in the register of premises. There would be no change in this.

CPD — your questions answered

The Royal Pharmaceutical Society's Council has recently made a number of recommendations with regard to mandatory continuing professional development for pharmacists (see p699). The Society's education division has prepared the following set of questions and answers to help pharmacists understand the thinking behind the proposals

WHO WILL HAVE TO DO CPD?

Under the proposed new regulations any pharmacist who wishes to practise or offer pharmacy or health care advice, even if only occasionally, will have to undertake continuing professional development and keep a record of it. The term "practice" is used in its widest sense to include pharmacists working in academia, industry, management, pharmacy journalism, and so on. The obligation to comply with the CPD requirements is not limited only to those who have clinical roles or contact with patients.

WHAT IF I'M RETIRED?

If you are retired and do not practise pharmacy in any way and have no wish or intention to offer pharmacy or health care advice, then you will not need to do CPD. You will need to sign a declaration to this effect. This would then place you in the

non-practising category on the register. The same applies to those no longer working within the pharmacy profession to any extent, such as accountants and barristers.

WHAT IF I DO THE OCCASIONAL LOCUM?

It is not the frequency of working that is important: it is the ability to provide a professional service which is the same as that of a pharmacist who works full-time. CPD will apply to pharmacists regardless of whether they work as a pharmacist one day or every day of the year. Anything less may undermine public safety and confidence.

WILL I STILL BE ABLE TO CALL MYSELF A PHARMACIST?

Yes. Everyone on the register will still be able to call himself or herself a pharmacist regardless of which category they are in.

Those who have placed themselves in the non-practising category by signing the declaration stating that they will not practise pharmacy or offer pharmacy or health care advice will have to make it clear to the person they are talking or writing to that they are non-practising.

SO WHAT ARE THE BENEFITS OF BEING REGISTERED AS A NON-PRACTISING PHARMACIST?

You will continue to stay in touch with the profession, receive *The Pharmaceutical Journal*, be able to attend branch meetings and use the library. Since you will still be able to use the restricted title you will thereby maintain your standing within the community, eg, you will still be able to sign passport photographs.

You will also continue to be bound by the obligations of the Society's Code of Ethics.

WHAT ABOUT PHARMACISTS WHO ARE REGISTERED OVERSEAS?

The same principles will apply to pharmacists registered with an overseas address as to those registered with an address in Great Britain. If they are practising as a pharmacist in the broadest sense, they must undertake and keep a record of their CPD.

WHAT MUST MY CPD RELATE TO?

It will be good practice for your CPD to relate to your job(s) and more generally your sector(s) of practice. Inevitably this will mean that much of many pharmacists' CPD will include subjects such as employment

law, computer skills or other topics that may not necessarily identify or distinguish them as pharmacists from, say, surveyors or architects.

It will still be good practice to include these subjects if they are relevant to your job but, as a minimum, there should be some CPD within a pharmacist's record that identifies him or her as a pharmacist.

This does not mean that the learning has to be on clinical or therapeutic subjects if these have no relevance to your job. Keeping abreast of CPD requirements by reading these Q&As would be an example of something that could help distinguish you as a pharmacist. Taking another example, if someone is learning about business plan-

ning and can relate it to a pharmacy business or department, this aspect of the learning would also identify them as a pharmacist.

Generally then, some of your CPD should relate to pharmacy in the broadest sense.

SO WHEN WILL ALL THIS HAPPEN?

The Society's proposals will be presented to the Department of Health and they will inform the drawing up of an Order under the Health Act that will provide the Society with the necessary powers. The Order should be complete by late 2004 and these proposals could begin to be implemented from 2005.

Museum lends objects to commemorate important medical anniversaries

The Royal Pharmaceutical Society's museum continues to increase access to its collections by lending objects to two museums this month, the Society says. Both the Alexander Fleming Laboratory Museum and the Royal College of Physicians are celebrating important medical anniversaries. These are, respectively, the 75th anniversary of Alexander Fleming's discovery of penicillin and the 250th anniversary of the death of Sir Hans Sloane.

As part of the 75th anniversary of Alexander Fleming's discovery of penicillin, the Society's museum has lent a culture vessel to the Alexander Fleming Laboratory Museum for its permanent exhibition. The vessel, donated by Norman Heatley, was used as part of Professor Florey's team's ground-breaking work on penicillin at Oxford University between 1940 and 1942. Up to 400 of these vessels were used to produce the quantities of the fungus *Penicillium notatum* required for the laboratory and clinical trials that brought penicillin into use.

The museum has also lent a selection of items to the Royal College of Physicians, which is marking 250 years since the death of Sir Hans Sloane with a temporary exhibition. The exhibition includes portraits, archival material and objects from the College's collection illustrating many aspects of Sloane's life as an adventurer, collector, and president of the college from 1719 to 1735. The materia medica objects lent by the Society's museum, including a viper, cinchona bark, cocoa and bezoar stone (an antidote to poisons), are all mentioned by Sloane in his writings or formed part of his collections.

Coincidentally, the items come from a materia medica cabinet that was originally donated to the museum by the Royal College of Physicians in the 1920s.

Briony Hudson, the keeper of the Society's museum collections, said: "Working with other organisations is one of the ways



The museum has lent a culture vessel to the Alexander Fleming Laboratory Museum for its permanent exhibition on the discovery of penicillin at Oxford University

we can reach the public and let them know about the educational and research potential of our collections and historical information. We are very much focused on develop-

ing the collections' potential as a resource for learning, for schoolchildren, university students, community groups, web-users and through loans to other museums."

One week left to pay retention fees before erasure from Register

Pharmacists and pharmacy owners who have not paid their retention fee for 2003 have only one week left to do so if they are to avoid being erased from the Register of Pharmaceutical Chemists and the Register of Premises. The Society says that phar-

macists and premises whose fees remain unpaid on May 27 will be erased by the Registrar. Restoration will require payment of a penalty fee of £372 for members and £323 for each set of premises erased, in addition to the retention fee.

Mo Aslam



Dr Mohamed Aslam, FRPharmS, a member of the Royal Pharmaceutical Society's Statutory Committee, died on 29 April.

Dr Aslam, of 31 Wollaton Hall Drive, Wollaton Park, Nottingham NG8 1AF, was first appointed to the committee in 1994 and was reappointed in 1999.

He was director of clinical pharmacy at the University of Nottingham (see Tributes, Column 2).

Catchpole On 7 February, William George Catchpole, MRPharmS, of 22 Alandale Road, Sompting, Lancing, West Sussex BN15 0JU. Mr Catchpole registered in 1943.

Feather On 18 February, May Feather, née Sykes, MRPharmS, of 25 Dunbottle Way, Mirfield, West Yorkshire WF14 9JU. Mrs Feather registered in 1952 (see Tribute, p705, Column 2).

Lissemore On 17 March, Doris Lissemore, of 26 Harden Keep, Millpool, Smethwick, West Midlands. Mrs Lissemore registered in 1951 and retired from the register in 1976.

Percy On 2 April, Constance Percy, née Lonsdale, MRPharmS, of 7 Uplands Road, Hawkwell, Hockley, Essex SS5 4DL. Mrs Percy registered in 1940.

Rix On 17 March, Philip Arthur Rix, of Kenwyn Nursing Home, New Mills Lane, Truro, Cornwall. Mr Rix registered in 1945 and retired from the register in 1987.

Ross On 21 March, Hugh Ian Ross, of 17 Sussex Gardens, Ty Gwyn, Wrexham LL11 2YB. Mr Ross registered in 1937 and retired from the register in 1981.

Small On 12 April, Michael Small, of Flat 8, Redlynch Court, 70 Addison Road, London W14 8JG. Mr Small registered in 1935 and retired from the register in 1993 (see Tribute, p705, Column 2).

Welsh On 27 March, Robert Welsh, MRPharmS, of 43 Westcliff Court, Edith Road, Clacton-on-Sea CO15 1LA. Mr Welsh registered in 1945.

Aslam GARY FLATHER, QC, immediate past chairman of the Statutory Committee, writes: It was a dreadful shock to hear that Mo had died. I knew he had been ill recently but that had not fully prepared me. Mo was a member of the Statutory Committee from about 1995 onwards. I had the privilege, as chairman of that committee, of seeing him in action.

I remember him as an always inquisitive and cheerful personality and, yet, somebody who was forever concerned about the well-being of others. This decent and honourable man had primarily two concerns which were a great help to us on the committee.

First was his knowledge of the customs, religions and ways of the Asian community, which was invaluable. I will forever remember his deep concern for every Asian pharmacist who came before the committee and how he did everything he could to make the Society more receptive to this community, whose members now play such a prominent and beneficial role in pharmaceutical society. He himself was a role model, since I believe that he was the first Asian pharmacist who had served on the Statutory Committee.

His second and abiding interest was with the young pharmacist and particularly those who were still students or preregistration trainees. Many is the time that he asked me whether — without any names being mentioned — he could tell his students in Nottingham University about this or that case. Indeed I saw the affection that he was held in by his students when I went up on one occasion and lectured at his university.

Above all I remember Mo as someone I have shared a lot of laughs with and someone in whom I could easily confide. The world is a lesser place now that he has gone.

Professor MARTYN C. DAVIES, head of school, on behalf of the staff of the University of Nottingham's school of pharmaceutical sciences, writes: Dr Mohamed Aslam ("Mo") had a delightful charm and a charismatic personality that influenced all who fell under his spell. There were many times when he somehow persuaded individuals to undertake tasks after which one was left with the lingering question, "Why did I agree to do that?". Mo had worked his magic again.

Before joining the University of Nottingham staff his PhD studies were in the area of medical sociology. Mo had a great interest and concern about the role of traditional healers — hakims — and also medicines and cosmetics of ethnic origin. He was later widely consulted on the constituents of many of the ill-defined imported ethnic drugs from the Indian subcontinent and from China. He worked with Dr Ivan Stockley on the interaction of Asian medicines and western (allopathic) medicines

One of his concerns was the content of many ethnic traditional cosmetics; he carried out extensive research into their lead content in collaboration with Dr Mike Healy of the university's chemistry department. Mo's research work attracted the attention of the media and government offi-

cial and he was called upon for many television and newspaper interviews.

Practically all his professional life was given to advancing clinical pharmacy education, in the University of Nottingham and in the wider world. His pharmacy school appointment in 1979 was joint with the Queen's Medical Centre at Nottingham. He had to manage the difficult task of serving two masters when each demanded their pound of flesh.

He was instrumental in introducing clinical pharmacy into the undergraduate curriculum at a time when the school had limited resources. Mo, in his typical way, persuaded hospital staff to give their time without payment, their reward being the title of "teacher-practitioner". Mo was able to use his joint appointment to establish a postgraduate diploma and later an MSc in clinical pharmacy, largely to satisfy the training needs of the Trent region.

Mo never stopped being a student himself, undertaking an LL.M in legal aspects of medical practice (1990). Doubtless he used his newly acquired skills and knowledge following his appointment to the Royal Pharmaceutical Society's Statutory Committee. Mo was designated a fellow of the Royal Pharmaceutical Society in 1992 for his distinguished services to the profession.

He was eager to see the development of clinical pharmacy in Middle Eastern and Asian countries and he skilfully nurtured his many contacts. For many years he advised the Kuwaiti Ministry of Health on pharmaceutical matters. In more recent years he was associated with the University of Surabaya, Indonesia, helping it, through an association with the World Health Organization, to develop its clinical courses and also set up drug information services in eastern Java. He was the UK higher education link co-ordinator between the two universities, arranging for hospital staff from the Nottingham region to give their services during short-term visits. His work in this area will not be lost: Dr Chik Tan (a special lecturer at Nottingham) will continue to develop this venture for the school. Mo was made a visiting professor by the University of Surabaya for his services.

Mo suffered from circulatory problems. He had a triple bypass in 1984. The thought of a second such operation would terrify most, especially since many consultants said it was impractical; however he was "sorted out" by Professor Sir Magdi Yacoub and was soon back at his desk. Sadly, unrelated medical problems caused Mo to accept early retirement at the end of last year, but typically he still remained active in the school.

Mo will be remembered with affection by his many friends and colleagues, and by many generations of students at Nottingham for his warmth and friendly advice and counselling. Pharmacy, academia and the many lives he influenced are the poorer for his passing.

Coventry In a tribute to the late Macdonald Coventry (P7, 10 May, p667), CHRIS McKENDRICK, secretary of the Royal Pharmaceutical Society's Swindon branch,

writes: The first time I met Mac was at the 1994 annual general meeting of our local branch. Mac was in the chair for the last time directing proceedings, with what I came to recognise as his usual accomplished and jovial style. Sitting there resplendent in the branch regalia, wearing one of his favourite “1,000 decibel” ties and sporting his trademark white beard, he looked for all the world like Father Christmas’s impish younger brother.

By that time Mac’s reputation had already been lovingly woven into the myths and legends of local pharmaceutical lore and, like anyone who met him, I found him to be a lovely man — both a scholar and a gentleman — and whatever he was involved with, he always had that little twinkle in his eye.

Although he sold his pharmacy some years ago he never lost his enthusiasm for all matters pharmaceutical, and was the keenest member of the local branch, and until last year was our representative at region. As branch secretary for several years I would often despair at the level of attendance at branch meetings, but Mac would always be there and take an active interest, whatever the subject — that would always remind me that it was the quality, not the quantity, that was important.

Crawford In a tribute to the late Douglas James Crawford (*PJ*, 10 May, p667), DAVID L. COLEMAN writes: After qualifying in 1941 Doug soon found himself in wartime Yugoslavia organising and procuring equipment and drugs for a field hospital — from the very start he learnt to make the best of what was available.

After the war Doug worked for two years in Grantham and then bought a business in Small Heath, Birmingham. A group of pharmacists got together, after a cricket match I believe, and founded a group called Associated Chemists to run an independent pharmacy service in that city. Doug was a founder member and he was also chairman of the local branch of the National Pharmaceutical Union.

For 20 years Doug owned his own pharmacy in Dunmow, Essex, where he was widely respected and involved in all aspects of town and pharmacy life. He chaired and worked on so many organisations that at one stage the pharmacy seemed to be the centre of town life. I first met him as a member of Essex Local Pharmaceutical Committee.

Twenty years ago he moved to Norfolk. Perhaps his intention was to retire, but not a bit of it. He gave me constant support as a locum when I was away from my pharmacy and he became an invaluable support to several pharmacists. I think that Doug’s great ability to listen to patients and to understand them enabled him to help them far more than any medicine on its own ever could. Doug had an infectious twinkle in his eye, a wide range of interests, from amateur dramatics, through vintage cars, to cricket and a real love of his profession.

His wife Betty gave him so much support in his work in pharmacy, and in his sickness in the last few years. Our thoughts and thanks are with her and their family.

Feather In a tribute to the late May Feather, née Sykes (see p704, Column 1), GILLIAN HAWKSWORTH writes: It was with great sadness that I learnt of the death of May Feather. As a former student of Bradford University, I have fond memories of May from my undergraduate years.

It has been my great privilege to renew our professional relationship in the past few years after her move to Mirfeld. Until her illness, May helped me out as a locum at my pharmacy, often at short notice.

In my role as a Centre for Pharmacy Postgraduate Education tutor I know that, until recently, she was a regular attendee and contributor at CPPE workshops. It was a great credit to her that she always kept up to date both professionally and politically, even during her illness, which she endured with great dignity. She will be sadly missed.

Small In a tribute to the late Michael Small (see p704, Column 2), MAURICE GOLDHILL writes: I first met Michael Small in early 1950 when I had just completed my national service with the Royal Army Medical Corps. He interviewed me for a managerial position in one of his pharmacies and I still remember being impressed at the time by his warmth and his strong personality.

He told me how he had arrived in London in the late 1930s from his native city of Manchester and acquired a small pharmacy in Fulham. At the time of my interview he had 15 pharmacies scattered throughout central London.

Subsequently his company, P. T. Harris Ltd, merged with a public company, Ascotts, and the total pharmacy count burgeoned to over 60. Throughout this period in his life of hard work and dedication he retained his “common touch” and impressed everyone with his modesty and charm.

He continued to devote a considerable amount of energy and time to fundraising and was himself a generous giver. In his limited spare time he painted, played golf, developed a taste for opera and was an avid reader of non-fiction.

He was a man of considerable talents and deep humility who will be sorely missed by all who knew him, within and outside of our profession.

DIARY

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 19 May

Bromley “Resurgence of tuberculosis” by Dr Aryan Tavakkoli (consultant physician in respiratory medicine, Darent Valley Hospital). Frogal Centre, Queen Mary’s Hospital, Sidcup. 7 for 8pm.

Tuesday 20 May

Cheltenham and Gloucester “The ebola virus and a death experience” by Dr Nick

Maine (retired consultant, Cheltenham General Hospital), followed by annual general meeting. Cheltenham Postgraduate Centre. Buffet 7.15pm, meeting 8.15pm.

Ipswich “A Charter fit for the future” by Christine Gray (modernisation programme project manager, Royal Pharmaceutical Society). Cedars Hotel, Stowmarket. Food available 7.30pm, meeting 8pm.

Mid Glamorgan Annual general meeting. Hollybush Hotel, Hopkinstown, Pontypridd. Buffet 7.30pm, meeting 8pm.

Plymouth “Atopic eczema in children” by Dr Mike Davies (consultant dermatologist, Derriford Hospital). Postgraduate Medical Centre, Derriford Hospital, Plymouth. Buffet 7.15pm, meeting 8pm.

Wednesday 21 May

Liverpool “Improving long-term outcomes in renal failure” by Dr Pearl Pai (consultant nephrologist, Royal Liverpool University Hospital). Liverpool Medical Institution, 114 Mount Pleasant, Liverpool. Buffet 7.30pm, meeting 8pm.

Slough Annual general meeting. Stiefel Laboratories Ltd, Holtspur Lane, Woodburn Green, High Wycombe. Buffet 7.15pm, meeting 8pm.

Solihull “The management of osteoarthritis” by Dr K. C. Chaudhuri (consultant rheumatologist). Education Centre, Solihull Hospital. Buffet 7pm, meeting 7.45pm.

South East Metropolitan “Diabetes” by Dr Serife Mehmet (consultant physician, Diabetes Unit, Queen Mary’s Hospital, Sidcup). Clarendon Hotel, Blackheath, London SE3. Refreshments 7.30pm, meeting 8pm.

Thames Valley “The new Charter” by Dr Nicola Gray (member of the Royal Pharmaceutical Society’s Council), followed by annual general meeting. Adelaide Pub, Park Road, Teddington. Refreshments 7.30pm, meeting 8pm.

West Metropolitan Annual general meeting, followed by “Diabetes: delivering the national service framework” by Dr Anne Dornhorst (consultant diabetologist, Charing Cross Hospital). Lecture Theatre, Postgraduate Medical Centre, Charing Cross Hospital, Fulham Palace Road, London W6. 6.30pm for 7.30pm.

Thursday 22 May

Birmingham “Medicines management” by Dr Kay Wood. Birmingham Medical Institute, 36 Harborne Road, Edgbaston, Birmingham. Buffet 7.15pm, meeting 8pm.

Halifax “A Charter fit for the future: discussion forum on changes to the Society’s Charter”, led by Dr Gill Hawksworth (Vice-President, Royal Pharmaceutical Society). Learning and Development Centre, Calderdale Royal Hospital, Halifax. Buffet 7.30pm, meeting 8pm. Joint meeting with Huddersfield branch.

Huddersfield See Halifax.

Weald of Kent “Can I take alcohol? — the most commonly asked question in pharmacy” by John F. Smith (Sunderland). Ramada Jarvis Hotel, 8 Tonbridge Road, Pembury, Kent. Buffet 7.30pm, meeting 8pm.

OFFICIAL NOTICES

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)

Special general meeting

Notice is hereby given that a special general meeting of the members of the Royal Pharmaceutical Society will take place in the Churchill Auditorium, Queen Elizabeth II Centre, Broad Sanctuary, Westminster, London SW1, at 2pm on Sunday 1 June 2003. The meeting has been called under the provision of section VI of the Society's Byelaws to consider motions relating to the Society's constitution and ways of working.

ANN LEWIS

Secretary and Registrar

Note: Further information about the meeting appeared last week (p663). Members with enquiries about the meeting should contact the Secretary and Registrar's office on 020 7735 9141.

Statutory Committee

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

On Tuesday 6 May 2003, in the inquiry into **Obiajulu Ejiofor**, of 20 Chestnut Grove, West Norwood, London, the committee, having found misconduct established, resolved to adjourn the inquiry for 12 months.

In the inquiry into **Maurice Anthony Waldman**, of 7 Bradfield House, Repton Park, Woodford Green, Essex, and **Maurice Anthony Ltd**, of 249 Ongar Road, Brentwood, Essex, the committee resolved to adjourn the inquiry.

On Wednesday 7 May 2003, in the inquiry into **Kim Hilda Letford**, of 7 Devereux Road, London SW1, the committee, having found the convictions proved, resolved to reprimand Miss Letford.

In the application for restoration of **Shervin Nikjoo**, of 33A Connaught Avenue, Frinton-on-Sea, Essex, the committee resolved to direct that the name of Mr Nikjoo should be restored to the Register of Pharmaceutical Chemists.

In the application for restoration of **Paulash Haider**, of 5 Raintree Court, Cusworth, Doncaster, the committee resolved to direct that the name of Mr Haider should be restored to the Register of Pharmaceutical Chemists.

On Thursday 8 May 2003, in the inquiry into **Narendra Patel**, of 5 Jervis Park, Sutton Coldfield, West Midlands, the committee, having found misconduct established, resolved to reprimand Mr Patel.

On Friday 9 May 2003, in the inquiry into **Warren Jon Berry**, of 37 Orton Road, Childwall, Liverpool, the Committee resolved to adjourn the inquiry.

In the application for restoration of **Dafydd Griffin Williams**, of "Irvin", 22 Rhodfa Anwyl, Rhuddlan, Denbighshire, the committee resolved to direct that the name of Dr Williams should be restored to the Register of Pharmaceutical Chemists.

M. B. PAWLUCZYK (Mrs)

Secretary to the Statutory Committee

SOCIETY MEETINGS

Unless otherwise stated, further details of meetings organised by the Royal Pharmaceutical Society can be obtained from the Society at 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629).

Charter roadshows

The Royal Pharmaceutical Society is seeking pharmacists' views on the draft of a new Royal Charter at "Fit for the future" roadshows across Britain. Each roadshow starts with registration and a light buffet at 7pm and finishes at about 9.30pm.

Roadshows have already taken place in Cambridge and Nottingham. The remaining venues and dates are as follows: *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*, Misikin 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 one of the remaining roadshows 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.

PERSONAL

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

BIRTHS

Rafferty Neil and Sarah Rafferty, née Perkins, both ex-Portsmouth 1992, are delighted to announce the safe arrival of Daniel Joseph on 8 April 2003. A beautiful brother for Ella and Zoë. Still at 2 Victoria Terrace, Dalkey Avenue, Dalkey, Co Dublin, Ireland.



Royal Pharmaceutical Society of Great Britain



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Information, advice and problem-solving 020 7572 2302; fax 020 7572 2499; e-mail pharm.div.rpsgb@dial.pipex.com



BENEVOLENT FUND
Financial help for pharmacists and their dependants 01323 890135



BIRDSGROVE HOUSE
Convalescent and rest home for pharmacists and their immediate relatives 01335 342144



PHARMACISTS' HEALTH SUPPORT PROGRAMME
Confidential help and support for pharmacists who experience problems with alcohol and other drugs of addiction 01323 890135 or 01926 315138



LISTENING FRIENDS SCHEME
Free confidential advice for pharmacists suffering from stress 020 7572 2442



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