

The Society

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Society launches complaints procedure

As part of its customer service programme, the Royal Pharmaceutical Society is to launch a formal complaints procedure on Monday 2 June to deal with issues concerning standards of service delivery, failure of processes or quality of staff performance.

The Society deals with more than 600 enquiries a day and the aim is to provide the best service in response. A caller who is unhappy with the service provided will first be asked to try to resolve the matter with the person or section (or the manager of that section) who provided the service or the response that is being questioned. This can be done by telephone or in writing.

Complainants who remain dissatisfied will be advised that they may make a formal complaint in writing, by letter, fax, or e-mail. Formal complaints should identify: the nature of the complaint; who has been involved so far; what has/has not been done; why the complainant is not satisfied with the outcome; and how the complainant would like to see the matter resolved.

Complaints should be sent to the Complaints Office, Central Administration, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2205; fax 020 7572 2501; e-mail complaints@rpsgb.org.uk) with contact details, including a daytime telephone number. Complainants who use e-mail should state whether a reply by e-mail is acceptable and, if not, provide a full postal address.

Some complaints are outside the scope of the formal procedure because they have separate internal procedures (see Panel). If it

is not clear where to send a complaint, it can be submitted to the Complaints Office, which will direct it to the right section.

All complaints received by the Society will be logged and acknowledged and a reply will be made within 10 working days, either with a full response or to advise when an answer can be expected.

Recipients who are not satisfied with the formal response can resubmit their complaint to the Society's Secretary and Registrar.

Further details about this will be included in the formal reply.

Roy Allcorn, the Society's head of information, said: "The new complaints procedure is part of the Society's commitment to improve the quality of our services. It will allow us to put things right quickly when mistakes are made and to put in place safeguards to help prevent any recurrence."

Further information is available from the Complaints Office.

Special complaints procedures

Pharmacists, pharmacies and medicine sales

- Complaints about a pharmacy, a pharmacist or the sale of medicines should be sent to the Society's Professional Standards Directorate (tel 020 7572 2310; e-mail tsilla@rpsgb.org.uk)

Publications

- Non-receipt problems with *The Pharmaceutical Journal*, *Hospital Pharmacist* or 'Medicines, ethics and practice: a guide for pharmacists' should be sent to the *PJ* production department (tel 020 7572 2229; e-mail jmarks@rpsgb.org.uk)
- Editorial issues with *The Pharmaceutical Journal* and related journals should be sent to the *PJ* editorial office (tel 020 7572 2426; e-mail editor@pharmj.org.uk)
- Ordering and non-receipt problems with Pharmaceutical Press items

should be sent to the press's customer services department (tel 01491 829272; e-mail rpsgb@cabi.org).

- Editorial or other issues with Pharmaceutical Press items should be directed to the sales and marketing department (tel 020 7572 2273; e-mail pharmpress@rpsgb.org.uk).
- Issues relating to advertisements (appearance, non-appearance, content, etc) should be sent to the advertising department (tel 020 7572 2222; e-mail advertdept@rpsgb.org.uk).

(Complaints about other Society publications should be sent to the Complaints Office as detailed above.)

Society and Council policy

- Complaints about Society or Council policy should be sent to the Secretary and Registrar (tel 020 7572 2201; e-mail S&R@rpsgb.org.uk).

Tenders invited for accreditation of technicians' courses

The Royal Pharmaceutical Society is inviting tenders from bodies interested in becoming its chosen accrediting body for pharmacy technicians' courses.

The Council has decided that from January 2005 all staff involved in assembling prescriptions 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 (*PJ*, 26 April, p595). The Society is now seeking to appoint an accrediting body that will determine on its behalf training courses that are equivalent to the S/NVQ level 2. Equiva-

lent courses will use the set of occupational standards developed for the pharmacy services S/NVQ, and course providers will be required to demonstrate that their training programmes are of an equivalent level in assessing competence to these standards.

The Society estimates that 2,000 to 5,000 candidates a year, from two or three course providers, will undertake accredited equivalent qualifications. The accreditation process will be cost neutral to the Society with the accrediting body recovering costs by charging a fee to the course providers. A three-year contract will be offered to the successful accrediting body with a scheduled

implementation date of 15 August 2003.

Copies of the full invitation to tender document can be obtained from Kailas Mahadevaiah in the Society's Practice Division (tel 020 7572 2537; e-mail kmahadevaiah@rpsgb.org.uk).

Society restructures its directorates

The Royal Pharmaceutical Society has announced a new directorate structure designed to take the organisation forward, strengthening its integrated roles as a modern regulatory body and professional organisation for pharmacy. The number of directorates will increase from five to seven, with three new director posts to be filled.

As part of its reform of the Society and its ways of working, the Council had asked the Secretary and Registrar to come forward with proposals for a new structure that would support the Society's operations in line with best management practice. Proposals were agreed by the Council in March, since when detailed job descriptions have been finalised.

The first two posts being recruited are the Director of Practice and Quality Improvement and the Director of Fitness to Practise and Legal Affairs (see advertisement, pA33). Between them, these two directors will take on key roles previously undertaken through the Professional Standards Directorate and the Professional Development Directorate.

The Director of Practice and Quality Improvement will manage: the setting of standards in practice development, clinical governance, education and continuing pro-

fessional development; development of professional ethics and values; and development of the Society's professional leadership role.

The Director of Fitness to Practise and Legal Affairs will manage: fitness to practise strategy; inspection, investigation and enforcement of fitness to practise in pharmacy; and other legal affairs.

In addition, a new directorate will oversee corporate and strategic development, corporate resource such as policy development and research, the human resource strategy and performance management. This post will be recruited shortly.

A new directorate, to be led by Philip Green, current Deputy Secretary and Director of Professional Development, will manage the Society's registers and all education matters, including pharmacy degree accreditation, continuing professional development and issues such as specialist postgraduate qualifications. Mr Green will retain his role as Deputy Secretary and will also be designated Deputy Registrar.

The Resources Directorate will continue to manage finance, information technology and property. A new Director of Resources, to replace acting director Hugh Mitchell, is in the final stages of recruitment.

The Publications Directorate, led by

Charles Fry, will remain unchanged for the present, although detailed proposals for a new organisational structure are being drawn up which will enable the entire publications programme to be developed and managed more effectively.

The remit of the Public Affairs Directorate, led by Beverley Parkin, will remain unchanged: communications, political relations, membership services, information services, science support and the British Pharmaceutical Conference.

Ann Lewis, Secretary and Registrar, said: "My team and I are committed to continually improving the way we implement the Council's policies and decisions for the profession. We are all determined to achieve more joined up ways of working: in today's environment, we have to ensure that our work benefits from the collective expertise across the organisation. Our new structure will bring us the benefit of additional senior management capacity and help us focus on quality outcomes."

The Society's current directorate structure dates back to 1998, when its six long-established departments were reorganised into five directorates on the recommendation of a group established to implement the Banks report on the Society's ways of working (*PJ*, 7 March 1998, p334).

Welsh Executive position statement on new Charter

The Royal Pharmaceutical Society's Welsh Executive has issued a position statement on the Society's Charter. The statement, drawn up by executive chairman Andrea Robinson, is set out here.

A NEW ROYAL CHARTER: THE BEST GUARANTEE OF FUTURE INDEPENDENCE

What is the Royal Pharmaceutical Society of Great Britain for? This is the key question behind the debate on a new Royal Charter. But first we might ask: what is the role of the professional? For this is central to understanding the debate.

The prevailing view of the professions today seems to be that professionals do have valuable knowledge and skills, but they need to help each other: to maintain and improve standards, to avoid conflicts of interest, and to ensure that the few bad apples are dealt with.

The concept of the "modern regulator" has thus emerged to reflect this view. Society now allows the professions a substantial measure of self-government, albeit with minority

lay involvement. In return, the modern regulator will undertake the following:

The functions of the "modern regulator"

Preparing for practice

1. Control of entry
2. Education
3. Registration
4. Training

Maintaining and raising standards of practice

5. Setting and enforcing professional and educational standards
6. Promoting good practice
7. Continuing professional development
8. Assessing professional competence
9. Revalidation

Dealing with poor performance

10. Providing support for improvement
11. Dealing with poor performance and misconduct
12. Removal from the register

Source: derived from Bristol Royal Infirmary report and the Government's response

This view of the regulator is different from that still held by many pharmacists. The

"policeman" role is still there; but there is much more. Items 6 and 10, for example — "promoting good practice" and "providing support for improvement" — are two permissive functions. They would allow the Society to do anything it legitimately wants to "represent" pharmacy, and to support individual pharmacists in difficulty. In many respects, the term "regulator" is now unhelpful.

This is the context in which the draft new Charter should be considered. It needs to strike a balance between ensuring that the Society can fulfil the functions of the "modern regulator", while preserving the Society's unique contribution — that of protecting the profession where necessary from the misguided actions of here-today-gone-tomorrow politicians.

The Society has never been a representative body for individual pharmacists — other organisations exist for this purpose. The job of the Society is to bring objectivity and expertise to the future development of the profession. That future will always ultimately depend upon it being regarded as acting in the public interest.

AVAILABILITY OF A4-SIZE REGISTRATION CERTIFICATES

At the request of members performing locum duties, the Royal Pharmaceutical Society has made available an A4-size registration certificate. Any member wishing to take advantage of this facility should write

to the Society enclosing their current registration certificate together with a fee of £10.

It is a requirement of the Medicines Act 1968 that the certificate of registration

should be displayed at the premises at which the pharmacist is working. Pharmacists are reminded that the possession of a membership card does not replace the display of a registration certificate.

BRANCH REPRESENTATIVES' MEETING

Meeting condemns branch funding cuts

The Royal Pharmaceutical Society's 2003 branch representatives' meeting took place in London on 15 May, attended by representatives of 63 branches and the British Pharmaceutical Students Association.

Reports of the debate on the 11 motions appears on this and the following two pages

The meeting carried two motions opposing the Society's recent cuts in branch funding and the changes in the way funds are allocated. One motion also called for the decisions to be reconsidered and the other, after amendment, asked for consultation with the branches before any future changes.

ZAFAR KHAN (West Metropolitan) moved: "that this meeting deplores the fact that the branch funding has been reduced and the means of allocating funds changed without consultation or notice." He said that the branches were first informed of the changes in October 2002 and they took place in January 2003. His branch had already planned its programme for the first half of 2003 on the basis of the 2002 grant. How could branches budget when they did not know how much money they would have until half-way through the year?

LESLEY CANNON (West Metropolitan), seconding the motion, said that there was stated to be £250,000 floating about in branch accounts. With 130 branches, that averaged about £2,000. In west London the cost of mailing, room hire and catering for one meeting was nearly £1,000. It was increasingly difficult to attract sponsorship.

KATY SMITH (Ipswich and Suffolk), opposing the motion, objected to the words "have been changed without consultation or notice". Branch funding had been discussed at both the 2001 and 2002 branch secretaries' meetings. As a branch secretary, she believed she had been consulted and notified.

ROGER PHILLIPS (Birmingham) said that his branch, like West Metropolitan, arranged its programme in the summer for the following year. It needed money to book rooms well in advance to make sure they were available. Secondly, branches were allowed to carry over £1,000 and apply for more money if necessary. But in Birmingham, where it cost about £700 to put on a meeting, £1,000 went nowhere. It was no use receiving the grant in July, when the branch had already had to cancel meetings. Similarly, applications for extra money were made in April. But his branch normally arranged at least seven meetings in the year, five of them in the first half. This year, it had a carry-over of more than £1,000 and so could not run its programme.

JOEL HIRST (Bristol) said that his branch was enraged. It believed strongly that the funding system was curtailing its



Zafar Khan: budgeting problem

ability to deliver the programme it wanted to deliver. With over 450 members, a contingency of £1,000 was woefully inadequate for planning a full programme. Branches needed to be able to call on a reserve to deliver a well-planned programme.

Dr HOWARD McNULTY (Glasgow) said that pharmacy needed a strong branch structure if it was to influence people locally, but the funding cut gave a message that the branches were not needed.

Dr ANGELA ALEXANDER (Slough) proposed an amendment, duly seconded, to make the motion read: "that we deplore the reduction in branch funding and propose that future changes should only be made after a period of consultation with the branches."

Answering a question, the Society's Director of Public Affairs, BEVERLEY PARKIN, said that last year the global sum for branch funding had been reduced by £25,000. That amount had now been reinstated to allow Charter meetings. Effectively, the global sum had not changed.

THE PRESIDENT then put the amendment to the meeting, and it was carried. The amended motion was then carried.

On behalf of the Shropshire and Northumbrian branches, JOHN GENTLE (Shropshire) moved: "That the recent decisions to reduce branch funding and to change the way in which branch grants are allocated should be condemned and reconsidered." He asked why branch grants had been cut by £25,000 when the Society had a turnover of almost £50m and a profit of almost £2.2m. To the Society, £25,000 was a drop in the ocean, but to branches like his, with its funding cut by over 30 per cent, it was significant. If the main reason was to redistribute money from branches that were not using to it, why take money from every branch? His branch had nine meetings a year, costing nearly £3,000, and if on 31 December it had £2,000 in its account that money was already allocated. It was not doing nothing. Ms Parkin had referred to £25,000 being put back into branch funding, but it had been put back for a centralised purpose. The branches should decide what to spend their money on.

WASIM BAQIR (Northumbrian), seconding the motion, said that the funding system was unfair and should be reviewed.

ROGER MILLS (Slough) said that it was not unreasonable for the Society to ask the branches to live within a reduced budget. However, the Council's background

notes (*Pf*, 12 April, p527) were particularly disingenuous. They implied that the workshop section of the 2002 branch secretaries' meeting had agreed the new method. It had done no such thing, absolutely not.

It was not the funding reduction that was so depressing, but the fact that active branches like his, with a sound financial policy, were being penalised. It was only because it had built up a financial reserve that his branch could offer nine meetings a year. Yet because it had prudently built up a bank deposit of more than £1,000, it was not allowed to apply for any of the extra £59,000.

BILL BROOKES (South Cheshire) said that the Council's comments on the motion said that the main impetus for the new system was a wish to address "the situation whereby some branches feel deprived of adequate funding for their programmes while others struggle to use up their allocation and accrue considerable unspent bank balances". Neither of those applied to his branch, yet it was still penalised by the new system, because it worked hard to attract sponsorship. As a result of the new system, his branch was unable to bid for extra funds this year.

Ms Parkin had said that money cut from the branch budget had now been put back. But the branches could only have that money to use as the Council directed. That smacked of centralised control-freakery.

Ms SMITH, opposing the motion, said that the funding system had only been in place for five months. It should be left a bit longer before asking for another change.

MAURICE HICKEY (Moray and Banff) said that his branch was the smallest in the country. Each year it had nine meetings and a social event. Over half the members had attended at least one meeting in the past year and attendance at meetings was regularly 30 per cent of the membership. Why was his branch being penalised for being good at its job? The branch also objected to the fact that the additional money Ms Parkin had referred to was specifically for meetings with speakers who were driving an agenda dictated by Lambeth.

MIKE BURDEN (Leicester), opposing the motion, said that the debate had happened and he was sure the Society would look at the matter carefully again.

JOHN GENTLE said that Roger Mills had talked about living within a reduced budget. But he did not want his branch programme to die within a reduced budget, which would happen in the long term if it were starved of finance. There had been no reduction in activity this year because the branch was spending its reserve. Next year would see reduced activity.

The motion was carried.

Council asked to observe YPG modernisation principles

The meeting asked that changes recommended to the structure of the Society should observe the modernisation principles proposed by the Young Pharmacists Group and agreed by the National Pharmaceutical Association and the Pharmaceutical Services Negotiating Committee.

Proposing a motion to that effect, DOREEN NOVAK (West Metropolitan) said that the YPG modernisation principles dealt with the Society's function, the composition of its governing body and accountability. These principles were: the modernised Society had to have equal emphasis on regulatory issues and membership affairs; the structure of its governing body had to allow for independent consideration of Government policies that might impact adversely upon the profession; lay members of Council should not be involved in determining policy with respect to professional issues; the number of pharmacists on the governing body should be similar to that on the current Council; the Society had to be accountable to its pharmacist members for promoting the profession and for the development of professional roles and opportunities; the Society had to be accountable to pharmacists, the Government and the public for the regulation of the profession. The Society also had a duty (as set out in its current Charter) to safeguard and promote the interests of the members in their exercise of their profession.

GAVIN MILLER (West Metropolitan) said that, following the Council's decision

that the Society would retain both its regulatory and professional roles, the members had heard a lot about the changes necessary for the Society to become a 21st century regulator but little about the ways in which it would continue to undertake its professional roles. The YPG principles would provide a platform for the Society to put equal emphasis on regulatory and membership issues. Pharmacists deserved better than the current proposals.

ROGER MILLS (Slough) said that in a major policy decision the Council had decided that the YPG proposals were unworkable and unlikely to meet with Government approval. Any vote in support of the motion therefore had to be taken as a vote of no confidence in the Council.

MARK KOZIOL (Birmingham) said that the Council's current plan seriously diluted the membership side of the Society's activities — the reason why it had been established in the first place. The motion set out clearly what the members felt. It told the Council to go back and rethink because it did not have the support of the membership.

MIKE BURDEN (Leicester), opposing the motion, said that the Council had taken into account the principles agreed by the YPG, NPA and PSNC and had sought to



Doreen Novak: emphasis needed on membership

produce a framework that met the needs of both a modern regulator and an active and energetic membership body. He had seen no evidence to suggest that the proposals would not allow the Society to go forward, to continue to do what it had sought to do for many years.

JOEL HIRST (Bristol) said that the members were cynical about the balance of regulatory and membership activities. They wanted a focus on membership activity. But the leadership was not listening to them. He urged the

Council to listen to the members' sentiments about where they wanted the Society to go.

BILL BROOKES (South Cheshire) said that his branch was bothered by the principle that lay members of Council must not become involved in determining policy in respect of professional issues. His experience over a number of years was that lay members of Council were worth listening to. They made an immense contribution to debate, often far better than the other Council members. They were listened to because they had wise heads, and they could often get across things that sometimes pharmacists were too close to see. He would not vote for the motion for that reason, although he hoped the Council would take the rest on board.

The motion was *carried*.

Proposal for "less frightening" PILs

The meeting unanimously endorsed a motion calling for patient information leaflets (PILs) to be made less frightening and more user friendly.

Proposing the motion, Dr TONY PUGH (Brighton) said that PILs could be confusing. They should be redesigned to ensure that they helped people to understand their medicines' actions, uses and side effects.

ALAN ASHER (East Metropolitan), seconding the motion, said that PILs were produced not to help patients but to cover the manufacturer against legal claims.

NICHOLAS WOOD (Chelmsford) said that a confusing aspect of patient leaflets was the information on the incidence of particular side effects. A patient who read about a "risk of diarrhoea" might well have in mind

a risk of perhaps 30–50 per cent, whereas the real risk might only be 0.3–0.5 per cent.

Dr NICOLA GRAY (Harrow and Hillingdon) said that the frightening nature of PILs offered an excellent opportunity for pharmacists to play their role of educator, navigator and informant. At the moment all patients receiving a beta-blocker, for example, received the same leaflet, regardless of what they were taking the drug for. Leaflets should be designed for particular conditions.

Dr HOWARD McNULTY (Glasgow) said that it was not true that all beta-blocker patients received the same leaflet, because leaflets differed between different manufacturers. That added to the confusion. There was a need for more standardised leaflets for patients taking generic products.

The motion was *carried*.

Call to publish new members' names

The meeting called for the names of newly registered pharmacists to be published in at least one national broadsheet newspaper.

KRISTY LINK (British Pharmaceutical Students Association) said that newly qualified pharmacists who had invested five years to become members of the profession were not receiving recognition of their achievements. Publishing their names would make them feel valued. It might combat an increasing apathy among new pharmacists and thus be an investment in the future. It would also add prestige to the profession's profile, putting it in the same league as those professions that already published the names of those who passed their professional examinations.

ELIZABETH DORAN (BPSA) seconded the motion.

SUE CARTER (Worthing and West Sussex) suggested that the notice should be paid for from a tiny proportion of the funds paid by preregistration trainees during their year, but that it should be a celebration of those who join register as pharmacists rather than those trainees who pass the registration examination. There should be one notice a year when the bulk of the newly qualified pharmacists enter the Register.

The motion was *carried*.

Review of medicines packaging requested

The meeting called for an extensive review of the packaging of medicinal products in an attempt to reduce dispensing errors and patient confusion arising from similarities in packaging.

Proposing a motion to that effect, ELIZABETH DORAN (British Pharmaceutical Students Association) said that packaging dif-

ferent products in uniformly sized boxes with a set format increased the risk of the wrong pack being selected in the dispensary.

RACHEL MILTON (BPSA), seconding the motion, said that similarities between packs also caused problems for the patient away from the pharmacy setting.

The motion was *carried*.

Plea to involve membership in charitable status decision

The meeting called for the involvement of the membership in any decision to seek charitable status for the Society.

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

Mr Harrison said that the annual general meeting had heard that the Council's financial discussions on the matter might not yet have been thorough enough. No detailed cost benefits study had been done. It could be argued that no proper risk management had been done. Figures for potential tax savings had ranged widely, from £140,000 to £1.1m. Was it sound business the way the matter had been conducted so far?

Was charity law changing? The implications were unknown, so although the Council said that timing was irrelevant, he



Ian Harrison: lack of thoroughness

suspected it was relevant. What would happen to the Society's assets if for some obscure reason it had to be wound up? The AGM had been told by an expert that the assets could not be distributed to the membership but could go to an organisation with a similar purpose. The publications arm was potentially valuable. Future profits from that could go elsewhere.

Had pharmaceutical thoroughness been circumvented? The Society's biggest assets, its property and its publications arm, needed to be future-proofed, so that members could be involved in a co-operative way if the Society, heaven forbid, was ever wound up.

GRAHAM HILL (Hull), seconding the motion, said that one important question was whether charitable status would contravene the Society's current Charter. A look at the Charity Commission website suggested that the Society would have to restrict its activities exclusively to "purposes beneficial to the community". The commission would probably prevent the Society from carrying out a key object under the current Charter — that of maintaining the honour and safeguarding and promoting the interests of the members in the exercise of their profession. The commission's website also stated that

the greatest disadvantage of charitable status was that it restricted political and campaigning activity. How could a membership organisation like the Society operate effectively with such restrictions upon it?

If the Council decided to proceed with an application, it should be truly democratic and present both sides of the argument openly and honestly to the members, who should be allowed to weigh up the arguments and have their say through the ballot box.

MAURICE HICKEY (Moray and Banff) said that there had been no democracy in the Society in the past few years. When Mark Walker's proposals for a referendum on the move to charitable status was passed at the AGM, the President had said that it would not be binding, even if passed, because he said there was no proposal. As someone pointed out, it was there in black and white: "Council in considering the proposal . . . made its decision." No one knew what that decision was. He was fed up not being told what was going on.

BRUCE RHODES (Cheltenham and Gloucester) said that although he still had doubts about charitable status he withdrew the reservations he had expressed at the AGM about not being able to make political approaches. He was able to do so because, overnight, the Society's staff had produced a detailed letter, given to him that morning, which satisfied him on that point. He congratulated the staff on their excellent work.

The motion was *carried*.

Council asked not to separate off publications activities

A motion calling on the Council not to proceed with its proposal to hive off its publications activities to a separate company met with the approval of the meeting.

BRUCE RHODES (Cheltenham and Gloucester), proposing the motion, said that he was reasonably convinced that the Council was doing what it thought best, but the

members did not know, because they had not been told the rationale. He was concerned that a future Council, with fewer pharmacists on it, might decide to sell all or part of the publications activity to pay the cost of running the enlarged Council.

BRENDA ECCLESTONE (Cheltenham and Gloucester) seconded the motion.

MIKE BURDEN (Leicestershire and Rutland) said the motion would block the Council from intelligently running the Society.

The motion was *carried*.

ID cards sought for "active" pharmacists

The meeting asked for identity cards or equivalent identification for "active" pharmacists once mandatory continuing professional development is introduced.

Dr NICOLA GRAY (Harrow and Hillingdon) moved: "that when pharmacists are required to submit regular CPD records to remain an 'active' practitioner, then these pharmacists should be issued annually with a form of identification that is easily recognisable to employers, other health care professionals and pharmacy colleagues." She said that the principle was to make active practitioners readily identifiable while ensuring that the costs of identification were fairly met.

GIANPIERO CELINO (Harrow and Hillingdon), seconding the motion, said that many people were becoming concerned with the need to be sure that health care practi-

tioners delivering services to patients were who they purported to be.

NICHOLAS WOOD (Chelmsford) said that his branch believed the motion was too early because no one yet knew what would constitute an active practitioner.

CATHY COOKE (Bristol) said that her branch thought the motion unnecessary. The onus for confirming registration status rested with the employer who could contact the Society or check the online register.

Summing up, Dr GRAY said that in a new world with a new register the certificate might no longer be enough. It was important to propose the motion now so as to play a part in determining policy. Three or four years down the line the decisions would already have been made.

The motion was *carried*.

BRIEFLY

No support for technician restriction

The meeting did not support a proposal that would limit technician representation on the future Council to those working in community or hospital practice. The motion was moved by IAN HARRISON (Oxfordshire) and seconded by GRAHAM HILL (Hull).

Reduced fee proposal rejected

The meeting rejected a Harrow and Hillingdon branch proposal that, when mandatory continuing professional development was introduced, pharmacists employed outside mainstream pharmacy practice should be able to pay a reduced fee to remain in the Society as "non-active" members. The proposal was moved by STEVEN CURTIS and seconded by GIANPIERO CELINO.

Presentation of Charter medals for 2003

The Royal Pharmaceutical Society's Charter gold medal for 2003 was presented to Professor Stephen Denyer, head of the Brighton school of pharmacy, during a ceremony before the Society's annual general meeting on 14 May. The Charter silver medal was presented to Colin Ranshaw, of Barry, Vale of Glamorgan.

Making the presentations, the PRESIDENT, Marshall Davies, said that the Charter medals, instituted in 1963, are awarded by the Council on the recommendation of the President. 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 President said that Stephen Denyer graduated in pharmacy from the University of Nottingham in 1975 and went on to obtain a PhD in 1979 before joining the staff at Nottingham as lecturer in pharmaceutical microbiology. After 12 years, he moved to head the department of pharmacy at Brighton as professor of pharmaceutical and applied microbiology.

Professor Denyer has published well over 150 research papers and has co-edited four books, with three further in preparation. Until recently he was chairman of the editorial board for the *Journal of Pharmacy and Pharmacology* and *Pharmacy and Pharmacology Communications*. He still serves on the *JPP* editorial board. His contributions to pharmaceutical science have been recognised in a number of awards and distinctions. Most recently, in 2002, he was the British Pharmaceutical Conference Science Chairman.

He has contributed to the work of a number of national bodies, including the Medical Devices Agency, the Veterinary Products Committee, the Committee on Safety of Medicines and the Quality Assurance Agency for Higher Education. For some years he has served on the Society's



Professor Denyer receives his gold medal from the President

Education Committee and its Degree Accreditation Panel. He is a former chairman of the UK Heads of Schools of Pharmacy Committee. He is a member of the Department of Health Standing Pharmaceutical Advisory Committee.

The President concluded: "He is a great ambassador for pharmaceutical education and his involvement and commitment have been outstanding and his contributions are always well thought out and extremely valuable. His clear thinking makes a significant impact on policy development."

Professor DENYER, in reply, said that being asked to accept the award had come as a wonderful surprise. He found it difficult to believe that he had done enough to deserve it. He owed much to his mentors and colleagues, many of whom he had met through the Society — people with commitment and determination, vision and enthusiasm.

Presenting the silver medal, the PRESIDENT said that Colin Ranshaw's interest in pharmacy politics started at Sunderland Polytechnic, where he served as an elected member of the student representative council, vice-chairman of the hall of residence committee, representative on the staff/student pharmaceutical liaison committee for academic affairs, student representative on the library committee and president of the Sunderland Pharmaceutical Students Association.



The President presents Mr Ranshaw with his silver medal

He was also treasurer and subsequently president of the British Pharmaceutical Students Association.

Mr Ranshaw's present position is principal pharmacist, quality assurance and control, for Cardiff and the Vale NHS Trust. His duties include responsibility for the quality, purity and potency of medicines in hospitals in Wales and for the quality assurance and control of the licensed sterile products unit at the University Hospital of Wales.

Over the years Mr Ranshaw has served on many committees. He is a member of the Society's Modernisation Steering Group, and a member of the Society's Welsh Executive, of which he was chairman from 1998 to 2001.

"Colin has worked tirelessly for the profession and as chairman of the Welsh Executive he led the profession in the rapidly changing political world of devolved governance. It was through his efforts and vision that the Society has housed itself at the very heart of Welsh politics next to the Welsh Assembly."

Mr RANSHAW, in reply, said that he was overwhelmed by the award and extremely grateful for it. He was proud to be able to take it back home to Wales. He paid tribute to the many people who had helped, motivated and supported him over the years.

Who sought a special general meeting?

The *Journal* has been asked to publish the names of the signatories to the proposal to hold a special general meeting. Set out below are the names and registration numbers of 44 signatories.

Donald Malcolm Alderton (R4838), Martin Bennett (64656), Robert Blyth (43588), Catherine Patricia Boury (69006), Ivan Browning (71818), Timothy John Burrows (68496), Jonathan Burton (3000310), Alastair Robert Livesey Buxton (87979), David Ian Crossley (68005), Hilary Mary Edmondson (69235), Robert Gartside (53823), Janet Clare Gentle (78686), John Gentle (79948), Sally Ann

Haynes (67059), Andrew Stephen Hersom (66493), Maurice Robert Hickey (74877), Graham Martin Hill (76906), Michael Stephen Hirsh (64124), Ernest William Howard (66367), Robert Idris Hughes (56351), Richard Senu Hunponu-Wusu (1070752), John David Raby Jolly (63047), Roopa Shirish Karia (93707), Gavin Ian Kay (88938), Mark Koziol (77897), Elizabeth Margaret Lyle (69467), John Edwin Mackenzie (66712), Janet McDonald (78071), Joanne Catherine Sindal McMurray (80561), Carol Davida McNidder (67604), Colin Harvey Michaels (66066), David John Miller

(87837), Gavin Andrew Miller (1001202), Elaine Anne Mishon (53971), Jagdeep Kaur Notay (1060592), Graham Stuart Phillips (74786), Douglas Ian Mowat Simpson (61227), Lesley Dorothea Sistern (60734), Melvyn Peter Smith (65589), Wayne Thomas Stanley (75052), Noel James Wicks (1001175), Gabrielle Theresa Williams (56165), Michael Derek Williams (79340), Nicholas Leslie Wood (66139).

The list supplied to *The Journal* included one further signatory whom *The Journal* has been unable to find on the Register of Pharmaceutical Chemists.

Role for Society's branches in support for CPD?

The Royal Pharmaceutical Society's branches could have a role in the future in supporting their members in their continuing professional development, the Society's branch representatives' meeting heard on 15 May.

During a special session on continuing professional development, Dr Peter Wilson, the Society's CPD consultant, began by outlining the Society's CPD programme (*PJ*, 5 October 2002, p278) and the Council's recent decisions relating to mandatory CPD (*PJ*, 17 May, p699). He went on to point out that the branches' traditional role in continuing education had diminished with the setting up of the centres for pharmacy postgraduate education. He suggested that branches might now want to think about how they could contribute to their members' CPD.

Dr Wilson said that, as the roll-out of CPD progressed, branches could contribute by helping members to understand CPD fully, by supporting individuals in undertaking CPD and possibly by structuring their meetings so that they were within a CPD framework.

So far as understanding CPD was concerned, there was still scope to address some misconceptions that cropped up — misconceptions that "it is just continuing education", that "it is continuing education hours", that "it is only courses" or that "it is the end of my career, the end of my membership of the Society".

Branches might like to think about whether or not they could support individuals and possibly also CPD implementation in general. They could link experience with CPD in branch meetings back to the Society.

Branches could organise some parts of their programmes as CPD clinics, where members could help each other in groups. Rather than having a speaker, members

could help each other with experiences on CPD, keeping records, finding out what other people were doing and using that as a measure against which to judge their own CPD experience.

CASE STUDIES

Branches could also introduce evenings involving CPD case studies, Dr Wilson suggested. He was reminded of the small articles that appeared regularly in the *BMJ*, headed "A case that changed my practice". These were usually readable anecdotes about things that happened to doctors — misdiagnoses, successful diagnoses, things patients had said — that struck a chord with the practitioner. All sorts of things appeared there.

People who were prepared to present case studies of their own CPD practice acted as exemplars for others, who could learn from them what to do and how to do it. It was an opportunity, in a safe environment, for discussion and feedback on how CPD practice could be improved. Hospital pharmacists would probably recognise that model from clinical pharmacy meetings, prevalent in the 1980s, where clinical pharmacists would come down from the wards and talk about patients they had seen and discuss what they had done right and what could be done better.

Branches could structure their meetings so that they encouraged people to reflect on why they were there and what they were looking to learn. Perhaps meetings could be followed by an analysis for individuals with three questions: What have you heard that stands out? What is the significance of what you have heard? What are you going to do with the things you heard and possibly learned? That could be done at the end of a normal branch meeting — an example might be an update on diabetes by a local diabetes consultant on updates in diabetes.

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 Conference 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 appears on this page. Members with enquiries about the meeting should contact the Secretary and Registrar's office on 020 7735 9141.

Welsh Executive voting papers

Voting papers for the 2003 Welsh Executive election have now been posted to members of the Royal Pharmaceutical Society whose address in the register is in Wales. After completion, the papers should be returned to Electoral Reform Ballot Services Ltd, PO Box 6352, London N1 1YR, in the envelopes provided, to arrive not later than noon on Thursday 5 June.

The business reply envelope provided is marked "second class" and members are asked to post their voting papers as early as possible.

Any members whose address in the register is in Wales and who do not receive voting papers should contact the Society's headquarters in Wales so that a further set can be sent.

CATHERINE O'BRIEN
Secretary to the
Welsh Executive

Scottish AGM

The annual general meeting of the members of the Society resident in Scotland will be held in the Society's House, 36 York Place, Edinburgh, on Wednesday 18 June 2003 at 2.30pm.

Representatives from each of the Scottish branches have been invited to take part in the proceedings and all members are welcome to attend.

The agenda will be as follows:

1. Chairman's report
2. Scrutineer's report
3. Election of six persons to the Executive
4. Presentation on "The pharmacy workforce census: results and their implications for the pharmacy profession",

SGM: final reminder

The special general meeting of the Royal Pharmaceutical Society called to debate issues relating to the Society's constitution and ways of working takes place in central London this Sunday, 1 June, at 2pm.

The venue for the meeting is the Churchill Auditorium, Queen Elizabeth II Conference Centre, Broad Sanctuary, Westminster, London SW1. The centre is just off Parliament Square and across the road from Westminster Abbey. The nearest Underground station is Westminster, served by the Circle, District and Jubilee lines.

Members who have arranged travel by coach should note that coaches may drop off or park on the conference centre's forecourt only if permission has been obtained from the centre in advance.

No food will be available in the centre and visitors may not take in their own food.

The agenda for the meeting was published in last week's *Pharmaceutical Journal* (p733), along with proposed rules of procedures and the wording of two motions on which the meeting will be asked to vote.

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given by Dr Karen Hassell, senior research fellow and NHS primary care career scientist at the School of Pharmacy, Manchester.

(The purpose of the presentation is to share findings from the recent pharmacy workforce census. Characteristics of the current workforce will be described, employment patterns will be covered, and the implications of the findings for the pharmacy profession will be explored. Although the presentation will mostly cover the overall British pharmacy workforce, the picture as it relates to pharmacists registered in Scotland will also be presented.)

5. Motion — The following motion has been proposed by Maurice Hickey (74877), of 99 High Street, Forres, Moray, and seconded by Frank Owens (71485), of 18 Gartcows Road, Falkirk:

“It is the opinion of the members of the Scottish Department that the new Charter of the Royal Pharmaceutical Society of Great Britain must take account of devolution, and in particular NHS Scotland.”

“The Scottish members require that their elected Scottish Executive should be allowed the powers to make policy for Scottish pharmaceutical and health matters.

“The Scottish members require that these changes should be explicitly written into any new or amended charter.”

6. Any other business

Dr SHEILA M. STEVENS
Secretary

DIARY

HEADQUARTERS MEETINGS

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

Monday 2 June
Meeting of Officers 11am

Tuesday 3 June
Resource Management Committee 10.30am
Infringements Committee 1pm
Council meeting 2pm
Council dinner 6.30pm

Wednesday 4 June
Council meeting 9am

LOCAL MEETINGS

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

Wednesday 4 June
Barnet “Homoeopathy” by David Needleman. Postgraduate Medical Centre, Barnet General Hospital. Food 7.30pm, meeting 8pm.

Thursday 5 June
Sheffield “A charter fit for the future” by Digby Emson (member of the Royal Pharmaceutical Society's Council). Charnwood Hotel, 10 Sharrow Lane, Sheffield. Strawberries and champagne. 7 for 7.30pm.

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* about any changes.

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 starts with registration and a light buffet at 7pm and finishes at about 9.30pm.

Roadshows have already taken place in Cambridge, Nottingham, Sunderland, Perth and Leeds. The remaining venues and dates are as follows: *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 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.

Analytical validation and regulatory issues

The Royal Pharmaceutical Society is organising a two-and-a-half-day residential course on “International analytical validation and regulatory issues for the pharmaceutical industry” to be held at the Hilton Hotel, York, from 9 to 11 July.

The course is intended for managers, registration personnel and analytical and bioanalytical scientists who need to update or extend their appreciation of validation in pharmaceutical and biomedical analysis.

The course fee is £1,200 + VAT for members of the Society or the Academy of Pharmaceutical Sciences and £1,260 + VAT for others. The fee includes bed, breakfast and evening meal for two nights (9 and 10 July), as well as lunches, refreshments, welcome reception, CD-ROM and all course documentation. Participants are advised to arrive by noon on 9 July.

Further details and registration forms can be obtained from Dr J. A. Clements at the Society's headquarters (e-mail science@rpsgb.org.uk) or can be downloaded from the science section of the Society's website (www.rpsgb.org.uk/science).