

The Society

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Council acts on members' concerns

The Council of the Royal Pharmaceutical Society has agreed to develop further its future organisational model to reflect properly its commitment to an integrated role as a professional and regulatory body. It made its decision at an all-day meeting on 2 July, at which it discussed the issues that had led to the special general meeting on 1 June.

The Council accepted that its existing model needed further work in regard to the Society's professional leadership and development function. However, it agreed that proposed alternative models predicated on institutional separation of the regulatory and professional leadership were also unsatisfactory.

The Council therefore resolved that further work should be carried out as a high priority to determine a credible and appropriate

structure associated with a single governing Council plus a range of boards involved in particular areas of work, each with an appropriate balance of professional and lay members. The aim would be to achieve a structure that would give equal weight to the Society's roles of professional leadership and development and "modern regulation" and would be equally effective in discharging those roles.

At the end of the meeting, which was attended by all but one of the Council's 24 members, there was unanimous agreement that progress had been made towards resolving the issues that had led to the SGM. The Council is confident that definitive progress will be achieved by September.

Set out below is a statement on the matter by the President, Dr Gillian Hawkworth. A report of the 2 July meeting begins overleaf.

FROM THE PRESIDENT

Progress on the modernisation of the Society

A statement from the President of the Royal Pharmaceutical Society, Dr Gillian Hawkworth, FRPharmS

I am delighted to be able to report to members that the Council has made significant progress towards identifying a new organisational model that should meet the aspirations of all those concerned about the future of our profession.

The new Council of the Society met on Wednesday 2 July for a full day of detailed discussion on the models for the structure of the reformed Society. The purpose was to consider the resolutions on the Society's structure passed at the special general meeting on 1 June, in the light of the many discussions that have been held recently around Britain.

The objective could hardly be more important — to create a future Council and supporting structures that are fit and appropriate for the new century.

As you will see from the report of the meeting that follows, the Council spent the morning teasing out the various strands of the Society's work, weighing up the various opportunities and constraints, and being clear about the interrelationships between these strands and the overall purpose of the Council and the Society. In the afternoon, we then worked through three alternative models for a future Council. We appraised them rigorously and objectively against the criteria we had defined in the morning.

Twenty-two out of 24 members of the Council were present in the morning; 23 out of 24 were present in the afternoon. After an excellent discussion — conducted, as you would expect, in a spirit of seeking the best for the future of the profession — we have

reached agreement on three key issues:

- First, any structure we adopt must allow the Society to discharge equally its roles of professional leadership and development and "modern regulation" in an integrated fashion, characterised by joined-up policy development throughout. In every case, the Society must speak with one voice to the outside world, if it is to have any impact at all.
- Secondly, the Society must be equally effective both as a professional body and as a regulator. To achieve this, the professional leadership and development functions — or "professional representation", in the terms of the SGM motion — must be substantial, credible and have a well-resourced place within the Society to ensure that they achieve equal prominence with the regulatory functions. We



The President: there are complex issues to explore

explored several ways of achieving this, and more work will now be carried out as a matter of urgency to develop this further. This is now a high priority.

- Finally, we agreed that if both of the above were to be discharged in an effective, sustainable and credible way, the Society must have one overarching governing body, accountable for all its functions, with a majority of pharmacists elected by the membership

and, firmly associated with this, there must be a structure that engages the leading experts in the relevant fields, together with a much broader cross-section of the membership.

These principles are vital: they set the guidelines within which we can now work up the detail.

This whole issue has generated considerable concern for many months. There are complex issues to be explored and debated. I think that on 2 July the new Council reached substantial agreement on a number of key issues about which there had previously been misunderstanding and disagreement. Everyone's aim is an effective and appropriate Society for the future. We are developing a model that will achieve it.

Report of the Council's discussion on possible organisational models for the future Council

The following report is a summary of the Council's discussion on 2 July, when it met to consider the resolutions on the Society's structure passed at the special general meeting on 1 June, in the light of subsequent discussion at meetings around Britain

PURPOSE

The meeting was arranged principally to address the issues raised at the special general meeting on 1 June concerning the future structure of the Council and Society. The relevant resolution stated: "The meeting resolves that the Council of the RPSGB should abandon its current preferred proposal on reform of the Society in favour of a model that allows the RPSGB to be operated by two separate boards, one to deal with professional representation and one to deal with regulatory matters". Certain issues were not specifically addressed — such as the on-going consultation on the new Royal Charter, and the decision to defer any move towards charitable status — although they were clearly important in the context of the discussion.

Of the 24 Council members, 22 were present in the morning, and 23 in the afternoon. Senior staff were also present, and the discussion was facilitated by Marcus Longley, associate director of the Welsh Institute for Health and Social Care, University of Glamorgan, who had also facilitated previous Council discussions.

AGENDA

The ultimate purpose was to discuss organisational models, and to appraise three specific alternatives. However, following the adage "form follows function", the discussion focused in the morning on achieving common understanding and consensus on the nature of the functions which a new Council would wish to pursue, and the interrelationships between those functions. This resulted in unanimous agreement on a set of criteria by which to assess the organisational models, and the application on those criteria in the afternoon. Three specific models were then evaluated.

PREVIOUS AGREEMENT

At its last discussion in June, following the SGM, Council members had unanimously agreed upon three key issues. These were that the Society will be the integrated regulatory and professional body for pharmacy, that it should be equally effective in both functions, and that it could not and should not assume a trades union role. These were reaffirmed.

Panel 1: 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: the Kennedy report on the Bristol Royal Infirmary scandal, and the Government response

Panel 2: The functions of professional leadership and development

As custodians of the profession, and in the public interest, to:

1. Provide strategic leadership for the profession of pharmacy
2. Promote and represent the profession of pharmacy
3. Set and improve standards for practice
4. Support practitioners in their practice
5. Promote and provide continuing professional development
6. Advise Government, other professions and the public on health care matters

7. Promote scholarship, research and the advance of knowledge
8. Foster collaboration with other relevant bodies
9. Provide a benevolent function for members
10. Promote pharmacy as a career

In all of these to ensure that it takes no action against the public interest, and takes no part in representing parties in a disciplinary matter or in campaigning on matters of a strictly contractual nature.

Panel 3: Criteria with which to assess organisational models

The model is likely to produce an organisation that is:

1. Expert
2. Timely
3. Efficient
4. Effective
5. Capable of acting in a coherent way

6. Credible to all sections of the profession
7. Credible to Government, the over-arching regulator, and other professions
8. Credible to the public
9. Flexible
10. Robust and sustainable
11. Accountable

THE FUNCTIONS TO BE PERFORMED

Regulatory To be clear about these functions, the “regulatory” and “professional” aspects were dissected. The definition of the former was relatively unambiguous, since this is defined by the Government. The “modern regulator”, as the function has become known, incorporates the roles traditionally associated with that of regulator, with several more proactive functions designed to tackle the underlying determinants of the quality of health care, and to avoid problems rather than merely seeking to deal with them after they have appeared. The 12 functions are set out in Panel 1, with several — such as 5, 6, 7 and 10 — being quite different from the role of “policeman”. All of these would pass to the Society at the Government’s initiative, through an Order made under Section 60 of the 1999 Health Act, and the Society would be accountable to Parliament for their discharge.

Professional But the role of “professional representation” requires definition by the Society itself, and will form the core of the Royal Charter. The definition of the “professional” function was therefore the focus for much debate at the meeting. Two elements emerged from the discussion. The first was a series of functions that related to developing and setting standards and objectives for practice — broadly analogous to the roles of the medical royal colleges. The second was the notion of the Society being the custodian of the future of the profession — leading its development, making sure that its contribution was recognised and valued, while always bearing in mind the needs of future generations. Running through both of these elements was the absolute requirement never to act in a way that might be against the public interest, and not to represent members in individual disciplinary cases or take part in negotiations on terms and conditions of contract.

So a list of functions emerged under the “professional” heading (see Panel 2). These were not exhaustive, but illustrative of the “professional” element.

There was then discussion about the term that might best capture these functions. There was concern that the term “professional representation”, used in the SGM motion, actually undersold the royal college-type functions. Council members also felt that it did not give sufficient emphasis to the vital role of leadership for the profession — having a Royal Pharmaceutical Society that understood all parts of the profession and had a responsibility to mobilise its resources in a collective effort to enhance pharmacy’s contribution in the future. In the end, the term “professional leadership and development” was thought to be a much better description.

INTEGRATING THE FUNCTIONS

The Council’s commitment to maintaining an integrated regulatory and professional body was clear. The implications of such “integration” were explored next. A series of

significant current and recent activities of the Society were considered, ranging from Pharmacy in a New Age and the acquisition of prescribing rights, to issues such as emergency hormonal contraception, concordance, and the response to the recent report from the Office of Fair Trading. The Council looked in some detail at how the Society had actually developed and propagated policy in these specific cases, and how it should operate in the future.

One clear conclusion emerged. All of the issues involved regulatory and professional considerations — it was difficult to conceive of any significant issue that fell into one area or the other. Each therefore required joined-up thinking between these elements, at all stages of policy development. Indeed, one key strength of the Society is its ability to integrate regulatory and professional considerations, and to produce a comprehensive approach to major issues. Any future structure, therefore, must facilitate such integrated thinking.

CRITERIA FOR ASSESSING ORGANISATIONAL MODELS

The final stage, therefore, before assessing particular models, was to reach agreement on the relevant criteria to be applied. There was unanimous agreement of the criteria listed in Panel 3.

Two new models were considered in detail, proposed and explained by Nicholas Wood. Model A offered a Council and a Regulatory Board. Model B offered two separate boards for regulatory and professional matters.

Description Model A envisaged an integrated Society, with functions carried out by a Society Council, similar in composition to the current one and a separate Regulatory Board with Section 60-backed delegated authority (Figure 1). Pharmacist members would be elected or appointed by the Society’s Council, with lay appointees and a professional majority of one.

Model B also envisaged an integrated Society, but with functions carried out by a Membership or Professional Representative Board of elected pharmacists, and by a separate Regulatory Board of elected pharmacists and lay appointees. They would be brought together in a Council comprising all members of both Boards.

The two Models A and B both represented in different ways the principles agreed in the SGM motion.

Accountability would be satisfied in a variety of ways. The Section 60 Order could vary the Pharmacy Act 1954 to specify that there would be a Regulatory Board of the Society. It would then be enshrined in legislation, broadly similar to the situation of the current Statutory Committee, and therefore accountable to the courts and Parliament. The Council would be able to delegate functions and powers through byelaws which, because they are enshrined in byelaws, could only revert to the Council with the approval of the Privy Council. The Code of Ethics would have legal status under a new Order,

but with a requirement to consult and be satisfied on the basis of that consultation that the Code meets certain requirements, for example that it meets commonly accepted standards and is attainable. In both models, the Regulatory Board would not have its decisions ratified by Council. It might send reports to the Council for information, but the Regulatory Board would be autonomous by virtue of legislation.

Any potential for internal conflict that the dual structure might engender could be managed through a variety of consultation and joint working mechanisms, drawing on the distinct difference of roles of the two bodies. Funding for the work of the Regulatory Board would come from registrants’ statutory fees, and the Regulatory Board would pay an economic rent and its share of common expenses. Other income sources would be applied to the regulatory or professional functions as appropriate.

Appraisal There was considerable discussion of the respective merits of the two models, and Council members were very grateful to Mr Wood for his work in preparing them for discussion, and in dealing with points of clarification. It was acknowledged that the models presented were outlines and further work was required in order that mechanisms of working be fully developed. While it was noted that the models had been prepared in a short period, and with very limited resources, concerns were expressed on a variety of points, including the following:

- A robust solution would need to be found to the problem of the potential for separation of the functions to generate wasteful duplication of effort or conflict, in the light of the integrated nature of most issues (as highlighted above).
- Uncertainty over staff roles and incompatibility of the lines of accountability of staff working across both functions
- The potential that the Regulatory Board, by virtue of its power and authority, would come to dominate the work of the Society almost to the exclusion of the professional and ultimately resulting in splitting the Society, an outcome rejected by all.

Turning, then, to the criteria (Panel 3), it was generally felt that seven of the 11 criteria were not fully satisfied by either of Models A or B:

3. Efficient
4. Effective
5. Capable of acting in a coherent way
7. Credible to Government, the overarching regulator, and other professions
9. Flexible
10. Robust and sustainable
11. Accountable

Furthermore, it was believed that further consideration and development of the detail of the models would not result in the criteria being satisfied. Council members identified a number of problems that were not just issues of inadequate detail.

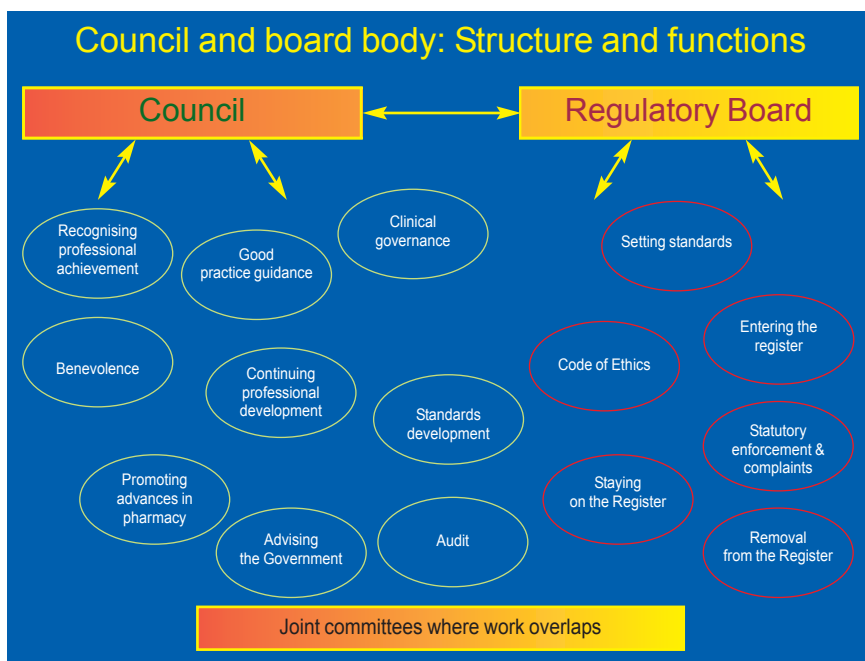


Figure 1: Structure and functions of a Council and regulatory board (Model A)

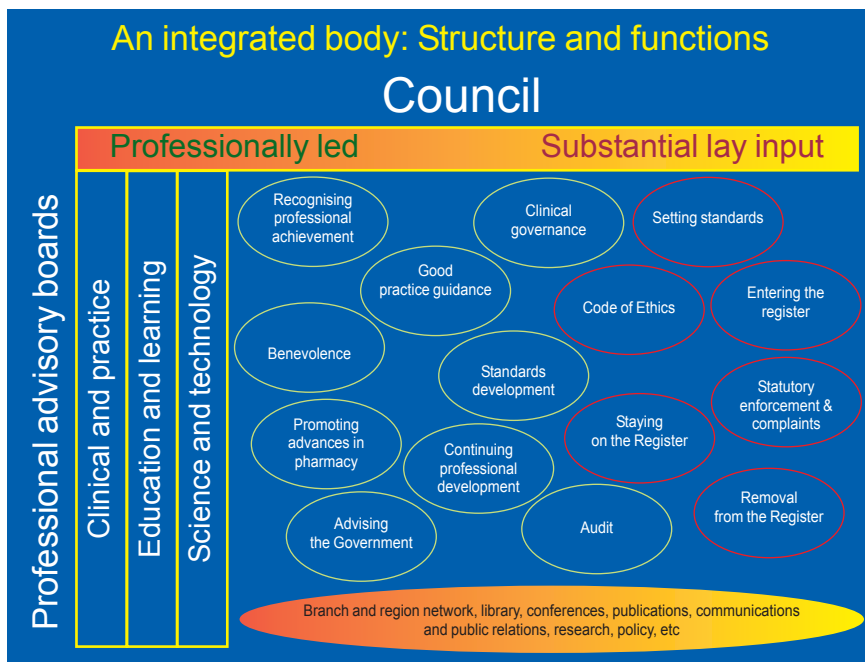


Figure 2: Structure and functions of an integrated Council (Model C)

THE WAY FORWARD

Further discussion highlighted that a great strength of Models A and B was that they gave appropriate emphasis to the discharge of the professional leadership and development function — even though the particular organisational forms might be flawed. It was acknowledged that the model previously adopted by the Council (referred to as Model C on the day) did not appear to do so, since it concentrated more on the constitutional and other aspects of change at the “top” level (the governing Council), and provided little detail on the structural elements that would actually take forward the work on professional leadership and development.

In this context, the Council went on to consider an outline of just such a structure, which had originally been presented for dis-

cussion at the 2002 British Pharmaceutical Conference (Figure 2). This took as its starting point that the functions and activities of the Society actually represent parts of a spectrum, which ranges from being almost entirely professional, to being a mixed lay and professional responsibility. There was a belief that given such a spectrum, a dual structure based on two distinct boards, is unlikely to be satisfactory. The solution in this model is to create a variety of “boards”, “committees” or “working groups” to meet particular needs or areas of work. They could be standing or ad hoc, time-limited groups; they could consist of Council members and/or experts from within the profession, selected for their particular knowledge and contribution to the task in hand. The lay/professional balance on each would be determined by the nature of the task. The Scottish Department and Welsh

Executive, the regions and the branches would all have distinct roles in this structure.

As with Models A and B, substantial questions of detail remained to be explored. These would include the number of boards, committees and/or working groups, their terms of reference, the method of selecting members, the reporting and support arrangements, the implications for existing committees and the detail of the relationship between the various British elements and Scottish and Welsh elements. Such detail would need to be provided. In principle, this model complies on the face of it with most, if not all, of the assessment criteria.

An innovative approach was then presented by Clive Jackson. This comprised a pharmaceutical senate made up of a selection of professionally-led faculties responsible for leading the professional agenda and accountable to (and sharing members with) one governing Council. Again, many details required clarification and discussion — the approach was not explored in any detail. This appeared to provide a synthesis between Model A and the Council’s previously preferred model originally described at the 2002 BPC (Model C). It was noted that Mr Jackson’s approach appeared to comply on the face of it with the assessment criteria.

CONCLUSION

It was agreed that the work to define the regulatory and professional leadership functions, and to clarify their interrelationships, was helpful in producing greater understanding of the requirements of any organisational model. The assessment criteria provided a useful tool by which to assess any proposed models.

The proposed models (A and B) predicated on institutional separation of the regulatory and professional leadership and development functions, both at the head of the organisation and throughout the levels below, did not satisfy a number of the key criteria. Equally, the existing Council-endorsed model, while satisfying most if not all criteria, did not provide sufficient information about how the professional leadership and development function would actually be discharged. Without such information, it was difficult to have full confidence in it.

In short, it was vital that any model would provide:

- fully integrated working within the Society
- appropriate mechanisms, resources and priority for professional leadership and development
- clear, unified lines of accountability to Parliament, through a single governing body

It was therefore agreed that further work would now be carried out as a high priority to describe a credible and appropriate structure associated with the single governing Council, as discussed above, which could deliver integrated regulatory and professional policy development, and satisfy the assessment criteria.

Museum's latest information sheet looks at dispensary bottles

Dispensary bottles are the subject of the latest information sheet published by the museum of the Royal Pharmaceutical Society in its series illustrating the history of the preparation of medicines.

The new publication looks at the history of dispensary bottles and their labels and gives details of the wide range of shop rounds designed to suit the properties of their differing contents. They included wide-mouthed bottles for powders and granules, lipped bottles for liquid preparations and more specialised designs for oils, syrups, volatile liquids and poisons.

Briony Hudson, the Society's keeper of the museum collections, said that the new information sheet would provide useful material for anyone interested in the history of storage in the pharmacy and to collectors wanting to identify bottles in their own collections.

She added that the new sheet was the 12th to be published as part of a continuing effort to make pharmacy history available to a world-wide audience. The earlier sheets had proved extremely popular, with most receiving over 100 hits on the website each month.

Like the 11 earlier sheets, "Dispensary bottles" can be downloaded as a PDF file from the museum section of the Society's website (www.rpsgb.org.uk/museum). Copies of the double-sided, A4-sized sheets are also available by post. Requests should be telephoned to 020 7572 2210 or e-mailed to museum@rpsgb.org.uk.

The information sheets have been written for the museum by Peter Homan,



An illustration from the information sheet: "Stoppered rounds and jars" from S. Maw, Son & Thompson's wholesale catalogue, 1882 (also available as a postcard from the museum)

FRPharmS. The previous sheets cover "Drug preparation and extraction", "*Secundum artem*: the skill of the apothecary and pharmacist", "Liquid medicines and medicine bottles", "Lozenges and pastilles", "Suppositories, pessaries and bougies", "Ointments, creams and plasters", "Pills and pill-making", "Powders and cachets", "Capsules and tablets", "Patent and brand name medicines" and "Balances, weights and measures". The illustrations are based on images available as postcards from the museum.

Society to hold antibiotic resistance session at BA Festival of Science

The Royal Pharmaceutical Society is to hold a session entitled "Resistance to antibiotics and the treatment of infectious diseases" at this year's BA Festival of Science, organised by the British Association for the Advancement of Science.

The festival takes place from 8 to 12 September at the University of Salford, with the Society's three-hour session being held from 1pm on Monday 8 September. The session will look at antibiotic resistance from the perspective of both the patient and the health care professional. It will also cover what academia and the pharmaceutical industry are doing to develop new drugs and therapies to combat resistance.

Speakers at the session are Professor Roger Finch (division of microbiology and infectious diseases, University of Nottingham), Dr Hayley Wickens (St Mary's Hospital, London), Professor Stephen Gillespie (Royal Free and University College Medical School, London), Dr Peter Taylor (School

of Pharmacy, University of London) and Dr Jonathan Cooke (South Manchester University Hospitals NHS Trust).

The chairman of the Society's Science Committee, Dr Nicola Gray, who will chair the session, said: "Our future success in treating infection totally depends on a good partnership between the public and health professionals. Both groups need to know how to use these medicines effectively — and equally when not to use them. The Society believes that the Department of Health funding for pharmacists to play a more central role in tackling of the problem in hospitals is a crucial step forward. But we also need to increase general understanding of the scientific basis of resistance, and work together to avoid squandering the effectiveness of our antibiotics."

Further information about the festival and details of how to book can be found on the BA website (www.the-ba.net) or by telephoning 020 7973 3052.

Madge In a tribute to the late Archibald George Mervyn Madge (*PJ*, 5 July, p32), DOUGLAS SIMPSON writes: As a young sub-editor on the *PJ*, one of my first assignments was to report a meeting organised by the Plymouth branch of the Society, where Mervyn Madge was the secretary. I cannot remember what the meeting was about, but I do remember the pot of clotted cream that was presented to me for taking the trouble to be present. Some years later, I mentioned to Mervyn how glad I had been to receive the cream, and he promptly sent me another pot.

But it is for more than his contribution to my dinner table that Mervyn was noted. The contribution he made to the profession through his 46 years of branch secretaryship was outstanding. He held many other posts, but that one was the most important.

The Royal Pharmaceutical Society is, in my view, first and foremost a professional association of pharmacists. People like Mervyn are its most important servants.

ROGER ODD writes: I was saddened to learn about the death recently of an old and trusty colleague, Mervyn Madge. In his passing, pharmacy has lost one of the truly great and colourful characters in the profession of recent years and many will have cause to reflect on the numerous delightful moments that Mervyn has left us.

He will be remembered in so many ways — for fighting the corner of the underdog, for supporting those he believed were being discriminated against and, above all, for promoting his beloved Devon and Cornwall whenever possible. Indeed, many of us will remember his expert treatise about the "Treacle mines of Cornwall", which he exalted across the country, tongue in cheek and to the incredulity of many.

I first got to know Mervyn while sitting next to him around the table of the Society's Council. I was a new and raw recruit and he offered me help and support in his own inimitable way. Our paths continued to cross frequently from that time onwards through a number of organisations in which he just happened to be involved — often supported by his delightful wife and constant companion Christine.

I know that his world was never complete after Christine's death several years ago — but he continued to plunge himself into so many activities. As one door shut, so several more opened and I was never surprised to find Mervyn arriving in my office at the Society's headquarters in Lambeth asking searching questions on some intricate practice issue which was effecting his local colleagues.

My wife Marion and I will miss the occasional telephone calls in his lovely Devonian brogue and the many letters received enclosing "Madge miscellanies" of various kinds — each with details of the current initiative into which he had just launched himself.

Mervyn was a colossus of a West Country man, unique in so many ways. He will be sorely missed by so many who had had the privilege of knowing him.

LIBRARY ADDITIONS

The following are among recent additions to the Royal Pharmaceutical Society's library in London. Books available for loan can be borrowed by members and by preregistration trainees and pharmacy students who have registered with the library. The loan period is 28 days, and a loan may be renewed unless the item is required by another user.

BOOKS AVAILABLE FOR LOAN

- Chemotherapeutic targets in parasites: contemporary strategies. Mansour TE. Cambridge: Cambridge University Press; 2002.
- Cox-2 blockade in cancer prevention and therapy. Harris RE. Totowa, New Jersey: Humana Press; 2003.
- Cross cultural medicine. Bigby JA. London: BMJ Publishing Group; 2003.
- The essential guide to the internet for health professionals. Chellen SS. London: Routledge; 2003.
- Ethics and evidence-based medicine: fallibility and responsibility in clinical practice. Goodman KW. Cambridge: Cambridge University Press; 2003.
- Experimental therapeutics. Wilkins M. London: Martin Dunitz; 2003.
- Foundations of evidence-based medicine. Jenicek M. Boca Raton, Florida: Parthenon; 2003.
- Handbook of allergic disorders. Philadelphia: Lippincott Williams & Wilkins; 2003.
- Mechanistic toxicology: the molecular basis of how chemicals disrupt biological targets. Boelsterli U A. London: Taylor & Francis; 2003.

Medication administration made incredibly easy. Munden J, Eggenberger T, Haworth K, Munson CH. Philadelphia: Lippincott Williams & Wilkins; 2003.

Nonprescription drug therapy: guiding patient self-care. 2nd ed. Covington TR. St Louis: Facts and Comparisons; 2003.

Pediatric dermatology. 3rd ed. Schachner LA, Hansen RC. Edinburgh: Churchill Livingstone; 2003.

Pharmaceutical gene delivery systems. Roland A, Sullivan SM. New York: Marcel Dekker; 2003.

Pharmacological and psychosocial treatments in schizophrenia. Castle D, Copolov D, Wykes T. London: Martin Dunitz; 2003. (2003 No5)

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).

Tableting technology

The Royal Pharmaceutical Society is organising a two-and-a-half-day residential course on "Tableting technology", to be held at the Crowne Plaza hotel, Cambridge, from 24 November (11am) to 26 November (3pm).

The course is aimed at recent graduates of pharmacy or other scientific disciplines who will be working in the field of formulation or production of solid oral dosage forms, and those who require an intensive introduction to the area of tableting, perhaps following a change in career path. The

course will cover the basic concepts of equipment selection, granulation and end-point determination, formulation optimisation and prediction, development pharmaceuticals for registration, official and non-official dissolution tests, and film coating.

The course fee (including VAT) is £1,339.50 for members of the Society and the Academy of Pharmaceutical Sciences and £1,410 for others. The fee includes bed, breakfast and evening meal for two nights, as well as lunch, refreshments and course materials. Registration forms can be obtained from Dr J. A. Clements at the Society's headquarters.

DIARY

HEADQUARTERS MEETINGS

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

Monday 14 July
Adjudicating Committee 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)

Tuesday 15 July
Shropshire Meeting postponed to Wednesday 16 July

Wednesday 16 July
Shropshire "Current developments of the Pharmaceutical Services Negotiating Committee" by Alastair Buxton (head of NHS services, PSNC). Albrighton Hall Hotel, Shropshire. Buffet 7pm, meeting 7.30pm. Postponed from Tuesday 15 July.

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

Croker Richard and Carolyn (née Carter, both ex-Portsmouth 1992-95) are delighted to announce the birth of Harry James on 22 May 2003. A brother for Charlie. Now at 9 Maine Close, Bideford, Devon EX39 3RR.

Sekhon Jasjit (née Toor, ex-Portsmouth 1997) and Iqbal Singh Sekhon are happy to announce the birth of Sienna Kaur Sekhon on 11 January 2003. Still at The Cottage, Walkhill Farm, Apperley Lane, Bradford BD10 0PD.