

The Society

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AUGUST COUNCIL MEETING

Society to seek broader powers to regulate retail pharmacy premises

The Council of the Royal Pharmaceutical Society has decided that the Society should seek broader powers in relation to the registration of retail pharmacy premises in order to address problems resulting from the limitations of the current statutory framework.

Among the powers sought would be the ability to refuse, suspend or revoke the registration of premises that did not meet requirements set by the Society, and the ability to disbar from controlling pharmacy businesses any pharmacist or pharmacy company director who is convicted of a serious criminal offence or has been found to have defrauded the National Health Service.

The Council made its decisions at its meeting on 5 and 6 August, on the recommendation of the Modernisation Steering Group.

The steering group emphasised the need to introduce an overall system of quality assurance to minimise the risk of damage to patients and the public. It said that the system should cover the supply of medicines, the standards of the premises and the standards of the professionals involved. It should provide controls relating to the ordering, storage, sale or supply, disposal and security of medicines and poisons.

The group also suggested that legislation on registered premises needed updating to take account of changes in pharmacy practice and ownership over the past 40 years. The group saw a need for clarification of the roles of the Society's Registrar and the Government Minister with regard to entering premises on to the register, and believed it should be possible to refuse registration of premises for valid reasons.

The group thought that the proposed Section 60 order could enable much-needed improvements as a matter of urgency and that in the longer term there should be a more fundamental review of the basis of the system for regulating premises.

The Council accepted 10 recommendations related to applications to register



MAIN POINTS

Pharmacy premises The Society is to seek broader powers in relation to the registration of retail pharmacy premises in order to address problems resulting from the limitations of the current statutory framework (this page).

Payment of retention fees The Council plans to allow members and pharmacy owners to pay their annual retention fees by debit and credit card, including card payment through the Society's website (p218).

Increase in statutory fees The Council is to seek an increase in the statutory fees from 1 January 2004. Most fees would rise by about 5 per cent, but some, including the premises retention fee, would increase by a larger amount to reflect more accurately the costs of specific activities to which they relate (p220).

pharmacy premises or to amend registered details:

(1) The statutory requirement for the relevant Government Minister to approve applications to register pharmacy premises should be repealed.

(2) The Council should have power to specify requirements for premises registration beyond those in current legislation.

(3) The Society should have power to impose sanctions when requirements are not met, including issuing a notice to improve and power to refuse, suspend or revoke registration of premises in specified circumstances.

(4) Pharmacy owners should have a statutory right of appeal against a decision to refuse, suspend or revoke registration of premises.

(5) Amendments to registered details should be notified to the Society within a statutory period and registration of premises would become void in the absence of such notification.

(6) There should be a statutory duty on a superintendent pharmacist to notify the Society of his resignation from that position (in the event of the superintendent's death or incapacity, the duty would fall on the corporate body).

(7) When the owner of premises is required to appoint a superintendent pharmacist but the Society does not receive confirmation of such an appointment within a specified time, the Society should have power to remove the premises from the register.

(8) The Society should have power to annotate the register of premises to indicate specialist pharmacies.

(9) The Society should have power to raise fees to cover relevant costs, including transferring ownership of pharmacy premises, reinspecting premises when required and amending register details (such as registered office address or superintendent pharmacist's name).

(10) The Society should have power to review the level of fees relating to premises in the light of any future changes in the regulatory regime.

On the steering group's further recommendation, the Council also agreed that owners of pharmacy premises should be required to provide the Society annually with a signed declaration that should include: confirmation of the pharmacy's ownership (including details of the registered address and the identity of all directors); details of any convictions of any director or pharmacist owner in the previ-

ous 12 months; where appropriate, confirmation by the superintendent pharmacist responsible for the conduct of the business that he still occupies that position and will inform the Society forthwith if the position changed; confirmation that the premises meet the Society's minimum requirement for registration; and evidence that the professional activities undertaken are covered by adequate professional indemnity arrangements.

The declaration would have to be signed by the owner or in the case of a partnership by each partner or in the case of a body corporate the superintendent pharmacist. The Registrar should have power to remove summarily from the register any premises in respect of which no declaration was received or an incomplete declaration was received.

Finally, the Council agreed three further recommendations designed to ensure that pharmacy owners and superintendents are fit to be in such a position and are able to control the operation of the business effectively. The first of these was that all pharmacists who own pharmacy businesses, whether as sole proprietors or as partners, or who act as superintendent pharmacists, should pay the full-time retention fee (the Society's current Byelaw to this effect does not cover partners).

The second recommendation was that all pharmacy owners and superintendents should be freely able to visit their premises and be in a position to control how the business will be run. Thirdly, it was agreed that any pharmacists or pharmacy company directors (including non-pharmacist directors) who have been found guilty of a serious criminal offence and/or have been the subject of an investigation by the NHS Counter Fraud Service in which the outcome was adverse, should not be able to own, to continue to own or to have a directing or controlling interest in a pharmacy business.

STAKEHOLDERS' INTERESTS

The Council agreed that the reformed Council, in exercising its functions, should have proper regard to the interest of stakeholders, including pharmacists and registered pharmacy technicians. This would be in addition to the duty of co-operation with certain stakeholders already agreed by the Council.

The Council noted that the Order establishing the Nursing and Midwifery Council included a similar requirement and agreed that it seemed reasonable and appropriate. It could also provide reassurance that the reformed Council would have regard to the interests of the profession as well as those of the public.

THE INSPECTORATE

The Council approved a recommendation of the Modernisation Steering Group that the forthcoming Section 60 Order should include a provision that the Society should maintain an inspectorate. The aim would be

COUNCIL BRIEFS

Obituary The Secretary and Registrar reported with regret the death of Archibald George Mervyn Madge (*PJ*, 5 July, p32). The Council stood in silent memory.

Vision Council members discussed their initial thoughts on the Department of Health consultation document "A vision for pharmacy in the new NHS" (*PJ*, 26 July, p106 and p111). The discussion will be used to inform the Society's response to the consultation document

Motions The Council gave its general approval to a document setting out its response to the motions carried at the branch representatives' meeting in May. Once various points raised by Council members have been taken into account, the response will be submitted to the branches and published in *The Journal*.

Studentships The Council agreed that the Society's research studentship scheme should not be extended to new schools of pharmacy until they graduate a full cohort of pharmacy students. Under the scheme, the Society annually awards one postgraduate research studentship to each school of pharmacy.

to secure the inspectorate's functions and powers, to ensure that these are consistent with those of the reformed Society and to ensure the adequate funding of the inspectorate.

The Council was reminded that the Society's inspectors were currently appointed under the Poisons Act 1972 and authorised under the Medicines Act 1968 to carry out an enforcement role in relation to medicines. The steering group believed that the inspectorate could be left out on a limb if it was not recognised in the new Section 60 Order.

The Council accepted a further recommendation that proposals should be drawn up for the full funding of the inspectorate through ring-fenced inspection fees plus funding from the Government for enforcement work.

The steering committee pointed out that the Society currently relied heavily on premises registration and retention fees for funding the inspectorate's enforcement work, with its educational work subsidised through the Society's general income streams. Although it could be argued that the inspectorate should be fully funded by the Government, the steering group saw it as important that the Society retained a degree of control over the inspectorate's functions.

PRIVY COUNCIL INVOLVEMENT IN SOCIETY APPOINTMENTS

The Council approved three recommendations concerned with the involvement of the Privy Council in appointments within the

Society. It agreed that the Society should no longer have to seek Privy Council approval for the appointment of examiners and inspectors, but it also agreed that Privy Council should appoint both the chairman and deputy chairman of the new Disciplinary Committee.

In the case of examiners, the Council accepted that the advice of the Privy Council office had been useful in ensuring robust appointment procedures. However, there seemed no good reasons for Privy Council to have to give its approval, which could delay confirmation of appointments by several months.

In the case of inspectors, the Council noted that Privy Council approval might be seen to add to the inspectors' credibility, but since the approval process involved no additional checks, it did not seem to add any real value, and it could delay confirmation of appointments by up to three months.

With regard to the appointment of the legally qualified chairman and deputy chairman of the Disciplinary Committee, the modernisation steering group, after taking additional advice, had given further consideration to a previous Council decision that the chairman should be appointed by the Society's Appointments Committee. Although other regulatory bodies appointed legally qualified chairmen for their disciplinary committees without external approval, the Society was different in that it had powers relating not only to individual professionals but also to corporate bodies and their directors. Its committee therefore needed a chairman of particularly high calibre. The system under which the Privy Council appointed the Statutory Committee chairman had worked well, and continuing that system would help to ensure the calibre of chairman required for the new committee. It also seemed sensible for the legally qualified deputy chairman to be appointed in the same way.

DISPENSING ERRORS

The Council agreed to seek a change to Section 64 of the Medicines Act 1968 to the effect that a single dispensing error would no longer automatically be a criminal act. Section 64 was seen as an anomaly, in that an equivalent error by another health professional would not automatically be a crime.

The Council also believed that the current situation, which could deter pharmacists from seeking advice, conflicted with the ethos of the National Patient Safety Agency, which aimed to ensure that lessons were learned from adverse event so as to help avoid their repetition.

METHODS OF PAYMENT FOR RETENTION AND PREMISES FEES

The Council agreed to extend the range of methods by which the annual members' and premises retention fees may be paid to include the use of debit and credit cards, including card payment through the Society's website.

The Council also agreed to amend the

process for collection of fees by direct debit so that in the event of a failed payment further applications for payment would be made before cancelling the direct debit mandate.

A further decision was the approval in principle of the use of the Society's bank's automatic forms and payments processing system for the collection of the annual fees. A preliminary investigation suggested that this might be a lower cost solution than improving the Society's in-house process, provided that satisfactory commercial terms could be agreed and some technical issues resolved.

The Council made its decisions as the result of a review of the Society's processes for collecting retention fees. The main issues behind the review were the unsatisfactory length of time before members and premises were removed from the register for non-payment and the difficulties the Society has experienced in managing the collection and processing of fee payments.

GRANDPARENT CLAUSE CRITERIA FOR DISPENSING ASSISTANTS' TRAINING

The Council approved criteria for a "grandparent clause" in relation to the Society's decision that by January 2005 all dispensing assistants should be trained to, or be undertaking training for, a minimum standard equivalent to the Scottish/National Vocational Qualifications level 2 qualification in pharmacy services.

The aim of the grandparent clause is to allow existing dispensing assistants to prove their competence and continue working in their present roles without the need to obtain a new qualification.

The criteria were based on two requirements. The first was the completion of a prior course. A list of past and present suitable dispensing assistant courses would be developed. It would include pharmacy technician courses allowed for qualification under the pharmacy technician grandparent clause (to accommodate pharmacy technicians who wished to continue working as dispensing assistants rather than register as technicians).

The second criterion was a declaration of competence by a supervising pharmacist. The declaration would take a modular form based on the modular unit structure of the pharmacy services S/NVQ level 2. For those members of staff who had not completed a recognised prior course, the supervising pharmacist would have to assess competence against each standard contained in the relevant units of S/NVQ. Similarly, members of staff who wished to be judged competent in a unit not covered by their recognised prior course would also have to undergo competency assessment by a supervising pharmacist against the standards in that unit.

The Council agreed that the practice division would develop the relevant documentation so that it would be available by 1 January 2004 at the latest, to allow employees at least a year to pass dispensing assis-

Attendance Those present at the meeting, which was held on 5 and 6 August 2003, at 1 Lambeth High Street, London SE1, were the President (Dr Gill Hawksworth), the Vice-President (Alison Ewing), the Treasurer (Linda Stone), Gerald Alexander, Martin Astbury, Andrew Burr, Sultan Dajani, Marshall Davies, Wally Dove, Digby Emson, Dr Phillida Entwistle, Christine Glover, Dr Nicola Gray, Patricia Hoare, Clive Jackson, Professor Bob Michell, Hemant Patel, Helen Remington, Douglas Simpson, Ashwin Tanna, Noel Wicks, Nicholas Wood and 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 for absence were received from Sally Greensmith and Professor Michael Schofield.

Guests Present by invitation were Kurt Ramsden (Teesside branch), Peter Richardson (Gwent branch of the Society), Pauline Sweetman (South West England region of the Society) and David Smith (Welsh lay representative on the Council for the Regulation of Health Care Professionals).

tants through the grandparent exemption process.

To account for staff not currently practising but returning to work after January 2005, exemption under the grandparent clause would be permitted until the end of 2005, after which all staff would be expected to meet the minimum training standard through an S/NVQ or equivalent course.

The Council also agreed that the declaration of competence would remain the property of the dispensing assistant as proof of exemption under the grandparent clause. A copy would be sent to the Society.

The Society would keep records of those accepted under the grandparent clause, including which units they had been deemed competent in and the name of the pharmacist who had assessed their competence. After January 2005, a staff member who wished to undertake roles for which their competence had not been assessed would have to complete the relevant S/NVQ unit or equivalent.

When the proposed criteria were considered by the Council, the TREASURER referred to the declaration of competence by a supervising pharmacist and asked how the Society would ensure that the pharmacists concerned were competent and able properly and objectively to assess their assistants to the extent that a declaration of competence signed by them was meaningful in a quality assured way. Most pharmacists had had no formal training in how to make such assessments.

DIGBY EMSON said that there was a need to keep a sense of proportion in terms of what the risks were. Although it

was not perfect, the Society already had a system of tutoring and signing off preregistration trainees, where the risks were higher than for dispensing assistants. He would enter a plea for a sense of proportion.

NIGEL GRAHAM (head of practice) said that the assessment of competence had been recognised. The three centres for pharmacy postgraduate education had been written to and it was expected that underpinning support on the assessment of competence would be in place.

Answering a further question, Mr Graham said that there would not be a "grandparents' register". It would simply be a database holding the information submitted.

STAFF PENSION FUND TRUSTEES

The Council approved the appointment as a director for the Society's staff pension fund of an external director with expertise in trusteeship of pension funds. The new director would be in addition to the four Council members and two pension fund members who serve as trustees.

The Council also agreed that Christine Glover and Nicholas Wood should be appointed as to fill two vacancies for Council member directors of the fund. It was noted that all directors were given appropriate training.

"ASK ABOUT MEDICINES WEEK"

The Society's support for, and input into, "Ask about medicines week" (see News Feature, *P7*, 5 July, p10) was emphasised during the Council meeting.

The Council was reminded that the campaign, which would take place in England and Wales from 12 to 18 October, was designed to promote concordance. It is being run by a consortium made up of the Medicines Partnership (a Government-backed initiative to promote concordance), the Doctor Patient Partnership (a British Medical Association project to improve the relationship between doctors and their patients) and Promoting Excellence in Consumer Medicines Information (a group devoted to improving patient medicines information).

CHRISTINE GLOVER said that the initiative spanned a huge range of partners, including the pharmaceutical industry, professional bodies and patient bodies. It was hoped that the week would make people confident enough to ask about their medicines. The Society had fed into the initiative. It was a good opportunity to raise pharmacists' profile because clearly the place to ask about medicines was in pharmacies.

HEMANT PATEL said that he supported the initiative but was concerned at the practical implications for a busy pharmacy if there were to be a sudden increase in the proportion of people asking questions about their medicines.

Dr NICOLA GRAY said she was a member of the PECMI steering group. The

initiative was modelled on similar initiatives in America and Australia. It had been brewing for several years and she had been keen to get pharmacists involved. She had talked to people in the building about it and was disappointed that the messages were only now going out to pharmacists, because it could have been started earlier.

There was a huge opportunity for the pharmacist to be right at the centre of the campaign week. While she appreciated the possible demands on community pharmacists, engagement with patients in talking about medicines was exactly what a vision for pharmacy in the future was all about. Pharmacists would have to make the time to do it. It was much broader than just pharmacy, but pharmacists should be putting themselves at the centre.

OLIVIA TIMBS (editor, *The Pharmaceutical Journal*) said that the Council should be aware that *The Journal* was supporting the initiative and had been promoting it for the past six months. It would be publishing a special themed issue, as would the *BMJ*.

PAT HOARE said that it was a matter of regret that the initiative had not appeared on the agenda for the last meeting of the Community Pharmacists Group Committee — or indeed the previous meetings. She was grateful that Mrs Glover had picked the point up and brought it before the Council.

STATUTORY FEES FOR 2004

The Council agreed to seek approval for an increase in the statutory fees from 1 January 2004. Most fees would rise by about 5 per cent, but some would increase by a larger amount to reflect more accurately the costs of the specific activities to which they relate. (see this page).

First supplementary prescribing programme given accreditation

The Council of the Royal Pharmaceutical Society has awarded its first accreditation for an education and training programme to prepare pharmacists for supplementary prescribing.

After formally adopting criteria for accrediting such programmes at its meeting on 6 August, the Council went on to accept the recommendation of an accreditation team that the programme developed by the University of Keele should receive accreditation.

Programmes developed by other higher education institutions are expected to receive accreditation shortly. Accreditation

Most fees set to rise by 5 per cent

The Council of the Royal Pharmaceutical Society decided at its August meeting to seek approval for an increase in the statutory fees, to take effect from 1 January 2004. Most fees would rise by about 5 per cent, but some would increase by a larger amount to reflect more accurately the costs of specific activities to which they relate.

For membership fees, the retention fee for those in full-time employment would rise from £195 to £205 and the part-time fee would rise from £110 to £116. The reduced fee payable by those aged 60 or over and not gainfully employed and by those unable to work because of ill health would rise by £1 to £22.

The fee for initial registration as a member would rise by 35.8 per cent from £81 to £110. This higher than average fee would be used to support the cost of the increased workload and staffing requirements of the preregistration department.

The work of the preregistration department would also be supported by increases above 5 per cent in the fees payable by preregistration trainees. The preregistration fee would rise by 12 per cent to £125, the registration examination fee and resit fee by 8 per cent to £135 and the late entry fee by 6 per cent to £265.

For pharmacy premises, the fees for new registrations and for restorations would increase by about 5 per cent, but the premises retention fee is set to rise by 23.8 per cent, from £101 to £125. This is because the Society is about to lose income from the Department of Health — worth £222,000 in 2003 — that has helped support the work of the inspectors. Since the inspectorate is operated on a cost recovery basis, the Society

teams have already visited four other institutions, with further visits due in the near future. The institutions currently seeking accreditation are spread widely across Britain.

The Council has also agreed that pharmacists who successfully complete an accredited programme should be awarded a "practice certificate in supplementary prescribing". Their entries in the Register of Pharmaceutical Chemists will be annotated to indicate their designation as supplementary prescribers. There will be a one-off charge of £35 to cover part of the administrative cost.

TABLE: CURRENT AND PROPOSED FEES

Category	Fees 2003 (actual)	Fees 2004 (proposed)	Increase (per cent)
<i>Members</i>			
Full fee	£195	£205	5.1
Part-time	£110	£116	5.5
Aged 60 and over and not employed or unable to work through ill health			
Overseas	£21	£22	4.8
Registration	£94	£100	6.4
Reciprocity	£81	£97	19.8
Restoration	£81	£110	35.8
Restoration	£372	£395	6.2
<i>Premises</i>			
Retention	£101	£125	23.8
Registration	£155	£163	5.2
Restoration	£320	£336	5.0
<i>Preregistration</i>			
Preregistration fee	£100	£112	12.0
Examination fee	£125	£135	8.0
Resit examination fee	£125	£135	8.0
Late entry fee	£250	£265	6.0
<i>Adjudication</i>			
Adjudication fee	£210	£445	111.9
Adjudication fee interview	£429	£445	3.7

intends to make up the loss through an extraordinary increase of £19 in the premises retention fee, after applying the normal 5 per cent cost increase.

The remaining fees that would rise by more than 5 per cent are those paid by overseas pharmacists wishing to register in Britain. The fee paid by pharmacists from countries with which the Society has a reciprocal registration agreement, is set to rise by 35.8 per cent from £81 to £110. This would reflect the real cost of the administrative workload on individual cases.

Similarly, the Society hopes to gain approval for a large increase in the adjudication fee paid by overseas pharmacists, who must go through an assessment process before being allowed on to the British register. The Society wants an increase of nearly 120 per cent — from £210 to £445 — in the fee, which covers the examination of evidence of the person's fitness to practise in Britain. The aim is to reduce substantially the deficit between the cost of operating the adjudicating scheme and the fee income received.

But while the adjudication fee, which covers the examination of evidence of a person's fitness to practise in Britain, would show the largest percentage increase, the smallest proposed increase is in the fee for interview by the adjudicating committee, which would rise by only 3.7 per cent from £429 to £445.

The proposed fee scale is given in the table above, with the 2003 figures for comparison. For members' fees, the Society must obtain the approval of the Privy Council for an alteration to the Society's Byelaws. In the case of premises fees, the Society must make a submission to the Secretary of State for Health for the proposed fees to be fixed by Statutory Order.

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 pre-registration 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

Gastro-intestinal disease

- Current diagnosis and treatment in gastroenterology. 2nd ed. Friedman SL, McQuaid KR, Grendell JH. New York: McGraw Hill; 2003.
- Inflammatory bowel diseases. Satsangi J, Sutherland LR. Edinburgh: Churchill Livingstone; 2003.
- Irritable bowel syndrome: diagnosis and treatment. Camilleri M, Spiller RC. London: W. B. Saunders; 2002.

Cardiovascular disease

- ABC of antithrombotic therapy. Lip GYH, Blann AD. London: BMJ Publishing Group; 2003.
- Cardiovascular pharmacotherapeutics. 2nd ed. Frishman WH, Sonnenblick EH, Sica D. New York: McGraw Hill; 2003.
- Cardiac drug therapy. 6th ed. Khan MG. London: Saunders; 2003.
- Clinical hypertension in practice. Lip GYH. London: Royal Society of Medicine; 2003.
- Current cardiology diagnosis and treatment. 2nd ed. Crawford MH. East Norwalk, CT: Appleton Lange; 2002.
- Evidence-based cardiology. 2nd ed. Yusuf S, Cairns JA, Camm AJ, Fallen EL, Gersh BJ. London: BMJ Publishing Group; 2003.
- Heart failure in practice. Chin BSP, Davies MK, Yip GYH. London: Royal Society of Medicine; 2003.
- Kaplan's clinical hypertension. 8th ed. Kaplan NM. Baltimore, MD: Lippincott Williams & Wilkins; 2002.
- Myocarditis: from bench to bedside. Cooper LT. Totowa, NJ: Humana Press; 2003.
- New therapeutic agents in thrombosis and thrombolysis. 2nd ed. Sasahara AA, Loscalzo J. New York: Marcel Dekker; 2003.
- Quick reference to cardiovascular pharmacotherapy. Cheng JWM. Boca Raton, FL: CRC Press; 2003.
- Venous thrombosis in women: pregnancy, the contraceptive pill and hormone replacement therapy. Greer IA. New York: Parthenon; 2003.

Respiratory disease

- Asthma: your questions answered. Crockett A. Edinburgh: Churchill Livingstone; 2003.
- Biotherapeutic approaches to asthma (Lung Biology in Health and Disease; 167). Agosti JM, Sheffer AL. New York: Marcel Dekker; 2002.

- Drugs for the treatment of respiratory diseases. Spina D, Page CP, Metzger WJ, O'Connor BJ. Cambridge: Cambridge University Press; 2003.
- The effective management of chronic obstructive pulmonary disease. Wedzicha J, Miles A. London: Aesculapius; 2001.
- Therapeutic targets in airway inflammation. Eissa NT, Huston DP. New York: Marcel Dekker; 2003.

Central nervous system disorders and mental health

- ABC of psychological medicine. Mayou R, Sharpe M, Carson A. London: BMJ Publishing Group; 2003.
- Advances in the management and treatment of depression. Potokar J, Thase ME. London: Martin Dunitz; 2003.
- Anxiety disorders. Nutt DJ. Oxford: Blackwell; 2002.
- The clinical management of early Alzheimer's disease: a handbook. Mulligan R, van der Linden M, Juillerat A-C. Mahwah: Lawrence Erlbaum Associates; 2003.
- Dementia. 2nd ed. Maj M, Sartorius N. Chichester: Wiley; 2002.
- Depressive disorders. 2nd ed. Maj M. Chichester: Wiley; 2002.
- Drug treatment in old age psychiatry. Katona C, Livingston G. London: Martin Dunitz; 2003.
- Drugs for pain. Smith HS. Philadelphia: Hanley & Belfus; 2003.
- Handbook of obesity treatment. Wadden TE, Stunkard AJ. New York: Guildford Press; 2002.
- Headache in clinical practice. Silberstein SD, Lipton RB, Goadsby PJ. London: Martin Dunitz; 2002.
- Insomnia: principles and practice. Szuba MP, Kloss JD, Dinges D F. Cambridge: Cambridge University Press; 2003.
- Manual of psychiatric therapeutics. 3rd ed. Shader RI. Philadelphia: Lippincott Williams & Wilkins; 2003.
- Migraine: manifestations, pathogenesis and management. 2nd ed. Davidoff RA. Oxford: Oxford University Press; 2002.
- Migraine and other headaches: your questions answered. Dowson AJ. Edinburgh: Churchill Livingstone; 2003.
- Neurological therapeutics: principles and practice. Selected tables and figures. Noseworthy J. London: Martin Dunitz; 2003.
- Neurological therapeutics: principles and practice. Volume 1. Noseworthy J. London: Martin Dunitz; 2003.
- Pain medicine: a comprehensive review. 2nd ed. Raj PP. St Louis: Mosby; 2003.
- Pain: current understanding, emerging therapies and novel approaches to drug discovery. Bountra C, Munglani R, Schmidt WK. New York: Marcel Dekker; 2003.
- Parkinson's disease: your questions answered. Folytnie T, Lewis S. Barker RA. Edinburgh: Churchill Livingstone; 2002.
- PDR drug guide for mental health professionals. Montvale: Medical Economics; 2003.

- Schizophrenia. 2nd ed. Hirsch SR, Weinberger D. Oxford: Blackwell; 2003.
- Schizophrenia. 2nd ed. Lewis SW, Buchanan RW. Abingdon: Health Press; 2003.
- Schizophrenia. 2nd ed. Maj M, Sartorius N. Chichester: Wiley; 2002.
- Understanding chronic pain. Koestler AJ, Myers A. Jackson (Mississippi): University Press of Mississippi; 2002.

Infectious disease

- Antibiotic and chemotherapy: anti-infective agents and their use in therapy. 8th ed. Finch RG, Greenwood D, Norrby SR. Edinburgh: Churchill Livingstone; 2003.
- Aids therapy. 2nd ed. Dolin R, Masur H, Saag MS. New York: Churchill Livingstone; 2003.
- Cytokines and chemokines in infectious diseases handbook. Kotb M, Calandra T. Boca Raton, FL: Humana Press; 2003.
- Informed infection control practice. 2nd ed. Horton R, Parker L. Edinburgh: Churchill Livingstone; 2002.
- Medical management of infectious disease. Grace C. New York: Marcel Dekker; 2003.
- Medical pocket reference: anti-infective drugs. Harold C, Turkington C. Philadelphia: Lippincott Williams & Wilkins; 2003.
- Novel perspectives in antibacterial action. Gillespie SH, Tillotson G. London: Royal Society of Medicine; 2002.
- A practical approach to infectious diseases. 5th ed. Betts RF, Chapman S, Penn RL. Philadelphia: Lippincott Williams & Wilkins; 2003.
- Prevention and control of nosocomial infections. 4th ed. Wenzel RP. Philadelphia: Lippincott Williams & Wilkins; 2002.
- Rabies. Jackson AC, Wunner WH. Amsterdam: Academic Press; 2002.
- Secret agents: the menace of emerging infections. Drexler M. Washington DC: Joseph Henry; 2002.

Endocrine system

- Diabetes mellitus: methods and protocols. Ozcan S. Totowa, NJ: Humana Press; 2003.
- Hormone replacement therapy and quality of life. Schneider HPG. Boca Raton, FL: Parthenon; 2002.
- The menopause and HRT. 2nd ed. Abernethy K. London: Baillière Tindall; 2002. (NAB-0211)
- Osteoporosis: pathophysiology and clinical management. Orwoll ES, Blizotes M. Totowa, NJ: Humana Press; 2003.
- Textbook of diabetes. Volume 1. 3rd ed. Pickup JC, Williams G. Oxford: Blackwell Science; 2003.
- Textbook of diabetes. Volume 2. 3rd ed. Pickup JC, Williams G. Oxford: Blackwell Science; 2003.
- Thyroid disorders: a comprehensive guide to understanding the causes and the treatments. Hillson R. London: Vermilion; 2002. (NAB-0211)
- Type 1 diabetes: etiology and treatment. Sperling MA. Totowa: Humana Press; 2003.

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)

Alterations to the Byelaws:

Statutory fees

Notice is hereby given in accordance with Section XXVIII of the Byelaws that the Council of the Society has approved proposals to alter the Byelaws concerning fees as hereunder and that it intends to make such alterations after the expiry of 60 days from the date of this notice, subject to such amendments as the Lords of the Privy Council may require.

SECTION II

Paragraphs 2, 2(ii), 2(iv)(b) substitute £205* for £195

Paragraph 2(iii) substitute £116* for £110 and £89* for £85

Paragraph 2(iv) substitute £22* for £21

Paragraph 2(iv)(a) substitute £94* for £89

Paragraph 2(iv)(b) substitute £89* for £85 and £205* for £195

Paragraph 2(v) substitute £100* for £94

Paragraph 7 substitute £395* for £372

SECTION XIX

Paragraphs 2(b), 4(d), 5(b), 6(e)(iii) substitute £110* for £81

Paragraph 6(e)(i) substitute £445* for £210

Paragraph 6(e)(i) and (ii) substitute £445* for £429

SECTION XX

Paragraph 3 substitute £97* for £81

Paragraph 21(b) substitute £112* for £100

Paragraph 26 substitute £135* for £125 and £265* for £250

Paragraph 27 substitute £135* for £125 and £265* for £250

(*or such other amount as the Privy Council may approve)

ANN LEWIS

Secretary and Registrar

Notes: (1) The fees have been increased by about 5 per cent and an additional percentage has been added to registration, reciprocity and preregistration fees to recover administration costs. (2) Premises fees are fixed by regulation of the Secretary of State for the Department of Health, to whom the Council will make application for the registration fee to be increased from £155 to £163, the retention fee to be increased from £101 to £125 and the restoration fee to be increased from £320 to £336 as from January 1 2004. (3) An explanation of the proposed increases appears on p220.

Erasures from Register for non-payment of fees

The names of the following two people have been removed from the Register of Pharmaceutical Chemists for non-payment of fees for 2003 (registration numbers are given in parentheses): **Okeowo** Oluyinka Adetokunbo (83342), 44 Cornwall Road, London N15; **Bedi** Jyotika (1053947), 131 Lampton Road, Hounslow, Middlesex.

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).

New developments for QPs

A one-day symposium on the qualified person in the pharmaceutical industry is to be held on Wednesday 12 November at the Royal Pharmaceutical Society's headquarters. It is being organised jointly by the Society, the Institute of Biology and the Royal Society of Chemistry.

The symposium will address issues such as the impact of European Union enlargement and the EU directive (2001/20/EC) on good clinical practice in the conduct of clinical trials. It will also give an update on packaging developments and good manufacturing practice.

The event is expected to be of interest to current qualified persons and to those considering applying for QP status in the future. For QP candidates and their sponsors there will be a presentation on the QP application process.

Booking forms and further information are available from Angela Canning at the Society's headquarters (tel 020 7572 2412; e-mail acanning@rpsgb.org.uk).

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

Dobson Gavin (ex-Strathclyde 1988-93) and Gillian (née Vallance, ex-Strathclyde 1988-92) are delighted to announce the birth of Erin Fiona on 20 July 2003. Now at 38 Lathro Park, Kinross KY13 8RU.

Gilbert Richard and Christine (née Gandon, ex-Chelsea 1983-86) are delighted to announce the birth of William James on 19 July 2003.

Murfin Susan (née Child, ex-Leicester 1987-90) and Michael (ex-Hull 1994-97, Music) are delighted to announce the birth of their beautiful daughter Georgina Cate (AKA TX-11) on 23 May 2003, weighing in at 7lb 3oz. Splendid!

Nwoke Ijeoma (née Nwosuagwu), Liverpool 1996-99, and Prince Chijioke are delighted to announce the birth of their daughter Ijechi Olivia, born 1 August 2003.