

The Society

— OCTOBER COUNCIL MEETING	521	— COUNCIL RESPONSE TO BRANCH RESOLUTIONS	527
— FROM THE PRESIDENT	523	— TRIBUTES; LIBRARY ADDITIONS	528
— COUNCIL MEMBER WEDS	526	— SOCIETY MEETINGS	528
— SHEILA STEVENS LEAVES SOCIETY	526	— OFFICIAL NOTICES	529
■ LAW AND ETHICS BULLETIN	526	— DIARY; PERSONAL	530

OCTOBER COUNCIL MEETING

Views sought on revised draft Charter

The Royal Pharmaceutical Society's Council has approved a completely revised draft Royal Charter for the Society, with major changes made to reflect the views expressed by members and others in the consultation during the summer (P7, 13 September, p349). It also agreed that the revised draft should be issued for further consultation.

The consultation will take the form of a further eight-page centre pull-out in *The Pharmaceutical Journal*. The pull-out will appear next week, accompanied by a feedback form. The consultation document and feedback form are to be placed on the "Making the Society fit for the future" page in the "About the Society" section of the Society's website (www.rpsgb.org.uk/society) by Friday 10 October.

The revised draft seeks to address all the major issues raised in the summer consultation, including the omission of the third Object found in the current Charter, ie, "to maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy." Many people argued that, without such an Object, the Society might have difficulty carrying out the professional leadership and development role. In response to these views, the Council has approved an additional Object: "to safeguard, maintain the honour and promote the effectiveness and interests of the profession of pharmacy".

The words "the profession of pharmacy" have been substituted for "members in their exercise of the profession of pharmacy" to make clear that the Society cannot represent or champion the interests of individual members but must concern itself with the effectiveness and interests of the profession as a whole, in all its diversity.

Another concern addressed by the revised draft Charter is the firm belief of many respondents that the earlier draft did not properly address the implications of the devolution of health policy to Scotland and Wales. In response, a new Article 6(1) places an obligation on the Council to ensure that appropriate structures are created to reflect the full implications of devolution. Article



7(4) provides the framework for proper devolution of powers within the Society to ensure that the new structures work.

Other major concerns that have been addressed in the revised draft are the balance between the Society's regulatory and professional roles, the need to represent all sections of the profession (including non-dispensing pharmacists), the position of technicians within the Society and the checks and balances on the power of future Councils, including the balance between what should be specified in the Charter and what should be left for future Regulations or Byelaws.

The Council made its decision at its meeting on 30 September. The Council had before it a revised draft Charter that had had a number of changes made to it following discussion at an informal meeting of Council members earlier that day.

Presenting the revised draft Charter to the meeting, MARSHALL DAVIES said that the Charter was a high level document intended to sustain the profession for 20 to 30 years. It would facilitate developments that would take place during that period, some of which would be beyond members' comprehension today. It was a permissive and enabling document. It sought to identify the Objects, but also highlight the Powers that would facilitate the Society developing and changing over the years.

Armed with that background, he sought to take members through the document to seek their views or comments. He asked that the detailed comments that had been made during an informal discussion in the morning should not be repeated. Members should concentrate on matters of principle, so they could take a decision on the Charter in part and in whole.

Asking the Council to accept the proposed Charter Objects, Mr Davies said that there were four Objects, which had been amended as a consequence of members' discussions that morning.

DOUGLAS SIMPSON said that the third Object, "to safeguard, maintain the honour and promote the effectiveness and interests of the profession of pharmacy", was a continuation of a provision that had

MAIN POINTS

Charter The Council approved a completely revised draft Royal Charter for the Society, with major changes made to reflect the views expressed during the consultation during the summer. It also agreed that the revised draft should be issued for further consultation (this page).

Research Aspects of the Society's practice research strategy are to be integrated with the work programme of the Pharmacy Practice Research Trust (p524).

Reciprocity The Society's reciprocal registration agreements with Australia and New Zealand are to end. Applications from those countries will considered via the adjudicating process (p524).

Technicians The Council approved a number of measures relating to the regulation and registration of pharmacy technicians (p524).

been in the Charter since 1843. In the current Charter it read: "to maintain the honour and safeguard and promote the interests of the members in the exercise of the profession of pharmacy". There was a personal element to it, reflecting the origins of the Society. It had been formed as a professional association, and in many respects he still saw it as such. Many people talked of a leadership body, but he saw it as a professional association — the voice of pharmacy. With the new wording it was not a personal thing any more, but more amorphous.

He also found no definition of what the profession of pharmacy was within the document. At various stages it spoke of membership being extended to include other people. So there was no guarantee that the profession in the future would just comprise pharmacists. He was concerned that they were losing the personal element on this particular part of the objects.

ASHWIN TANNA said that the proposed third Object might sound essentially the same as the current Object, but it was not. If it interpreted the new Charter as being the same as the old one, then the Council was fooling itself and the membership. The Council had to carry the can and show strong leadership, but to display strong leadership it had to take the membership with it. If not, the members would still think the Council was living in an ivory tower.

LINDA STONE said that the Council was not elected to represent the profession or individuals within it but to lead the profession and represent the profession as a whole. Sometimes leadership meant taking decisions that were not popular with everybody. The Council should have the courage to lead where it believed it should go. The proposed third Object, as written, strengthened the ability of the Council to lead and represent the profession in a way that the old wording would not do.

NICHOLAS WOOD, supporting Mr Simpson, said that the changes were leading the Society into an unknown area, because it could be diminishing the Society's freedom of action by distancing it from the concept of a membership organisation. For that reason, he was unable to vote for the proposed wording. There had been clear consultation with the membership, which preferred the wording of the 1953 Charter with which they were familiar. That wording was not incompatible with what the Council was trying to do, nor was it incompatible with the wording "public benefit", which was now to be included.

CHRISTINE GLOVER said that she could think of nothing better than putting the interest of the profession back into the draft Charter as an Object. To "safeguard, maintain the honour and promote the effectiveness and interest of the profession of pharmacy" was what the Society was about every day.

HELEN HOWE, agreeing with Mrs Glover, said that reworking the words was essential, because the previous words were utterly misrepresented by those who sought to use the Charter to suggest that there was

an individuality in that representation, because that was not the case.

ANDREW BURR said that going back to the current wording would be a catastrophic step backwards.

GERALD ALEXANDER proposed an amendment to the wording by adding after "interests" the words "of pharmacists in the exercise of". This would not change the Object much but he hoped it would satisfy those who were concerned about removing the word "members".

MARTIN ASTBURY supported the proposal.

HELEN HOWE said that the amendment would reinstate the confusion that had always been there.

DOUGLAS SIMPSON said that the amendment was much the same as the current Charter Objective and did not change things. Members should vote either for the original Charter Objective, or for the one already proposed.

PAT HOARE said that she had wished to see the original Object reinstated. However, she accepted some of the arguments that were being put forward and she supported the amendment. If it were lost, she would vote for the new wording that had been put forward.

Mr Alexander's amendment was put to the vote and was lost by 16 votes to three. The wording "To safeguard and maintain the honour and promote the effectiveness and interests of the profession of pharmacy" was agreed by 15 votes to four.

The Council also agreed a fourth Object, "to maintain and develop the science and practice of pharmacy in its contribution to society".

After the Council had adopted a list of 21 proposed powers of the Society, Mr SIMPSON pointed out that publishing was not in the list.

The SECRETARY AND REGISTRAR said that publishing had always been in pursuance of the first Object, "to advance knowledge of, and education in, pharmacy . . .".

Mr SIMPSON said that he was surprised that that was the only reference to publishing because it was a large aspect of the Society's operation.

Mr DAVIES said that the matter would be pursued.

Professor MICHAEL SCHOFIELD said that Mr Simpson's comment was a sensible one. Publishing was not contentious subject. Could the Officers be empowered to take Mr Simpson's suggestion, appropriately word it with the lawyers and put it in instead of leaving the matter hanging?

The SECRETARY AND REGISTRAR agreed that it would be helpful if the Officers could be empowered to approve such an addition.

[The words "to publish or promote the publication of information or other material in any form" were subsequently added to one of the Powers.]

Moving on, Mr DAVIES pointed out that the annual general meeting had been restored to the draft Charter, with the wording: "There shall be an annual general meet-

ing of the Society at intervals of not more than 15 months and such other general meetings as may be required or permitted by this, our supplemental Charter or regulations made by the Council."

Mr TANNA asked where the draft Charter mentioned a reduction in the power of the Privy Council to approve the Byelaws.

The SECRETARY AND REGISTRAR said it was not the case that there would be a reduction in the powers of the Privy Council. The Privy Council oversaw charter bodies. There was generally an agreement, normally through regulations, as to which of those particular changes needed to be taken to the Privy Council. In most cases, it did not include housekeeping activities, but would include major changes. That was catered for here.

Mr DAVIES said it had not been agreed at the meeting. It had been debated, but not agreed.

When the Council reached Article 5, "The membership of the Society shall consist of the persons who are for the time being registered pharmacists [within the meaning of [Section 60 Order] and such other categories as may, on application by the Council, be approved from time to time by order of Our Privy Council," Mr SIMPSON said that if membership of the Society included persons other than pharmacists and the third Object was concerned only with the interests of "the profession of pharmacy", then the Society had been taken away from its members. It was not an organisation for pharmacists any more. That would not be acceptable to the members, and he predicted a lot of opposition. He certainly opposed it. The Society had been set up as an organisation for pharmacists and had been maintained in that position ever since. Now it looked as if it was going to be given over to other people as well.

Mr WOOD, agreeing, suggested by way of amendment that "on application by the Council" should be replaced by "following Byelaw promoted by the Council". This would provide a mechanism by which the membership would have input into what the Council decided in relation to people who may join the Society.

Mrs STONE stated that she had every sympathy with the concerns being expressed, but the Charter needed to enable for the future. The more restrictive detail that was put in the Charter, the more they would be tying the hands of the profession in the future.

Mr SIMPSON, supporting Mr Wood, said that it was important to check the views of members before big changes were made.

WALLY DOVE said that he was absolutely dead against membership of the Society being extended to technicians in the future. If something could be done to stop it ever happening, he would vote for it.

Mr ASTBURY said that the only change needed was to add the words: "following consultation with the members".

Mr BURR pointed out that the sentence concluded with the words, "approved from

time to time by order of Our Privy Council". But the Council of the day could not go to the Privy Council without taking cognisance of the issue. The Privy Council would look at whether the Society had consulted the membership and, for example, conducted surveys.

Professor MICHELL opposed the amendment for two reasons. The first was the need to maximise flexibility, to provide room for manoeuvre. The second was that if the Council had to go to the membership on every major decision, it implied a huge distrust of the Council, which would be unfortunate, and (b) it would be expecting much tighter control over the Council than any of them had over those who they elected to national government.

Professor SCHOFIELD said that Council members could not go through the document putting in trip wires all over the place for their successors. They had to work on the basis that the Council of 2023 would consist of 30 people doing their best for the profession. They had to work on that basis to empower them to do what they perceived to be in the best interests of the profession at that time. He personally believed that what was written was a very decent piece of drafting that he would support as it stood.

The PRESIDENT then put Mr Wood's amendment to the vote. It was lost by 15 votes to six.

Article 5, as worded, was put to the vote and agreed by 14 votes to three, with one abstention.

On Article 7, which concerns the Council's structure and powers, there was a lengthy debate on the proposed structure of the Council, even though the draft Article simply reflected existing Council policy that the future Council should consist of 17 pharmacists, two technicians and 10 lay members, with the possibility of alteration from time to time subject to a maximum membership of 35.

After debate the Council endorsed the existing policy and the associated wording in the wording of the Article by 16 votes to two, with three abstentions.

Mr SIMPSON said that he had been very much taken with Clive Jackson's idea for a senate structure, which was not even mentioned in the draft Charter.

Mr WOOD said that, like, Mr Simpson, he was concerned that following the debate they had been having regarding a model which included a senate, there was no provision sufficiently robust in the Charter.

Mrs GLOVER pointed out that Article 7(3) enabled the Council to do whatever was needed in the way of boards, committees or other bodies. The present Council might want a senate but in 10 years' time the future Council might want an entirely different structure.

Having approved the revised draft Charter article by article, the Council went on to consider whether it should be issued for further consultation. Mr DAVIES proposed that it should be issued for comment despite the problem of time scale because of the need to run the Charter in parallel with the Section 60 Order so that nothing would

FROM THE PRESIDENT

Listening to pharmacists: A revised draft Royal Charter

The President of the Royal Pharmaceutical Society, Dr Gill Hawksworth, urges members to respond to the new consultation on a new Charter for the Society

Earlier this year, the Council decided to seek a new supplemental Charter for the Society and conducted a wide-ranging consultation to help inform the content of the new Charter. The feedback came from individual responses, from the special general meeting, from organisations, branches and roadshow meetings. We opted for the widest possible consultation because the issues are complex and we believed that people would welcome the opportunity to talk them through with us, face to face where possible, and to comment on as many aspects as they wished. As the consultation unfolded, it became clear that we would not be able to do justice to the range of points that were being raised by means of a "yes/no" referendum on the revised draft.

I was pleased to see that members had indeed seized the opportunity to provide a wide range of views on many points within the draft. These were collated and presented to the Council. The Council has listened carefully to these views and, not-

ing the key themes that emerged, has produced a new revised draft Royal Charter for the Society. The Council has decided to issue this revised draft for further consultation, before taking final decisions on the new Charter in December 2003. The Council does not want to restrict this consultation to any single question — we want to encourage feedback on any aspect of the revised draft Charter that people have concerns about.

The revised draft Charter will be available on the Society's website from 11 October. It will be published in *The Journal* on 18 October. A feedback form will be distributed at the same time. Comments are invited from everyone with an interest in the new Charter. They can be made in writing, using the feedback form or by letter, fax or e-mail, to Christine Gray, Modernisation Project Manager at the Society's Headquarters (e-mail cgray@rpsgb.org.uk, fax 020 7572 2501).

Comments must be received by Friday 14 November 2003.

fall down in the middle and the Charter would be recognised for the breadth and depth of its accountability. The intention, subject to the Council's agreement, was to put the revised draft on to the Society's website by Friday 10 October and produce an article for *The Journal* of 18 October. The period of consultation would be short — not because anyone wished to stifle or inhibit responses, but merely to comply with the timetable. The final response for the consultation would need to be in time for further consideration by the Council at the December meeting.

Professor MICHELL said that somehow one had to encourage people, if they were in broad agreement, to say so. Otherwise inevitably 95 percent of the response would still be disapproval of particular aspects. It was the old problem of the silent majority.

Mr BURR pointed out that members at the special general meeting had asked for a referendum. He felt it would be proper for the Council to explain why it had ruled out a referendum. The reasons he saw they were not going to go down that road were time scale and the complexity of the issue. To simplify and say, "Do you agree with this, yes or no?" was a non-starter.

The PRESIDENT said communication was a point they had to take seriously and that would be addressed. She asked that the vote be taken on whether to issue the revised draft Charter for further consultation as proposed (agreed).

SUPPORT FOR COMPETENT REGULATION

The Council agreed that the forthcoming Section 60 Order should recognise the need for the Council to put in place arrangements to ensure, as it sees fit, that it receives appropriate expert advice to inform the effective discharge of its functions.

Proposing a motion to that effect, Marshall Davies (chairman, Modernisation Steering Group) said that the proposals for a new Charter recognised the importance of expert advice to support the Council in its functions of leading, developing and regulating the profession of pharmacy. It was appropriate that the Section 60 Order should also recognise the importance of expert advice.

INVESTIGATION INTO COMPLAINT

The President reported that an investigation had been carried out into a serious complaint concerning the publication of the Council responses to the resolutions of the 2003 branch representatives' meeting.

The complaint, made by a member of the Society at the British Pharmaceutical Conference, alleged that the published response to one resolution was not as agreed by the Council. The implication was that one or more members of staff were guilty of misconduct in publishing as Council policy a document that had not been approved by the Council. The investigation had found no evidence to substan-

Code of conduct panel The President welcomed to the meeting Mrs Shaheen Chaudry, who has agreed to join the conduct panel that will consider and adjudicate on complaints against any member of Council alleged to have been guilty of a serious breach of the Code of Conduct. Mrs Choudry is a freelance trainer and adviser and a race and cultural consultant. She is a non-executive director of North Bristol NHS Trust, a lay member of the Commission for Health Improvement and of the Professional Conduct Committee of the General Medical Council, and a member of the Health Professions Council.

COUNCIL BRIEFS

Prescribing pharmacists The Council agreed to seek an amendment to the Byelaws to enable the Society to recognise supplementary prescribers by annotating the Register of Pharmaceutical Chemists on payment of a one-off fee of £35 (see p529).

Appointment to Statutory Committee The Secretary and Registrar reported to the Council that the appointment of a member of the Statutory Committee to replace the late Dr Mohamed Aslam would follow a

process that had been developed with other regulators. The post would be advertised and the applications would be evaluated by a panel that would include a member of the Statutory Committee, one of the Privy Council nominee members of Council and a past president of the Society.

Answering a question, the Secretary and Registrar said that the Officers and the Statutory Committee had discussed whether the post should be filled by a pharmacist or a lay member and the decision was that it should be a pharmacist post at present to ensure an appropriate balance.

tiate the complaint of any deliberate wrongdoing.

The Council approved the publication of a statement about the investigation and also agreed to republish the response to the branch resolution concerned with extra wording added to remove any possible ambiguity that could lead to the response being misinterpreted (see p527).

BRITISH PHARMACEUTICAL CONFERENCE

The President said that the British Pharmaceutical Conference had been most successful this year. She thanked all who had contributed to the programme and the organisation.

WALLY DOVE (chairman of the Conference Committee) said that substantial progress had been made with the conference. Some previous difficulties had been solved, but one problem that remained was the clashes between session starting times, so that important speakers had felt offended because people were walking out before they started to speak. That would not happen again.

On the social side, "deformalising" the dinner had been a great success, with something like 70 per cent more people attending the function. That meant that the event should break even rather than lose money as in the past. The dance had seen a 40 per cent increase in attendance.

Sponsorship had not been easy this year, but the exhibition had been an unqualified success, with many more stands than at previous conferences.

PHARMACY PRACTICE RESEARCH TRUST

The Council agreed proposals to integrate aspects of the Society's research strategy with the work programme of the Pharmacy Practice Research Trust.

The Council made its decision after a presentation given by Sir GRAHAM HART, chairman of the Pharmacy Practice Research Trust. Sir Graham reminded the Council that at its April meeting it had accepted in principle a proposal that the trust take over the management of the Society's extensive practice research programme. The proposal was that, to help develop the pharmacy practice researchers of tomorrow, the trust would take over the

Society's commissioned research programme (workforce, education and ethics) and its practice research awards, bursaries and so on. Drawing the Society's and the trust's programmes into a single operation would release some modest savings that could be ploughed back into productive work. There was no additional cost to the Society from any of these proposals. The composition of the trust board would change, initially by the addition of two former presidents of the Society.

The Council confirmed its April decision to continue to support the trust and provide core funding at the current level. It also approved the trust's proposed arrangement for integrating more closely the work of the two bodies.

RECIPROCAL REGISTRATION AGREEMENTS

The Council agreed to end the Society's reciprocal registration agreements with Australia and New Zealand. All applications from overseas pharmacists, other than those from Northern Ireland or from other countries in the European Economic Area, will in future be considered via the adjudicating process. The Council also asked the Secretary and Registrar to seek a meeting with relevant bodies in Australia and New Zealand to discuss how to facilitate timely registration of pharmacists from these countries through the adjudicating process.

The Council made its decision after considering a document reviewing the existing arrangements for reciprocal registration. Currently the Society has arrangements in place for pharmacists from Northern Ireland, Australia and New Zealand. It also honours a former agreement with South Africa, but only for pharmacists who registered before 31 March 1968, when that agreement ended.

The document suggests that the Society's current reciprocal arrangements could be challenged in the courts, alleging prejudice against overseas pharmacists who, unlike those from Australia and New Zealand, must pass the registration examination as part of their registration process. In addition, the Department of Health is not keen on reciprocal arrangements.

No problem is seen with the reciprocal arrangement for pharmacists from Northern Ireland. The Belfast pharmacy degree

course is accredited jointly by the Society and the Pharmaceutical Society of Northern Ireland, the PSNI's registration requirements and registration examination are essentially the same as in Britain, medicines legislation is the same and the PSNI's code of ethics and professional standards are much the same as the Society's. In addition, pharmacists from Northern Ireland are unable to register under the free movement provisions of the European Economic Area because Northern Ireland is not a separate member state of the EEA.

TECHNICIAN REGULATION

The Council approved several measures relating to the regulation of pharmacy technicians. The measures set out the criteria for entry to a register of technicians, the process for processing applications for admission to that register under a "grandparent" clause and the timetable for implementing mandatory continuing professional development for pharmacy technicians.

The decisions were all based on work carried out by the steering group on the regulation of support staff in partnership with the pharmacy sector committee of the Science, Technology and Mathematics National Training Organisation, which is responsible for the training requirements and accreditation arrangements of those staff. The recommendations were presented to the Council by HELEN HOWE, who is chairman of the steering group and a member of the pharmacy sector committee.

The document on the criteria for entry to the technicians' register was largely based on existing Council policy. Primary qualifications acceptable for registration were the level 3 Scottish/National Vocational Qualification in pharmacy services, registration as a pharmacist with a current or recent licence to practise or any new qualification that the Council may approve. Those with a qualification that was not acceptable for direct entry to the register would be required to top up their qualification to the standard of level 3 S/NVQ. Those with an approved qualification who had not worked for four years or more would be required to demonstrate competence to return to practice.

The document went on to set out the criteria for entry to the register under the grandparent clause. The paper listed 13 spe-

Attendance Those present at the meeting, which was held on 30 September and 1 October 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, Sally Greensmith, Patricia Hoare, Helen Howe (formerly Remington), Clive Jackson, Professor Bob Michell, Professor Michael Schofield, Douglas Simpson, Ashwin Tanna, 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 Apologies for absence were received from Hemant Patel and Noel Wicks.

Observers Present by invitation were the following representatives of the Society's branches: Joan Beanland (Slough), Gerald Cox (Aberdeen and North Eastern Scottish), Adam Macridge (Birmingham), Monica Rose (Ceredigion) and Alan Screen (Powys). Other guests were Shaheen Chaudry (member, code of conduct panel) and Isabel Nesbit (acting director, Council for the Regulation of Healthcare Professionals).

cific qualifications that were acceptable for entry to the register under the grandparent clause during a two-year transition period from 1 January 2005. It also acknowledged that there might be other courses that the Council would find acceptable. The paper also listed other qualifications that were unacceptable in their own right but could be accepted if supported by other specified training or work experience. Finally, the paper allowed for a process to be developed to allow register entry for technicians with overseas qualifications plus relevant work experience in Britain.

The paper on the processing of applications for admission to the register under the "grandparent" clause set out two routes to the register. The main route involved providing evidence of completion of an approved qualification plus proof of an acceptable amount of recent work experience as a pharmacy technician, plus a brief employment or career history. The alternative route involved providing evidence of completion of an approved qualification plus demonstrating to professional assessors an ability to practise to standards of proficiency and competence set for pharmacy technicians.

The paper on the CPD for technicians recommended that CPD for technicians should be mandatory from the point at which they register with the Society, even if this is during the two-year voluntary registration period.

Commenting on the papers dealing with admission to the register, Mrs Howe said that one key point was the grandparent clause as it related to a large number of support staff who worked for Boots. Some of these staff had done only a one-year dispensing course but they were only allowed to do that course if they had completed all sorts of other run-in pieces of training. So to call it a one-year course was an understatement of its content. It had been agreed with the Boots training staff that there would be a top-up module that the pharmacy sector committee had approved and agreed.

PHARMACY SUPPORT STAFF

The Council made several decisions designed to clarify of the scope of the Society's competence requirements for pharmacy support staff, ie, that they should be

trained to a minimum standard equivalent to the level 2 Scottish/National Vocational Qualification in pharmacy services or undertaking such training.

The Council agreed that the scope of the requirement should apply to anyone involved in the following activities: sale of over-the-counter medicines and the provision of information to customers on symptoms and products; prescription receipt and collection; assembly of prescribed items (including the generation of labels); ordering, receiving and storing pharmaceutical stock; supply of pharmaceutical stock; preparation for the manufacture of pharmaceutical products (including aseptic products); manufacture and assembly of medicinal products (including aseptic products).

On the receipt and handing out of prescriptions by medicines counter assistants (MCAs), the Council also agreed that the Society's requirement for MCA courses should be extended to cover the knowledge and understanding associated with Unit 2.05 (taking in prescriptions and issuing prescribed items) of the level 2 S/NVQ in pharmacy services.

It was further agreed that assistants who have successfully completed an accredited MCA course or have previously been considered to have met the Society's requirements for MCAs will be exempt from a requirement for a declaration of competence by a pharmacist or further training in certain units of competence.

On time limits for starting and completing courses for dispensary/pharmacy assistants and MCAs, the Council agreed that those for whom training and competence requirements apply should be enrolled on a training programme within three months of starting their role (or as soon as practical if no local training programme began within three months) and that training should be completed within three years.

The Council's decisions were based on recommendations made by the steering group on the regulation of support staff and the pharmacy sector committee. Presenting the recommendations, HELEN HOWE (chairman of the steering group and a member of the pharmacy sector committee) said that Council policy related very much to the dispensing arena, and the major feedback from consultation was from the hospital sec-

tor saying, "What about our pharmacy assistants who are not in the dispensary but are involved in stores and the distribution of stock, drugs, not for individual patients but topping up the cupboards? What about those who assist with the running, the paperwork, the logistics and the reception of prescriptions in an inpatient dispensary, an outpatient dispensary or even in an aseptic dispensary?"

It was true that the hospital sector had staff of a lower skill level than a technician working in other arenas. Having looked at the matter, the pharmacy sector committee had adjusted the NVQ2 content and changed it to pharmacy services rather than dispensing to broaden its scope as much as possible.

The pharmacy sector committee was now content, but clarification was needed on the proposed scope. In strictly legal terms dispensing was not included in the terminology. Preparation and manufacture would not include individual patient dispensing but would cover only batch production. The group that looked at the matter talked in terms of supporting the dispensing process as well. Therefore it would be helpful if the titles of the modules actually included the word "dispensing" for clarification purposes. Mrs Howe had spoken to the main author, who had said that the words in the module were all about assisting in the process, because the people were assistants. The proposal had had the most rigorous involvement of experts all the way through and had been supported by the steering group.

NICHOLAS WOOD said that he had been reassured by some of the things that Mrs Howe had said. He had been concerned that the proposal might lead to a measure of deskilling in the community sector because of the options available for an assistant level course, NVQ2, rather than a technician level NVQ 3. Employers might increasingly choose to put their assistants only through NVQ 2.

So far as the hospital and NHS service was concerned, dispensing assistants were also on an NVQ2 level course within the hospital service. Mr Wood said that he was interested in the mapping across between the community and the hospital service. He was concerned about people who had been trained to NVQ level 2 in the hospital service being taken into the community service at the same level with the same level of training.

Mrs HOWE said it would be entirely possible. An NVQ2 was a portable qualification. A person would be able to work in the community sector or the hospital sector.

DIGBY EMSON said that many staff across various sectors of community pharmacy worked on medicines counters. He understood that they would not be subject to the NVQ2 mandatory element but would be subject to the relevant parts of it appropriate to their roles.

Mrs HOWE said that Council policy was that anybody involved in the dispensing process had to be trained to a minimum standard. Somebody who received a pre-

scription was involved in the dispensing process. A medicine counter assistant's training would have to match the relevant NVQ2 module. People would not be expected to do all of the NVQ2 if it did not match their responsibilities.

"A VISION FOR PHARMACY"

The Council approved the Society's detailed response to the Department of Health document "A vision for pharmacy in the new NHS".

The response welcomes the chief pharmaceutical officer's "10 key roles for pharmacy" and said that the Society looked forward to their development and implementation. However, it questions whether "access to medicines" should be first on the list and expresses surprise at the omission of any reference to pharmacists' role in promoting self-care and health and well being.

The response expresses pleasure at progress towards a new contractual framework for community pharmacy based on quality. But it points out that progress and development must be sustainable and stresses that pharmacists cannot provide the enhanced services outlined in the document without the resources to do so.

Welcoming the announcement of a £12m investment to build on pharmacists' involvement in antimicrobial prescribing and usage in hospitals, the response hopes that this will begin to reverse years of under-investment in this area.

The response goes on to say that the Society is encouraged by the document's

recognition of the importance of information technology and technology in pharmacy. It adds that the sharing of patient information will offer important benefits to patients.

The response acknowledges the document's recognition of the importance of pharmaceutical advisers and pharmacists on primary care trust professional executive committees (PECs), but it expresses concern that pharmaceutical advisers do not always receive the support and training that they need for such a key strategic role. It asks for national development programmes for both pharmaceutical advisers and PEC pharmacists. It also suggests that a pharmacist should be appointed to every PEC in England.

The response goes on to answer in detail the specific questions raised in the consultation.

Once some amendments suggested by Council members have been taken in, the response will be published in full on the policy section of the Society's website (www.rpsgb.org.uk/policy).

Council member's September wedding



Helen Remington, a member of the Royal Pharmaceutical Society's Council, was married on 5 September to Richard Howe. The new Mrs Howe is chief pharmacist at Addenbrooke's Hospital, Cambridge. Her husband is director of estates and facilities at Addenbrooke's

Sheila Stevens leaves the Society

The Royal Pharmaceutical Society has announced that Dr Sheila Stevens, Secretary of the Society's Scottish Department, has left its employment as of the end of September.

The Society says: "Sheila spent six years with the Society in this post in Scotland, during which time devolution and moderni-

sation brought many changes to the profession. Sheila has now decided to move on to pursue new challenges, and we wish her well in the future."

In agreement with the Officers of the Scottish Executive, interim arrangements are being put in place to ensure adequate support for the Society in Scotland.

LAW AND ETHICS BULLETIN

An occasional feature, prepared in the Royal Pharmaceutical Society's Professional Standards Directorate, to highlight problems and inquiries currently being handled. Previous bulletin items can be found on PJ Online at www.pjonline.com/lawandethics

Use of mobile phones in the dispensary

Pharmacists are reminded that the use of a personal mobile telephone while working in the dispensary may conflict with the requirements of the Code of Ethics.

The public expects dispensing services to be accurate, accessible and reasonably prompt. The Code of Ethics requires that dispensing must be under the supervision of a pharmacist, who must be available to intervene and advise at all times and that pharmacists should implement procedures to minimise the risk of dispensing errors.

The sale of pharmacy medicines must be made by a pharmacist or a person acting under the supervision of a pharmacist. The Code of Ethics requires a pharmacist to be personally involved whenever such involvement is necessary to ensure an acceptable standard of pharmaceutical care and to ensure that he or she is involved in the decision to supply any medicines that require a pharmacist's intervention.

A pharmacist who frequently uses a personal mobile telephone to make calls

while in the dispensary may be unable to adhere to these requirements.

The Society would investigate any complaint received where concern is expressed that a pharmacist has been using a mobile telephone to make personal calls while engaged in the supply of medicines.

The business of the pharmacy naturally requires calls to be made and received. Pharmacists who are required to deal with business calls must ensure that taking such calls does not have an impact on accuracy.

Adherence to pharmacy employers' security procedures

Pharmacists are reminded that one of their key responsibilities, as stated in the Code of Ethics, is to ensure that they behave with integrity and probity, adhere to accepted standards of personal and pro-

fessional conduct and do not engage in any behaviour or activity likely to bring the profession into disrepute.

Given the above, all pharmacists, whether locums or employees, are expect-

ed to comply with any security procedures imposed by the owner of the pharmacy, whether they are employed or engaged as a locum. Not to do so could give rise to a complaint of professional misconduct.

Council's response to branch resolutions

Comments have been received to suggest that the Council's response to a resolution of the branch representatives' meeting made on the motion of the West Metropolitan branch might have been worded in such a way as to be unclear. To clarify the Council's response, the motion/resolution and response are repeated below, with extra wording added in bold italics to remove any possible ambiguity.

MOTION/RESOLUTION That the Society should observe the modernisation principles agreed by the YPG [Young Pharmacists Group], NPA [National Pharmaceutical Association] and PSNC [Pharmaceutical Services Negotiating Committee] in any changes it recommends to the structure of the Society.

THE BRANCH'S EXPLANATORY PARAGRAPH The agreed principles are that: (a) the Society's professional representative roles must be properly accommodated in a reformed structure and be distinguished from and given equal prominence to the functions of a modern regulator. (Moreover, the structure of the Society's governing body must be such to allow for independent consideration of Government policies that may impact adversely upon the profession. The Society must be sufficiently independent of Government to be able, if necessary, to oppose Government policies affecting non-regulatory issues.); (b) lay members of Council must not become involved in determining policy in respect of representation on professional issues; (c) the number of pharmacists on the governing body should be similar to the number on the current Council to adequately represent the broad spectrum of interests across the profession; (d) the Society must be accountable to its pharmacist members for promoting the profession, and for the development of professional roles and opportunities. At the same time it must be accountable to pharmacists, Government and the public for the regulation of the profession; (e) the Society has a duty to safeguard and promote the interests of its members.

COUNCIL RESPONSE The Council recognises the important concerns voiced within the profession on aspects of its reform programme. In response, the Council reaffirms that it has no intention of giving up or of weakening the Society's functions of leading, developing and acting to promote the profession of pharmacy. The aim is for the Society to retain its integrated functions and for it to be equally effective both as a regulator and as a professional body.

So far, external timetables have meant that the emphasis has been on the Society's regulatory functions. But there is also an excellent opportunity to refocus and improve the Society's professional functions. There is more that can be done to help pharmacists deliver quality in their

practice, to develop the profession of pharmacy, and to raise pharmacy's profile by contributing to wider policy debates and advising on pharmaceutical issues.

The contribution of lay members to the Council's agenda should help ensure that Society policy is robust and in touch with what matters to patients and the public. Lay people can also be powerful advocates for pharmacy, strengthening the profession's voice and helping us to safeguard public confidence and trust. Nevertheless, it would be feasible and appropriate for work on some issues within the Council's policy framework to be taken forward by groups comprised mostly or entirely of pharmacists.

The Society's advocacy role involves bringing influence to bear on any issue — regulatory or professional — that affects the profession's ability to deliver a safe, high quality service. This includes, when necessary, opposing government policy. The Society is independent of government and will remain so. The Society cannot represent pharmacists' individual or commercial interests, and cannot act in conflict with the public interest. However, the Society's view of the public interest need not always coincide with that of the government of the day. This is the situation now — reform will not change this.

The Society serves both public and profession and its arrangements for accountability reflect this. The public is represented by Parliament, and the Society is accountable to Parliament for the exercise of its regulatory functions. Accountability to pharmacists is expressed primarily through the election of pharmacists to the Council.

The Council has reaffirmed its commitment to the Society's future as the integrat-

ed professional and regulatory body for pharmacy. If these roles are to be discharged effectively and credibly, the Society must have one governing body, accountable for all its functions, with a majority of pharmacists elected by the membership. Two other models *for the overall governance of the Society* were appraised by the Council on 2 July 2003, alongside the existing policy for a reformed Council. These were the "two board" model proposed at the SGM and a model whereby the Council delegated authority for all regulatory functions to an autonomous board. The Council concluded that these options would not produce the type of organisation we want to see: a credible, efficient and effective professional and regulatory body for pharmacy. The Council's *proposal of a single, overall governing body that should be accountable for all the Society's functions* was reaffirmed but it was recognised that more work needs to be done to describe how the professional leadership and development functions could be discharged within this *proposal*.

The Council is committed to finding better ways to engage the profession and others much more in the Society's work, to help develop the profession and to ensure that decisions are properly informed by professional expertise. Further work is being taken forward as a priority to describe a credible and appropriate structure associated with the governing Council, which could support the full range of the Society's functions and fulfil the assessment criteria developed by the Council. This will be a vital strand of work to ensure that the future Society will fulfil its responsibilities to the profession and to the public, and that pharmacy will continue to develop its contribution to health and health care.

Council statement: Response to resolutions

A member of the Society raised some serious concerns during the public discussion session on modernisation at British Pharmaceutical Conference. The concerns were that the Council's response to a resolution of the branch representatives' meeting made on the motion of the West Metropolitan branch had been changed between the Council agreeing the response and its publication in *The Pharmaceutical Journal*. It was also suggested that the re-drafted response went further than had been agreed by Council. This was a serious complaint and a full and thorough investigation was undertaken.

The investigation was undertaken by David Pruce, Director of Practice and Quality Improvement, and the findings were presented to Council on 30 September. The findings were fully accepted and endorsed by the Council. The conclusion was that Council had indeed instructed staff to make a number of changes to the

response to the West Metropolitan branch motion and that the response should then be published. This was accurately reported in *The Pharmaceutical Journal's* report of the August Council meeting, where it was reported: "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*." The Council agreed that staff had acted entirely properly and had faithfully carried out Council's instructions.

The Council recognised that part of the response to the West Metropolitan branch motion could be open to misinterpretation. The motion and the Council response will therefore be reissued with clarification.

See this page

TRIBUTES

Dearden In a tribute to the late Edith Margaret Dearden (*PJ*, 20 September, p389), SUSAN STONE (*née* Bateman) writes: I was a student at Brighton School of Pharmacy with Margaret Dearden from 1962 to 1965. Everyone from those times will remember Margaret as a most industrious student, always ready with a friendly joke. Coming from South Africa, she spent many vacations with me and became one of our family.

After gaining her PhD and qualifying she returned to South Africa with her husband Tony and was appointed as a lecturer in pharmacy at the Technikon Witwatersrand. More recently she had a successful nutraceuticals business, which she started with her sister.

With Margaret's untimely death, pharmacy and medicine have lost a meticulous research pharmacist who will be irreplaceable. Her many friends in Britain and South Africa will be deeply saddened and will be thinking of Tony and sons Timothy and Nicholas.

Shepherd In a tribute to the late Bridget Mary Shepherd (*PJ*, 20 September, p389), ALAN HILL (director of pharmaceutical services, South Tees Hospitals NHS Trust) writes: Bridget Shepherd died unexpectedly in August. For the last 30 years she had worked in the hospitals of Middlesbrough, primarily Middlesbrough General Hospital as principal pharmacist. Before moving to Teesside she had worked at Whittington Hospital and Charing Cross Hospital, both in London.

I had the privilege of working with Bridget over the past 20 years. Throughout that time she conscientiously devoted herself to developing and providing a high quality pharmaceutical service to the patients of Middlesbrough General Hospital. She was a larger-than-life character who cared for patients and the staff she worked with. Bridget will always come to mind whenever and wherever the pharmacy department at Middlesbrough General is mentioned.

The pace of her illness in her last days

was hard to comprehend, but as always her practical and positive attitude was much in evidence. Her extensive local and pharmaceutical knowledge, strong leadership and friendship has been a support to many of her colleagues across the Teesside area. Bridget had presence and authority in all she did, tempered with a genuine interest in and concern for people.

Bridget contributed so much to so many during her life. It was strangely ironic that she died at the time services were being transferred from Middlesbrough General and its final closure. She had spent most of her working life associated with that hospital, and would have worked at the James Cook University Hospital for a few months before her planned retirement next year.

Bridget will be greatly missed by her friends and colleagues on Teesside. The pharmacy staff of South Tees Hospitals NHS Trust and retired colleagues join me in expressing our sympathy to her husband Michael and children Deborah and Jon.

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

- Breast cancer: prognosis, treatment and prevention. Pasqualini JR. New York: Marcel Dekker; 2002.
- Chemoradiation in cancer therapy. Choy H. Totowa, NJ: Humana Press; 2003.
- Clinical oncology: basic principles and practice. 3rd ed. Neal A, Hoskin P. London: Arnold; 2003.
- Colorectal cancer. Ponz de Leon M. Berlin: Springer; 2002.
- Endocrine therapy in breast cancer. Miller WR, Ingle JN. New York: Marcel Dekker; 2002.
- Fluoropyrimidines in cancer therapy. Rustum YM. Totowa, NJ: Humana Press; 2003.
- Functional foods and nutraceuticals in cancer prevention and treatment. Watson RR. Ames [Iowa]: Iowa State University Press; 2003.
- Multiple sclerosis therapeutics 2nd ed. Cohen JA, Rudick RA. London: Martin Dunitz; 2003.
- Novel anticancer drug protocols. Buolamwini JK, Adjei, AA. Totowa, NJ: Humana Press; 2003.
- Oncogene-directed therapies. Rak J. Totowa, NJ: Humana Press; 2003.
- Palliative care formulary. 2nd ed. Twycross R, Wilcock A, Charlesworth S, Dickman A. Abingdon: Radcliffe Medical; 2002.
- Recombinant antibodies for cancer therapy: methods and protocols. *Methods in Molec-*

- ular Biology 207. Welschof M, Krauss J. Totowa, NJ: Humana Press; 2003.
- Targeted therapy for cancer. Syrigos KN, Harrington K. New York: Oxford University Press; 2003.
- Treatment of acute leukemias: new directions for clinical practice. Pui C-H. Totowa, NJ: Humana Press; 2003.

Eye disease

- Ophthalmic drug delivery systems. 2nd ed. Mitra AK. New York: Marcel Dekker; 2003.
- Ophthalmic drug facts 2003. Bartlett JD. St Louis: Facts and Comparisons; 2003.
- Opportunistic infections: treatment and prophylaxis. Georgiev, Vassil St. Totowa, NJ: Humana Press; 2003.
- Pocket companion to clinical ocular pharmacology. 4th ed. Bartlett JD, Jaanus SD. Amsterdam: Butterworth-Heinemann; 2002.

Skin

- Chronic wound management: the evidence for change. Mani R. Boca Raton, FL: CRC Press; 2003.
- Clinical dermatology. 3rd ed. Hunter JAA, Savin JA, Dahl MV. Oxford: Blackwell Science; 2002.
- Clinical dermatology. 5th ed. Mackie RM. Oxford: Oxford University Press; 2003.
- Dermatology: an illustrated colour text. 3rd ed. Gawkrödger DJ. Edinburgh: Churchill Livingstone; 2002.
- Evidence-based dermatology. Williams H, Bigby M, Diepgen T, Herxheimer A, Naldi L, Rzany B. London: BMJ Publishing Group; 2003.
- Evidence-based wound management. Cundell J, Donnelly J, Gill D, Witherow A, Adair CG. Belfast: Northern Ireland Centre for Postgraduate Pharmaceutical Education; 2002.

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).

Advances in medical imaging

The Royal Pharmaceutical Society and the Academy of Pharmaceutical Sciences are jointly to hold a one-day symposium on "Advances in imaging of patients, diseases and drug delivery systems at the Royal Pharmaceutical Society's headquarters, London, on Friday 5 December.

The objectives of the day are to highlight advances in medical imaging, to discuss emerging applications in the identification of disease in patients and to review the novel applications of imaging techniques to investigate the performance of drug delivery systems in man by oral, pulmonary and ophthalmic routes of administration.

The meeting is expected to be of interest to those involved in drug research and particularly to pharmaceutical and clinical researchers who are involved in identifying disease in patients and developing formulation strategies for their treatment.

The symposium registration fee is £180, which is reduced to £120 for members of either of the organising bodies. There is a special rate of £25 for bona fide students.

Further information about registration (and about submitting an abstract for a poster) is available from Judy Callanan, Room 304, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2261; fax 020 7572 2506; e-mail science@rpsgb.org.uk). The full symposium programme and a registration form can be downloaded from the science section of the Society's website (www.rpsgb.org.uk/science).

Communications to the Royal Pharmaceutical Society should be addressed, unless otherwise stated, to the Secretary and Registrar, Royal Pharmaceutical Society, 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)

Erasure from Register on direction of Statutory Committee

The name of the following person was erased from the Register of Pharmaceutical Chemists on 17 September 2003 following the direction of the Statutory Committee at its meeting on 16 June 2003: David Thomas Wilson (registration number 74838), of 5 Dawberry Road, Kings Heath, Birmingham 14.

ANN LEWIS
Secretary and Registrar

Alterations to the Byelaws: supplementary prescribing

NOTICE is hereby given in accordance with Section XXVIII of the Byelaws that the Council of the Society has approved proposals to alter Sections I and II of the Byelaws and the Third Schedule to the Byelaws 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 I: PRELIMINARY

In paragraph 2, after the definition of "student" there shall be inserted:

"Supplementary Prescriber" means a pharmacist who holds a Practice Certificate in Supplementary Prescribing approved by the Council and who having paid the required fee and satisfied the Registrar that all conditions have been complied with has the annotation "sp" against his name in the Register signifying that he is qualified to order drugs, medicines and appliances as a Supplementary Prescriber."

SECTION II: MEMBERS

At the end, there shall be inserted:

8. A pharmacist who makes application to the Registrar to be recognised as a Supplementary Prescriber
 - (a) shall produce evidence to satisfy the Registrar that he holds a Practice Certificate in Supplementary Prescribing approved by the Council; and
 - (b) shall pay to the Society a fee of £35*, whereupon the Registrar, being satisfied that all conditions have been complied with, shall annotate the Register of Pharmaceutical Chemists to signify that he is qualified to order drugs, medicines and appliances as a Supplementary Prescriber (Section XXI paragraph 5).

* Or such other amount as the Privy Council may approve

THIRD SCHEDULE: THE ANNUAL REGISTER OF PHARMACEUTICAL CHEMISTS

At the end, add:

"sp indicates that a pharmacist is qualified to order drugs, medicines and appliances as a Supplementary Prescriber."

ANN LEWIS
Secretary and Registrar

Note: The effect of the Byelaw amendment is to allow pharmacists who becomes supplementary prescribers to have that qualification recognised by an annotation to the annual Register of Pharmaceutical Chemists on payment of a one-off fee. The reference to Section XXI paragraph 5 relates to a proposed new paragraph concerned with Register annotations that is currently awaiting approval by the Privy Council (PJ, 15 February, p251).

Notice to course providers: Mapping dispensing assistant courses to the "grandparent clause" for pharmacy services S/NVQ Level 2

From 1 January 2005 there will be a mandatory minimum training standard for staff involved in the assembly of a prescription. Dispensing assistants will need to have achieved, or be in training towards, relevant units of the Pharmacy Services S/NVQ Level 2 or an accredited equivalent course. The grandparent clause is a transitional arrangement that makes provision for existing staff to demonstrate their competence to a minimum standard and thus continue working without the need to obtain a new qualification. It is based on completion of a prior dispensing assistants' course and/or the completion of a declaration of competence by a pharmacist.

The Society is compiling a list of past and present dispensing assistant courses that will undergo a top line mapping to ensure that they have covered a common area of content. As part of this, the Society invites any course providers who want their courses mapped to the grandparent clause for S/NVQ Level 2 to submit their training details by the end of October 2003. To cover administrative costs, there is a non-refundable scrutiny fee of £100 for each course application. Full course details should be sent to Sadia Khan in the practice division at the Society's headquarters (e-mail skhan@rpsgb.org.uk). Cheques should be payable to the Royal Pharmaceutical Society.

AstraZeneca Industrial Achievement Award 2004

The AstraZeneca Industrial Achievement Award is given for outstanding contributions to either the advancement of the pharmaceutical sciences or services to the pharmaceutical industry. All pharmaceutical scientists and technologists currently working directly for, or associated with, the industry are eligible.

The award recognises the personal contribution to the pharmaceutical industry by an individual as judged by his or her peers. Although published scientific work will be taken into account in determining how the individual has advanced pharmaceutical science or technology, more emphasis will be placed on

how the patient or customer has benefited from the individual's efforts. Special consideration will be taken of activities outside the normal work environment.

The award will consist of a cheque for £1,000, a commemorative presentation and reimbursement of expenses for attendance at the British Pharmaceutical Conference in September 2004 to give a lecture on the work.

Nominations may be submitted either directly by the individual or by someone on their behalf. Nominations should be made by 30 November 2003 to the Science Secretary at the Royal Pharmaceutical Society's headquarters. Enquiries should be sent to Judy Callanan (e-mail science@rpsgb.org.uk).

GlaxoSmithKline International Achievement Award 2004

Nominations are now sought for the GlaxoSmithKline International Achievement Award. The award will be made to an individual, from anywhere in the world, who has demonstrated through published work, over the past three years, a substantial advancement in the application of scientific knowledge within the pharmaceutical sciences. Alternatively, the award may be made to a team of up to six researchers.

The award is open to researchers in academia, industry, public service or any other scientific establishment or to researchers from these areas working collaboratively. Although it is probable that applicants will be successful scientists in their field, perhaps in mid-career, there is no age limit for applicants and each case will be judged on scientific quality and its actual or future applicability to industrial practice.

The award will comprise a commemorative presentation, a cheque for £1,000 and expenses for the successful applicant (or leader of the successful team) to attend the British Pharmaceutical Conference in September 2004 to give a lecture on the subject.

Nominations are requested either directly from the scientists concerned, or from any other individual or organisation within the pharmaceutical sciences on behalf of an individual or group. The nomination should consist of a curriculum vitae of the principal researcher (who would give the lecture if successful), a summary CV (one page) for each other team member, together with a summary (no more than 1,000 words) of their published work over the past three years and its importance to the pharmaceutical industry.

Previous winners are Professor Hans Lennernäs (Uppsala University), Professor Patrick Couvreur (Université Paris-Sud), Professor William Charman (Monash University, Victoria), Professor Bob Langer (Massachusetts Institute of Technology), Professor Sandy Florence (University of London), Dr Peter Byron (Virginia Commonwealth University) and Professor Martyn Davies and colleagues (team award, University of Nottingham).

Nominations should be sent to Dr J. A. Clements at the Royal Pharmaceutical Society's headquarters (Room 304) before 30 November 2003. The nominations will be judged by a review panel of senior staff from GlaxoSmithKline.

DIARY

HEADQUARTERS MEETINGS

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

Wednesday 15 October

Branch and regional secretaries' meeting 10am

LOCAL MEETINGS

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

Monday 13 October

Eastbourne Eastbourne Downs pharmacy forum. St Mary's Board Room, Eastbourne District General Hospital. 7.30pm.

Nottingham "POM-to-P switches: past, present and future" by Pam Watson (programme manager, healthcare offer development, The Boots Co). School of Pharmacy, University of Nottingham. Buffet 7.30pm, meeting 8pm.

Tuesday 14 October

Bro Myrddin Annual general meeting followed by update on GP contract and open forum. Postgraduate Centre, West Wales General Hospital, Carmarthen. Hot food 6.30pm, meeting 7.15pm.

Dudley and Stourbridge *Meeting cancelled.*

Moray and Banff "A pharmacist and mountain rescue" by John Allan (Cairngorm Mountain Rescue). Laichmoray Hotel. 7pm.

Plymouth "Statins: their role and selection" by Angus Thompson (consultant pharmacist). Postgraduate Medical Centre, Derriford Hospital, Plymouth. Buffet 7.15pm, meeting 7.30 for 8pm.

West Surrey "Supplementary prescribing" by Dr Nuttan Tanna (Harrow Primary Care Trust). Burchatts Farm, Guildford. Light refreshments 7.30pm, meeting 8pm.

Wednesday 15 October

Bedfordshire "Continuing professional development and implementation" by Dr Peter Wilson (CPD consultant to the Royal Pharmaceutical Society). Buffet 7.15pm, meeting 8pm.

Ipswich "Professional decision making" by Joy Wingfield (professor of pharmacy law and ethics, University of Nottingham). Holiday Inn, London Road, Ipswich. Buffet 7.30pm, meeting 8pm.

Oxfordshire "A Charter fit for the future" by Andrew Burr (member of the Royal Pharmaceutical Society's Council). Springs Hotel, near Wallingford. 7.30 for 8pm. Joint meeting with Reading branch.

Reading See Oxfordshire.

Solihull "Neuropathic pain: understanding it and what treatment options are available by Dr Deeji Okubadejo (pain clinic consultant, Solihull Hospital). Education Centre, Solihull Hospital. Buffet 7pm, meeting 7.45pm.

South East Metropolitan "Beyond the baseline: clinical governance and community pharmacists" by Alison Cole (specialist in skills analysis and training in health care and author of the Royal Pharmaceutical Society report "The role of clinical governance facilitators working with community phar-

LOCAL MEETING ANNOUNCEMENTS

The local meetings section of *The Journal's* weekly Diary column is intended for brief reminders of Royal Pharmaceutical Society branch and regional meetings.

Branch secretaries are asked to submit details of meetings as early as possible. Branch programme cards are welcome at the beginning of the season, provided that *The Journal* is notified promptly of any subsequent amendments.

The Diary column covers the eight days from the Monday after the date of publication to the following Monday, inclusive. *The Journal* cannot guarantee the inclusion of announcements or amendments received later than the Tuesday morning preceding the date of publication. Late information can, however, be added to the Diary section of *PJ Online* (www.pjonline.com/noticeboard), which gives regularly updated details of all future meetings notified to *The Journal*.

macists") and Div Tanna (Lambeth, Southwark and Lewisham Local Pharmaceutical Committee). Clarendon Hotel, Blackheath. Refreshments 7.30pm, meeting 8pm.

Wirral "Multiple sclerosis: what's it all about?" by Mike Boggild (consultant neurologist, Walton Centre). Postgraduate Medical Centre, Clatterbridge Hospital. 7.30 for 8.15pm.

Thursday 16 October

Halifax "Herbal medicines" by Sue Bottomley (community pharmacist). Learning and Development Centre, Calderdale Royal Hospital, Halifax. Buffet 7.30pm, meeting 8pm.

Manchester, Salford and Trafford "An accident waiting to happen: drugs and driving" by Brian Wood (inspector, Greater Manchester Police, Traffic Planning X department). Waterside Hotel, Wilmslow Road, Didsbury. Buffet 7.30pm, meeting 8pm.

Friday 17 October

Clwyd Social meeting: tenpin bowling. Mega Bowl, Cheshire Oaks. 7.30pm.

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.

MARRIAGES

Byrne-Stoneman Deirdre (ex-Robert Gordon's, 1996-2000) is delighted to announce her marriage to Paul Stoneman on 23 August 2003. E-mail dee@deeandstony.com.