

Listening to pharmacists: report on the second consultation on a new Charter

Marcus Longley summarises the key issues raised in the consultation on the second draft of a new Royal Charter for the Royal Pharmaceutical Society

The second consultation on a draft new Royal Charter for the Royal Pharmaceutical Society was announced in *The Pharmaceutical Journal* of 11 October and closed on 14 November. Responses were received from 225 individuals, the Scottish and Welsh Executives, four of the Society's branches and regions, 11 other pharmacy organisations and three non-pharmacy organisations. The total number of responses was 245, which compares with 430 responses to the consultation on the first draft.

The report highlights the key themes to emerge, each of which was contained in a substantial number of responses. They are presented here in such a way as to facilitate understanding, and without specific commentary.

As with the previous consultation, an approximate indication is given of the frequency with which particular issues were raised — most frequent, and less frequent. It is not possible to be more precise than this, however, because some responses are from individuals, and others on behalf of groups (for whom there is often no indication of the number of people in the group). It is also not possible to establish how representative the respondents are of the totality of the profession.

MOST FREQUENT ISSUES

This section summarises the issues raised most frequently in the responses to the consultation.

General support Many respondents expressed their support for the revised draft. They variously applauded the changes relating to devolution, the amended wording of the Objects (particularly the third), the specific provision for annual general meetings, and the balance between regulation and professional matters, among other matters. One respondent in particular made the point succinctly: "Get on with it. You will never have a consensus where one and all agree."

Some respondents recognised the significance of the changes made between the first and second drafts and, while not

entirely content with the latest version, were prepared to accept that it was probably good enough: "The new draft seems to answer most of the concerns I had with the original. It's still a bit wishy-washy on supporting members' interests but at least now it permits the Society to do so. What the Council does with the Charter once it's got it is, of course, the key."

Third Object: Removal of "members"

There were, however, many more critical than supportive responses overall. As with the first consultation, the issue which attracted the most adverse comment was the Object which, in the second draft, read "to safeguard, maintain the honour and promote the effectiveness and interests of the *profession* of pharmacy" (emphasis added). Most of the respondents who raised this issue strongly preferred the use of the phrase in the current Charter: ". . . the interests of the *members* in their exercise of the profession of pharmacy" (emphasis added). Their concern was that in the future the effect of this wording might be that the Society could represent the interests of anyone working within pharmacy — including technicians — and not just pharmacists. They believed this might prejudice the interests of the current members, given the likelihood that on some issues their interests would not be identical to those of technicians or others.

Many argued that there was no need to change the wording and rejected the notion that the current wording was ambiguous: "I cannot . . . understand there is any ambiguity and am unable to accept that a professional body cannot support its members."

Others said that the change actually might have the effect of creating ambiguity, since the "members" was a defined category, whereas the "profession" was not: "Members are a physical entity, whereas the profession is an abstract concept and as such it is debatable [whether] . . . it has any real meaning."

It was also suggested that persisting in rejecting the current wording, despite the clear wishes of the special general meeting, was either perverse or a deliberate attempt to shift the Society from being an effective champion of the interests of pharmacists: "If

there is no intention to change the way the Society operates in this area, why change the wording?"

Potential inclusion of non-pharmacists as members

A related, but separate concern focused on Article 5 of the second draft. This establishes the mechanisms for admitting non-pharmacists to categories of membership of the Society. It replaces Article 6 of the current Charter, which unambiguously states that "members" are "registered pharmacists". There was concern that this could result in technicians and others in time becoming members of the Society. The risk was thought to be compounded by the fact that this might happen solely as the result of an agreement between the Society's Council and the Privy Council — there would be no requirement for the specific endorsement of the Society's current membership: "It therefore raises the possibility of non-pharmacists conferring membership to non-pharmacists without the need to refer the matter to pharmacists for consideration."

Linking with the previous issue (the rewording of the Object), the concern therefore was that the Society might lose its exclusive focus on the interests of pharmacists, and that in time pharmacists might even lose their control over the Society as other categories of membership were created: "Under the revised charter I cannot see how the members (pharmacists) will differ from registrants (technicians). What is enshrined in the Charter to differentiate between members and registrants?"

Composition of the Council Two issues were raised in relation to the composition of the Society's Council. The first concerned the number of lay members on the Council. Some respondents objected to the presence of lay members *per se* (as being antithetical to the interests of the profession), although others argued that the proportion of lay members was too high. Both were concerned at the possibility that, on some close issues, an alliance of lay and technician members together with a few pharmacists could counteract the overall pharmacist majority.

A second concern focused on the mech-

anisms for determining the future composition of the Council, and the arrangements for the removal and replacement of Council members. Although the current Charter clearly fixes the composition of the Council, the draft Article 7 allows for the Privy Council to alter its composition, within an enlarged total of 35. It was argued that this could have a fundamental impact on the balance of interests on the Council (even putting pharmacists in a minority) and, given the close relationship between the Privy Council and the government of the day, would give the latter unnecessary scope to interfere in the workings of the Society.

Taken together, these measures appeared to give considerable (and unnecessary) power to the Privy Council, and to dominant majorities within the Council itself, undemocratically to alter the balance of the Council: "As written, the Privy Council has unlimited powers to alter the composition of the Council. Clearly this is an error and I would suggest that anything less than 'the Council shall at all times consist of a majority of elected pharmacists' (ie, not pharmacists + technicians) would not be acceptable to members."

Checks on the powers of the new Council

There was concern that adequate mechanisms for corporate governance should be clearly set out in the Charter. In this context, some respondents were critical of the second draft, which appeared to reduce the constraints on the Council. Criticism focused on four issues: the reduction of the majority required at a general meeting to endorse proposed changes to the Charter — from the current three-quarters, to the proposed two thirds (draft Article 10); the absence of any requirement to seek the approval of the Privy Council for changes to the "governance, management, affairs or functions of the Council or of the Society" (draft Article 7(2)) — a change from the requirements of the current Charter; the power given to the Council under Article 7 to suspend or remove any of its members, and to fill any casual vacancies thereby created; and the fact that the Council itself could determine (through regulations) the procedures by which Council members were elected.

Without the inclusion of appropriate checks and balances there was concern that the (re-)election of pharmacist members of Council would be the only way in which members could express their dissatisfaction with Council's decisions. This was seen as an insufficient level of control because of the infrequency of such elections, and the fact that 12 Council members would not anyway be subject to re-election by pharmacists. This was more than a procedural point for many respondents: "This is an especially sensitive area in light of actions of the Society over the last few years."

Disposal of the Society's assets Article 11 of the draft Charter describes the process for the distribution of the Society's assets, should the Society wind up its business in the future. This caused some unease among

many respondents. Most troublesome was the assertion that the assets would not be distributed among the members, but instead would go "to some other body with objects deemed to be sufficiently similar to those of the Society". Some respondents believed that this "other body" might easily be a regulator, and could therefore envisage a scenario in which the Society's assets, accumulated over 160 years by pharmacists for their professional and regulatory body, would be handed over to a government-controlled regulator. It was argued that any such move should require the specific prior approval of the membership.

Devolution The changes made in the second draft to reflect the importance of the devolution of health policy to Scotland and Wales, notably Article 6(1), were welcomed by those countries' executives and other respondents.

The response from Wales was unqualified: "The Welsh Executive welcomes and endorses wholeheartedly the new draft charter."

The responses from Scotland, however, identified some remaining issues. In particular, it was argued: (a) that members in Scotland should have a clearer role to play in determining and advancing policy within Scotland — the Scottish Executive, for example, suggesting that Article 6(1) be reworded as follows: "Shall by regulation and in agreement with the elected representatives of the members resident in Scotland and Wales, establish appropriate structures to reflect devolved powers and responsibilities for health, professional leadership and development, and other relevant matters, in these countries", and that the chairman of the executive should be a full member of the Council; (b) that the Scottish Department should be specifically mentioned in the Charter; and (c) that any property sales or purchases in Scotland must initially be approved by the Scottish Executive, and any SGM relating to the sale be held in Scotland.

In addition, the Scottish Executive argued that Scottish representatives should be fully involved in the future development of any byelaws and regulations that might have an impact on the devolution of powers and responsibilities.

LESS FREQUENT ISSUES

Relief for distressed persons Some respondents were concerned at the apparent "relegation" of the Object in the current Charter — to "provide relief for distressed persons" (members and others) to a similar Power (Article 3(2) in the draft). They wished to ensure that this element of the Society's work was mandatory, not discretionary, and therefore believed that it should remain as an Object.

Inclusion of all sections of the profession of pharmacy Concern had been expressed during the consultation on the first draft that the different perspectives and needs of some parts of the profession — notably

"non-dispensing" pharmacists working in industry, and in some of the newer professional roles — were not specifically addressed in the Charter. They felt that the existence of such a diversity of perspectives should be explicitly acknowledged in the Charter, such that it could not be ignored by future Councils. This was important, given their current impression of being somewhat marginalised within the Society: "I remain concerned that no attempt is made to clearly define/delineate pharmacy as a discipline Apart from the word science there is little to indicate the wider fields of practice of the profession, that is to say beyond hospital and community."

And: "The work of a mature democratic institution is not only to reflect the views of the majority, but also to safeguard the interests of minorities."

"Public benefit" The use of the phrase "for the public benefit" in the Charter was rejected by some respondents. They argued that it unduly constrained the Objects, and that the key issue was not that the Society exists solely for the public benefit, but rather that it should not do anything against the public interest: "Making all of the objects conditional on being 'for the public benefit' would strengthen the hand of those who would argue that the Society should not seek to represent the interests of pharmacists *per se*. Public benefit would be an important condition of anything the Society would seek to do. This would put the interests of the public ahead of the interests of the profession. Although the Society, in its role as a professional association, should not seek to do anything that was against the public interest, but that is not the same as saying that everything the Society does should primarily be for the public benefit."

Some believed that this phrase was only still included to allow for a future application for charitable status.

Separation of regulation from "professional representation"

Some respondents were concerned that the SGM motion in favour of a "two board" structure (one for regulation, one for professional "representation") did not appear to be reflected in the draft. They argued that this was too important an issue to be left for the decision of future Councils: it should be stipulated from the outset.

A smaller group of respondents argued that it would actually be in the interests of the profession for the two roles to be entirely separated, with the Society retaining responsibility only for representation.

Definitions There was some concern that key terms within the Charter were not defined. One example was the reference to "students of the Society": ". . . but there is no explanation who falls within this category. Is it just preregistration trainees or also pharmacy undergraduates?"

There was also some concern about the position of retired pharmacists: "The revised draft charter is perfectly acceptable to me. My sole concern . . . as a wholly

retired pharmacist, is whether I shall be able to remain on the register. Further clarification on this point is needed."

OTHER ISSUES

Some issues were raised by several respondents which, although not strictly related to the content of the draft Charter, are nevertheless significant, and perhaps relevant to the general discussion.

Referendum Many respondents argued that the full membership of the Society should have the opportunity to vote on the final proposed wording of the Charter in a referendum. They maintained that the issue was sufficiently important to justify such a mea-

sure, and that there was no other way of assessing the views of pharmacists, given the relatively low participation in the various consultation methods so far employed: "It seems to me that the current Society Council regards itself as being on a plane above the members and that it can do whatever it thinks fit 'in the interest' of the members. If this is true, the Council should think again. I for one will not accept it."

Consultation process There was some criti-

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cism of two particular aspects of the consultation process itself. First, it was argued that the time allowed was insufficient. Second, some respondents maintained that it was not advisable to consider the draft without also having sight of the proposed wording of the Section 60 Order, since the two were closely linked and, to some extent, mutually dependent.

STATUTORY COMMITTEE

Reprimand for pharmacist who endorsed erroneous scripts for £3,700 overpayment

A Glasgow pharmacist who dispensed a week's supply of medicines on prescriptions erroneously made out for a month but claimed for the larger quantity has been reprimanded by the Statutory Committee.

At its meeting on 18 February, the committee inquired into the case of Rosemary Stella Telford, of 76 Newton Drive, Newton Mearns, Glasgow. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that between 1 December 1999 and 30 June 2000, while Mrs Telford was manager and pharmacist in charge of McGovern's Chemist, Houston Square, Johnstone, Renfrewshire, she had operated a system whereby erroneously written prescriptions had been dispensed, without the prescriber having had the opportunity to correct them. Such prescriptions had subsequently been endorsed as if they had been dispensed in full when that was not the case, and the endorsed prescriptions had been submitted to the pharmacy practice division (PPD). As a result, an overpayment of £3,729.81 had been made.

Geoff Hudson, of Penningtons (solicitors) attended the hearing to present the facts of the case.

Paul Cullen, QC, instructed by Harper Macleod (solicitors), represented Mrs Telford, who was present at the inquiry.

The committee heard that in July 2000 the pharmacy practice division of Renfrew and Inverclyde Primary Care NHS Trust had noticed an unusual pattern of prescriptions being submitted for payment by McGovern's Chemist. The prescriptions were for elderly patients who used compliance aids for their medicines. It transpired that the initial practice of the prescribing doctors had been to issue prescriptions for a month's supply of medicines, endorsing the prescription form "dispense weekly". In late 1999, however, this was changed: prescrip-

tions were issued weekly. However, the prescribers failed to change the quantities ordered on the prescriptions, so each week's prescription called for a month's supply. The weekly prescriptions were endorsed by the pharmacy as if the excess quantities had been supplied. The PPD concluded that either the patients were receiving quantities of medicines far in excess of what would be expected or the pharmacy was endorsing and submitting them for payment in respect of quantities that had not been supplied. It was established that that was what had happened. The overpayment resulting was £3,729.91.

INVESTIGATION

The PPD fraud investigation unit found no evidence to substantiate a charge of fraud but a number of matters were identified from which it was apparent that Mrs Telford's dispensing practices had fallen below accepted professional standards. Her practice had been to dispense the medicines without reference to the prescriptions, relying instead on the records kept by the pharmacy with the patients' medication trays. Nor had she brought the errors on the prescriptions to the prescribers' attention or had the scripts corrected. The incorrect prescriptions had subsequently been endorsed and submitted for payment.

Mrs Telford admitted she had been working in isolation and had not attended any continuing professional development courses appropriate to compliance aids. The resulting overpayment had since been repaid.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said that the allegation that erroneously written prescriptions had been dispensed without the prescriber being given the opportunity to correct the error appeared to

be only partly true. GPs' errors of putting monthly quantities on each of four weekly prescriptions had not been drawn to their attention and to that extent the assertion was correct. The committee had initially understood that, in some instances, erroneously written prescriptions had been dispensed to individual patients. If that had been the case, it would have been a serious error, with potentially damaging consequences for patients. In fact, the patients received, in all cases, exactly what the prescriber had intended.

There remained a substantial complaint against Mrs Telford. She had followed practices that were intrinsically defective and made it almost inevitable that claims for payment would be made for supplies that had not in fact been dispensed. This failure on her part to observe proper systems within the pharmacy amounted to misconduct such as to render her unfit to be on the register.

Clearly, said the chairman, one could not have in place a system where, even without fraudulent intent or dishonesty the NHS was at risk of making substantial overpayment on claims submitted by pharmacists.

Mrs Telford had been frank at all stages of the inquiry and had remorsefully faced up to the deficiencies for which she had been responsible.

However, there had been no dishonest or fraudulent intent and there was no suggestion that inappropriate doses had been dispensed; patient safety was never in danger. The systems had been changed and there was no real risk of repetition. Exceptionally supportive character references had highlighted her integrity and her strong commitment to the housebound, frail and elderly.

The committee ordered that Mrs Telford should be reprimanded.

Dispensing errors result in reprimand

A pharmacist who had made a series of dispensing errors, following one of which a patient with angina was admitted to hospital, has been reprimanded by the Statutory Committee.

At its meeting on 17 February, the committee inquired into the case of Scott Andrew Lawson, of 22 Greenfield Park, Monktonhall, Musselburgh, Midlothian. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that on 6 February 2002, Mr Lawson had dispensed 28 amitriptyline 25mg tablets on a prescription calling for 28 atenolol 25mg tablets, one to be taken in the morning; the tablets had been labelled as atenolol 25mg tablets. At the time the error occurred, Mr Lawson had been the proprietor, and pharmacist in charge, of Stephensons Pharmacy, 25 High Street, Dunbar. It was also reported that between June 1999 and November 2001 Mr Lawson had received four letters from the Society's Infringements Committee following dispensing errors that had occurred while he was pharmacist in charge.

Geoff Hudson of Penningtons (solicitors) presented the facts of the case to the committee.

David Reissner, of Charles Russell (solicitors) appeared on behalf of Mr Lawson, who was present at the inquiry.

The committee heard that the patient who had received the amitriptyline tablets suffered from angina, and atenolol was one of the medicines she was prescribed regularly. She started to take the amitriptyline tablets from about 17 February and on 22

February she saw her GP, complaining of chest pains. On 24 February the patient was admitted to hospital because of continuing chest pains and discharged after three days. The dispensing error was identified two weeks later during a visit to her doctor.

Mr Lawson had admitted he had been the pharmacist responsible for checking the prescription.

WARNING LETTERS

The first warning letter had been sent to Mr Lawson on 29 June 1999 concerning the transposition of labels on thioridazine tablets and penicillin.

The second letter, sent on 3 March 2000, was about an error made on 3 February 2000, when labels for simple linctus and Betnovate ointment had been transposed.

A third letter had been sent on 7 June 2001 in respect of an error in December 2000, when Kliofem tablets had been supplied against a prescription for Kliovance tablets.

The fourth letter, sent on 1 November 2001, had concerned the supply in August 2001 of six lots of Loestrin 20 tablets and one lot of Loestrin 30 tablets when seven lots of Loestrin 20 tablets had been ordered. In each case, one of the Society's inspectors had visited the pharmacy and made suggestions to Mr Lawson as to how to improve his dispensing procedures.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said that the angina suffered by the patient who had received amitriptyline instead of atenolol had been brought on again as a

result of the wrong medication, or at least aggravated by the error. Mr Lawson had admitted that he was the pharmacist responsible for checking the medicines and that he had not done so accurately.

Mr Lawson had made no attempt to conceal his involvement in the error but explained that he had undergone painful dental surgery earlier that day. He had acknowledged that, although systems were in place, there had been a significant lapse of concentration on his part. The committee found the dispensing error proved.

The four previous dispensing errors for which he had had written warnings were not identical but the present error had to be set in the context of those earlier warnings. It amounted to misconduct such as to render Mr Lawson unfit to be on the register. However, there was evidence from the Society's inspector for the area that Mr Lawson had been running a tidy, well laid out pharmacy. He had co-operated with her throughout this and the earlier incidents. Additionally, he had a good set of references. He had now sold the business.

Mr Lawson appeared to have undergone a crisis of confidence in his own ability as a pharmacist, said the chairman. In the committee's experience, such a lack of confidence could lead to dispensing errors quite as readily as overconfidence and an unduly casual attitude. He would need to work hard on recovering his confidence, coupling that with concentrating on the task in hand to avoid any further errors.

The committee ordered Mr Lawson to be reprimanded.

Admonition for pharmacist who worked after striking-off

The Statutory Committee has admonished a pharmacist who worked as a locum on 43 occasions after her name had been removed for non-payment of fees. Pharmacists were warned of the potential consequences of continuing to practise after their name had been removed.

At its meeting on 17 February the committee inquired into the case of Stella Mary Kalembe Zikulabe Luwaga, of 19 Grace Path, Sydenham, London SE26. A complaint had been received from the Council of the Royal Pharmaceutical Society that, although Mrs Zikulabe Luwaga had been struck off the register on 14 May 2001 for non-payment of her retention fee, she had been employed as a pharmacist on 43 occasions between that date and 27 October 2001.

Geoff Hudson, of Penningtons (solicitors) appeared in order to present the facts of the case.

Mrs Zikulabe Luwaga attended the inquiry; she represented herself.

The committee heard that in December 2000 Mrs Zikulabe Luwaga had left the

United Kingdom to visit Ghana. The customary request for payment of retention fees was sent to her registered address at the time, in London. A reminder was sent by recorded delivery on 12 March 2001 advising her that her name would be removed in two months if her fee remained unpaid, and also of the penalty payable for restoration in addition to the retention fee. There was no response and her name was duly removed on 14 May. Mrs Zikulabe Luwaga was advised of the removal by letter to her registered address in London.

On her return from Ghana in June 2001 Mrs Zikulabe Luwaga was unable to gain access to her original (registered) address. She obtained locum employment through an agency at a number of pharmacies in the London area. The fact that she was no longer on the register came to light when one of her employers queried her qualification with the locum agency. Her name had been restored on 29 April 2002 after retention and penalty fees had been paid.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC)

said Mrs Zikulabe Luwaga had openly admitted working as a locum on 43 occasions while she was not registered. She had apologised to the committee and explained that although she knew she would have to pay a penalty she had not appreciated that she would be struck off. That appeared to show some naivety on her part, said the chairman, but the committee was satisfied that she had not worked deliberately knowing that she was no longer on the register nor with any intent to deceive.

The committee ordered Mrs Zikulabe Luwaga to be admonished.

The chairman added that pharmacists must appreciate that a failure to pay the retention fee, leading to removal from the register, and then continuing to work might have the consequence of invalidating their professional liability insurance. There could, in such a case, potentially be serious consequences for the public if, for example, a dispensing error were made. The committee would take a dim view if that were to happen and the pharmacist was knowingly off the register and continuing to practise.

Reprimand for pharmacist who falsified claim for emergency contraception supply

A pharmacist who had “let down the profession” by making a “grubby” falsified claim for the emergency supply of contraception has been reprimanded by the Statutory Committee.

At its meeting on 19 February the committee inquired into the case of Sarwan Dass Samrai, of “Woodvale”, Vale Avenue, Walsall. Mr Samrai owns a pharmacy at 57a Holyhead Road, Wednesbury, and is the superintendent pharmacist, director and majority shareholder of Samrai Chemists Ltd, which owns a pharmacy at 71 Walsall Road, Darlaston. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that Mr Samrai had submitted falsified documents to Sandwell Health Authority for the purposes of claiming payment to which he was not entitled.

Geoff Hudson, of Penningtons (solicitors) presented the facts of the case.

Mr Samrai was present at the meeting; David Reissner, of Charles Russell (solicitors) appeared on his behalf.

The committee heard that the case involved the supply of emergency contraception under patient group direction (PGD) by Sandwell HA and Walsall HA. The Darlaston pharmacy was in the area of Walsall HA and the Wednesbury pharmacy was in the Sandwell area. On 1 September 2001 Sandwell HA had introduced a scheme for the supply, by an accredited pharmacist in a pharmacy in its area, of emergency hormonal contraception to women aged 18

and under. In August 2000, Walsall HA had introduced a similar scheme, with the difference that the supply could be made to women of any age.

The pharmacist employed at the Darlaston pharmacy was not accredited under the Walsall emergency supply scheme until December 2001. Before that, he had informed Mr Samrai that he was having to refuse requests for emergency contraception as he was not accredited. Mr Samrai had told him to supply the contraceptive tablets using Sandwell HA forms to certify the supply and that he (Mr Samrai) would take care of the matter. The pharmacist accordingly made supplies on 25 and 28 October and 2 and 7 November. On 25 October, Mr Samrai himself had made a supply from the Wednesbury pharmacy in respect of which he completed a Sandwell HA form.

On 29 November, Mr Samrai had submitted to Sandwell HA a claim for payment in respect of the client supplied by the Wednesbury pharmacy and the four clients supplied by the Darlaston pharmacy, which was not in the Sandwell area. He had also sent in the protocols for the supplies; those should have been kept in the pharmacy.

The forms for the Darlaston pharmacy had had the pharmacy stamp obliterated and the Wednesbury stamp superimposed. The ages of the Darlaston clients had also been changed to 17 or 18 when in fact all those clients had been over the age of 18. Mr Samrai had also altered the age for the client he had seen at Wednesbury.

Giving the committee’s decision, the chairman (Lord Fraser of Carmyllie, QC) said that Mr Samrai had admitted what he had done. The claim he had made was false: the four patients seen at Darlaston were not the responsibility of Sandwell HA and the fifth patient was over the age limit imposed by Sandwell. Mr Samrai had known that he would only be compensated for consultation and contraception supplied to women under 18, otherwise he would not have altered the date of birth.

It was, in fact, unnecessary for Mr Samrai to have submitted the protocols but he had done so and it was clear they had been falsified, with a view to claiming payment.

The chairman said that the introduction of the emergency hormonal contraception scheme was an important development in pharmacy, allowing pharmacists to take part in both prescribing and dispensing. It was exceptionally disappointing for the committee to have before it a pharmacist who engaged in “this grubby, albeit relatively small” falsifying claim under the scheme. The scheme had been introduced not without some national controversy and the committee was dismayed that the profession had been let down in this way. It would maintain a close scrutiny on the responsible participation of pharmacists in the scheme and would take a stern view of any substantial abuse of the trust vested in the profession under it.

The committee ordered Mr Samrai to be reprimanded.

Foreign pharmacist’s registration granted on second application

The Statutory Committee has granted a Nigerian pharmacist’s application for registration in Britain, having refused an earlier application because she had made claims for income support to which she was not entitled.

At its meeting on 18 February, the committee considered an application for registration as a pharmaceutical chemist by Valerie Onoriode Esievo, of 94 Burrow House, Stockwell Park Road, London SW9.

Geoff Hudson, of Penningtons (solicitors) attended the hearing to present the facts of the case.

David Reissner, of Charles Russell (solicitors) appeared on behalf of Ms Esievo, who was present.

The committee heard that Ms Esievo was a pharmacist from Nigeria who had come to the United Kingdom as an asylum seeker in 1995. She had passed the overseas pharmacists examination, completed 12 months’ approved employment and passed

the Society’s registration examination. However, her previous application for registration in 2000 had been refused after the committee learnt that she had made false declarations to the Department of Social Security between July 1998 and 1999 in support of claims for income support to which she was not entitled (*P7*, 24 June 2000, p947). Since that inquiry, she had been convicted of the matters that had been the subject of the misconduct allegation and sentenced to 60 hours of community service.

Giving the committee’s decision, the chairman (Lord Fraser of Carmyllie, QC) said Ms Esievo had repaid the amount she had falsely claimed and accepted that what she had done was a bad thing. She had been upset by the shame it had brought on her family and had clearly taken steps to demonstrate an improvement in her moral attitude towards the responsibilities of life.

Ms Esievo’s application for registration was granted.

OFFICIAL NOTICES

Communications to the Royal Pharmaceutical Society of Great Britain should be addressed, except where otherwise stated, to the Secretary and Registrar, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629). Official Notices also appear in the Notice-Board section of PJ Online (www.pjonline.com/notices)

Statutory Committee decisions

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

On Monday 17 November 2003, in the inquiry into **Ignacio Romero Aguilar**, of 27 Montague Street, Bloomsbury, London WC1; the Committee, having found the alleged misconduct established, resolved to direct that Mr Romero Aguilar’s name should not be restored to the Register of Pharmaceutical Chemists until the Committee otherwise directs. Under Section 10 of the Pharmacy Act 1954, there is a right of appeal to the High Court against the Committee’s decision, provided the

appeal is lodged within three months of the Committee's decision.

In the resumed inquiry into **Rosemary Elizabeth Levy**, of 76 Park Lane, Whitefield, Manchester; the Committee, having found the convictions proved at the earlier hearing, resolved to reprimand Miss Levy.

On Tuesday 18 November 2003, in the resumed inquiry into **Harold Leslie Peet**, of 330/127 Tanadorn Home Place, Ring Road, Ban Jan, Muang, Udon Thani, 41000 Thailand, the Committee, having found the alleged misconduct established at the earlier hearing, resolved to reprimand Mr Peet.

On Wednesday 19 November 2003, in the inquiry into **Kuldip Singh Chana**, of 121 High Road, Willesden, London NW10, and **Paul Victor Hillstead**, of 804 Samuel Lewis Trust Dwellings, Ixworth Place, London SW3, the Committee resolved to adjourn the inquiry.

M. B. PAWLUCZYK (Mrs)
Secretary to the Statutory Committee

DIARY

HEADQUARTERS MEETINGS

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

Monday 1 December

Council strategic thinking day 10.30am

Tuesday 2 December

Resource Management Committee	11am
Infringements Committee	1.30pm
Public Affairs Planning Group	1.30pm
Council meeting	3.30pm
Council guest night	7pm

Wednesday 3 December

Council meeting 9am

LOCAL MEETINGS

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

Monday 1 December

Derby "Continuing professional development" by Peter Wilson (CPD consultant, Royal Pharmaceutical Society). Conference Room, Landau Forte School, Derby City Centre. Buffet 7.30pm, meeting 8pm.

East Kent "A falls strategy for older people" by Dr S. O'Riordan and Alison Knox. Howfield Manor Hotel, Chartham Hatch, Canterbury. Buffet 7.30pm, meeting 8pm.

Macclesfield "End-of-life care pathway" by Julie Whitehead (Macmillan pharmacist). Education and Training Centre, Macclesfield District General Hospital. Buffet 7.15pm, meeting 8pm.

Sefton "Oral anticoagulant: a mixed blessing" by Graham Pimblett (Sefton Primary Care Trust). Medical Education Centre, Southport and Formby District General Hospital. Buffet 7.30pm, meeting 8pm.

Stockport "Guidelines for the prevention and

treatment of osteoporosis" by Dr Abbas Ismail (consultant rheumatologist). Lecture Theatre B, Postgraduate Centre, Stepping Hill Hospital. Refreshments 7.15pm, meeting 8pm.

Tuesday 2 December

Harrow and Hillingdon "Spinning the cholesterol wheel of fortune" by Omar Ali (prescribing consultant). Cumberland Hotel, Harrow. Buffet 7.30pm, meeting 8pm.

Northern Scottish "Presentation on education and training of pharmacy support staff and technician registration". Marriott Hotel, Inverness. Tea, coffee and sandwiches. 7.30pm.

Slough "Seamless pharmaceutical care" by Satinder Bhandal (principal clinical pharmacist, Wexham Park Hospital). John Lister Postgraduate Centre, Wexham Park Hospital. Buffet 7.15pm, meeting 8pm.

Wednesday 3 December

Manchester, Salford and Trafford "Herbs for health: potion or poison?" by Frances Kershner (herbal practitioner) and Dr Brian Lockwood (lecturer in pharmacy, Manchester University). Chemistry Lecture Theatre, Chemistry Building, Manchester University, Oxford Road. Light refreshments 7.30pm, meeting 8pm.

Sheffield "Drug abuse, addiction and treatment" by Dr Olawale Lagundoye (consultant psychiatrist in substance misuse). Charnwood Hotel, London Road, Sharrow. Light refreshments 7pm, meeting 7.30pm.

West Cumberland Quiz night. Hundith Hill Hotel, near Cockermouth. 7.15 for 7.30pm. Followed by bar supper.

West Metropolitan "Pharmacist prescribing" by Dr Terry Maguire. Irish Centre, Blacks Road, Hammersmith. Light refreshments 6.45pm, meeting 8pm.

Worcester "A showcase of local pharmacy projects", preceded by annual general meeting, 6.30pm, and buffet, 7pm. Charles Hastings Postgraduate Centre, Worcester Royal Hospital. 8pm.

Thursday 4 December

Glasgow and West of Scotland Christmas social ceilidh. Lord Todd, University of Strathclyde. 7.30pm.

Halifax See Huddersfield.

Hounslow "Better medicines for children" by Tony Nunn (director of pharmacy, Royal Liverpool Children's NHS Trust). Education Centre, West Middlesex University Hospital, Twickenham Road. Buffet 7.30pm, meeting 8pm.

Huddersfield "Current pharmaceutical issues" by Sue Sharpe (chief executive officer, Pharmaceutical Services Negotiating Committee). Lecture Theatre, Huddersfield Royal Infirmary. Hot buffet 7.30pm, meeting 8pm. Joint meeting with Halifax branch.

Lanarkshire Visit to Controlled Therapeutics, East Kilbride. 8pm. Details from E. J. H. Mallinson (tel 01698 206343; e-mail edward.mallinson@lanhb.scot.nhs.uk).

Stirling and Central Scottish "The Royal Pharmaceutical Society: debating the future" (*Question Time*-style meeting featuring a panel of guests including Noel Wicks, member of the Society's Council). Royal Hotel, Bridge of Allan. 7.30pm.

Monday 8 December

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

Nottingham "Clinical treatment of obesity" by Dr Ian Campbell (general practitioner, Nottingham). School of Pharmacy, University of Nottingham. Buffet 7.30pm, meeting 8pm.