

# The Society

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## “Grandparent clause” arrangements for dispensing/pharmacy assistants finalised

The Royal Pharmaceutical Society has now finalised the transitional arrangements that will allow existing dispensing and pharmacy assistants involved in pharmacy services to continue working without the need for a new qualification when the regulation of such assistants begins in 2005.

A minimum competence requirement comes into force on 1 January 2005, requiring staff to undertake an accredited course before they can work as dispensing/pharmacy assistants. The transitional arrangements, known as a “grandparent clause”, recognise that existing staff may already have appropriate training and/or work experience. It therefore allows them to be exempted from the new requirements — but only if the supervising pharmacist provides the Society with a formal declaration of competence by 31 December 2004.

Under the grandparent clause, exemption from further training will be open to

staff who have already completed an approved course and have been declared competent by a supervising pharmacist, or who have undertaken relevant work experience and have been assessed and declared competent by a supervising pharmacist.

The supervising pharmacist will have to complete a declaration of competence for each member of staff whom he or she wishes to declare as being exempt from further training. A support guide has been prepared to help pharmacists with completing the declaration. The guide and a declaration form are contained within an eight-page document that will be published in *The Pharmaceutical Journal* on 17 January 2004. It will also be made available from the Society’s website. A dedicated e-mail address and helpline number will be introduced to help with any queries.

Nigel Graham, the Society’s head of practice, said: “In the changing climate of pharmacy, the Society has made a decision to

move towards the regulation of dispensing/pharmacy assistants. The Government has highlighted the fact that patient safety is of the highest concern and there is a need to assure patients that the staff who care for them are well trained and maintain the essential level of competence. Policies will be implemented soon that will affect both the training of support staff and the environment in which they undertake their work.

“The Society has taken a pragmatic view and recognises that staff currently in the role may already have completed training and/or have relevant work experience. The declaration of competence reassures pharmacists and the public that the employee is trained to the required level and is competent in their role. The Society has considered carefully the kind of support that pharmacists will require to implement its policy, and we hope members will be reassured that the process would not be an onerous one.”

## Online payment goes live as retention fee forms are sent out

The Royal Pharmaceutical Society’s facility for the online payment of retention fees (*PJ*, 13 December, p828) has now gone live, following the mailing of retention fee forms for 2004.

For 2004, online payment is available to members in Britain working full time and those living abroad who pay the reduced fee for overseas members. The Society hopes to extend the facility to other membership categories and other online services over the next few years.

Members wishing to pay online should visit [www.rpsgb.org.uk/payment](http://www.rpsgb.org.uk/payment) and have ready their membership number and retention fee form number, both of which appear at the top of the first page of the form. Payment can be made by Mastercard, Visa, Visa Delta, Visa Electron, Visa Purchasing, JCB, Solo, and Switch cards.

The online payment service also allows members to make a donation to the Society’s charitable funds. UK taxpayers can increase the value of their donation by electing to treat it as Gift Aid, which allows the Society to reclaim from the Inland Revenue the tax paid for the amount of the donation.

Online payments are handled through a secure service and secure internet server

provided by a part of the Royal Bank of Scotland group. Members with concerns about the security of the service are referred to the security policy/statement on the online payment site and to their individual credit and debit card providers’ policies.

Those paying online should still return the retention fee form, in the envelope provided, after entering the online transaction, which the Society needs to update its records. It also needs to collect the regulatory information requested on the form.

Payment by credit or debit card is not restricted to those who pay online. A new facility this year allows all payments to be made by filling in credit or debit card details on the retention fee form. (The Society is not able to take card payments by telephone.)

All credit and debit card information will be handled in a high security payment

processing centre. Once payments have been processed, the information will be securely destroyed. A protocol is also in place at the Society for ensuring that payment details received there remain confidential, with access being restricted and monitored.

Retention fee packs were due to be mailed by 18 December to reach members and pharmacy owners before Christmas. All fees are due on 1 January 2004. Those who fail to pay by the end of January will receive a reminder and any who still fail to pay after receipt of a statutory notice may be erased for non-payment, when their details will be published in *The Journal*.

The Society is getting tougher with late payers, and striking-off for non-payment will happen earlier than in recent years. Restoration to the register after erasure will then cost a further £395 for pharmacists and £336 for premises on top of the retention fee.

Any members or pharmacy owners concerned about not receiving a retention fee pack should contact the registration section, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2322; e-mail [registration@rpsgb.org.uk](mailto:registration@rpsgb.org.uk)).

# Listening to pharmacists: how the final draft Charter addresses members' concerns

*The Council of the Royal Pharmaceutical Society has now petitioned the Privy Council to grant the Society a new supplemental Charter. This article, by Christine Gray, the Society's modernisation programme project manager, gives an outline of where, when and how the Council made changes to the original draft based on membership feedback*

The Council's proposed text for a new Charter (P7, 13 December, p826) is the outcome of a process that began when the first draft Charter was published in March and circulated to the membership and others for comment. The consultation feedback (430 responses) was collated in September and considered by the Council.

## SECOND DRAFT

After consulting the membership and others and taking account of their views, the Council made several major changes to the first draft and in October a second, revised version was circulated to the membership and others for comment. The major ways in which this differed from the first draft, and the reasons for the changes, are set out below.

**Revised objects** In the first draft, the object "to maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy" was included as a power. Many members argued that, without such an express object, the Society in future might have difficulty in fully carrying out its crucial professional leadership and development role. The October revision therefore added an object at 2(3): "to safeguard, maintain the honour and promote the effectiveness and interests of the profession of pharmacy". This was done to provide clear legitimacy for the professional leadership and development role.

The wording of the original object was changed to "the profession of pharmacy" from "members in their exercise of the profession of pharmacy". This was designed to remove a long-standing ambiguity and to make it clear that the Society cannot represent or champion the interests of an individual member or group of members but must look to the interests of the profession as a whole, in all its diversity.

**Devolution** Some members believed that the first draft Charter did not properly address the implications of devolution for the Society in Scotland and Wales. In response, a revision was made that placed a mandatory obligation on the Council to ensure that appropriate structures would be created in Scotland and Wales to reflect the full implications of devolution [Article 7\*]. It also provided the framework for the proper devolution of powers within the Society to ensure that the new structures would work [Article 8(4)].

**Inclusiveness** The feedback showed that some members were concerned that the draft Charter did not do enough to reflect all sections of the profession adequately. This concern could probably be better addressed through a strategy or business plan rather than in the Charter, which would, of course, apply across the whole of the profession. Any attempt to list all the professional sectors within the Charter would lead to it becoming quickly out of date, as new sectors of practice are developing. With these caveats in mind, the objects were amended to include not only a commitment to promote knowledge of pharmacy but also the application of that knowledge, as being consistent with fostering and developing the science and practice of pharmacy [Articles 2(1) & 2(4)]. Some members called for the Charter provisions relating both to practitioners and to premises to be listed in separate Articles, to remove any perception of an undue focus on community pharmacy, and this was incorporated into the October revision [Articles 3(3)–3(6)].

**AGM** A requirement for an annual general meeting was reinstated [Article 6].

## FINAL DRAFT

Feedback on the second consultation (245 responses) was collated and was considered by the Council in December. The final draft Charter was agreed. The main differences from the second draft, and the reasons for the changes, are set out below.

**Revised objects** The objects were modified in several places. All the changes were designed to give clearer expression to the purposes for which the Society exists and the context in which it operates. There has been a good deal of debate about the Society's purpose as a membership body and the proper exercise of its representational and leadership functions (see above). The Council now believes it has distilled the most appropriate form of words, taking into full account the views of members and other groups.

Object 2(3) was expanded as "to safeguard, maintain the honour and promote the effectiveness of the profession of pharmacy and to support the professional interests of pharmacists". The Council thought that this wording, which reinstated a specific reference to "pharmacists" and emphasised the need for the Society to support pharmacists in the best possible sense, was the most appropriate way to address members' concerns, while clearly expressing this aspect of the Society's remit.

**Public benefit** The description of the objects was changed from "for the public benefit" to "within the context of the public benefit". This was to reflect the facts that the Society's overall activities are for the public benefit and the Society would take not act in any way that conflicted with the public benefit. However, some aspects of the Society's professional work (for example, some aspects of benevolence work) could be considered neutral in terms of public benefit.

**Public well-being** Objects (2) and (4) were amended to emphasise pharmacy's contribution to the public's well-being as well as its health. This acknowledges the increasing integration of health and social care and reflects the contribution pharmacists make beyond the strict parameters of health care.

**Other categories of membership** The second draft had defined members of the Society as being registered pharmacists "and such other persons in such other categories as may, on application by the Council, be approved from time to time by order of our Privy Council".

Concerns were expressed that technicians could hereby become members of the Society in the same way as pharmacists. There are, in fact, no plans for this to happen. Technicians and perhaps other groups could potentially receive some form of associate membership, subject to consultation with the membership and Privy Council approval, but they would not become full members in the same way as pharmacists. The words "the creation of any such category shall be subject to appropriate consultation with the membership" were added to article 5 in the final draft to help provide a measure of reassurance to the membership.

**Devolution** The words "subject to appropriate consultation" were added to Article 7(1) to make it clear that the Council will need to consult with the membership and others before establishing any structures proposed in Scotland and Wales.

**Pharmacist majority on Council** The words "a majority of the Council shall be registered pharmacists" have been included (Article 8). It has never been the intention that pharmacists should not form the majority on Council — this wording simply makes this explicit in response to members' concerns.

**Pharmacist president** Article 8(5) now stipulates that the President "shall be a registered pharmacist". Again, it has never been the intention that the President should be other than a registered pharmacist and this wording makes this explicit.

\*References to articles in the Charter refer to the final draft

FROM THE PRESIDENT

# A personal professional pledge

*In a seasonal message to members, the President of the Royal Pharmaceutical Society, Dr Gill Hawksworth, suggests that new entrants to the profession should be encouraged to pledge their dedication to health care*

I recently attended an important event in my calendar, the Society's registration ceremony in Scotland, where, as President, I welcomed newly qualified pharmacists from Scotland into the profession.

This set me thinking. A few years ago, the Society held registration ceremonies at its headquarters in London, overseen by the president of the day. However, they were poorly attended and it appears the reason may have been that many newly qualified pharmacists did not want to take time off from their new jobs, not to mention the expense of bringing their families to London.

I cast my mind back to this summer when I had the great privilege of representing the Society as President at the Commonwealth Pharmaceutical Association conference in Jamaica. It was an excellent conference and very hot! I came away with several learning points that have contributed to my continuing professional development. Most notable was a memorable update on HIV and AIDS.

One of the things that touched me and has stayed with me from this conference was the fact that the Jamaican Pharmacists Association gave a copy of its pledge to each participant (Panel 1).

It reminded me that, in order to register with the Society, preregistration trainees have to sign an affirmation that they will

uphold the interests of patients, respect others, keep their knowledge up to date and behave professionally (Panel 2).

It always makes me proud to be a pharmacist that our profession has a Code of Ethics and that we hold patient safety paramount. In this context I pledged to myself many years ago that I owed it to the patients whom I serve to undergo continual professional development.

With this in mind, I was contemplating whether preregistration trainees on registering might consider taking the affirmation a stage further. When they take the important step of entering the profession as newly qualified pharmacists, might they be prepared to make a pledge in front of their peers?

It could be managed through the local branch, with the branch chairman welcoming them into the profession, supported by the branch members. This would give a new dimension to the work of the branches and would not require a new pharmacist to travel too far from work or home.

I have been thinking about this for a long time now. It seems that people are prepared to make a pledge of loyalty in



*The President: something to think about*

circumstances where there is much less commitment required than becoming a member of a trusted and honourable profession.

My commitment to the profession is, I hope, self-evident. But I would have been so proud, at the time, to have had the opportunity to enter my chosen profession by making some sort of personal pledge. I believed then, as now, some 30 years on, that if you want to enter a profession, you should be proud to do it. As a pharmacist, I would have wanted to be heard affirming that I would uphold the welfare, confidentiality and rights of patients and that I would always promote patient safety by reflecting on my own competence.

It may be something for you to think about over Christmas. It is often the time of year when we do a little bit of soul searching. I ask myself what a different generation of young pharmacists thinks about this?

As we enter yet another vitally important year for the profession, we are contributing in new ways, for example, as prescribers, towards the best outcomes for patients. Should we start our careers by standing up and publicly highlighting our duty towards patient health and welfare, other professions and fellow pharmacists? I am sure the Society would find its own unique way of expressing this dedication if the profession decided to take this forward.

In the meantime, I wish you a peaceful Christmas period and a happy New Year.

## Panel 1: Jamaican pharmacists' pledge

I do solemnly swear:

- That I will abide by the Code of Ethics of the Pharmaceutical Society of Jamaica in my relations with the public and other health professions and fellow pharmacists
- That I will obey all the laws governing the practices of pharmacy and that I will encourage the enforcement of these laws against all persons pledging

to assist the proper authority in correcting any unlawful or unethical conduct among members of my profession

- That I will do my best to develop and maintain professional stature by keeping abreast of developments in my own and related professions and that I hold citizens' health and welfare paramount in all considerations relative to the practice of my profession

## Panel 2: New registrants' affirmation

I confirm that, as a pharmacist, I will:

- Make the care of my patients my first concern and seek to help them obtain maximum benefit from their medication
- Treat patients and colleagues with respect and without discrimination
- Keep my professional knowledge up to date by undertaking continuing professional development
- Behave in a manner appropriate for a member of the pharmacy profession and adhere to the Royal Pharmaceutical Society of Great Britain's Code of Ethics at all times

## STATUTORY COMMITTEE

# Reprimand after cannabis conviction

A pharmacist who had been convicted for possessing cannabis shortly before he registered has been reprimanded by the Statutory Committee.

At its meeting on 17 March, the committee resumed an inquiry into the case of Adrian Stuart Lister Martin, of 80 Welwyn-dale Road, Sutton Coldfield, West Midlands. Mr Martin had appeared before the committee on 10 December 2001 following information that at Aldridge magistrates' court on 21 August 2000 he had been fined £300 and ordered to pay costs of £118 after pleading guilty to possession of cannabis.

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

Mr Martin was present at both hearings; on the first occasion he was represented by Murray Shanks, of counsel, instructed by Addison O'Hare (solicitors).

When it met on 10 December 2001, the committee heard that on 12 July 2000, shortly before he was registered as a phar-

macist, Mr Martin had been approached by police officers while sitting in his parked car. One of the officers recognised the smell of cannabis and challenged Mr Martin, who produced a polythene bag containing cigarette papers and a herbal substance that he admitted was cannabis. The prosecution had followed.

## CODE OF ETHICS

The chairman (Lord Fraser of Carmyllie, QC) said at the December 2001 hearing that the committee had decided to adjourn its decision. An offence such as that to which Mr Martin had pleaded guilty could be regarded as misconduct leading to the removal of his name from the register. The Code of Ethics required pharmacists to obey the law at all times. Pharmacists, he said, must understand the importance of observing all legal requirements for drugs. The committee was not convinced that Mr Martin had a true appreciation of this

responsibility incumbent upon him. It had decided therefore to adjourn the inquiry for a year, when they would like to see fuller references than were available at that meeting. If nothing adverse were reported against him during that period, Mr Martin would be reprimanded.

Giving the committee's decision at the 17 March hearing (which had been adjourned from 10 December 2002), Lord Fraser said that Mr Martin was a young man in the early part of his career. He had not made the most auspicious of starts but the committee had given him the benefit of the doubt, and trusted that he really did now understand his responsibilities as a citizen and those that flowed from his registration as a pharmacist. Although Mr Martin had not provided quite the references he had been asked for, nothing adverse had been reported concerning him. The committee hoped that from now on he would have a blameless career.

Mr Martin was reprimanded.

# Reprimand for misconduct linked to past drink problems

The Statutory Committee has reprimanded a pharmacist for misconduct attributed to a former problem with drink.

At its meeting on 18 March, the committee resumed an inquiry into the case of Michael Robert Lawrie, of 3 Breton, Stony Stratford, Milton Keynes, Buckinghamshire. An inquiry had been held on 13 March 2001 into a drink-related conviction, and a second inquiry, into the improper storage of Controlled Drugs and failure to submit prescription forms for pricing, was held on 17 September 2002 (*PJ*, 18 January, p97). Mr Lawrie had been found to have committed misconduct; a decision on both

inquiries had been postponed until the present meeting.

Geoff Hudson, of Penningtons (solicitors) appeared in order to present the facts of the case. Sam Flew, of Radcliffes LeBrasseur (solicitors), represented Mr Lawrie, who was present at the inquiry.

The committee heard that Mr Lawrie had had rehabilitation, received regular counselling, and routinely attended Alcoholics Anonymous meetings. He had been totally abstinent for more than three years and had obtained less stressful employment.

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

said that the underlying cause of Mr Lawrie's misconduct, considered at the earlier meetings, was excessive reliance on alcohol. Subsequent to those hearings, he had clearly made good progress in understanding the nature of his condition. His counsellors had stated that he was positive in his attitude to his recovery and that he had real insight into his condition. They had told the committee that, provided he continued with his active support system, the prognosis was very good; there were no concerns about Mr Lawrie's fitness to practise.

The committee decided that Mr Lawrie should be reprimanded.

# Application for restoration allowed

The Statutory Committee has granted an application for restoration to the Register of Pharmaceutical Chemists by a former pharmacist whose name had been removed for non-payment of his retention fee in 1992.

The committee considered the application, by Marlon Chadana Banda, of 43 Summerfield Street, Ballymena, County Antrim, Northern Ireland, on 18 March.

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

Richard Chapman, of counsel, instructed by Curia Regis Legal Services, represented Mr Banda, who was present at the hearing.

The committee heard that Mr Banda had been registered in July 1991. His name had been removed for non-payment of the annual retention fee on 29 May 1992. Before that, he had been pharmacist in charge of a London pharmacy, of which he had been appointed

superintendent pharmacist in October 1991. There had been a change to the company owning the pharmacy in April 1992, although the previous pharmacist director and shareholder remained, but Mr Banda had not been informed of the change and was unaware it had taken place. He had left the company at the end of April and departed overseas on 14 May 1992. He had worked in Zambia for most of the subsequent period.

After he had left, a number of Medicines Act and Misuse of Drugs Act offences had taken place at the pharmacy, as a result of which the committee, at a hearing on 25 April 1995, ordered the removal of the pharmacist director's name from the register. Although Mr Banda had not been involved in any way, there was an allegation of misconduct against him as it had appeared he was superintendent of the company at the time of the offences.

The committee had decided that the allegation should remain on file, and that Mr Banda should not be restored to the register unless the committee directed otherwise.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC), said the only evidence about Mr Banda being a *de facto* superintendent at the 1995 hearing had come from the director who had been found responsible for the offences and who had his own self-serving reasons for giving that evidence. If he had admitted there was no superintendent, that would have been a further matter of complaint from the Society.

The committee ruled that Mr Banda had no case to answer; he was off the register only because he had not paid his dues. So long as Mr Banda paid the appropriate fee, including any penalty, his request for restoration could not be resisted.

# Dispensing errors lead to reprimand

A pharmacist said to be regarded by some of his customers as "mildly eccentric" has been reprimanded by the Statutory Committee after complaints of dispensing errors.

At its meeting on 17 March, the committee inquired into the case of Derek Michael Evans, of 19 Carlisle Avenue, St Albans, Hertfordshire, and Freeman Grieve Ltd. Mr Evans is superintendent pharmacist and a director of the company, which owns a pharmacy at 111-113 St Peter's Street, St Albans.

The committee had received a complaint from the Council of the Royal Pharmaceutical Society alleging that Mr Evans had been pharmacist in charge when dispensing errors had been made at the company's pharmacy and that he had dealt inappropriately with complaints from patients.

Geoff Hudson, of Penningtons (solicitors), was present to give the facts of the case.

Denis Keegan, of Turner & Debenhams (solicitors), appeared on behalf of Mr Evans, who attended the inquiry.

The committee heard that in November 1997 and July 1998 the Society had received complaints from members of the public about errors made in dispensing prescriptions. Mr Evans had been warned, and given advice on improving his dispensing procedures by the Society's inspectors on two occasions between February and August 1998. A further complaint from a patient, about Mr

Evans's attitude in dealing with matters arising from a dispensed prescription, had been received in March 1999.

The present inquiry arose from an incident on 20 November 2001 after a patient had presented a prescription calling for 56 atenolol 100mg tablets, one to be taken daily, and another for 56 nifedipine extra MR 60mg tablets. On the first prescription, two containers of 28 atenolol 50mg tablets, each labelled "56 atenolol 100mg tablets" had been dispensed, with the direction, "one to be taken daily". On the second, two containers of 28 Sifedipine 20mg MR tablets had been dispensed, each labelled "56 nifedipine 20mg tablets, one to be taken daily".

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said that in the November 2001 incident, atenolol tablets of half the strength prescribed had been dispensed and nifedipine tablets of one third of the strength called for had been dispensed. Those errors, as Mr Evans had acknowledged, could have had serious consequences for the patient, who had a serious blood pressure condition.

Two months had elapsed before the patient had noticed the error and contacted Mr Evans. His response had been neither as immediate nor as professional as it should have been, said the chairman. The patient regarded him as "blasé" about the error. The chairman said that in the immediate after-

math of the discovery of the error, Mr Evans had done little or nothing to attend to the patient's best interests.

Although the prescriptions had been handed over by an assistant, Mr Evans acknowledged his responsibility for the errors. He had also apologised for his attitude in dealing with the patients in the present case and in earlier ones. In 1998 there had been two separate incidents of significant dispensing errors. While those had been appropriately dealt with by the Society at the time by way of warnings and advice, they set the context for the later error, said the chairman. The pattern was consistent — an error followed by a failure to apologise.

Some of Mr Evans's patients clearly regarded his behaviour in the pharmacy as mildly eccentric, commented Lord Fraser. Others, he continued, were not so entranced and had made their complaints. It was not for the committee to interfere if Mr Evans was only mildly eccentric, but such behaviour could not be allowed as a cover for falling below the professional standards required of a pharmacist. He would be expected to follow the advice given by the Society's inspectors and institute the recommended changes in procedures to ensure that the best practice was observed in his pharmacy.

The committee reprimanded Mr Evans. No action was taken with respect to Freeman Grieve Ltd.

## Reprimand for breaches of Controlled Drug regulations

A pharmacist has been reprimanded by the Statutory Committee after being found responsible for irregularities in the supply and recording of Controlled Drugs.

At its meeting on 19 March, the committee inquired into the case of Ian Bell, of 19 Dunottar Avenue, Stockton-on-Tees, Cleveland, and Bellpharm Ltd. Mr Bell is a director and the superintendent pharmacist of the company, which owns a pharmacy at 9a Lealholm Crescent, Ormesby, Middlesbrough. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that systems were operated by Mr Bell by which supplies were made by the pharmacy of Controlled Drugs without a valid prescription at the time of supply, there were breaches of the Misuse of Drugs Regulations 1985 regarding the endorsement of prescriptions at the time of supply and there were failures to comply with the record-keeping requirements of the regulations.

Geoff Hudson, of Penningtons (solicitors) was present to give the facts of the case.

Sara Morgan, of Brooke North (solicitors) appeared on behalf of the company and Mr Bell, who was present.

The committee heard that the case arose from irregularities in the supply of medicines prescribed between October and December 2001 for a patient in a nursing home. The patient was regularly prescribed MST 10mg

tablets, a CD, for the relief of pain. On 1 October 2001, 60 tablets were supplied from the pharmacy before a prescription, dated 3 October, was received. It was not clear when the prescription was received but it was endorsed, and an entry made in the CD register, on 22 October. On 29 October, a further supply of 60 MST tablets was made for which no prescription was received. Another prescription for 60 MST tablets on 30 November was endorsed on 19 December; an entry in respect of that supply was dated 30 November but followed an entry for 2 January 2002; it appeared to have been made between 14 and 19 December.

Similar irregularities included several in respect of another patient, who was not a resident at the same nursing home. In that case, a CD register entry dated 14 December was followed by consecutive entries dated 5, 12, 19 and 26 December 2001 and 2 January 2002, immediately followed by an entry dated 30 November.

Mr Bell had admitted the failures to comply with the regulations. He said they arose from a misunderstanding as to how the register should be maintained and because of problems associated with obtaining the necessary prescriptions for the first patient.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said that although the errors primarily relat-

ed to a prescription for a patient who was not likely to misuse drugs, the busy pharmacy supplied people who might be liable to do so. Accordingly, Mr Bell should have kept the register in immaculate fashion. Regrettably, he had not done that, although by the time he appeared before the committee he was fully aware of the requirements of the law.

Although Mr Bell appeared to have acted in the best interests of his patients, in doing so he had run foul of the law and might well have been prosecuted. It was accepted that the defects in record keeping did not conceal a misuse of drugs or any attempt at unlawful gain; but if the police had been called in late 2001, he would have been in no position to give an accurate account of what had been supplied on valid prescriptions, and to whom.

In failing to observe the requirements of the law, Mr Bell was guilty of misconduct such as to render him unfit to be on the register. However, he had stated that practices at the pharmacy had since been changed, in the light of advice from the Society's inspectors, so as to ensure that similar situations could not recur. Further, he had since been visited by the police who had checked his registers and found no subsequent irregularities.

Because of the significant improvements made by Mr Bell, the committee decided to restrict its sanction to a reprimand. No action was taken against the company.

## Society's museum to reopen to the public

The Royal Pharmaceutical Society's museum will reopen to the public in the new year. Access will be permitted on Tuesday afternoons, from 1.30 to 4.30pm, by prior appointment with the museum staff.

Members and their guests are still able to view the displays during office hours.

Among the displays on view will be the "Healing science" exhibition, which traces

1,000 years of pharmacy history. Visitors will also see displays of selected pieces from the museum's delftware collection, a display about the history of the museum and its collections, and a temporary exhibition about the German Hospital in Dalston, London.

The new arrangements follow a decision taken by the Society's Council at its December meeting. The Council had been

told that the museum risked losing its registered status if it did not allow public access (*PJ*, 13 December, p825).

The keeper of the Society's museum collections, Briony Hudson, said: "This is a really positive step forward for the museum, allowing us to present more pharmacy history to visitors and to put the work of the Society and its members in context."

### OFFICIAL NOTICES

*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)*

#### 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 Tuesday 9 December 2003, in the new and resumed inquiry into **Bharatkumar Ramanbhai Patel**, of Newington Pharmacy, 47 Newington Road, Ramsgate, Kent, the Committee, having found the alleged misconduct established, resolved to direct the Registrar to remove Mr Patel's name from the Register of Pharmaceutical Chemists. Under Section 11 of the Pharmacy Act 1954, this direction is not to take effect until the expiration of a period of three months from the date on which notice of removal is given or in a case where an appeal has been brought against the direction, until the appeal is determined or withdrawn.

In the inquiry into **John David Bryant**, of 9 White House Green, Solihull, West Midlands, the Committee, having found the alleged misconduct established, resolved to reprimand Mr Bryant.

On Wednesday 10 December 2003, in the inquiry into **Virinder Kumar Kumrai**, of 74 Huntingdon Road, East Finchley, London N2, the Committee resolved to adjourn the inquiry pending further investigations.

In the inquiry into **John Robert Campbell**, of 13 Carr Road, Hale, Altrincham, Cheshire, the Committee, having found the alleged misconduct established, resolved to reprimand Mr Campbell.

On Thursday 11 December 2003, in the inquiry into **Danica Pejovic**, of 128 Barrowgate Road, Chiswick, London W4, and **Neil Graham Spencer**, of 70 Moring Road, London SW17, the Committee, not having found the alleged misconduct established against Mrs Pejovic, dismissed the case against her. In respect of Mr Spencer the Committee, having found misconduct established, resolved to reprimand Mr Spencer.

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

### DIARY

#### HEADQUARTERS MEETINGS

##### Tuesday 6 January 2004

Infringements Committee 1.30pm

##### Wednesday 7 January 2004

Practice Committee 9am  
Education Committee 1.30pm

#### LOCAL MEETINGS

*The following are meetings of local branches of the Society*

##### Tuesday 6 January 2004

**Sheffield** "Food sensitivities and intolerances" by Sarah Thornton (senior dietitian). Charnwood Hotel, Sharrow. 7 for 7.30pm.

##### Wednesday 7 January 2004

**South East Metropolitan** Annual general meeting. Friends' Meeting House, Lawn Terrace, Blackheath, London SE3. 8pm.

##### Thursday 8 January 2004

**Huddersfield** "Medication errors" by Professor David Cousins (National Patient Safety Agency). Lecture Theatre, Huddersfield Royal Infirmary. Buffet 7.30pm, meeting 8pm.

##### Monday 12 January 2004

**Nottingham** "Getting started with continuing professional development" by Dr Peter Wilson (CPD consultant to the Royal Pharmaceutical Society). School of Pharmacy, Nottingham. Buffet 7.30pm, meeting 8pm.

### PERSONAL

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### BIRTHS

**Khan** Jahn Dad (ex-Brighton 1989-92) and Rizwana are proud to announce the birth of Layba Khan on 24 November 2003, a sister for Sana.

**Patel** Sanjay (ex-De Montfort, Leicester, 1992-95) and Seetal proudly announce to the pharmacy world the birth of their little princess, Nikisha, born on 30 September 2003. E-mail sanjay@aquamedicare.com.