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Royal
Pharmaceutical
Society
of Great Britain

Guidance on exemptions from new staff training requirements

Detailed guidance has been published by the Royal Pharmaceutical Society explaining how pharmacists can ensure that existing dispensing and pharmacy assistants involved in pharmacy services can continue working without needing a new qualification once the regulation of such assistants begins next year. The guidance appears in an eight-page centre pull-out in this issue of *The Journal*.

Under the Society's new minimum competence requirement for dispensing/pharmacy assistants, which comes into force on 1 January 2005, staff will be required to undertake a training programme equivalent to relevant units of the new Scottish/National Vocational Qualification level 2 qualification in pharmacy services. The guidance explains how pharmacists can take advantage of a transitional arrangement, known as a "grandparent clause", which allows existing staff to be exempted from the new requirement.

Exemption will only be granted if the supervising pharmacist provides the Society with a formal declaration of competence for each qualifying dispensing/pharmacy assistant by 31 December 2004. The guidance explains that the grandparent clause offers two ways in which dispensing/pharmacy assistants may qualify for exemption if they have either:

- Already completed an approved course that the Society accepts as equivalent to

the S/NVQ level 2 qualification and have been declared competent by a supervising pharmacist; or

- Undertaken relevant work experience and have been assessed and declared competent by a supervising pharmacist.

The supervising pharmacist will be required to indicate those areas of work where the employee has specific duties and is deemed to be competent — defined as "having the necessary skills, knowledge and attitudes to undertake a job properly and consistently".

The pull-out includes a detailed support guide to help the supervising pharmacist decide whether or not a member of staff working as a dispensing/pharmacy assistant can satisfactorily be declared competent in the duties they undertake. A "declaration of competence" form, which may be photocopied, appears on the final page of the document. Additional copies may be downloaded from the Society's website (www.rpsgb.org).

Queries about the transitional arrangements may be directed to a dedicated telephone helpline number (020 7572 2577) or a dedicated e-mail address (gp2@rpsgb.org).

Further information about the "grandparent clause" exemptions, including responses to frequently asked questions, will appear in future issues of *The Journal*.

This week

- **Staff training requirements**
The Society has published guidance for pharmacists on how to ensure that existing dispensing and pharmacy assistants involved in pharmacy services can continue working without needing a new qualification when the regulation of such assistants begins next year (p67).
- **New Society staff appointed**
The Society has announced the appointment of a new head of practice at Lambeth and a development officer for Wales (p68).
- **Aspirin labels and inserts**
Clarification of the legal requirements for aspirin and aloxiprin labels and inserts is given in a Law and Ethics bulletin item (p70).
- **Delivering the "vision" for pharmacy**
Pharmacy development groups have a role in delivering the Government's "vision" for pharmacy, participants in a recent PDG conference were told (p71).

Error found on pharmacists' 2004 retention fee form

An error that could affect a small number of pharmacists has been spotted on the Royal Pharmaceutical Society's retention fee form for 2004, which all pharmacists should by now have received.

The error relates to the declaration made by members who pay the reduced rate retention fee of £22 applicable to those aged over 60 who have retired from work and those who are unable to work because of ill health. The Society's Byelaws require that, if such a member returns to part-time work for up to 13 weeks (or the equivalent), he or she should pay the balance of the part-time fee and not the entire part-time fee, as is implied on the form.

The Society's registration division says that, as of 13 January, more than 2,200 members had taken up the opportunity to pay their 2004 retention fees online — an option open to those working full-time and those who are resident overseas. A further 12,000 members had returned their retention fee forms and paid their fees.

The Society says that it is working closely with its bankers and the external processing house to ensure that payments and retention forms are processed as quickly as possible.

Who is affected by the new competence requirement ?

From 1 January 2005 pharmacists will have a professional obligation to ensure that dispensing/pharmacy assistants are competent in the areas in which they are working to a minimum standard equivalent to the new Pharmacy Services Scottish/National Vocational Qualification level 2 qualification or undertaking training towards this.

The Society's Council has confirmed that the requirement should apply to staff involved in any of seven 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 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)

Staff who meet the Society's requirements for medicines counter assistants may continue to be involved in the first two activities (OTC medicines and prescription receipt and collection) without having to meet the new requirements. The requirements do not apply to staff with pharmacy technician qualifications who intend to register with the Society.

Pharmacists invited to apply for practice research funding under 2004 awards and bursaries scheme

The Pharmacy Practice Research Trust is inviting applications from pharmacists for 2004 practice research awards and bursaries.

The practice research awards, which are administered by the trust on behalf of the Royal Pharmaceutical Society, are intended to build research capacity in pharmacy practice. The following persons are therefore encouraged to apply: those requiring funding between PhD and postdoctoral grants; those requiring funding to progress from MPhil to PhD; practitioners new to research; and PhD students requiring "research costs" to enhance their PhDs. The awards can also be used to fund new areas of research.

Two types of practice research award are available — Galen awards and Sir Hugh Linstead fellowships. One or more Galen awards are made annually to a total value of £10,000, funded by a bequest by Rowland Henry Williams. Two or more Linstead fellowships are awarded annually to a total value of £40,000, funded by a grant from the Leverhulme Trade Charities Trust to support research relating to community pharmacy. Applications for this award can only be accepted from community pharmacists or for research on community pharmacy.

In addition to these awards, the bursary scheme, also funded by the Leverhulme Trade

Charities Trust, exists to support individual community pharmacists with an interest in developing research skills relevant to their practice. It provides funding for pursuing formal training at master's degree level on courses that include teaching in fields relevant to practice research, such as public health, health economics and epidemiology. Selected courses must include a period of supervised research and the preparation of a thesis or dissertation.

Applications for bursaries are invited from community pharmacists who demonstrate a need for external support to develop their skills and careers in research. The bursaries are open to pharmacists who are either self-employed (as locums or independent community pharmacists) or employed by small chains (defined as up to 60 registered premises). Applicants are encouraged to apply for a place on the course of their choice before seeking a bursary.

The bursaries include the following items of funding: salary (pro rata for part-time pharmacists); course fees; research costs (up to a maximum of £250, to include printing, postage and travel); and conference attendance (up to a maximum of £200 to allow attendance and presentation of work at UK conferences).

The deadline for all applications is 11 June. Interviews are expected to take place on 27 and 28 July at the Society's London headquarters.

Further details, application forms and guidance notes for the practice research awards can be obtained from the practice research section of the Society's website (www.rpsgb.org/pracres) or from Zoe Whittington, the Society's research manager (tel 020 7572 2276; e-mail zoe.whittington@rpsgb.org).

Application forms and guidance notes for the bursary scheme are also available from Ms Whittington.

The practice research trust

The Pharmacy Practice Research Trust was established in July 1999 as an independent research charity, with a broad objective to promote and develop the field of pharmacy practice research.

The Society provides core funding for the trust as part of its investment in practice research. Information about the trust can be obtained from Kerry Crabb at the Society (tel 020 7572 2275; e-mail kerry.crabb@rpsgb.org).

Society appoints new head of practice

Sue Kilby has been appointed head of practice within the Royal Pharmaceutical Society's Directorate of Practice and Quality Improvement. She succeeds Nigel Graham, who is now full-time acting secretary of the Society's Scottish Department.

Mrs Kilby has worked as a pharmacist in community and hospital practice and as a pharmaceutical adviser. She has also worked for several pharmaceutical companies, holding positions in marketing, NHS relations and product development. She has worked closely with the National Institute for Clinical Excellence, the Department of Health, the National Patient Safety Agency and a number of patient groups and professional bodies. Most recently she has worked as a locum hospital pharmacist, involved in dispensary, clinical and medicines management services.

As head of practice Mrs Kilby will assist in the development of pharmacy in all sectors and advise the Government and other professional bodies on the practice of pharmacy.

Speaking about her appointment, Mrs Kilby said: "With the current changes in the NHS I see this as a great opportunity for the different sectors of pharmacy to work together to provide seamless pharmaceutical



Sue Kilby: "great opportunity"

care which is patient focused and uses the pharmacist's skills and knowledge effectively."

David Pruce, director of practice and quality improvement, said: "I am pleased that Sue is joining the Society at this crucial and exciting time for pharmacy. Her all-round experience and abilities will prove invaluable."

Welsh Executive appoints development officer

The Welsh Executive of the Royal Pharmaceutical Society has appointed Jocelyn Parkes to the position of development officer, as from 27 January.

Her remit will be to research topical pharmacy issues, to provide information to the Welsh Executive secretary and to assist in the background research and development of these issues. She will also manage specific projects and assist the secretary in promoting the policies of the Society's Council and the work of the Welsh Executive in Wales.

Mrs Parkes is currently pharmaceutical adviser with Cardiff Local Health Board. The Welsh Executive says that she arrives with a great deal of experience in community pharmacy and primary care, a comprehensive knowledge of secondary care and experience of working in partnership with outside agencies.

Welsh Executive secretary Cath O'Brien says: "I am delighted that Jocelyn is joining us to complement the existing team in Cardiff. I look forward to working with her to take the Welsh Executive's work forward and to underline the work the Society is doing for the pharmacy profession in Wales."

Society briefing paper promotes benefits of a supplementary prescribing role for pharmacists

A briefing paper promoting the benefits and potential of a supplementary prescribing role for pharmacists has been issued by the Royal Pharmaceutical Society. "Supplementary prescribing by pharmacists" will be distributed to members of Parliament, peers with an interest in health issues, primary care trusts and major health bodies.

The paper promotes the innovative use of pharmacists' skills to help improve access to NHS treatment and support more effective use of resources. It outlines how PCTs can take up the opportunities presented by pharmacist supplementary prescribing, providing practical information about first steps.

In a foreword to the document, Dr David Colin-Thomé, the National Clinical Director for Primary Care at the Department of

Health writes: "Supplementary prescribing by pharmacists is one of the latest clinical developments to provide real opportunities for more effective delivery of treatment and care. Based on a partnership, with the patient firmly at the centre, supplementary prescribing allows for a modern team approach to the monitoring and management of treatment. It has long been recognised that pharmacists have the knowledge and skills to make a much greater contribution to the National Health Service."

The Society's President, Dr Gill Hawksorth, said: "This briefing is the latest in a series of initiatives by the Society to ensure that pharmacists' full contribution to health care is understood by NHS decision-makers. This new area of practice will broaden

the interface between pharmacist and patient and will be vital in extending and enhancing the provision of primary care to the public."

Copies of the leaflet can be obtained from Carole Mitchell, Public Affairs and Communications Directorate, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2338; e-mail: carole.mitchell@rpsgb.org).

An adapted version to reflect the position and organisations in Wales has also been published. It has been issued to all Assembly Members, chief executives of trusts and local health boards and other interested parties in Wales. Copies of the Welsh version can be obtained from Sarah Hickman at the Society's Welsh Executive office (tel 029 2041 2800; e-mail wales@rpsgb.org).

Museum's latest information sheet looks at pharmaceutical symbols

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

The new publication, written by museum staff, looks at the background to eight symbols. Half the symbols include snakes: they are the staff of Aesculapius with the serpent of Epidaurus coiled round it (as seen on the Society's arms), the bowl of Hygeia with the same snake coiled round it, the Caduceus, which is the winged staff of Hermes with two snakes entwined round it, and a palm tree with a serpent coiled round it (as used by French and Portuguese pharmacy bodies). The remaining four symbols are the green cross, the mortar and pestle, the carboy and the "Rx" or "recipe" sign.

The 12 previous information sheets, all written by Peter Homan, FRPharmS, cover "Drug preparation and extraction", "Secundum artem: the skill of the apothecary and pharmacist", "Liquid medicines and



The staff of Aesculapius as it appears on the Society's arms

medicine bottles", "Lozenges and pastilles", "Suppositories, pessaries and bougies", "Ointments, creams and plasters", "Pills and pill-making", "Powders and cachets", "Capsules and tablets", "Patent and brand

name medicines", "Balances, weights and measures" and "Dispensary bottles". The illustrations are based on images available as postcards from the museum.

Like the earlier sheets, "Pharmaceutical symbols" can be downloaded as a PDF file from the museum section of the Society's website (www.rpsgb.org/museum). Copies of the double-sided, A4-sized sheets are also available by post. Requests should be telephoned to 020 7572 2210 or e-mailed to museum@rpsgb.org. Also available (but not part of this series) are information sheets explaining the Society's motto and its coat of arms.

Briony Hudson, the keeper of the Society's museum collections, said that the information sheets had proved extremely popular, with their section of the website being visited more than 1,500 times a month. She added: "We have found that they are an excellent way for people to access information about the history of pharmacy, and we plan to continue to add to this resource."

Competencies project report now available online

The report of a consultation on a project concerned with the competencies needed by the future pharmacy workforce can now be downloaded from the Royal Pharmaceutical Society's website (www.rpsgb.org). The report shows that most respondents support the project and believe it will make a useful contribution to the development of the profession (*PJ*, 3/10 January, p35).

The consultation, by the Society's policy support unit, had asked for views on the pro-

ject's first phase. This had involved analysing the likely impact of recent national policy developments and then drafting a new competency framework by combining the outcome of the analysis with the current frameworks for pharmacy undergraduate education and preregistration training.

A report on the results of an initial "reality testing" of the new competency framework, involving 150 pharmacists, is expected to be published within the next few weeks.

Birdsgrove

Pharmacists in need of convalescence are reminded that the Royal Pharmaceutical Society's convalescent home is at their service. Wives or husbands of members are eligible for admission, as are former members and, when room is available, parents of pharmacists.

Application should be made to the Administrator, Birdsgrove House, Mayfield, near Ashbourne, Derbyshire DE6 2BN (tel 01335 342144).

President visits Portsmouth pharmacy school



The President with Portsmouth staff and students

The President of the Royal Pharmaceutical Society, Dr Gill Hawksworth, recently visited the school of pharmacy and biomedical sciences at the University of Portsmouth, where she spoke to final years students on what they can expect from Society and what the Society expects from them.

The photograph shows the President with university staff and students at a lunch in her honour: seated, left to right, Professor Dave Rogers (dean, faculty of science), Dr Hawksworth, Professor John Craven (vice-

chancellor of the university) and Dr John Wong (head of the school); standing, left to right, Dr Asmita Sautreau (MPharm course leader), Helen Hull (senior lecturer), Dr David Brown (principal lecturer), Dr Steve Arkle (deputy head of the school), Dr Paul Rutter (senior lecturer), Emily Richards (final year student), Gavon Edwards (final year student), Phil Ritchie (final year student), Dr Jane Portlock (associate principal lecturer) and Professor Ian Jones (professor of pharmacy practice).

Benevolent Fund donations

Donations are urgently needed to support the work of the Royal Pharmaceutical Society's Benevolent Fund, which exists to provide help to distressed members of the profession and their dependants. Grants may be made to members or former members of the Society, their widows, orphans or other dependents, and students registered with the Society.

Every year, hundreds of individuals are given quarterly or monthly grants or one-off payments to assist where there is need. Interest-free loans are also made to help with major items of expenditure such as external redecoration and repairs where no other source of funding can be found. As well as providing financial help, the fund is also regularly approached for advice on a wide range of welfare issues.

Donations may at any time be sent direct to the Benevolent Fund, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN. At the beginning of the year, an easy way for pharmacists to make a donation is to include an additional sum when paying their membership retention fee (remembering to complete the relevant box on the retention fee form). Gift Aid donations are especially welcome. For further information about Gift Aid, contact the finance department at the Society.

Law and ethics bulletin

Aspirin and aloxiprin labels and inserts

Further to two previous Law and Ethics Bulletins (*PJ*, 27 September 2003, p432) and 4 October 2003, p477), this bulletin is to consolidate and further clarify information the Society has obtained from the Medicines and Healthcare products Regulatory Agency.

Since 1 October 2003 all relevant medicinal products containing aspirin or aloxiprin must:

- Be labelled with the words: "Do not give to children aged under 16 years, unless on the advice of a doctor." This applies to general sale list (GSL) medicines, Pharmacy (P) medicines and prescription only medicines (POMs). There is no requirement for the new warning to appear on dispensing labels of dispensed medicinal products. The use of a dispensing label does not preclude the requirement for the container/packaging to bear the warning, where an original pack has been dispensed.
- Be supplied with a patient information leaflet (PIL), which must

bear the new wording: "There is a possible association between aspirin and Reye's syndrome when given to children. Reye's syndrome is a very rare disease, which can be fatal. For this reason aspirin should not be given to children aged under 16 years, unless on the advice of a doctor." This requirement applies to patient packs and to supplies from bulk packs made against a prescription.

It is the responsibility of the marketing authorisation holder to produce the PIL as part of the authorisation application; therefore overlabelling of existing stock would not achieve compliance since the leaflets also require amendment. The requirement is, however, that every container and every package immediately enclosing a container of such products carries the warning. The MHRA has stated that there is no offence if this requirement is met and an amended PIL is included. The MHRA is the enforcement authority for these regulations and instances of non-compliance should be directed to it.

Amendments to emergency first aid booklet

The Society's booklet "Emergency first aid: guidance for pharmacists" provides guidance on action in life-threatening situations. A copy of this booklet was sent to all registered pharmacy premises in April 1999. Pharmacists should be aware that the following changes have been made to the original guide:

- Page 3: Anaphylactic shock — under the heading "Action", the adult dosage should now read: "[Adult dosage 500mcg (0.5ml of a 1:1000 solution)]"
- Page 19: Telephone numbers — Under the heading England and Wales, the contact numbers should now read:
St John Ambulance 020 7324 4000;
British Red Cross 0870 240 4198;
WCPPE 02920 874784.

Further copies of the booklet can be obtained at a cost of £3 each or £25 for 10. Requests should be sent to the Fitness to Practise and Legal Affairs Directorate with a cheque made payable to "RPSGB".

How PDGs can help deliver the pharmacy “vision”

Pharmacy development groups (PDGs) can help deliver the Department of Health's vision for pharmacy, according to speakers at the Royal Pharmaceutical Society's fifth conference on pharmacy development groups, held on 20 November 2003.

The aim of the conference was to promote an understanding of the importance of “A vision for pharmacy in the new NHS”, the DoH consultation document, for patients, professionals and the National Health Service and how pharmacists can collaborate in delivering “the vision”.

Expanding roles

“The Society welcomes ‘the vision’, with its emphasis on expanding roles for pharmacists,” said Alison Ewing, Vice-President of the Royal Pharmaceutical Society. “Implementing these roles will place pharmacy at the centre of health care in the UK.” She went on to add that the Society has ongoing concerns regarding some of the detail of the new roles.

First, she said, is the issue of resources. Such a ground-breaking vision necessitates the provision of adequate staff, an appropriate environment and funding.

Secondly, patient information needs to be shared. In the world of collaborative working, patients and other health professionals must understand and accept why there is a need to share information.

Thirdly, community pharmacy is still not fully integrated into the primary health care team. Recent research from the Royal College of General Practitioners has revealed that general practitioners still tend to view pharmacists as shopkeepers. This highlights the need for pharmacists to communicate better with GPs to inform them about their skills and knowledge and how this can contribute to patient care.

Fourthly, the Society believes that primary care trusts (PCTs) should have access to high quality pharmaceutical advice, not only at board level, but also at the professional executive committee (PEC) level. However, fewer than half of all PCTs have appointed a pharmacist to their PEC. This is a pity, as those pharmacists who have been appointed to PECs have made an enormous contribution.

In short, lack of pharmacist integration into the primary care team is still a key issue. Connection of pharmacists to the NHSnet (announced in July 2003 by Professor Sir John Pattison, director of research and development at the DoH) will do much to enhance integration. However, it seems that connection will happen only when concerns about security and confidentiality have been ironed out. While there are legitimate reasons for protecting sensitive patient data, this project must be pushed forward with the utmost urgency. Without access to patient records, the electronic transmission of prescriptions, repeat prescribing and medication reviews will fall by the wayside, Ms Ewing said.

Heather Gray, chief pharmacist, South East Hertfordshire PCT, and project director, medicines management, pharmacy and prescribing significant issues groups, described the role of the National Primary and Care Trust (NatPaCT) development programme and the way in which pharmacists and PDGs can use the support it provides.

One example of this support is the NatPaCT competency framework, which is a self-assessment and support tool to help PCTs. The framework covers issues such as organisational maturity, service provision, securing service delivery, partnership, public health, community, patient and public involvement, medicines management, pharmacy and prescribing and clinical quality.

The framework is built around several competency domains, and each domain has a number of competencies. For each competency there are competency statements, and for each statement there are associated examples of evidence (see www.natpact.nhs.uk/newcf). “Significant issues groups” have been formed to develop more advanced competencies.

Ms Gray recommended that PDGs should use the competency framework to work collaboratively with pharmacy colleagues in the PCT and the PEC. The aim is to identify areas of risk and good practice within the PCT and nine domains can be used to identify gaps within the PCT agenda. Opportunities for pharmacy to fill these gaps can then be discussed with colleagues and a strategy and work programme for the PCT developed.

The competency framework gives no practical guidance, so it is important to make use of tools and examples of good practice, which are available from various organisations (eg, the National Pharmaceutical Association, the Pharmaceutical Services Negotiating Committee, the National Prescribing Centre and the Society).

Relationship problems

Brian Curwain, chief pharmacist and head of primary care, New Forest PCT, emphasised the importance for pharmacists of getting relationships right — at both PCT and PEC level. PECs are not functioning well in many places, mainly because of conflicts between management and professional members. One difficulty is that professional members (eg, pharmacists, dentists, opticians) may not be supported managerially. Professional members must also learn to take on board the PCT agenda and become PCT people. They should bring information as to what their profession can contribute, but — a word of warning — they should not just act in their own group's interest.

Mike King, head of professional development, Pharmaceutical Services Negotiating Committee, emphasised the importance of getting relationships right. Clearly, the future for pharmacy rests on the new contract, but

this does not obviate the need for pharmacists in PCTs, PDGs, LPCs and PECs to work collaboratively. There must be no in-fighting. All must work together to promote pharmacy, develop pharmacy services, a pharmacy strategy and a local delivery plan.

PDGs should not forget hospital pharmacists, Ms Ewing emphasised. So many of the issues of current concern in the community — skill mix, use of technicians, expansion of clinical roles, medicines management and information technology — have been pioneered in secondary care. Hospital pharmacists have much relevant experience to bring to pharmacy development in the community. Medication issues around discharge are of concern to all pharmacists, making collaborative working in this area essential. Perhaps it is also time to stop thinking in terms of discharge from hospital, but more as readmission to the community. Being in hospital is the abnormal event in a person's life and returning to the community is the route back to normality.

Public health role

Miriam Armstrong, chief executive of PharmacyHealthLink, reminded the audience that “the vision” recognises pharmacists' role in public health. As people who spend a large proportion of their job engaging with and providing health interventions to individuals, groups and communities, all pharmacists can be described as public health practitioners. Ten key generic public health practitioner competencies have been identified by Skills for Health (www.skillsforhealth.org.uk) in the national consultation commissioned by the four UK health departments and the education regulatory authorities. Ranging from surveillance and assessment of the population's health and well-being and promoting and protecting health to developing health programmes, reducing inequalities, policy and strategy and quality and risk management, these competencies describe skills and ways of working. Pharmacists can use them as a framework for their public health activities.

In a presentation about continuing professional development, Fred Ayling, CPD officer for the Society, said that pharmacists had several concerns in relation to CPD, including time, what and how to document and the type of evidence required. PDGs can encourage pharmacists in their CPD by showing leadership, getting pharmacists to make a start on their CPD records (perhaps on-line; see www.uptodate.org.uk), creating an environment where CPD can be shared and providing help with reflection.

Summing up the day, Anne Adams, the Society's project manager for PDGs, emphasised the importance of communication — talking to people inside and outside the profession and to every pharmacist in the locality. “PDGs are an important vehicle for delivering the vision. Local leadership is vital: not everything can be done centrally.”

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).

Validation of bioanalytical procedures for large molecules

The Royal Pharmaceutical Society is hosting "Bioval 2004: regulatory guidance for validation of bioanalytical procedures for large molecules" on 12 and 13 February at its London headquarters.

The international conference is organised by the Joint Pharmaceutical Analysis Group (a collaborative venture of the Society and the Royal Society of Chemistry) in association with the Academy of Pharmaceutical Sciences, the European Federation for Pharmaceutical Sciences, and the International Pharmaceutical Federation (FIP).

The conference is the second in a series looking at the regulatory guidance being formulated by the United States Food and Drug Administration on validation of analytical methods. It aims to discuss the implementation of the proposed basis for guidance on ligand binding assays and validation of biomarker assays. It will include discussions of the basis for the proposed guidance and plenary presentations by international experts. Panel discussions at the end of each session will allow participants to contribute their opinions and for the speakers to respond to written questions.

The first day's programme will examine ligand binding assays. It will close with an informal reception. The second day will look at biomarker validation.

The registration fee is £550, reduced to £450 for members of the Society, JPAG, APS or FIP and individual members of EFPS. A concessionary fee of £300 is available to bona fide full-time academic staff and full-time staff of a regulatory authority. On-site registration is £650. The registration fees include course documentation, lunches and refreshments.

Further information and registration forms are available from Judy Callanan at the Society (tel 020 7572 2261). Questions for consideration by the panel of speakers should be sent by e-mail to science@rpsgb.org, clearly marked "Bioval 2004".

DIARY

Local meetings

The following are meetings of branches 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 19 January

Bromley "Osteopathy" by Michael Adams (lead osteopath, Eltham Health Clinic). Postgraduate Centre, Queen Mary's Hospital, Sidcup. Buffet 7pm, meeting 8pm.

Slough "Chiropody today" by Alina Hartnett (state registered chiropodist). John Lister Postgraduate Centre, Wexham Park Hospital. Buffet 7.15pm, meeting 8pm.

South Essex Annual general meeting and international pharmacy evening. Postgraduate Medical Centre, Basildon Hospital. Buffet 7.30pm, meeting 8pm.

Tuesday 20 January

Ayrshire "Heartstart: training in emergency life support by instructors from Heartstart". Gales Lodge, Marine Drive, Gales. Buffet 7pm, meeting 7.30pm.

Durham "Medication review and the National Service Framework for Older People". Sedgfield

Primary Care Trust Offices, Spennymoor. 8pm.

Cheltenham and Gloucester

"Clinical governance" by Dr Julie Hales (clinical governance facilitator, Gloucestershire) Cheltenham Postgraduate Centre, College Lawn, Cheltenham. Buffet 7.15, meeting 8pm.

East Metropolitan

"Diabetes: recent advances in treatment including newer insulins" by Dr G. Toms (Newham General Hospital). Canon Hemming Hall, Parish Centre of Our Lady of Lourdes, Cambridge Park, Wanstead E11. Buffet. 7.30 for 8pm.

Plymouth "Focus on Alzheimer's disease" by Dr David Pasche.

Postgraduate Medical Centre, Derriford Hospital. Light buffet. 7.15pm.

South Cheshire "Asthma update" by Janet Howell. Delamere Suite, Fourways Inn (A556), Oakmere, Northwich. Meal 7.15pm, meeting 8pm.

Wednesday 21 January

Bath "Everything you ever wanted to know about magnetic resonance image scanning". Reception Area, Bath Clinic, Combe Down. 7.30pm.

Leeds Annual general meeting followed by "I'm isolated: help me do my continuing professional

development" by Peter Wilson (CPD adviser, Royal Pharmaceutical Society). Leeds Business Centre, Clarendon Road, Leeds. 7.30pm.

Reading "Update on asthma" by Dr Andrew Zurek (consultant physician). Boehringer Ingelheim, Bracknell. 7.30 for 8pm.

Thursday 22 January

Chelmsford Talk on topic of current interest by Dr Nicola Gray (member of the Royal Pharmaceutical Society's Council). Room SAW 005, Sawyer Building, Rivermead Campus, Anglia Polytechnic University. Buffet. 7.30 for 8pm.

Glasgow and West of Scotland Burns supper. Western Infirmary Private Dining Room. 7.30pm.

Halifax Annual general meeting. The Quays, Salterhebble. 8pm.

Mansfield "Mandatory continuing professional development: are you ready?" by Dr Peter Wilson (CPD adviser, Royal Pharmaceutical Society). Chadburn House, Mansfield. Buffet 7pm, meeting 7.30pm.

Monday 26 January

Clwyd Annual general meeting. Llwyn Y Mawn Pub, Brynford. 7.45pm. Followed by buffet and business meeting 8.15pm.

Hertford "Getting ready for continuing professional development" by Dr Peter Wilson (CPD adviser, Royal Pharmaceutical Society). Glaxo, Ware. Buffet 7.30pm, meeting 8pm.

Stockport "Sexual health strategy: its impact on pharmacy, how can we help?" by Janet Ford (health adviser, genitourinary medicine). Lecture Theatre B, Postgraduate Centre, Stepping Hill Hospital. 7.15pm for 8pm.

PERSONAL

This column is intended for announcements of births, engagements, marriages, anniversaries, etc. The charge for an insertion is £20 for up to 25 words, and £8 for every additional 10 or fewer words. Personal cheques only (payable to The Pharmaceutical Journal) should be sent with the notice to the Editor, The Pharmaceutical Journal, 1 Lambeth High Street, London SE1 7JN. The sender's address and membership number, if applicable, should be on the reverse of the cheque.

Births

Nowell Jamie and Kairen of The Locum Agency proudly announce the birth of their daughter, Eleanor Aimee, on 3 January 2004, a sister to Aaron Thomas.