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Royal  
Pharmaceutical  
Society  
of Great Britain

## Roadshows to focus on the future for primary care pharmacists

Primary care pharmacy, and its developing role, will be explored in a series of four roadshow meetings, organised on behalf of the Royal Pharmaceutical Society's steering group for primary care pharmacy.

Sally Greensmith, member of Council and of the steering group for primary care pharmacy, said: "As the role of primary care pharmacists continues to develop it is important to establish what this will mean for the profession. These roadshows will increase the Society's understanding of the role of pharmacists working in primary care and look to identify the key competencies that primary care pharmacists will need to influence and support change. The meetings will also provide a forum to share views, network and engage pharmacists with the Society."

The following dates and venues in England have been confirmed:

- 22 March, Palace Hotel, Oxford Street, Manchester
- 21 April, The Congress Centre, Great Russell Street, London

A meeting will take place in Wales on 9 March; the venue is yet to be confirmed. A



**Sally Greensmith: key competencies to influence and support change identified**

meeting will also take place in Scotland, details of which will be announced at a later date. Further information about the roadshows in Manchester and London can be obtained from Juanita Pollard on 0118 944977 (e-mail [juanita@pharman.co.uk](mailto:juanita@pharman.co.uk)).

This week

- **Primary care roadshows**  
Four roadshows, which will focus on the developing role for primary care pharmacists, will take place over the next few months (p259).
- **Retention fee payment**  
An update on how many members have paid their retention fees using the new payment system (p259).
- **The Society's directorates**  
In an article this week, the President describes the Society's professional leadership and development work (p260).
- **Scottish Executive elections**  
The Scottish Department of the Royal Pharmaceutical Society is calling for nominations of pharmacists resident in Scotland to serve as members of the Executive for the next three years (p263).

## New method of retention fee payment proves popular

One-third of the 37,000 retention fees for membership of the Royal Pharmaceutical Society have been paid by credit or debit card, or via the Society's website. The new payment system for collection of fees was introduced this year. Compared with this time last year, the Society has received 25 per cent more payments. About 900 payments per day are currently being processed.

Andrew Gardner, head of registration, Royal Pharmaceutical Society, said: "The feedback we have had from most members has been positive and it seems many prefer to pay by credit or debit card, or via the website, particularly overseas members. Although we are pleased with the uptake of new methods of payment and the consequent increase in collection rates, there have been teething problems but we are confident these will be ironed out in time for next year. We would urge those members who have yet to send in their forms or premises returns to do so as soon as possible."

The Society expects to dispatch statutory demands in the week ending 5 March. A list of names of those members who have not sent in their fees will then be presented to the Council at its meeting of 12 May for consideration for removal from the register.

## International analysis conference a success



A two-day international conference "Bioval 2004 — regulatory guidance for validation of bioanalytical procedures for large molecules" was hosted by the Royal Pharmaceutical Society at its London headquarters on 12 and 13 February.

Howard Hill, conference chairman, said: "The conference, based on the validation of ligand binding assays and biomarkers, brought

together many of the opinion makers from both the US and Europe. The objective of the meeting was to synthesise a consensus on this topic, which will hopefully result in a white paper consensus document being produced under the aegis of the American Association of Pharmaceutical Scientists."

The photograph above shows participants at the conference.

# Why pharmacists can be confident about the future

Over the coming months, various articles will be published about the Royal Pharmaceutical Society's directorates and their work to strengthen pharmacy's position. In the first article, **Gill Hawksworth**, President of the Society, describes its professional leadership and development work

A huge agenda faces the profession as we tackle the work that will enable us to meet the needs of the future. As a leadership and development body, we are involved in a host of activities to ensure that the profession is positioned to make its full contribution. As a regulator, we need to ensure that our powers and processes stand up to scrutiny, supporting a safe and effective pharmacy service and the profession's reputation. As well as looking to the powers and constitution of the Society, the Council wanted to ensure that the staff structure fully met the needs of the organisation. So the Council asked the Secretary and Registrar, Ann Lewis, to produce proposals that would align the structure with the work that needs to be done. Working with her executive group of directors, Miss Lewis devised proposals for the directorates that the Council agreed in December 2003. A review of arrangements in Scotland and Wales and other possible devolved administrations is to take place during 2004 (*PJ*, 14 February, p197).

## Seven directors

There are now seven directors who manage specific areas of activity but who are fully committed, through the executive group, to work across the directorates to promote beneficial "joined-up" working. They and their teams play an important role in helping the Society deliver the profession's strategy for the future of pharmacy.

This article seeks to highlight aspects of the work of the Practice and Quality Improvement Directorate that contributes towards the delivery of the profession's strategy in the context of the Government's plans for pharmacy in England. David Pruce is the director of the team, which includes practice, quality improvement, ethics and leadership development. The team works across the range of issues and activities that support pharmacists in the development of quality professional practice, with the ultimate benefit to patients. Recently, it has been working to involve the profession in the delivery of the various national service frameworks, and the profession is now fully integrated into these important programmes.

Medicines management and the treatment of older people in the NHS are, of course, priorities. Work is also currently under way to update the Society's practice guidance on diabetes, chronic obstructive airways disease and asthma, and mental health.

## New developments

The Society works closely with agencies such as the National Institute for Clinical Excellence, the Commission for Healthcare

Audit and Inspection, the National Patient Safety Agency (NPSA) and the National Treatment Agency, in order to make sure that pharmacy is involved in all the new developments.

In our 1997 strategy "Building the future", the Society said that it wanted pharmacists to be able to prescribe in a wide range of circumstances. We have come a long way since then with the establishment of pharmacist supplementary prescribing. This directorate is now leading the work on developing an independent prescribing role for pharmacists, an agenda that I, as President, am actively supporting through my work with external stakeholders.

Repeat dispensing is another area of interest and I am leading a group looking at the risk management of repeat dispensing with the help of the NPSA.



## The roles of the Society's directors and secretaries

**Ann Lewis**  
Secretary and Registrar

Works with the Council and the directorate teams to provide leadership and management for the delivery of the vision and strategy for the profession

**Philip Green**  
Deputy Secretary and Registrar  
and Director of Education and  
Registration

Works to ensure a profession that is educated and trained through lifelong learning to deliver the vision for pharmacy; maintains a quality register that earns public confidence

**Robert Darracott**  
Director of Corporate and  
Strategic Development

Works within central administration, corporate governance and human resources to ensure that the organisation is able to deliver on the challenges ahead in the strategy set by the Council

**Beverley Parkin**  
Director of Public Affairs and  
Communications

Works with a range of stakeholders to promote the contribution that pharmacists can make to society and to instill confidence in the profession

**David Pruce**  
Director of Practice and Quality  
Improvement

Works to bring forward practice developments and support pharmacists in the delivery of quality professional practice

**Mandie Lavin**  
Director of Fitness to Practise and  
Legal Affairs

Ensures public confidence in the profession and in its ability to regulate its own affairs and ensures that pharmacists are competent and fit to practise

**Nigel Graham**  
Acting Secretary,  
Scottish Department

Works to realise the Council's strategy in Scotland

**Cath O'Brien**  
Secretary, Welsh Executive

Works to realise the Council's strategy in Wales

**Charles Fry**  
Director of Publications

Promotes excellence in pharmaceutical publishing and helps provide the intellectual support that pharmacists need to deliver the vision for pharmacy

**Bernard Kelly**  
Director of Resources

Harnesses the Society's resources to best effect so that they underpin the Council's strategy

Delivering the vision is dependent on many other strands of Government policy. Among these is information technology, and the major overhaul of NHS IT is highly significant for pharmacy.

Access for all pharmacists to patient information through the NHSnet is a key development that we are pressing for and I am keen to progress this at every opportunity. I am pleased to say that there is support for pharmacists to have access to patient information from many of the external stakeholders with whom we are discussing this and other issues. It appears to be widely understood that pharmacists in the community need this information in order to deliver the best patient outcomes. The outcome of the Shipman inquiry may hasten this agenda since it has been noted that pharmacists need to be in the IT loop for audit purposes.

### Opportunities and developments

Another exciting opportunity on the agenda is the Government's public health strategy. Pharmacy is heavily involved in its development and pharmacists are working to define our role in this area. Through public health initiatives, pharmacists have a key part to play in helping tackle inequalities and support the development of local communities.

As medicines are newly deregulated from POM to P the move opens up opportunities for community pharmacists to address the self care agenda. The expected availability of statins brings with it a role in the self-management of long-term conditions for the first time. The Society is keen to monitor progress in this area and training and performance standards will be crucial.

The development of leadership within the profession is crucial and the Society is keen to see leadership training being available to pharmacists as it is to other NHS professionals. Pharmacists who sit on the professional executive committees of primary care trusts, pharmaceutical advisers and pharmacy development groups all will be key to helping local leadership developments.

At local level, it is important to monitor the work of the new clinical governance facilitators and the progress of local Centre for Pharmacy Postgraduate Education workshops, where national and local topics contribute to pharmacists' continuing professional development.

There are some potential problems arising from the huge agenda involving an enhanced clinical role for pharmacists, not least an increase in workload, which raises the question of patient safety. I have lost no opportunity to state the need for sufficient underpinning resources to support the delivery of quality services in the name of patient safety. These resources include IT and sufficient suitably trained support staff as well as the funding to provide appropriate infrastructure.

### New contract

The Council has had presentations from the Pharmaceutical Services Negotiating Committee on the new contract and look forward to negotiations being completed. Additionally, it is important that pharmacists are clear about how they can help to deliver the new GP contract locally. Whatever services are developed at whatever level, the Society will need to set the competencies required and the professional and ethical framework in which the service is delivered.

Competence is a key issue in the knowledge and skills framework being tackled currently by hospital pharmacy. The Society is working with the Guild of Healthcare Pharmacists and others to ensure that the knowledge and skills framework fully reflects the importance of medicines in modern health care. Many local service development programmes are beginning to be accredited

and workplace continuing professional development programmes are being addressed.

Pharmacists have much to be confident about. It is important, however, that the work the Society is doing across its directorates to deliver the vision for pharmacy is underpinned by local activity. One of the key issues is the need to build working relationships across the interface between primary and secondary care and with other professionals. Pharmacists must and do work together to keep up with all the developments. The Society, through its branch and regional network, works to support them in this.

Enhancing pharmacists' professional confidence will maintain and encourage public confidence in our profession. No matter what the reason, no matter how deeply felt the cause, nothing can be more important than that.

## Long service awards presented to members of the Leicestershire and Rutland branch



From left to right: Ian Bell, branch secretary, Tony Dyer, Alison Ewing, Divyesh Shah and John Allen

Alison Ewing, Vice-President of the Royal Pharmaceutical Society and clinical director of pharmacy at the Royal Liverpool Hospital, visited the Leicestershire and Rutland branch of the Society to give a talk about medicines management and the National Service Framework for Older People. After the meeting she presented several long service awards. Tony Dyer, a community pharmacist in Blaby,

Leicestershire, and John Allen, a community pharmacist in Oadby, Leicestershire, received an award for completing 50 years on the register.

Long service certificates were also awarded to William Pollock for completing 50 years on the register and to Sidney Carter, a former lecturer at De Montfort University, for completing 60 years on the register. Both were unable to attend.

## Law and ethics bulletin

### Professional accountability

The Society has on occasion dealt with complaints involving dispensing errors in circumstances in which the pharmacist in charge at the time when the medicine was supplied to the patient was not the pharmacist in charge when the prescription was assembled. Pharmacists are advised

that an identifiable pharmacist must be accountable for every professional activity undertaken. The transfer of medicines to the patient forms part of the dispensing process and therefore the pharmacist on duty when the supply is made cannot absolve himself or herself from responsibility for that supply on the basis that he or she did not dispense the medicine.

## DEATHS

**Coles** On 24 December 2003, James Coles, MRPharmS, of 41 Plaistow Grove, Bromley BR1 3PB. Mr Coles registered in 1945 (see Tribute below).

**Horrell** In December 2003, Elisabeth Mary Horrell, MRPharmS, of Lower Pengelly, Linkinhorne, Callington, Cornwall PL17 8QP. Mrs Horrell registered in 1989 (see Tribute, Column 2).

**Macdonald** In December 2003, Ian Macdonald, of "Strathview", Frilford, Abingdon, Oxfordshire OX13 5NY. Mr Macdonald registered in 1936 and retired from the register in 1999 (see Tribute, Column 3).

**Powell** On 22 November 2003, Edward James Powell, of "Stretford", Ranelagh Street, Hereford HR4 0DT. Mr Powell registered in 1932 and retired from the register in 1999 (see Tribute, Column 4).

**Thomas** Recently, Edward Rhys Thomas, MRPharmS, of Glenbrook Estate, Glenboi, Mountain Ash, Mid Glamorgan CF45 3DH. Mr Thomas registered in 1945.

## TRIBUTES

**Coles** In a tribute to the late James Coles, KEITH STEAD writes: I first met Jim when I joined St Thomas' Hospital pharmacy department in 1965. He was then senior pharmacist in charge of the sterile products section.

Jim was born in Bromley and lived there all his life. He served an apprenticeship with Boots in Bromley and after qualifying he was called up for his deferred service in the Royal Air Force in London and then at a hospital in Haifa, Israel. On demobilisation he joined the pharmacy at St Thomas' Hospital and its pension scheme (prior to the NHS). Its benefits were better than the NHS scheme and he stayed with it. It had unforeseen consequences in the early 1970s with the Noel Hall report enhancing and extending the role of the hospital pharmacist. But Jim felt unable to apply for better jobs that were advertised at the time.

Jim, like many others in the NHS, was dismayed at the poor status and financial rewards for pharmacy but he set out to make his sterile products section a model one. He was highly knowledgeable about stills autoclaves, ampoule machines, etc, and had a passionate interest in electronics. He collaborated with one of the pathology professors to install a

ring main from the pharmacy still to supply the laboratories with distilled water. And he introduced an automatic filling and capping line for bottles of water, saline and dextrose.

Jim liked to teach his technical skills to students and young pharmacists. But if they did not grasp it he was short tempered and they would remember that. After the Noel Hall reorganisation, Jim became a principal pharmacist and titular district pharmaceutical officer. In the meantime he left the sterile products section and became my deputy.

During the 1970s, with a couple of engineering colleagues, he devised a machine that was able to bring treatments cards before a television camera, scan them and show the image on a monitor in the pharmacy, without the card leaving the ward. The medicine could be dispensed and the card annotated on a later visit. The scheme was piloted successfully on a number of wards but had to be abandoned when treatment cards were replaced by combined treatment and administration sheets and stickers. It was an innovative use of television at the time and a spare camera and monitor was useful for making training films.

At the end of the 1970s Jim had a stroke and never returned to work. He made a marvellous recovery for which his devoted wife, Pearl, and his physician must be praised. He decided to take early retirement and continued to enjoy family life and the community to which he had contributed. His wife who had looked after him so devotedly (they were childhood sweethearts), died six months ago and Jim had to be admitted to a nursing home.

My sympathy goes out to his son and daughter and his grandchildren.

**Horrell** In a tribute to the late Elisabeth Mary Horrell (see Column 1), ANNE JONES (writing on behalf of friends and colleagues at Boots The Chemists in Cornwall and Devon) writes: It was with great shock and sadness that we learnt of Elisabeth's unexpected and untimely death. Elisabeth was liked and respected by her colleagues and patients alike. She had lots of time for everyone and her attention to detail and immense patience were well known and widely appreciated. Always one to rise to an academic challenge, Elisabeth readily used her outstanding intellect and experience to enlighten others in an energetic

and enthusiastic manner. In her private life, Elisabeth's love of nature, gardening and the outdoors inspired many and will continue to do so. Elisabeth will be greatly missed.

**Macdonald** In a tribute to the late Ian Macdonald (see Column 1), DAVID MORGAN writes: Ian Macdonald, who registered in 1936, has died aged 94, having lived and worked in Oxford from 1945 until his retirement. In 1996 he completed 60 years on the Register.

I have known and respected Ian, both as a pharmacist and as a pharmaceutical pioneer in the Oxford area, since my own entry to the Register in 1961, and it is, in part, his example that encouraged me to become interested in Royal Pharmaceutical Society and branch affairs over many years.

Having received his education at Perth Academy, he trained at the Dundee Technical College and, after a brief period in community pharmacy, took the unusual step (in 1940) of becoming involved in the new science of market research and surveillance. At that time commercial organisations became interested in the distribution and marketing of medicines and related merchandise, counter sales turnover and the value of NHS business in pharmacies. He joined Neilsen Market Research Organisation (Food and Drug Index), rising to become general field manager and a director of the company.

Ian was well known to many pharmacists as a speaker at branch meetings across the country on the importance of market research to pharmacy and pharmacists, informing pharmacists of changes, trends and future prospects for pharmacy.

He retained his close association with local pharmacy, becoming branch chairman of the Oxfordshire branch in 1956. He always liked to encourage young pharmacists to take an interest in the profession and, as such, initiated the branch cheese and wine meeting, which his company sponsored for many years even after his retirement from Neilsen's. The focus of the evening was to encourage young pharmacists and preregistration trainees in the area to meet branch officers and other pharmacists in a social atmosphere, usually incorporating a short session of topical interest within the profession.

After retirement Ian retained his pharmaceutical connections, acting as an occasional locum. I was

privileged to retain contact with him, as his pharmacist, for several years allowing me to return, in some measure, the debt of gratitude I owed.

I am happy to note, in lasting tribute to Ian's foresight, that the branch has revived the tradition of an initial cheese and wine meeting to commence the branch programme.

Pharmacists both locally and nationally owe a debt of gratitude to this far-sighted member of our profession.

**Murray** In a tribute to the late Truda Newman Murray (*PJ*, 21 February, p231), BILL JACKSON writes: Truda Murray will be sadly missed by both her family and friends.

In spite of long-standing heart problems she remained cheerful and professionally active. In recent years she and her husband Clive travelled to many places that they had wished to visit, including Machu Pichu in Peru and the Great Wall of China. They were on a visit to Vienna to celebrate Clive's 70th birthday when she was taken ill and admitted to hospital where she died.

She was a member of the British Society for the History of Pharmacy and had a considerable knowledge of pharmaceutical artefacts.

She was also a superb cook and excellent hostess.

My wife and I will miss her company and lively conversation.

**Powell** In a tribute to the late Edward James Powell (see Column 1), DAVID FERGUSON AND BOB GARDINER, Chave & Jackson Ltd, write: Eddie Powell was born in Hereford in 1908, lived through the reign of five monarchs and witnessed the invention of almost every item which we now accept as part of our daily lives. At the age of 10 he had felt the impact of the deaths of so many in the 1914-18 war that thereafter he was always a man of peace. He became an apprentice at the pharmacy of Chave & Jackson Ltd in 1924; 60 years later he retired, having been with the company all his working life. After his apprenticeship he obtained his MPS at the Liverpool School of Pharmacy and returned to manage the dispensary and the considerable manufacturing side of the business, later becoming a director of this large pharmacy, which never employed fewer than three full-time pharmacists.

With the advent of penicillin, Eddie installed a small laboratory

where, under one of the first Therapeutic Substances Act licences, he was able to dispense extemporaneous penicillin preparations. In 1977 he planned and oversaw the installation of an IBM "golfball" typewriter with an external punch-card memory pack; it was in fact, the precursor of the dispensary computer, and he was a co-author of the paper that appeared in *The Pharmaceutical Journal* in 1978 describing this innovation.

Life in pharmacy in the 1930s and 1940s was far removed from the present day. Eddie and his co-director Norman Gardiner worked together for 60 years yet one would never have addressed the other nor any staff member by their first names. Throughout most of Eddie Powell's working life the pharmacy closed for lunch; he would walk home, never having any desire to drive, returning after lunch to provide dispensing services until 8pm. Caretakers lived in the flat over the business and if an urgent prescription arrived at any time during the night, one of the pharmacists would turn up to provide the service. Back then, the pharmacists of Chave & Jackson Ltd opened their Broad Street premises in Hereford 365 days of the year with a dispensing service twice a day on Sundays and Bank holidays and this continued for the whole of the 60 years for which Eddie Powell served the company.

Thank you, Eddie, for passing on the disciplines of a different era. So many have reason to thank you for your help and advice over the years. The new era of pharmacist consultation is one that would be far from foreign to you and your colleagues.

## LIBRARY ADDITIONS

The following are among recent additions to the Royal Pharmaceutical Society's library in London. Books available for loan can be borrowed by members and by preregistration trainees and pharmacy students who have registered with the library. The loan period is 28 days. A loan may be renewed if the item is not required by another user. Details of all titles added to the library since 1991 can be found in the library's searchable online catalogue of publications ([olib.rpsgb.org.uk](http://olib.rpsgb.org.uk))

### Biopharmaceuticals

- Biopharmaceuticals: biochemistry and biotechnology. 2nd ed. Walsh G. Chichester: Wiley; 2003.
- Biotechnology and biopharmaceuticals: transforming

proteins and genes into drugs. Ho R, JY, Gibaldi M. New Jersey: Wiley-Liss; 2003.

- Handbook of pharmaceutical biotechnology. Rho JP, Louie SG. New York: Pharmaceutical Products Press; 2003.

### Clinical pharmacology

- Clinical pharmacology. 9th ed. Bennett PN, Brown MJ. Edinburgh: Churchill Livingstone; 2003.

- Essential MCQs on clinical pharmacology and therapeutics. Hassanally D, Wasan BS. Knutsford: PasTest; 2003.

- Instant clinical pharmacology. Begg EJ. Oxford: Blackwell Science; 2003.

- Introduction to clinical pharmacology. 4th ed. Edmunds MW. St Louis: Mosby; 2003.

### Drug misuse

- Oncologic therapies. Vokes EE, Golomb HM. Berlin: Springer; 2003.

- Treating alcohol and drug abuse: an evidence-based review. Berglund M, Thelander S, Jonsson E. Chichester: Wiley-VCH; 2003.

- Trends in deaths associated with abuse of volatile substances 1971–2001. Field-Smith ME, Butland BK, Ramsey JD, Bland JM, Anderson HR; St George's Hospital Medical School Department of Public Health Sciences. London: St George's Hospital Medical School; 2003.

### Genomics and gene therapy

- Adenoviral vectors for gene therapy. Curiel DT, Douglas JT. Amsterdam: Academic Press; 2002.

- Discovering genomics, proteomics and bioinformatics. Campbell AM, Heyer LJ. San Francisco: Cumming; 2003.

- Essentials of medical genomics. Brown SM. New Jersey: Wiley-Liss; 2003.

- Pharmacogenomics: social, ethical and clinical dimension. Rothstein MA. New York: Wiley; 2003.

### Training and personal development

- 101 ways to improve your pharmacy work life. Jacobs MR. Washington DC: American Pharmaceutical Association; 2001.

- Communication skills for pharmacists: building relationships, improving patient care. Berger BB. Washington DC: American Pharmaceutical Association; 2002.

- Work-based learning in primary care. Burton J, Jackson N. Abingdon: Radcliffe Medical; 2003.

## OFFICIAL NOTICES

Communications to the Royal Pharmaceutical Society should be addressed, unless 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](http://www.pjonline.com/notices)).

### Council election 2004

Nominations for election as members of Council should be received by the Secretary and Registrar of the Society on or before 18 March 2004. Each nomination in the Council election must be signed by at least 10 members of the Society, of whom at least five must be from the branch of the member nominated.

Nominees who are accepting nomination to the Council are asked to enclose with the nomination form their biographical details, photograph and financial declaration, as indicated on the back of the nomination form.

Nomination forms are available from the Secretary and Registrar or from the "About the Society" section of the Society's website ([www.rpsgb.org/society](http://www.rpsgb.org/society)). Nominations can also be made by letter.

### Ann Lewis

*Secretary and Registrar*

### Hospital Pharmacists Group Committee election 2004

Nominations are invited from members of the Royal Pharmaceutical Society's Hospital Pharmacists Group for candidates to stand for election to the committee. There are vacancies for two committee members to represent England.

Candidates to represent England in the election must be group members resident in England and may be nominated only by group members also resident in England.

Nominations should be submitted to Liz Griffiths, secretary to the Hospital Pharmacists' Group at the Society's headquarters, and should be received by 17 March 2004.

Nominations need not be made on a special form. The proposer should state his or her registered name, registered address and registration number. The nominee must submit a letter stating that he

or she is agreeable to the nomination.

If more candidates are nominated than there are places to fill, an election will be carried out by postal ballot in April 2004. Only members of the group living in England will be eligible to vote for two committee members to represent England.

Both elected members will normally serve for a period of three years from June 2004.

### Liz Griffiths

*Secretary to the Hospital Pharmacists Group*

*NB. Only members of the Hospital Pharmacists Group are eligible to nominate or seek nomination for election. Receipt of Hospital Pharmacist does not confer membership of the group.*

### Industrial Pharmacists' Group Committee Election 2004

Nominations are invited for candidates for election to fill the seven places on the Royal Pharmaceutical Society's Industrial Pharmacists Group Committee. Those elected will normally serve for three years on the committee.

Nominations do not necessarily have to be made on a special form. They should be sent to the secretary to the Industrial Pharmacists Group at the Society's headquarters by 26 March 2004.

The seven serving elected members are John Jolley, Dr John Kerridge, Michael Murray, Jane Nicholson, Dr Malcolm Parker, Mel Smith and Dr Steve Wicks.

Dr Janet Halliday was co-opted to the committee in 2002. All the current committee members are eligible for nomination.

### Ann Harrington

*Secretary to the Industrial Pharmacists Group*

### Scottish Department Executive election 2004

Notice is hereby given to members of the Royal Pharmaceutical Society resident in Scotland that the annual election for members of the Executive of the Scottish Department will be held in June.

The retiring members are Mrs E. Grant, Mr H. McQuillan, Mrs P. Murray and Mrs M. G. B. Ryan, all of whom are eligible for re-election. Retiring members Mr A. G. MacLaren and Mr A. J. Taylor have resigned their places.

Nominations for candidates for the 2004 election are now invited, the closing date for nominations

being 4pm, Friday 16 April. Nominations require the signatures of a proposer, a seconder and the nominee, together with their printed names, full addresses and registration numbers. Nomination forms may be downloaded from our website at [www.rpsgb.org/scotland](http://www.rpsgb.org/scotland) or are available from the Edinburgh office on 0131 556 2386. The form and biographical notes of the nominee, not exceeding 80 words, should be addressed to the Acting Secretary of the Scottish Department, 36 York Place, Edinburgh EH1 3HU.

## 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).

### PK/PD data analysis

The Royal Pharmaceutical Society and the Swedish Academy of Pharmaceutical Sciences (in association with the Academy of Pharmaceutical Sciences and the European Federation for Pharmaceutical Sciences) are jointly organising the sixth Advanced Level Workshop on Pharmacokinetic/Pharmacodynamic (PK/PD) Data Analysis, to be held at Madingley Hall, Cambridge, from 16 to 20 May 2004.

The four-day workshop aims to provide an interface between the computer analysis of PK and PD data and physiological concepts. Based on the background and concepts provided by the course lecturers, delegates will apply this information to the WinNonlin modelling package in hands-on exercises. The workshop is intended for advanced level research scientists in the pharmaceutical industry, regulatory agencies and contract research firms with at least three years' experience in PK/PD modelling, plus those who attended the earlier introductory workshop and graduate students who want to learn more about the advanced features of WinNonlin.

The course fee, which includes four nights' accommodation, meals, refreshments and course documentation, is £1,560 plus VAT for members of the organising bodies and £1,640 plus VAT for others. Those who register and pay before 18 February 2004 will receive a free copy of the textbook that will be used throughout the course. Applications received after 16 April 2004 will be subject to a late

registration fee of £80. Registration forms are available from Dr J.A. Clements at the Society's headquarters (tel 020 7572 2261; fax 020 7572 2506; e-mail [science@rpsgb.org](mailto:science@rpsgb.org)).

## DIARY

### Headquarters meetings

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

#### Monday 1 March

Infringements Committee. 1.30pm

#### Tuesday 2 March

Practice Committee. 9am  
Science Committee. 9.30am  
Education Committee. 1.30pm  
Law and Ethics Committee. 1.30pm

#### Wednesday 3 March

Council Reserve Day. 9.30am

### Local meetings

Events listed below 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](http://www.pjonline.com/diary))

#### Monday 1 March

**Derby** "The Children's National Service Framework" by Tony Nunn (director of pharmacy, Royal Liverpool Children's NHS Trust). Conference Room, Landau Forte College, Fox Street, Derby. Buffet 7.30pm, Meeting 8pm.

**Moray and Banff** See Northern Scottish.

**Northern Scottish** "The Pharmaceutical Journal" by Graeme Smith (managing editor, *The Pharmaceutical Journal*). Ramnee Hotel, Victoria Hotel, Forres. 7.30pm. Followed by dinner (booking required: contact Jim Bannerman, tel 01463 705583). Joint meeting with Moray and Banff branch.

#### Tuesday 2 March

**East Kent** "New Medway School of Pharmacy" by Sian Howells (Medway School). Howfield Manor Hotel, Chartham Hatch, Canterbury. Light buffet 7.30pm, meeting 8pm.

**Thames Valley** "The future of pharmacy? Local pilot on minor ailments prescribing by community pharmacists" by Donal Markey (community pharmacy facilitator, Richmond and Twickenham Primary Care Trust). Meeting Room (upstairs), The Adelaide, Park Road, Teddington. Refreshments 7.30pm, meeting 8pm.

#### Wednesday 3 March

**Hertford** "Medication errors" by David Cousins (National Patient Safety Agency). GlaxoSmithKline, Stevenage. Buffet 7.30pm, meeting 8pm.

**Ipswich** "Multiple sclerosis and cannabis" by Mario Price (senior pharmacist, James Paget Hospital) and Chris Boyes (multiple sclerosis specialist nurse, Ipswich Hospital). Postgraduate Medical Centre, Ipswich Hospital. Buffet 7.30pm, meeting 8pm.

#### Thursday 4 March

**Hounslow** "How to cope with resistance to antibiotics" by Kyi (consultant microbiologist, West Middlesex University Hospital). Education Centre, West Middlesex University Hospital, Twickenham Road. Buffet 7.30pm, meeting 8pm.

**Sheffield** "Anticoagulation and the community treatment of DVTs" by Alison Brown (pharmacist). Charnwood Hotel, London Road, Sharrow, Sheffield S10. Light refreshments 7pm, meeting 7.30pm.

**South Cheshire** "Drugs in sport" by David Mottram (professor of pharmacy practice, Liverpool John Moores University). Delamere Suite, Fourways Inn (A556)

Oakmere, Northwich. Meal 7.15pm, meeting 8pm.

#### Friday 5 March

**Eastbourne** Annual dinner followed by "Building on the past" by Douglas Simpson (member of the Royal Pharmaceutical Society's Council). Chatsworth Hotel, Grand Parade, Eastbourne. 7.45 for 8pm.

#### Monday 8 March

**Nottingham** "Opportunities for pharmacists". Panel discussion. School of Pharmacy, University of Nottingham. Buffet 7.30pm, meeting 8pm.

## The Diary

Announcements of branch and regional meetings for the Diary column should reach *The Journal* by 1pm on the Tuesday before publication. Branch programme cards are welcome at the beginning of the season, provided that branches subsequently notify *The Journal* in good time about any changes.

## Correction

The telephone number supplied to *The Journal* for information about the primary care roadshows in Manchester and London was incorrect (p259). The correct number is 0118 984 4977.