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Royal
Pharmaceutical
Society
of Great Britain

Fifteen candidates seek election to Council as Marshall Davies retires

Fifteen candidates are contesting this year's election of seven members to the Royal Pharmaceutical Society's Council.

The candidates include six of the seven Council members who complete three-year terms of office this year. Missing from the list is Marshall Davies, immediate past president of the Society, who has chosen not to seek re-election. Now aged 65, Mr Davies has served on the Council for 12 years. He was first elected in 1992, when he was chief superintendent pharmacist of Boots The Chemists. He was elected vice-president of the Society for 2000-01 and president for 2001-02 and 2002-03.

Mr Marshall said that he had been privileged and honoured to lead the Society as its President. The profession in its entirety was now stronger and had a more sustainable future than at any time in his working life. The rapid pace of change would continue, and there was still much to do.

However, he had decided to retire from the Council because his wife had unfortunately been ill and, although she was now



**Marshall Davies:
12 years' service**

much improved, his prime duty was to support her.

Mr Davies thanked the Society's staff for their unsung and inadequately recognised contribution to the success of the profession. And he thanked all those members of Council past and present who had guided, advised and supported him.

The six retiring Council members who are seeking re-election are Andrew Burr, Sid Dajani, Wally Dove, Sally Greensmith, Helen Howe and Ashwin Tanna.

Joining them in the election are Hassan Argomandkhah, Shiv Bagga, Peter Curphey, Davan Eustace, Gordon Geddes, Maurice Hickey, John Jolley, Graham Phillips and Andrea Robinson. Mr Argomandkhah,

Biographical details of the candidates will be published in *The Journal* next week. Voting papers and a booklet containing biographical details and statements of policy are to be posted to members on 12 April.

The election will be the second since the Society abandoned the single transferable vote system and reverted to the so-called "first past the post" system.

This week

■ Council election

Fifteen candidates are seeking election to the Society's Council this year, but they do not include immediate past president Marshall Davies (p427).

■ Listening Friends Scheme

The Listening Friends Scheme is supporting an increasing number of pharmacists with stress (p429).

■ Corporate governance

How the Council is implementing corporate governance within the Society (p430).

Questions for candidates

At the request of the Royal Pharmaceutical Society's Council, *The Pharmaceutical Journal* is to ask each candidate in the election up to three questions on matters of topical interest. The responses to these questions are to be published within the next two weeks.

In accordance with the wishes of the Council, the questions asked will be at the discretion of the editor of *The Journal*. Each candidate's response will be restricted in length to ensure fairness.

Candidates will be given a deadline by which to respond and the editor reserves the right to edit the responses, normally in consultation with the candidate.

Protection of members' privacy is behind changes made to Register

A series of changes to the publication of the annual Register of Pharmaceutical Chemists has been implemented by the Royal Pharmaceutical Society to help protect members from unwanted attention from individuals or commercial organisations.

As previously reported (*PJ*, 31 January, p134), the Privy Council has approved a Byelaw amendment allowing the register to give only the postal town element of each member's address. The Society has now decided to implement the change with immediate effect and also to cease producing a printed version of the register for purchase. The register will continue to appear on the Society's website (www.rpsgb.org) and a paper copy will be held in the Society's library.

The Byelaw amendment was requested by the Society's Council early last year because of concerns that some pharmacists, worried

about personal safety, are inhibited from submitting their home address as their registered address. The Society wants pharmacists to register their personal residential addresses for its own purposes because home addresses are more likely to be kept up to date, thus allowing members to be contacted more readily and directly.

The Byelaw change brings the Society into line with other regulatory bodies, which generally publish postal towns rather than the full addresses of their members.

Philip Green, the Society's deputy secretary and registrar and director of education and registration, said: "The Society appreciates that some members may have relied on the printed register as a valuable resource to maintain relationships and keep up to date with friends and colleagues. The Society must protect the public and secure the personal

safety of pharmacists. Although prevented from releasing labels or names and addresses, the registration section is happy to forward prepaid correspondence to members where the name and registration number of the member is known."

The Society says that no fee will be levied when forwarding correspondence to pharmacists. Staff will make every effort to identify the pharmacist concerned but because pharmacists in many cases share the same name and initials registration numbers can be important in correctly identifying the particular individual. Where registration numbers are not known, a register search conducted on the Society's website can provide them.

A £25 fee is levied for a manual register search, where written confirmation is provided by the Society that an individual is or is not registered.

Society fills five of the new senior posts at its Lambeth headquarters

As part of the restructuring of its Lambeth staff, the Royal Pharmaceutical Society has appointed five new key staff members.

Peter Burley has been appointed head of preregistration within the Education and Registration Directorate from 5 April. He will work to ensure the evidence-based quality assurance and enhancement of pharmacy students' and overseas pharmacists' preregistration training, development and assessment. Dr



Peter Burley

Burley joins the Society from the Health Professions Council, where he was director of education and training.

The other four appointments, three of which are internal promotions, are all within the Fitness to Practise and Legal Affairs Directorate. Shona Coy, formerly senior pharmacist administrator, has become head of fitness to practise and advisory services. She

will lead a review of the legal and ethical advice service, manage the legal and ethical advisory service, the compilation of data and information resources, take the lead on health committee arrangements and implement committee procedures and review progress against quality targets.

Jo Raffaitin, formerly pharmacist legal and ethical adviser with the Society, has been appointed head of investigation. She will lead current and transitional

infringement and investigation arrangements, lead on prosecutions pursued by the Society, implement committee procedures and review progress against quality targets.

Jackie Giltrow, formerly acting fitness to practise manager, will become chief inspector on 10 May. She will develop the inspectorate in line with the Society's vision for regulation, lead and manage the inspectorate,

taking a proactive role in promoting best practice, disseminating and implementing risk management and patient safety tools, and ensure achievement of quality targets.

The final appointment is that of Rosalyn Hayles as head of professional conduct from 17 May. She joins the Society from the Medical Research Council's clinical trials unit, where she was project manager for the microbicides development programme. She will lead the disciplinary committee function, implement committee procedures and review progress against quality targets, play a key role in the Society's risk management strategy and ensure public awareness and public engagement in the disciplinary process.

Philip Green, the Society's Deputy Secretary and Registrar and Director of Education and Registration, said: "These are key appointments and as part of the new staff structures will strengthen the integrated roles of the Society as a modern regulatory body and professional organisation for pharmacy."

Two to quit the Scottish Department Executive

There will be at least two new faces on the Royal Pharmaceutical Society's Scottish Department Executive after this year's election of six members.

Executive members Alister MacLaren and Andrew Taylor have both indicated that they will not seek re-election when they retire in

June. Each will have served two consecutive three-year terms of office. The other four retiring members — Elizabeth Grant, Harry McQuillan, Pat Murray and Margaret Ryan — are all eligible for re-election.

Nominations for election are now being invited (Official Notice, p432).

Museum information sheets highlight pharmacy's history

The museum of the Royal Pharmaceutical Society has launched three new illustrated information sheets looking at the history of delftware storage jars, and the Society's headquarters building and the museum.

"English delftware storage jars" is the 14th in a series on the preparation of medicines. It traces the history of the jars, of which the Society's museum has an important collection, explaining some of the significance of their shape and decoration.

An illustrated sheet on the history of the museum gives details of its origins as a scientific and academic collection of *materia medica* and shows how its remit has changed to become a collection that represents the history of the profession both to pharmacists and non-members alike.

A sheet on the Society's headquarters gives information about the Society's premises at Bloomsbury Square from 1841 until its move to Lambeth High Street in 1976 and details of its current purpose-built headquarters.

These two sheets are the third and fourth in a series on the history of the Society.

Briony Hudson, the Society's Keeper of the Museum Collections, said: "These latest information sheets have been produced in response to the enquiries that we receive on these subjects. We plan to continue to add to this popular resource, which makes information about the history of pharmacy more widely available accessible."

All the information sheets are available from the museum office (tel 020 7572 2210; e-mail museum@rpsgb.org) or can be downloaded from the museum section of the Society's website (www.rpsgb.org/museum).

Society uses its website to help build database of technicians

Pharmacy technicians and their employers are being encouraged to use the Royal Pharmaceutical Society's website to submit contact details so that the Society can build a database for distributing information on technician registration.

Filling in a data capture form on the registration section of the website (www.rpsgb.org/registration) takes about two minutes and will allow the Society to send out information on how to register and application/guidance packs once they become available.

Janet Flint, the Society's head of support staff regulation, said: "We are encouraging all technicians and other interested parties to submit their details, including those who are as yet uncertain as to whether or not they will eventually register."

She added that the Society is working towards opening its voluntary register in January 2005 and expects between 5,000 and 10,000 pharmacy technicians to register with the Society within the first two to three years of the register being open.

Law and ethics bulletin

Checking contents of manufacturers' packs

The Royal Pharmaceutical Society recently had cause to investigate a complaint arising from the dispensing of an apparently complete manufacturer's pack that contained tablets different from those described on the outer

packaging. Pharmacists are therefore advised to modify their checking procedures to incorporate a check of the contents of unsealed manufacturers' packs to ensure that they are the same as described on the outer packaging. Incorporating checks of this nature should help to minimise the risk of similar errors occurring in the future.

Share your stress problems with a friend

The Listening Friends Scheme is providing support for an increasing number of pharmacists with stress in their lives. **Judy Kirby** reports

An old maxim says that a problem shared is a problem halved. A cliché perhaps, but it holds true for the volunteers who run the profession's Listening Friends Scheme. Their telephone helpline service supports a growing number of stressed pharmacists through difficult times in their lives.

Callers to the service are guaranteed confidentiality. Although the scheme is financed by the Royal Pharmaceutical Society's Benevolent Fund, it is run independently so that callers can feel safe in discussing problems openly. The volunteers on the other end of the line are all pharmacists and will be familiar with many of the workplace issues that may be sparking the caller's distress.

"Anonymity really helps people to offload their anxiety and fears. It's rather like a confessional," says Ian Phillips, a listening friend for almost six years. "Callers are often suffering from stress rather than depression. We try to restore a sense of balance to them. When people are ground down they can't do obvious things and their normal cognitive processes don't work. When they tell you their stories they are almost answering their problems themselves, but they need a kickstart to get their energy and confidence back."

The listening friends service started in 1995 when the Society realised that pharmacists appearing before disciplinary committees were often under considerable personal stress and that earlier help might have prevented their ordeal. "But we're not running a full-blown counselling service," says Kathryn Featherstone, one of the scheme's three co-ordinators, all of whom have counselling qualifications. "It's not what I would call counselling. It's pharmacists talking to pharmacists."

Ms Featherstone, who is head of medicines management for South Tyneside Primary Care Trust, says that pharmacists applying to become listening friends often undergo a culture shock. "Pharmacists are used to giving advice and solving problems, but this is about helping people to find their own solutions."

Co-ordinators pick up initial calls to a central answerphone and field them to available listening friends. Co-ordinators are sensitive to their volunteers' own needs, checking first that the time is convenient and there are no pressing problems in the listening friend's own life.

Fielding the calls can be a stress in itself. "In the first week of March I had 12 calls," recalls Ms Featherstone, "and I was struggling to find people to take them. Although we have a register of 25 volunteers, they are not always available, due to illness, maternity leave or other personal reasons."

Just one call can sometimes put a caller back on track but usually a series of telephone conversations is needed before the caller feels able to move on. Not all calls are about the caller's emotional state. Some need practical

guidance, such as preregistration trainees wanting legal or employment advice but even here the information offered is optional.

"We're not allowed to give advice," says Anne Maclean, who became a listening friend on the same day as Ian Phillips. "We suggest options." Ms Maclean is a full-time superintendent for a small company owning three pharmacies. As a mother of two teenagers and handling a responsible job she is well placed to know the balancing act of family life and full-time work. In her life she found that people were already coming to her for support.

"I seemed to be a listening friend before I joined the scheme. At work patients sought me out, and family and friends came to me when they were ill or had relationship problems." But Ms Maclean, like all the trained listening friends, knows how to separate her own experience from callers' problems. "Some things callers bring are close to what may be happening in your own life. You will not do them any favours if you are carrying your own baggage, so you don't accept the call, or you arrange for them to speak to another listening friend."

Anne Maclean had acquired counselling skills along her career from personal training courses and from following an intense interest in psychology. "I was just interested," she says. "I read a lot, particularly Desmond Morris's work on body language."

The anonymous, undirected nature of the service brings a frustration for listening friends in that they never know how situations resolve in their caller's lives. "You may develop a close bond with them, but you never know the outcome. You wonder, 'how did they resolve things?' But you have to let them go and not call them back later if they don't want that."

Although records are not kept beyond a minimal period, listening friends do evaluate

trends in the nature of calls. Ms Maclean says she receives more calls from women — particularly young women employed by multiples who work long hours with little recognition. Other callers are older pharmacists who find new documentation requirements onerous. "They are worried and put off what they are being asked to do beyond their normal work and they want to come off the register."

Twice a year the listening friends spend two days in intense training and evaluation of the scheme. "The aim of the scheme is not to give advice but to help people find their own solutions," says Beverly Nicol, Benevolent Fund co-ordinator. "We try to teach and encourage listening friends neutrality, how to listen and suspend judgement and not to give advice. Pharmacists are used to helping people and this is why our feedback sessions during regular training are so useful as it gives the listening friends a safe place in which to practise and hone their listening skills with colleagues who will be able to identify if they slip into 'advice mode'."

An ability to respond with absolute confidentiality is vital to success, she says. If a caller describes people or events that the listening friend recognises, it may be difficult to stay impartial. In such a case, the listening friend will suggest to the caller that it may be best to pass them on to someone with no knowledge of the situation.

In its early year, the service dealt with an average of 12 calls a month, but the number has recently been increasing — putting a strain on the small bank of dedicated volunteers. More are actively being sought (see Panel).

Ian Phillips feels the work is highly rewarding. "I'm putting something back into a profession that has been good to me," he says. Like Anne Maclean, he has an interest in personal development. "I'm a hybrid — a pharmacist involved with management."

Sometimes callers can be desperate. "I have had people who have said that in dark moments they considered that suicide would solve their problems," says Mr Phillips. "When this happens we are not on our own and we have to know our limitations. We can go to our co-ordinators for help in these cases."

Ian Phillips has a supportive family who understand he may spend long evenings on the telephone. But co-ordinators try to ensure he spends time with his wife. He feels that the work, although he never knows how stories end, has helped to avoid disciplinary action in many cases and ultimately may have saved lives. "There may be tears at the beginning of a call," he says, "but at the end of that little bit of time there can be laughter. That person is in a more resourceful state at the end of the call than at the start. That's the best we can do."

See advertisement, pA8

Becoming a listening friend

To become a listening friend you need to:

- Have active experience of pharmacy
- Be empathetic
- Have a general caring attitude to people
- Be prepared to allow people to help themselves
- Be willing to take part in ongoing training and development (two weekends a year)
- Have the co-operation and support of partner and family
- Have the time to commit to the scheme

The first contact should be with Beverly Nicol, Benevolent Fund Co-ordinator, on 01926 315994 for an informal discussion. Mrs Nicol will then send details of the listening friend volunteer role. The scheme co-ordinators will also be involved in talking to potential recruits.

Corporate governance and the Council

Royal Pharmaceutical Society Council member **Christine Glover**, who chairs the Council's corporate governance steering group, describes the development of the principles of corporate governance and the steps taken by the Council to implement it

Today there can be few people who have not heard of corporate governance. Although some may not be too clear about what it entails, everyone understands the term "accountability".

What is corporate governance?

In October 2003 the Government's Audit Commission published a paper on corporate governance in local authorities. This report defined corporate governance as "the framework of accountability to users, stakeholders and the wider community within which the organisation take decisions and lead and control their functions to achieve their objectives".

Why do we need corporate governance?

To appreciate its importance one only has to look at problems of the 1980s and '90s such as Maxwell, insider dealing, Polly Peck, cash for questions, Leeson and Andersen and, more recently, Enron and Worldcom. Public concern over these scandals has focused minds on how companies work, how transparent the systems of working are, and exactly who is accountable in the event of failure.

In 1992, the way companies were managed was examined by the Committee on the Financial Aspects of Corporate Governance, chaired by Sir Adrian Cadbury. Throughout the 1990s a series of further reports highlighted various aspects of corporate behaviour and made various recommendations. Among them were the Turnbull report, "Internal control: guidance for directors on the combined code", published by the Internal Control Working Party of the Institute of Chartered Accountants in England and Wales, which appeared in 2000, and in 1995 the first report of the Committee on Standards in Public Life, then chaired by Lord Nolan. The Nolan report outlined seven principles that apply to all aspects of public life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Nolan's committee, now chaired by Sir Nigel Wicks, has gone on to produce further reports. The recent publication of the seventh report perhaps illustrates the evolving nature of governance.

In July 2003 the Financial Reporting Council published a new Combined Code on Corporate Governance covering the governance of management as well as financial governance. It rolled into one code the Turnbull guidance on internal control, the Smith guidance on audit committees and suggestions on good practice from the Higgs report. This combined code is now the gold standard for companies.

The principles that govern public life and companies can also be applied to a third,

overlapping, sector — the "not-for-profit" sector. This is where the Royal Pharmaceutical Society fits in. Although the new Combined Code on Corporate Governance is meant for companies, its principles can be applied to not-for-profit organisations such as the Society. Indeed, the Better Regulation Task Force report on independent regulators (October 2003) highlights the need to take most of the recommendations from the new combined code and apply them to independent regulators.

What has the Society done about it?

Every responsible organisation has to look at all aspects of its governance, and the Society's Council has worked hard to ensure that its own systems of governance are appropriate.

In the past the Charter was the starting point and much of the system of working was based on custom and practice that had evolved over years, along with the standing orders for Council. In today's climate this sort of arrangement is no longer appropriate.

In 1999 the Council began to work on its own governance. Initially three working groups, with different members of Council in each group, looked at transparency, election of officers and committee selection. There was also a series of Governance seminars from outside experts to help everyone understand what was needed in a modern organisation and what was personally expected of Council members and where their accountability lies.

From this the corporate governance steering group was formed with a remit "to provide a framework for corporate governance for the Society and its Council which is transparent and which fulfils the requirements for legal, commercial, professional and financial probity and accountability". The group includes an expert on corporate governance and one of the Privy Council-appointed members of Council to ensure the public interest is represented.

So it is against this background that the Council has for the past five years worked to produce a framework of corporate governance along with the code of conduct for Council members.

Two other governance committees have been formed since the start of this work: one is the Audit Committee (which includes outside expertise) and the other is a Remuneration Committee for determining senior staff pay.

Monitoring is achieved in a range of ways. For example, to monitor policy implementation, committee minutes are seen by all members of Council and a monthly progress report of all activities is sent to Council members.

Council governance handbook

Every recommendation made by the corporate governance steering group has been taken to Council for debate, sometimes to be sent back for reconsideration. When agreed and accepted by the Council, each recommendation is incorporated into the governance principles. This framework now forms the Council governance handbook. The handbook includes the roles of the various posts within the Council, Officers, chairmen, etc. It also covers the criteria used for committee and chairman selection. The processes are robust and transparent and they are open to scrutiny and challenge. The handbook consists of: the code of conduct; a statement of undertaking; conduct procedures; roles and accountabilities; Council; Officers; committees and chairmen' and monitoring.

The code of conduct is based on the Nolan principles. It is currently voluntary, although the Council has agreed that it will be incorporated into the Byelaws and that candidates for election to the Council will have to give an undertaking to sign it upon becoming a member of Council. They will have to sign it as agreed by the Council and the opportunity to annotate the code, to put in variations, will not be acceptable and certainly falls outside good corporate governance.

Each June (the beginning of the Council year) the whole Council accepts the updated version of the handbook and agrees to be bound by it. Members of Council also have to sign a declaration of interests and a register of gifts and hospitality, which is updated and amended through the year.

Complaints procedure

In the event of a Council member breaking the code of conduct, the Council may pass a motion of censure naming the member concerned. The complaint is then referred to a conduct panel, whose members are all non-pharmacists but people with the appropriate expertise (this is defined as quasi-judicial/magisterial experience, council/board experience and significant public service). This group is now in place and has a remit "to receive, consider and adjudicate on complaints that a member of the Council is guilty of a serious breach of the code of conduct".

(By the way, some other health profession regulators are now showing considerable interest in using such a panel for similar referrals and, indeed, sharing the Society's conduct panel.)

Following a complaint, a tight procedure ensures that it is dealt with in a timely way and that it is not mischievous. The panel decides whether there has been a serious breach of the code. Sanctions range from an

apology to being reported to the Statutory Committee or, in extreme circumstances and with suitable legal advice, the police.

The Audit Committee has both internal and external auditors reporting to it. The internal auditors are testing systems and setting benchmarks within an audit plan. The external auditors (a different company) do the annual audit and the final accounts.

The internal processes and controls can be split into three parts: (1) financial, this covers

standing financial instructions, scheme of delegation, and financial procedures; (2) organisational processes and controls, procedure manuals; (3) risk analysis covering risk assessment and the steps taken to manage them.

Current issues

The evolving nature of governance has kept the steering group busy, and issues that need clarification and a process for dealing with them are always arising. Recently the group

has considered matters such as the non-attendance of Council members at meetings and whether abstaining from voting is appropriate where there is no obvious conflict of interest.

The Council is always looking for ways to improve its governance and the membership should be assured that the Council and its ways of working conform to best practice. The steering group is happy to have matters referred to it for consideration.

'Medicines, ethics and practice': April list of amendments

In the first issue of each month, *The Journal* updates the guidance on the legal status of medicines published in the 27th edition (July 2003) of 'Medicines, ethics and practice: A guide for pharmacists'.

The amendments are given in bold type when added to the list and repeated each month in light type. A product's legal status can be obtained by consulting first the latest amendment list and then the guide. The abbreviations used in the list are explained in the key to

annotations in the body of the guide (p29 and p75).

Users of the guide should note that changes to the reclassification procedure for medicines mean that the legal status of a product now becomes part of its marketing authorisation rather than being determined by the active substance listed in secondary legislation. Because a change of legal status will be conferred only on products that are the subject of an application for reclassification, users of the guide should refer to the entry for

the specific proprietary product and not rely only on the entry for the active substance. Since the POM Order remains in force, entries for active substances will remain in the guidance but will include cross references wherever proprietary products have been reclassified. Further guidance or clarification on the status of individual products can be obtained from manufacturers or from the Medicines and Healthcare products Regulatory Agency (tel 020 7273 0523; e-mail info@mhra.gsi.gov.uk).

Human medicines

Advate solution for injection POM

Alka Rapid crystals GSL
Alomide Allergy ophthalmic solution P
Amiodarone Minijet POM
Anthisan Bite and Sting cream GSL
Anthisan Plus spray entry should read: Anthisan Plus spray GSL
4-Androstene-3,17-dione CD Anab POM
5-Androstene-3,17-diol CD Anab POM
Avandamet tablets POM
Beclometasone/ Beclomethasone dipropionate entry — replace "P" at end of entry with "please refer to proprietary names for classification granted under the marketing authorisation (see Beconase products)"
Beconase Allergy nasal spray entry should read: Beconase Allergy nasal spray P
Beconase Hayfever nasal spray entry should read: Beconase Hayfever nasal spray GSL
Bondronat infusion entry should read: Bondronat preparations POM
Busilvex concentrate for solution for infusion POM
Canesten AF Once Daily P
Canesten Complete P
Canesten Duo P
Cetraben emollient bath additive GSL
Cetraben emollient cream GSL
Co-codamol eff entry should read: Co-codamol 8/500 effervescent CD Inv P

Co-codamol entry should read:
Co-codamol 8/500 pack sizes 32s CD Inv P; greater than 32s CD Inv POM
Co-codamol 30/500 preparations CD Inv POM
Cuprofen Plus P
Cyclizine hydrochloride injection POM
Decapeptyl SR injection POM
Dihydroetorpine CD POM
Duac Once Daily Gel POM
Dymotil tablets P
Emend capsules POM
Emtriva capsules POM
FemTab POM
FemTab Sequi POM
FemTab Continuous POM
Forsteo injection POM
Fuzeon injection POM
Gammahydroxy-butyrate [GHB] CD benz POM
Gentamicin Redibags POM
Glivac capsules entry should read: Glivac preparations POM
Gonapeptyl Depot POM
Humira injection POM
4-Hydroxy-n-butyric acid CD Benz POM
Imodium Plus entry should read: Imodium Plus caplets pack size 6s GSL 12s P
InductOs POM
Kapake effervescent tablets CD Inv POM
Keloc SR tablets POM
Ketoconazole entry — replace "P" at end of entry with "please refer to proprietary names for classification granted under the marketing authorisation (see Nizoral products)"
Lemsip Flu 12Hr P

Lemsip Max Cold and Flu Direct GSL
Liquivisc gel P
Metvix cream POM
Minijet Morphine CD POM
Minoxidil entry — delete first "P" and replace "P" at end of entry with "please refer to proprietary names for classification granted under the marketing authorisation (see Regaine products)"
Modisal preparations entry should read: Modisal XL tablets P
Monit tablets entry should read: Monit tablets P
Monit SR tablets entry should read: Monit SR tablets P
Monit XL tablets P
Morphine (Minijet) CD POM
Motilium preparations entry should read: Motilium suppositories POM
Motilium suspension POM
Motilium tablets POM
Motilium 10 tablets P
Movicol Paediatric plain sachets POM
Nexium tablets entry should read: Nexium preparations POM
Niaspan tablets POM
Nicotinell liquorice coated gum GSL
Nicotinell extra strength mint lozenges GSL
Nicotinell TTS entry should read: Nicotinell TTS GSL
NiQuitin CQ mint lozenges GSL
Nizoral (Johnson & Johnson MSD) Anti Dandruff shampoo GSL
19-Nor-4-androstene-3,17-dione CD Anab POM

19-Nor-5-androstene-3,17-diol CD Anab POM
Olmotec tablets POM
Panadol Actifast tablets pack size 14 GSL
Permethrin cream (Sandoz) P
Presinex nasal spray POM
Regaine topical solution entry should read: Regaine Regular Strength topical solution GSL
Relestat eye-drops POM
Remifentanil CD POM
Reyataz capsules POM
Salicylic acid entry — delete maximum strengths in sections 2 (corn plasters) and 10 (wart plasters)
Singulair paediatric granules POM
Stalevo tablets POM
Stilnoct tablets entry should read: Stilnoct tablets CD Benz POM
Subcuvia injection POM
Sudafed Congestion Relief capsules, non-drowsy GSL
Testogel gel CD Anab POM
Tixyplus suspension P
Ultiva entry should read: Ultiva injection CD POM
Vascalfa tablets POM
Veno's for Kids GSL
Ventavis POM
Zamadol Melt tablets POM
Zanprol tablets P
Zavesca capsules POM
ZaZispin SolTabs POM
Zevalin POM
Zolpidem tartrate entry should read: Zolpidem tartrate CD Benz POM
Zyprexa IntraMuscular POM

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).

Scottish Department Executive election

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 Elizabeth Grant, Harry McQuillan, Pat Murray and Margaret Ryan, all of whom are eligible for re-election. Retiring members Alister MacLaren and Andrew Taylor have resigned their places.

Nominations for candidates for the 2004 election are now invited, the closing date for receipt of nominations being Friday 16 April 2004. Nominations require the signatures of a proposer, a seconder and the nominee, together with their printed names, full addresses and registration numbers.

Nomination forms can be downloaded from the Scottish Department website at www.rpsgb.org/scotland or obtained from the Edinburgh office (tel 0131 556 4386). The nomination 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.

Nigel Graham

Acting Secretary, Scottish Department

Welsh Executive election

Notice is hereby given to members of the Royal Pharmaceutical Society of Great Britain whose addresses in the Register are in Wales that the annual election for members of the Welsh Executive will be held in June.

The four retiring members are Sarah Cockbill, Mair Davies, Alan Screen and David Temple, all of whom are eligible for re-election.

Nominations for candidates for the 2004 election are now invited, the closing date for receipt of nominations being 4pm on Wednesday 14 April 2004. Nominations require the signature of the self-nominating nominee and one supporter. Nominees are

asked to enclose with the nomination form their biographical details not exceeding 150 words and a statement indicating how they can assist the Welsh Executive to carry out its responsibilities not exceeding 100 words, as indicated on the nomination form.

As the review on meeting the needs of devolution is agreed and implemented, the Executive will also be reviewed. This may, depending on the timing and the outcomes of the review, impact on the terms of office that members elected to the Executive in this election are asked to serve. However, the period of service will not be longer than the three years stated in the constitution, and might possibly be shorter.

Nomination forms are available, by request, from the Secretary to the Welsh Executive, Royal Pharmaceutical Society, Gloucester House, 14 Mount Stuart Square, Cardiff CF10 5DP, or from the Welsh Executive website (www.rpsgb.org/wales) and should be returned to the Cardiff office.

Catherine O'Brien

Secretary to the Welsh Executive

Statutory Committee inquiries

The Statutory Committee will meet at the Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1, at 9.30am on 8 April 2004 to hear the following inquiry:

Thursday 8 April

1. The Committee will continue to hear an inquiry adjourned from 29 January 2004 into a complaint by the Council of the Society against a superintendent pharmacist, a company and two pharmacists employed by the company which includes allegations that the presence, at the company's two registered pharmacy premises, of large amounts of segregated and inadequately segregated out of date medicines, the presence of large amounts of medicines of uncertain provenance which were improperly labelled and where the date of expiry and/or batch number were not present, some of the medicines having been de-blistered and/or repackaged, may amount to misconduct.

Mary Timms (Miss)

Acting Secretary to the Statutory Committee

DIARY

Headquarters meetings

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

Thursday 8 April

Statutory Committee. 9.30am.

Local meetings

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

Monday 5 April

Cardiff and Vale of Glamorgan

Annual general meeting, followed by "Jane's big cat diary" by Jane Baltzars. Aberdare Hall, UWC Corbett Road, Cathays Park. Bar. Cheese and wine. 7 for 7.30pm.

Derby Panel discussion: "The new pharmacy contract". Conference Room, Landau Forte College, Derby. Buffet 7.30pm, Meeting 8pm.

East Kent "Cardiovascular or respiratory". Pfizer, Sandwich. Light buffet 7.30pm, meeting 8pm.

Sefton Meeting postponed to 5 May.

Southampton "Dressing it up: an overview of wound management" by Lyn Taylor (tissue viability nurse specialist). BUPA Hospital. Buffet 7.30pm, meeting 8pm.

Tuesday 6 April

Bolton "Erectile dysfunction" by Eric Curless. Education Centre, Royal Bolton Hospital. Buffet. 7.30 for 8pm.

Ipswich "Home assessment and rehabilitation project (HARP)" by Evelyn Catto and Kayleigh Gunn. Cedars Hotel, Stowmarket. Buffet 7.30pm, meeting 8pm.

Northern Scottish Annual general meeting. Marriott Hotel, Inverness. 7.30pm.

Sheffield "Dental health and mouth care" by Christine Yeoman (Charles Clifford Dental Hospital). Charnwood Hotel, Sharrow. Refreshments 7pm, meeting 7.30pm.

Worthing and West Sussex "Getting ahead with headaches" by Andrew Dowson (Migraine Trust). Worthing Postgraduate Medical Centre. Buffet 7.30pm, meeting 8pm.

Wednesday 7 April

Crawley, Horsham and Reigate

"Keeping ahead with migraine" by Andrew Dowson (Migraine Trust). Postgraduate Medical Centre, Crawley Hospital. 7.30 for 8pm.

Thursday 8 April

Lanarkshire Annual general meeting, followed by "Sports medicine" by Eamonn Brankin. Hilton Strathclyde Hotel, Bellshill. 7.30 for 8pm.