



## Advice on counterfeit medicines

Following the recall of Cialis bearing certain lot numbers (*PJ*, 28 August, p277, the Royal Pharmaceutical Society issued advice to pharmacists through its website. Further advice followed the recall of Reductil bearing a particular batch number (see p335). For the benefit of pharmacists without easy access to the internet, *The Journal* has combined the two documents into the following guidance.

**How can the counterfeit material be identified?** The Medicines and Healthcare products Regulatory Agency has identified Cialis lot numbers A031410 (expiry date 6/2006) and A011410 (expiry date not known) and Reductil batch number 65542 (expiry date 01/2007). They have been confirmed as counterfeit.

Authentic Reductil produced by Abbott Laboratories Ltd in the UK has a numeric batch number with a one-letter alphabetic suffix (eg, 141998D). Please inform the MHRA (tel 020 7084 2000) immediately if other material with just numeric numbers is identified.

**What should pharmacists do if they identify a counterfeit lot/batch number in their stock?** If pharmacists discover any of the counterfeit material in their stock, or if they believe that they may have supplied counterfeit Cialis or Reductil to patients, they should attempt to contact those patients. The patients should be informed of the potential problem with the product and advised to check whether they have any of a counterfeit batch.

Pharmacists should also contact Lilly ICOS Ltd (Cialis) and/or Abbott Laboratories Ltd (Reductil), which are co-ordinating the recovery of counterfeit material on behalf of the MRHA. Contact details are: Customer Services Leader, Eli Lilly & Co Ltd, Lilly House, Prestley Road, Basingstoke RG24 9NL (tel 0800 0853847); Customer Services, Abbott Laboratories Ltd, Queenborough ME11 5EL (tel 0800 018 1950).

**What should pharmacists do if patients return counterfeit material to them?** In the first instance the pharmacist should satisfy himself that he was the original supplier, eg, by referring to the original prescription, if available, or to the patient's medication record. Having done so, the pharmacist should supply the patient with the correct medicines. The pharmacist should then contact Lilly or Abbott (see above) to arrange the return of the counterfeit medicine.

**What if the pharmacist was not the original supplier?** If the pharmacist was not the original supplier, he should refer the patient back to the original supplier. If the patient does not want to return to the original supplier, the pharmacist should accept the counterfeit material and refer the patient to his or her GP to obtain another prescription.

The pharmacist should then contact Lilly or Abbott, as above.

**How will pharmacists be reimbursed for any counterfeit stock?** Pharmacists should contact the original wholesaler to discuss reimbursement.

**Are there any risks associated with the counterfeit material?** The MHRA has confirmed that initial tests do not indicate any immediate safety problems with the counterfeit material but patients are advised not to take any of these tablets. In the case of Cialis, a patient who has already taken some of the tablets can be advised that the most likely side effects are: if the product is low in strength, it may not work; if the product is high in strength, it may give an abnormally prolonged and uncomfortable erection, in which case the patient should contact his GP.

**What should pharmacists do if they have concerns about other counterfeit medicines?** Any pharmacist who has concerns about the authenticity of any other medicines that they hold in stock is advised to contact either the Society's local inspector or the MRHA for guidance and advice. Contact details for Society inspectors can be found on the Society website ([www.rpsgb.org](http://www.rpsgb.org)). The MHRA can be contacted on 020 7084 2000.

**How can pharmacists reassure patients who are concerned about counterfeit medicines?** Patients should be reassured that the presence of counterfeit medicines in the legitimate supply chain is unusual and pharmacists take great care to purchase medicines from reputable sources to ensure that this type of incidence does not occur. There will be a full investigation by the authorities to identify how the counterfeit medicine entered the supply chain and action taken to prevent recurrence.

**Is there a link between the counterfeit Cialis and Reductil?** An investigation is under way into whether there is a link between the two counterfeit products.

### This week

#### ■ Counterfeit medicines

The Society has issued guidance for pharmacists following the recall of batches of Cialis and Reductil that are counterfeit (p361).

#### ■ Council response to BRM

A two-page report gives the Council's response to the resolutions passed at the Society's branch representatives' meeting held in May (p362).

## Society's herbal session at BA festival makes the news

A session on herbal medicines hosted by the Royal Pharmaceutical Society at the British Association for the Advancement of Science annual BA Festival of Science has attracted national media interest.

On the theme "Can herbs improve your health?", the 6 September session included a talk by Peter Houghton, of King's College London, on the risks of taking herbal remedies alongside conventional medicines. Key findings from Professor Houghton's research were reported in the *Evening Standard* of 6 September and *The Independent, Daily Mail* and *Daily Express* of 7 September.

Commenting on the coverage, Professor Houghton said: "I am pleased that my research has been picked up by national media. With one in four of the population taking herbal remedies at least once a year it is important that people understand that just because something is natural does not mean that it is safe. Pharmacists are in an ideal situation to advise the public on safe use of herbal medicines and this was stressed in my talk."

John Clements, the Society's Science Secretary, said: "The sessions at the BA Festival are an important part of the work that the Society does to take pharmaceutical science out to the wider public audience and I am delighted by the media interest that has been achieved this year."

The session, chaired by Olivia Timbs, editor of *The Pharmaceutical Journal*, also included talks by Joanne Barnes (University of London), Brian Whittle (GW Pharmaceuticals) and Elizabeth Williamson (University of London).



Peter Houghton

# Council's response to BRM resolutions

This report, approved by the Royal Pharmaceutical Society's Council at its August meeting (*PJ*, 16 August, p236), gives the Council's response to the resolutions passed at the Society's branch representatives' meeting that was held in May (*PJ*, 29 May, pp685–687)

## Recognising licensed medicines

*That the agencies responsible for the safety, quality and efficacy of authorised medicinal products, which are the Medicines and Healthcare products Regulatory Agency and the Veterinary Medicines Directorate, should be supported in their action to help the public to recognise and benefit from being more able to distinguish medicinal products which are authorised from products which are not.* [Birmingham]

In the regular meetings between the Society and these agencies, both presentation and licensing issues have been and will continue to be actively pursued. The Society will continue to emphasise to the MHRA the importance of effective communication with the public on the value of the medicines licensing system supported by the expertise of health professionals.

As part of its own public relations work, the Society regularly highlights to the public key messages about medicines, their safe and effective use and pharmacists' wide knowledge of them. The "safety, quality, efficacy" basis of marketing authorisation and the importance of understanding the implications of different categories of medicine, particularly the added value of the pharmacy medicine (P) category, are recurring themes in this work.

The Society's awareness messages about complementary therapies and their potential interactions with allopathic medicines also carry this message. The Society's policy on herbal medicines emphasises that, by choosing a licensed product, people can ensure that their pharmacist has access to useful data and information about their product.

The Society's "Scientist in the high street" initiative also gives the opportunity to promote the scientific basis of medicines and the importance of the pharmacist's advice as part of the safeguards in place for people using medicines.

The recent Government announcement focusing on children's medicine gives a further opportunity to bring such messages home to the public.

## Seeking BPSA views on student issues

*That the Society should consult the BPSA with regard to student issues within the profession for an official student opinion.* [British Pharmaceutical Students' Association]

The Council values the input of the BPSA into the life of the Society. Regular liaison meetings between the BPSA executive and the Society's officers and staff give the opportunity for dialogue on a wide range of

issues. Following the most recent liaison meeting, two review groups have been established to review the constitution of the BPSA and to work with the BPSA on governance arrangements. The BPSA is invited each year to nominate a student member of the Society's Education Committee. It is mainly within the Education Committee that the kinds of issue referred to in the motion are considered. For example, in the recent past, the Education Committee considered the White Paper "The future of higher education", which carried the proposal for variable tuition fees.

The input of the BPSA into the life of the Society is further supported by its right to submit motions to the branch representatives' meeting, to attend the branch and regional secretaries' meeting and to send delegates to the British Pharmaceutical Conference.

## Dosage instructions on all medicines

*That all prescriptions for medicines should carry clear and complete dosage instructions.* [Brighton]

The Council agrees that all prescriptions for medicines should carry clear and complete dosage instructions and will press for this principle to be enshrined in legislation and be built into the specifications for electronic prescribing in the NHS IT programme.

These matters are under discussion with a number of stakeholders, including doctors, nurses and other health professionals, as part of the work to implement the Society's policy that pharmacists should have access to appropriate patient information.

## Guidance on pharmacy staff rest breaks

*That the Council should issue specific guidance to the owners of pharmacies to ensure that provision is made for appropriate breaks to be taken by staff when working long shifts.* [Cheltenham and Gloucester]

The Code of Ethics requires owners of pharmacy businesses not to seek to impose conditions on pharmacists that may adversely affect their ability to comply with their professional and legal duties. Also, the code requires pharmacists only to accept work where they are fit for the task to be performed. It is up to the individual pharmacist to make a professional decision whether or not to accept employment at a particular pharmacy. The pharmacist would have to consider their individual expertise and the services provided by the pharmacy, the volume of dispensing, the number of trained support staff and any arrangements for rest breaks. Employers and

employees ought to take note of the intention of the Working Time Directive 1998 when agreeing breaks to be taken during the working day. This states that, if a worker is required to work for more than six hours at a stretch, he or she is entitled to a rest break of 20 minutes. The break should be taken during the six-hour period, rather than at the beginning or the end, but the exact time the breaks are taken is up to the discretion of the employer.

Employers are responsible for making sure that workers can take their rest, but are not required to make sure they do take their rest. However, the right to rest breaks does not apply where the job requires round-the-clock staffing, as in hospitals.

## Funding for Society group newsletters

*That the Society support the members by reinstating the funding of special interest group magazines.* [Hull]

The Council values its special interest membership groups and in principle is supportive of special interest group newsletters as a means of establishing two way dialogue between the members and the Society. It is noted that the preferred option by the Industrial Pharmacists Group is for their newsletter to be produced as a hard copy. The options for the production and funding for the newsletter for all the practice special interest groups are in the process of being reassessed by the Practice Committee.

The future options for the Industrial Pharmacists Group newsletter are actively under consideration, with the input of industrial pharmacists, over the period of this autumn with the aim of sending a recommendation to the Council by the end of the year. The Council will then make the decision on what is the most appropriate way to support these publications.

## Register of members' e-mail addresses

*That the Society sets up and maintains an electronic register of its members with e-mail addresses for branch mailing purposes using the annual subscription form to collect data.* [Oxfordshire]

The Society recognises that e-mail addresses are a useful means of communication with members and is actively exploring ways to optimise use of new technology, including e-mail, in communications with the membership. Some practical difficulties prevail. The principal obstacle is how to maintain a database of e-mail addresses in a way that would satisfy the data protection requirement of keeping such addresses up to date. The administration and maintenance of

this data would require considerable additional resources and evidence suggests that people frequently change their e-mail address or have several e-mail addresses. The Society currently has to deal with over 250 changes of postal addresses per week, which already consumes considerable resources. The maintenance of e-mail addresses would have even greater resource implications. Also, it should be borne in mind that some people do not have access to e-mail.

Use of e-mail is being developed at branch level. A number of branch secretaries collect and use their members' e-mail addresses for branch mailings. To comply with data protection legislation, branch secretaries must ask for their members' permission to use their e-mail address for bona fide branch purposes and should send mailings by "blind carbon copy" (BCC) to avoid e-mail addresses being transmitted to all recipients of the mailing. Branch members should be asked to give explicit consent for such use and assurances that their details will only be used for branch purposes and not be passed to third parties.

### Review of membership fee scales

*That the Society should review the scale of annual fees payable by members. It should include a fee for non-working members below retirement age, which is more commensurate with that payable by those over retirement age.* [South Cheshire]

A review of the entire retention fee structure has just been undertaken to address a number of anomalies and inconsistencies in the fee structure. The concerns expressed in this motion and the views of other members on this and related issues were taken into account and formed an important part of the Council's debate on this issue.

The Society's fee structure is detailed in the Byelaws and members are able to comment on any proposed amendment.

### Nominated contact for each pharmacy

*That each community pharmacy should have a nominated local contact, ideally a pharmacist, to develop effective working relationships with other health professionals and their local community.* [South Staffordshire]

The Society recognises that excellent communication is key to developing effective working relationships in every area of practice. In community pharmacy, it is important in fully integrating pharmacists into the health and social care team, successfully providing new and existing services and ensuring that each patient receives the best possible care. The Society agrees that a pharmacist or other regular member of staff should be nominated as key contact for each community pharmacy and will raise this with superintendent pharmacists and encourage them to address this issue.

### Reporting system for pharmacy errors

*That there should be a formal national reporting system for pharmacy related medication*

*errors.* [British Pharmaceutical Students' Association]

The National Reporting and Learning Scheme launched by the National Patient Safety Agency encourages the reporting of all errors that occur in the NHS in England and Wales. The scheme includes medication errors and plans are under way to ensure that all hospital and community pharmacies are able to report errors to the NPSA.

The learning from this scheme will be shared nationally and will be fed back to the profession and the NHS. We hope that Scotland will either adopt the NPSA's scheme or develop a similar error reporting and learning scheme of its own.

The Council feels that this scheme meets the concerns of the BPSA and encourages all pharmacists to report errors to this scheme.

### Patients' ages on prescriptions

*That all prescriptions should provide the age of the patient. This will ensure that the pharmacist is able to check the suitability of the dose and that the advice given about the medication is tailored to the individual and so will improve concordance.* [Brighton]

The Council would like to see pharmacists having access to a far greater range of information about patients to ensure that pharmacists can maximise their contribution to patient care. This is a key issue that the Society is discussing with the appropriate GP and nursing bodies as well as other stakeholders, including patient groups.

The Council believes that this information should include the age of the patient but would wish to see pharmacists having access to all relevant parts of the patient's medical records, with suitable patient consent. The Council recognises that this will require appropriate electronic links to be made and we are working with the NHS IT programmes to ensure that pharmacists have access to all the information that they need.

In Scotland, each prescription carries a 10-digit number identifying the patient, the first six digits of which are the patient's date of birth in the format DDMMYY.

### Language test for overseas pharmacists

*That, in the interests of patient safety, the registration requirements for European pharmacists wishing to work in Britain should include an assessment of competency in English, in law and in ethics, and that the Society should lobby for a change in European legislation to allow this to be done.* [West Metropolitan; Oxfordshire]

A European Economic Area national with a pharmacy qualification which complies with the relevant directives and which is listed in the Schedule to the Pharmacy Act 1954 as amended by the European Qualifications (Health Care Professions) Regulations 2003 and the Act of Accession of the 10 new member states, is entitled to automatic recognition of that qualification and registration with the Society and cannot be tested before

registration on language or any other knowledge.

This is anomalous for language and a new EU directive on recognition of professional qualifications (2002/0061) is currently being negotiated and is likely to be adopted in 2005. The purpose of this directive is to consolidate existing directives, take account of EU enlargement and promote greater mobility of workers and services. Under Article 49 it is proposed that EEA nationals who move to another member state to practise a profession "should have a knowledge of languages necessary for practising the profession in the host Member State".

As stated, it is not possible to test the language skills of EEA nationals before registration at this stage. A Health Service circular, "Employment of EEA nationals ensuring language competency" (HSC 1999/137) provides guidance to NHS employers in England. This guidance reminds employers that evidence of registration of EEA nationals does not of itself guarantee linguistic competence. It advises employers to assess competence to communicate in English, to the standard required by the post concerned, of all job applicants, regardless of their nationality. Under the Code of Ethics, pharmacist proprietors, superintendent pharmacists and pharmacist managers in hospitals must ensure that pharmacists employed by them are sufficiently competent in English. Before registration, all applicants must sign an affirmation confirming that they will adhere to the Society's Code of Ethics at all times and keep their professional knowledge up-to-date by undertaking continual professional development. Once on the register all applicants are bound by the Society's Code of Ethics and standards.

### Access to Society membership lists

*That the Society should amend the Data Protection Act registration, enabling other non-profit making organisations to access membership lists for educational and joint working purposes.* [South Cheshire]

The Society's current notification entry on the Information Commissioner's register of data controllers does not explicitly preclude any particular use or disclosure of data. The Society's privacy policy (available on the website) allows disclosure to third parties "where this is in pursuance of the Society's aims and objectives". If it is decided to disclose to a particular recipient group, the Society is responsible for ensuring, insofar as it can, that the data is correctly handled and only used for the purposes agreed.

There is a protocol for processing all data disclosure requests and these are judged against the policy. Where a request from a branch for a mailing list to be used by a third party has been agreed, it will become the branch's responsibility to ensure, insofar as they can, that the data is used solely for the specified purpose. This would usually be achieved by some form of written agreement between the branch and the third party.

# Catalogue of dispensing errors leads to striking-off

A Kent pharmacist has been struck off the register by the Statutory Committee after being responsible for a "catalogue of errors" in dispensing over a decade.

At its meeting on 9 December 2003 the committee inquired into the case of Bharatkumar Ramanbhai Patel, the proprietor and pharmacist in charge of Newington Pharmacy, 47 Newington Road, Ramsgate, Kent. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that Mr Patel had made two dispensing errors during 2002.

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

Mr Patel attended the inquiry and was represented by David Reissner, of Charles Russell (solicitors).

The committee heard that on 26 April 2002 Mr Patel had dispensed a pack of 28 carbamazepine 400mg tablets against a prescription calling for 60 cimetidine 400mg tablets. The patient had not begun to take the erroneously dispensed tablets until just before Christmas of that year. Soon after starting to take them he experienced drowsiness, constipation and confusion. The fact that the wrong tablets had been dispensed came to light when the patient visited his doctor on 13 January 2003. The knowledge that he had taken tablets that had not been prescribed for him had made the patient anxious about his health.

The second error occurred on 7 November 2002 when, in response to a pre-

scription ordering "3 catheters Bard hydrogel coated Aquamatic size 12 CH (male length) PREFILLED 10ml balloon" Mr Patel had dispensed three non-prefilled catheters. As a result, the district nurse who had issued the prescription had been unable to change the catheter of the patient concerned.

The committee was reminded that Mr Patel had previously been reprimanded for dispensing errors in 1998, 1999 and 2001 (*PJ*, 16 February 2002, p227); further dispensing errors had been established at a hearing in January 2003, when the inquiry had been adjourned as other matters were being investigated.

## Long history of errors

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said Mr Patel had a long history of dispensing errors. When announcing the adjournment of the January 2003 hearing, the chairman recalled, he had said that, as Mr Patel had previously been reprimanded, he would almost inevitably have been removed from the register. However, his cramped dispensary, to which some of the problems might have been attributed, had been replaced and a new protocol agreed with the Society's inspector. This was felt to have reduced the risk of further errors and potential damage to the public.

At the present meeting, however, two further errors had been put before the committee.

Continuing, the chairman said: "We find both these errors established". While it was true that the first of them had occurred before the premises had been altered and improved, it was a gross and obvious one. It could not have happened if the agreed protocols had been followed through. Regrettably, what marking there had been suggested that a protocol, particularly relating to separate dispensing and checking, had been wholly ignored.

The second error, relating to the supply of the wrong catheter to an elderly man had come after the premises had been improved. Again, it was an obvious and important error. The prescription had stated, in capital letters, "PREFILLED 10ml balloon". Mr Patel had dispensed catheters which were not prefilled. Those two errors were such as to render Mr Patel unfit to be on the register.

Mr Patel had received repeated reprimands from the committee, which had shown great patience and understanding. However, following "this catalogue of errors over nearly a decade", said Lord Fraser, the committee did not consider it could be any longer in the public interest that Mr Patel could be reprimanded yet again.

Mr Patel's name was directed to be removed from the register.

He had three months in which to appeal and was advised that the Council of the Regulation of Healthcare Professionals had authority to intervene in the committee's proceedings if it wished to do so.

## Pharmacist reprimanded after taking medicines for own use

The Statutory Committee has reprimanded a pharmacist who took medicines — mainly codeine linctus — for his own use from the Merseyside pharmacy at which he was employed.

At its meeting on 10 December 2003 the committee inquired into the case of John Robert Campbell, of 13 Carr Road, Hale, Altrincham, Cheshire. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that Mr Campbell had taken medicines (including prescription-only medicines) from his employer without any authority. It was also alleged that he had left, in various places around the pharmacy he managed, medicine bottles that had previously contained codeine linctus, and he had consumed codeine linctus directly from stock bottles on the premises.

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

Mr Campbell represented himself at the inquiry.

The committee heard that between 1994 and 2002, while Mr Campbell had been manager and pharmacist in charge of a pharmacy at 30 Hoylake Road, Bidston, Birkenhead,

members of staff had on many occasions found unlabelled medicine bottles in various rooms in the premises. On some occasions they were found to contain a small quantity of liquid, on others they were empty save for a residue; both liquid and residue appeared to be codeine linctus.

Among other incidents, they had also seen codeine phosphate tablets in his briefcase on one occasion, and he had been seen to drink codeine linctus from a stock bottle on several occasions.

Concerned at Mr Campbell's behaviour, they had reported the matter to the pharmacy's owners; Mr Campbell had been interviewed by the area manager, suspended immediately, then dismissed.

Interviewed by one of the Society's inspectors, Mr Campbell had admitted taking codeine linctus and, on occasion, codeine phosphate tablets, over a period of about six years, and that he had never had a prescription. He explained that he had often taken one or two doses a day but that the amount had increased substantially in the latter period of his employment following a change of ownership of the pharmacy. He had accepted

that if a member of the public had requested supplies of codeine linctus over a long period he would not have been prepared to make the supply and would have wished the patient's doctor to be involved.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said that the case against Mr Campbell had been established and amounted to conduct such as to render him unfit to be on the register. However, the committee would not make any direction for his removal. The reasons were as follows.

First, Mr Campbell had co-operated with the Royal Pharmaceutical Society throughout its investigations. Second, there was no evidence of any psychological addiction. Third, his behaviour had been, in effect, a misguided effort at self-medication to relieve a life-long medical condition. Fourth, Mr Campbell had been re-employed and had a very supportive set of references. And, finally, since his suspension over a year previously, there appeared to have been no reliance whatsoever by him on codeine linctus.

The Committee reprimanded Mr Campbell.

## Reprimand for pharmacist who failed to take appropriate action after patient injected adrenaline that had been dispensed in error

A West Midlands pharmacist has been reprimanded by the Statutory Committee after he had dispensed adrenaline ampoules to an addict instead of methadone. The patient, who had suffered side effects after he injected one of the ampoules intravenously, had not been advised to seek medical attention.

When it met on 9 December 2003, the committee inquired into the case of John David Bryant, of 9 White House Green, Solihull, West Midlands. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that on 11 October 2002, while locum pharmacist in charge of Brights Chemist, 1 Middlemore Road, Northfield, Birmingham, Mr Bryant had dispensed in error three ampoules of 0.5ml adrenaline injection BP 1 in 1000, labelled as methadone, on a prescription calling for three methadone BP ampoules 50mg/ml. It was also alleged that Mr Bryant had failed to advise the patient concerned to seek immediate medical advice after he had injected one of the ampoules; that he had failed to advise the patient's father that his son should seek immediate medical advice; and had failed to contact the patient's doctor or drug addiction clinic, or the superintendent pharmacist of Brights Chemist.

Geoff Hudson, of Penningtons (solicitors) appeared at the meeting to present to give the facts of the case.

Mr Bryant, who was present at the inquiry, represented himself.

The committee heard that the patient to whom the adrenaline ampoules had been erroneously dispensed was an addict; he had administered one ampoule to himself intravenously shortly after it had been dispensed. Almost immediately, he had felt great pressure in his head, his heart began to race and he had been unable to control his hands. He had returned to pharmacy in a state of distress, told Mr Bryant what had happened and returned the unused ampoules of adrenaline.

Mr Bryant had assured the patient that he would be "all right" so long as he took no other medication for four hours. He did not, however, advise him to seek medical advice. Nor did he contact the addiction clinic that had issued the prescription, the patient's doctor, the pharmacy manager or superintendent pharmacist. When the patient's father had visited the pharmacy later the same day, he had not suggested that medical attention should be sought.

The patient himself saw his doctor on 14 October, when his blood pressure and heart rate were found to be very high. He was advised to attend the local hospital accident and emergency unit.

A trainee dispensing technician at the pharmacy had been sufficiently concerned that Mr Bryant had not informed the branch manager that she sent a text message alerting her to the incident and made an entry in the error book.

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

that Mr Bryant, who had been a pharmacist for "44 distinguished years" had not tried to excuse his error.

The original error had been that the adrenaline ampoules had been put in the Controlled Drugs cabinet and then put in a bag for the patient. Nevertheless, said the chairman, Mr Bryant had not checked what was in the ampoules, only that there were three of them and they were not damaged.

When the patient returned to the pharmacy after having injected one of the ampoules, Mr Bryant had appreciated immediately what had happened. He had then decided, erroneously, after observing the patient and concluding that his symptoms were subsiding, that he should simply advise him to lie down and take none of his other medication.

Mr Bryant had consulted the British National Formulary, where it stated in relation to adrenaline/epinephrine "IMPORTANT. Intravenous route should be used with extreme care". It was odd, continued Lord Fraser, that having looked that up he had not then advised the patient to seek medical advice.

The dispensing error had been compounded by Mr Bryant's failure to advise and inform, said the chairman. That amounted to misconduct such as to render him unfit to be on the register. However, Mr Bryant had been open and frank with the committee and had now retired from practice.

The committee reprimanded Mr Bryant.

## Restoration decision postponed in case of pharmacist struck off for Viagra offences

The Statutory Committee has postponed its decision on a London man's application for restoration to the Register of Pharmaceutical Chemists after learning that he had been interviewed in connection with counterfeit Viagra.

At its meeting on 26 January, the committee heard an application for restoration to the register from Rajendra Gulubchand Shah, of 8 Bush Hill Road, Kenton, Harrow, Middlesex. Mr Shah's name had been ordered to be removed by the committee at a three-day hearing on 26, 27 and 28 February 2002; the removal took effect on 27 May 2002. Mr Shah had sold Viagra without a prescription to a journalist from the Sunday People and had failed to ensure that accurate records of Viagra transactions had been kept (*PJ*, 7 December 2002, p829).

Geoff Hudson, of Penningtons (solicitors) represented the Society at the hearing.

Mr Shah was present; he was not represented.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said the committee was confident that Mr Shah

was "well on his way" to learning his lesson. The evidence he had given indicated that at the pharmacy where he continued to work, the record keeping was up to date, emergency supplies were made only in accordance with the law, and that he would not fall for a ruse such as that played on him by the reporter from the Sunday People.

Lord Fraser said he had used carefully the phrase "well on his way" to learning his lesson. The committee had previously indicated that it would regard two years as being the minimum period before it would consider an application for restoration other than in exceptional circumstances. In this particular case, the incident complained of related to a date in October 1999 and there had been a considerable lapse of time before it came before the committee. In such circumstances, he said, it might seem appropriate to allow the restoration of Mr Shah's name immediately. However, the committee wanted to make clear that it did not want to see a series of applications coming before it too soon.

It had decided, therefore, to postpone consideration of Mr Shah's application until the

second anniversary of its earlier decision, 27 May 2004. If nothing further came before it in the intervening period, a direction would be made for the restoration of Mr Shah's name. The hearing was adjourned.

When the hearing of the application was resumed on 21 June, Geoff Hudson, of Penningtons (solicitors) again presented the facts of the case. Mr Shah attended and was represented by David Aaronberg, of counsel, instructed by Turner & Debenhams (solicitors).

The chairman (Lord Fraser of Carmyllie, QC) said that at the January hearing Mr Shah had declared that he had made every effort to work within the boundaries of the law. At that time he had known that he had been interviewed about counterfeit Viagra, in October 2003, and he should have brought that fact to the committee's attention. This had now been done.

The committee would make no decision now on Mr Shah's application for restoration but would continue the case for another three months in the hope that it would find out during that period what action it was proposed to be taken.

## DEATHS

**Eldridge** On 8 June, Janet Elizabeth Eldridge, MRPharmS, of 90 Redhill Drive, Bredbury, Stockport SK6 2HQ. Mrs Eldridge registered in 1975.

**Gallagher** On 19 August, Jenny Gallagher (formerly Hallson), of Brisbane, Queensland, Australia. Mrs Gallagher was a former member of staff of Martindale (see Tribute, below).

## TRIBUTES

**Gallagher** In a tribute to the late Jenny Gallagher (see above), ANNE PRASAD writes: Those who worked on the 27th and 28th editions of Martindale, and others who worked on Pharmaceutical Society publications at that time, will be saddened to learn of the death of Jenny Gallagher (formerly Jenny Hallson).

Jenny and her first husband came to London from Brisbane, Australia, in the early 1970s. Jenny joined the Society to work on the revision of Martindale's 27th and 28th editions. She subsequently assisted in producing the 19th edition of the Pharmaceutical Handbook before her return to Australia, in the early 1980s, to start her family. While her two sons were young she spent some time as an editor in Melbourne, but ultimately returned to Brisbane and to mainstream pharmacy. Her later career was in the manufacturing industry, where she worked until shortly before her death.

Earlier this year she rang to tell me the sombre news of her illness. She spoke with feeling of her happy memories of her days at Bloomsbury and Lambeth and of her colleagues and friends from those times. Her final brave words to me were: "... and I believe I have had an interesting life".

Jenny and her husband brought up their children in harmony, although their marriage was to be dissolved. She remarried and her second partner nursed her with devotion during her final illness.

She came from a large and loving family and is deeply mourned by her parents, her many brothers and sisters, her two sons and both her partners in life. My sympathy goes out to them all.

For me, Jenny Gallagher was a friend as well as a colleague — a fine, thoughtful and intelligent friend. I weep that her life has been cut short but I smile to remember those happy and productive years when we worked together on Martindale.

## Benevolence

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.

## DIARY

## Headquarters meetings

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

**Monday 13 September**  
Practice Committee. 9.30am.

**Tuesday 14 September**  
Infringements Committee.  
1.30pm.

**Wednesday 15 September**  
Council meeting. 10am.

## Local meetings

Events listed below are meetings of Royal Pharmaceutical Society branches. 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))

**Tuesday 14 September**  
**Hull** "Treatment of Parkinson's disease" by Alec Ming (consultant neurologist, Hull Royal Infirmary). Coffee and biscuits. Postgraduate Education Centre, Hull Royal Infirmary. 7.30pm.

**Leicestershire** "Standard operating procedures" by Steve Acres (service manager, Leicester Royal Infirmary). Leicester College, Freemens Park Campus, Leicester. Buffet 7.15pm, meeting 7.45pm.

**Oxfordshire** "Treatment and management of schizophrenia" by Michael Marven (chief pharmacist, Littlemore Hospital). Yarnton Manor, Oxford Centre for Hebrew and Jewish Studies. Wine and cheese 7.15pm, meeting 8pm.

**Plymouth** "Information technology in pharmacy" by Simon Driver (managing director, NDCHealth). Postgraduate Medical Centre, Derriford Hospital. Light buffet. 7.15pm.

**Wednesday 15 September**  
**Cardiff and Vale of Glamorgan** "Health and food fads" by Norman Vetter (senior lecturer in epidemiology) and Pamela Mason (consultant in pharmacy and nutrition). Library, Aberdare Hall, Corbett Road, Cathays Park,

Cardiff. Cheese and wine 7.30pm, meeting 8pm.

**South East Metropolitan** "An update on the national programme for IT, e-pharmacy and new contract requirements for IT systems" by Farid Poonja (head of external relations, Enigma Health). Clarendon Hotel, Blackheath. Refreshments 7.30pm, meeting 8pm.

**South Essex** "Fraud in the NHS: spotlight on pharmacy" by Allan Hunter (counter fraud specialist, Parkhill Audit Agency). Noble House Chinese Restaurant, Chalkwell, Essex. Hot buffet 9pm, meeting 8pm.

**West Surrey** "Men's health" (discussion on how pharmacists can help men take better care of themselves) led by a local GP. Hot buffet 7pm, Meeting 8pm. Burchatts Farm Barn, Guildford.

**Thursday 16 September**  
**Wirral** "Expert patients on mental health" by Simon and Phil Hough. Postgraduate Medical Centre, Clatterbridge Hospital. 7.30 for 8.15pm.

**Monday 20 September**  
**Stockport** "Better medicines for children and the Children's National Service Framework" by Tony Nunn (director of pharmacy, Royal Liverpool Children's NHS Trust). Lecture Theatre B, Stepping Hill Hospital, Postgraduate Centre, Pinewood House. Refreshments 7.15pm, meeting 8pm.