



## Council may amend policy on “non-practising” retention fees

The Council of the Royal Pharmaceutical Society is considering amending its policy on the retention fee for non-practising members in the light of concerns expressed by members. In particular, it will give consideration to rescinding its decision that the “non-practising” retention fee should undergo phased increases to reach one-third of the practising fee. Instead, it may peg the fee at a lower rate. No decision will be made until the Resource Management Committee has examined the resource implications of a policy change.

At the **December Council meeting**, the Council was asked to address a number of concerns expressed by members about issues relating to the introduction of continuing professional development, the future structure of the register, the retention fee for 2005 and the impact that these matters will have on the number of pharmacists who will register in 2005.

Introducing a paper on the members' concerns and how they might be addressed, the President reminded the Council that mandatory CPD was a government requirement and that a survey had shown a large proportion of members in favour of having practising and non-practising registers. Having just two categories of fee was more consistent with other health professions. It would streamline the way the Society operated and

be less open to error and abuse but would still allow non-practising pharmacists to remain registered.

The purpose of revisiting the matter was to reassure members that their concerns were being considered. But the Council was, of course, limited in its options by external constraints.

The President said that the paper offered three options concerning fees for those who were not practising. One was to peg the non-practising fee at £46 for the time being. Another was to increase it only to £60, which would cover the cost of providing *The Journal* and processing members' details. In addition, there was a proposed option of offering a low-cost or free subscription to *The Journal* to members who choose to leave the Register and who are aged 80 or more. These small suggestions might alleviate some of the concerns.

The President added that the officers had thought that the Society could live with pegging the non-practising fee at £46.

Linda Stone pointed out that the resource implications would have to be considered by the Resource Management Committee before the Council could make any decision. The options might not be realistic and the Council needed to know the cost implications before debating the matter. There was no need to discuss the matter yet because no decision could be effective before 2006.

Patricia Hoare said that Mrs Stone was right in that the size of the future fee was a matter for the RMC to consider, and the level of fee for 2005 had been discussed and decided. But the Council could reconsider its policy that the non-practising fee should increase to a fixed percentage of the practising fee. It could decide on a new long-term strategy.

Mrs Stone said that Mrs Hoare was correct in that the Council discusses policy, but when an issue of policy has a resource implication, the Council has over the years chosen not to discuss it without knowing what the resource implication is. She moved that the matter be referred to the Resource Management Committee to look at the resource implications.

The President said that he was happy to do that but would still like the Council to be able to offer some reassurance to members.

### This week

#### ■ Members' retention fee

The Council is considering amending its policy on the retention fee for non-practising members in the light of concerns expressed by members (p887).

#### ■ Branch representatives' meeting

The Council is taking steps to improve the process for producing its responses to resolutions of the branch representatives' meeting (p888).

#### ■ Code of Ethics updated

The Council has updated the Code of Ethics to reflect the introduction of continuing professional development and to tighten the code's requirements for the conduct of online pharmacy services (p889).

### December Council meeting

The Council of the Royal Pharmaceutical Society met in London on 7 and 8 December 2004. News about various matters raised at the meeting appears on this page and the following three pages. These reports will be supplemented in due course by a verbatim transcript of the meeting's open sessions published on the Society's website along with relevant agendas, supporting papers and minutes.

**Attendance** Those present at the meeting were the President (Nicholas Wood), the Treasurer (John Jolley), Gerald Alexander, Hassan Argomandkhah, Martin Astbury, Shiv Bagga, Sultan Dajani, Digby Emson, Phillida Entwistle, Davan Eustace, Alison Ewing, Christine Glover, Nicola Gray, Gill Hawksworth, Patricia Hoare, Clive Jackson, Bob Michell, Graham Phillips, Michael Schofield, Douglas Simpson, Linda Stone, Noel Wicks and the Secretary and Registrar (Ann Lewis). Also present were the chairman of the Society's Scottish Executive (Angela Timoney) and the chairman of the Welsh Executive (Mair Davies).

**Apologies** Apologies for absence were received from the Vice-President (Hemant Patel) and Maurice Hickey.

**Guests** Present by invitation were Christine Bond (member of the Society's Scottish Executive), Peter Jones (vice-chairman of the Society's Welsh Executive), John Reynolds (Mansfield branch), Ruth Rodgers (vice-chairman, Medway branch) and Patricia Thompson (treasurer, Crawley, Horsham and Reigate branch).

### Council in brief

#### Clarification on end of Council members' terms of office

Clarification on the point at which a Council member's term of office ends was given to the December Council meeting by the Corporate Governance Steering Group. The group confirmed that office would cease on the date of publication of the election results in *The Journal*. Members would be bound by the Council code of conduct until that moment. There would be an exception in 2005, when the term of office of current Council members would end on the day after the annual general meeting, which was the day specified in the new Charter on which the new Council would take up office.

# Improved process for responding to BRM resolutions

The Council is taking steps to improve the process for producing its responses to resolutions of the branch representatives' meeting.

The **December Council meeting** agreed that a template should be produced to help committees and directorates to frame draft responses. The template will be designed to ensure that, when the Council decides not to act in accordance with a BRM resolution, the response will fully explain why the Council cannot take the requested course of action, even if it is sympathetic with the resolution. Such reasons may be that the action called for is outside the Society's remit or powers, is contrary to the policy position

adopted by the Council, may require resources that are not available or are allocated to other priorities.

It was also agreed that committees should be asked to reserve time where appropriate for full discussion of resolutions.

It was further agreed that the President should make a presentation at the BRM to reinforce information already supplied to the branches and that progress reports should be placed on the Society's website.

Finally, the Council agreed that the branches should be consulted again on how the BRM might develop in order to maximise its contribution and impact.

During the Council's debate, Christine Glover said that the opportunity to use the BRM for better end had to be made explicit. It was a perfect way to get members involved with policy development. Participants would feel better if they felt the BRM contributed and improved Council's views about what the members think about policies that need to be moved forward.

Clive Jackson said that the Council should consult not only the branches but also the wider membership. "What we really want are branch representative meetings that are what the membership wants as a whole," he suggested.

## Conference committee chairman need not be a Council member

The Council has accepted a recommendation of the Corporate Governance Steering Group that the chairman of the Conference Committee need not necessarily be a Council member.

Christine Glover, chairman of the steering group) told the **December Council meeting** that, at the request of the Appointments Panel, the Corporate Governance Steering Group had reviewed the requirement that the Conference Committee must be chaired by a Council member. The steering group supported the panel's view that the role required specific skills and abilities to deliver a successful and profitable conference, along with a high profile in the wider pharmacy community. The steering group had agreed a person specification for the role (see Panel).

The steering group recommended: (i) that the specification be agreed and subsequently incorporated into the Council Governance Handbook; (ii) that the requirement that a Council member fill the role be changed so that any appropriate person might apply, including Council members; and (iii) that the steering group develop and recommend a procedure for filling the position in future.

Patricia Hoare asked how the chairman would report into Council and whether he or she would be invited to attend a Council meeting to report in.

Mrs Glover suggested that something should be incorporated into the note in the Council Governance Handbook.

### Person specification for the chairman of the Conference Committee

- Ability to understand and manage the balance between the science and practice elements of the event
- Experience of complex events with significant budget implications
- Understanding of the problems of working with volunteers and stakeholders
- Ability to enthuse others in order to deliver the conference programme
- Understanding of sponsorship
- Ability to work with tact and diplomacy, firmly and fairly
- Good communication skills, especially when dealing with politically sensitive issues
- Ability to chair meetings and encourage active participation in the meeting
- Ability to work closely with senior staff, the conference team, external administrators and contributors to deliver all aspects of the conference
- Credibility with external bodies

Clive Jackson expressed concern about possible conflict or confusion between the role of the committee chairman and that of the Conference Science Chairman.

Douglas Simpson said that the British Pharmaceutical Conference was one of the

biggest institutions within the Society. It was an important event socially, politically and scientifically. The Council should be reviewing the whole of the governance of the conference, rather than making piecemeal decisions of this sort. He saw no need for an immediate rushed decision.

Linda Stone said that there seemed to be some confusion about the role of committee chairman and other involved with the conference. The Conference Science Chairman presided over the scientific content of the conference and a proposed Practice Chairman would preside over the practice content. Their role was behind the scenes until the conference, when they would chair the sessions. The post under discussion was that of the chairman of the Conference Committee, which pulled the conference together and made sure it happened. The role required the best person for the job, and it had in the past been a struggle to find somebody with the right balance of skills within the Council.

Sultan Dajani said that although the Conference Committee needed the skills and abilities that had been set out they did not all have to lie with the chairman. He still believed that a Council member should chair the committee because it was also about accountability and responsibility. Members of Council tended to have more responsibility because of their elected position.

The President then put the three recommendations, which were carried.

## Council approves the development of a Welsh Language Scheme

The Council has accepted a recommendation of its devolution working group that the Society should develop a Welsh Language Scheme for adoption at a future Council meeting (PJ, 4 December, p834). The recommendation was contained in a report received at the **December Council meeting**.

Asked whether the devolved councils for Scotland and Wales would have a lay input, the President said that proposed structures for Scotland and Wales had been drawn up, although not yet discussed. The proposal Scottish and Welsh "boards" on which there were lay members. Each board would have an

executive of four people, of whom one would be a lay member.

The Secretary and Registrar added that the devolution review group had two members who were not pharmacists, so there was already a lay input into the Society's devolution review.

# Code of Ethics updated to reflect CPD requirements

The Society's Council has agreed changes to the pharmacists' and pharmacy technicians' Codes of Ethics to reflect the requirement on practising pharmacists and technicians to undertake continuing professional development, maintain CPD records and make those records available for review on request.

The changes, which were approved at the **December Council meeting**, apply to Part 2B (professional competence) of both codes. The changes to the pharmacists' Code of Ethics are given in the Panel. The changes to the Code of Ethics for Pharmacy Technicians are identical except for the replacement of all occurrences of "practising pharmacist(s)" with the words "practising pharmacy technician(s)".

## Code of Ethics: revision to Part 2B: Professional Competence

*Set out below is the new text of Part 2B of the Code of Ethics for Pharmacists. Changes are indicated in italic type.*

### **PART 2B. PROFESSIONAL COMPETENCE**

The public, the profession and the NHS expect pharmacists to develop their professional performance to provide a high level of care to patients. *Practising pharmacists are expected to maintain records of their continuing professional development (CPD) and make the records available for review by the Society on request. CPD records*

*should contain evidence that practising pharmacists:*

- (a) continually review the skills and knowledge required for their field(s) of practice, identifies those skills or knowledge in need of development or improvement and audits their performance as part of the review;*
- (b) plan appropriate learning activities to address identified learning needs and implements their plans;*
- (c) evaluate what they have learned and effectively translates their learning into improved professional practice.*

## Tighter Code of Ethics requirements for online pharmacy services

The Code of Ethics for pharmacists has been changed to tighten the requirements for online pharmacy services with the aim of providing greater public protection and ensuring public confidence in the provision of internet pharmacy services. The changes were approved at the **December Council meeting**.

The changes mean that, as well as giving the owner's name and address of the business, pharmacy websites must now give the name of the superintendent pharmacist

(where applicable), information about how to confirm the registration status of the pharmacy and pharmacists and details of how to make a complaint about the online services provided.

Online service providers must also ensure that patients are able to identify the pharmacist assuming professional responsibility for the supply of medicines to them. And when product recommendations are made, the pharmacist assuming professional responsibility for the recommendation must be identi-

fied to the patient and a record kept of the transaction.

The changes occur in Service Specification 9 (Online Pharmacy Services) in Part 3 of the Code. The revised Service Specification 9 is set out in the panel.

The changes are interim amendments only, pending consideration of the wider issues around internet pharmacy and its regulations by a newly established working group of the Society's Law and Ethics Committee.

## Code of Ethics: revision to Service Specification 9: Online Pharmacy Services

*Set out below is the new text of Service Specification 9 (Online Pharmacy Services). Changes are indicated in italic type.*

### **SERVICE SPECIFICATION 9: ONLINE PHARMACY SERVICES**

The public is entitled to expect the same high quality pharmaceutical care irrespective of whether the service is provided online or face-to-face on pharmacy premises. At all times pharmacists must act in the best interests of the patient and seek to provide the best possible health care. Pharmacy websites must clearly display the name of the owner of the business, the address of the pharmacy at which the business is conducted *and where applicable the name of the superintendent pharmacist. Details of how to confirm registration status of the pharmacy and pharmacists must be provided.* In addition to complying with all other professional requirements relating to the sale or supply of medicines pharmacists must ensure compliance with the following:

#### **(a) Security and confidentiality**

- (i) Pharmacists must ensure that the confidentiality and integrity of all patient information is protected. All patient data transmissions must be encrypted to prevent the possibility of access by the internet service provider or any other unauthorised party.
- (ii) National Health Service patient data must comply with security standards and other requirements determined by the NHS Executive.

#### **(b) Request for supply of medicines**

- (i) In all cases where a pharmacy medicine is requested or recommended, pharmacists must ensure that sufficient information is available to enable a professional assessment of the request and that they have an opportunity to provide appropriate counselling or advice. Advice must be available to all prospective purchasers of general sale list medicines and vitamin and mineral supplements.
- (ii) *The patient must be able to identify the pharmacist assuming professional responsibility for the supply of medicines to them.*
- (iii) Pharmacists providing online pharmacy services must advise patients to consult a convenient pharmacy whenever a request for a medicine or the symptoms described indicate that the patient's interests would be better served by a face-to-face consultation.

#### **(c) Information and advice**

- (i) All information related to specific products must comply with the marketing authorisation, the patient information leaflet and the Medicines (Advertising) Regulations.
- (ii) Information relating to medicines must include all relevant details of contraindications and side effects.
- (iii) Non-patient specific health care advice, such as that relating to the treatment of symptoms or specific conditions, first aid, travel precautions,

etc, provided on pharmacy websites must be of a high professional standard and the pharmacist assuming professional responsibility for the provision of that advice must be identified.

- (iv) Product recommendations may only be given in respect of individual patients. *The pharmacist assuming professional responsibility for the recommendation must be identified to the patient and a record must be kept of this.*
- (v) Before a patient receives a pharmacy or prescription only medicine pharmacists must ensure that the patient receives sufficient information to enable the safe and effective use of the medicine. Procedures for dealing with requests for supplies of medicines and/or delivery arrangements must ensure that this occurs.

#### **(d) Record keeping**

- (i) The pharmacy must maintain information about supplies of medicines sufficient to guard against risks of abuse or misuse.
- (ii) Records must be kept to identify the pharmacist authorising every supply of a P or POM medicine following an e-mail request to purchase.

#### **(e) Complaints procedures**

*The website must contain details of how to make a complaint about the online pharmacy services provided.*

## Concern that CHRE request for information may be unreasonable

Concern was expressed at the December Council meeting that a performance review exercise by the Council for Healthcare Regulatory Excellence was putting unreasonable pressure on health care regulatory bodies.

Presenting the report of a CHRE meeting on 11 November, the President (who represents the Society on the CHRE) told the **December Council meeting** that the Society had already expressed concerns about the scale of the performance review exercise. It was being asked to do various things, including making a response to a rather large questionnaire, which Robert Darracott (director of corporate and strategic development) observed would require a "van load" of information to be sent. He had made the point that it was not reasonable to expect the regulatory bodies to provide all the required information in detail, and the CHRE had agreed to home in on the main headings and use the detailed questionnaire in future years.

Linda Stone expressed concern at the tight timetable for responding to the performance review questionnaire, which had to be re-

turned by the beginning of January even though it had not been in the building long. Could the Society respond adequately within that timetable? And would it express concern over the tightness of the timetable?

Mr Darracott said that the Society had to respond. Although the review originally consisted of 75 questions covering everything from human resources policy to details of fitness-to-practise procedures, the revised questionnaire kept to the headings and did not seek detailed submissions on individual points. The document was going round the building so that specific people could draft responses. He added: "I think we can meet the timetable, but it is tight."

Mrs Stone said that she was concerned that the timetable did not allow the Council — the Society's governing body — to have sight of what would be sent back on its behalf. "I do not think there is anything we can do about it," she said, "but I wanted to raise that."

Mr Darracott said that the documents submitted would simply indicate where the Society currently stands in terms of its performance against the objectives. They would not reflect anything that is not policy.

The President said that considerable concern had been expressed at the CHRE meeting about the extent of information being requested. It was pointed out that, if the regulators supplied all the information requested, the CHRE would have difficulty coping with it all in one go. It was following that discussion that the amount of information required was reduced considerably, as Mr Darracott had explained.

The President added that another criticism of the CHRE was that it arranged dates that were bound to clash with commitments of the representatives of the health professions, who were the presidents of all the health care regulatory bodies. For the CHRE to imagine that it could pick out a date only two or three months ahead and get all the health care regulators present was stretching it somewhat. The representatives were having difficulty explaining to the CHRE that they have all sorts of other commitments and cannot necessarily meet all the CHRE dates and deadlines. A further difficulty was that no deputies were appointed to stand in for representative who had other commitments.

## Gifts of portraits of two women pharmacists

The Society is to accept gifts of portraits of two women pharmacists from the early 20th century to add to its museum portrait collection.

The offers had to be considered at the **December Council meeting** because portraits fall outside the Council's agreed acquisition policy for the museum, which is restricted to proprietary medicines and material relating to the Society itself.

Nicola Gray, as chairman of the Science Committee, which has responsibility for museum functions, said that the offers were unconnected but had been received at about the same time. Each portrait was offered by a great-niece of its subject. The first portrait is of Elsie Seville Hooper, who registered with the Society in 1902 and went on to be the first secretary of the (National) Association of Women Pharmacists. The second is of Vera Lord, who registered in 1915 and, although emigrating to Tasmania in the 1920s, retained her membership until her death in the 1970s.

Dr Gray said that the offers were timely in the light of the fact that the National Association of Women Pharmacists celebrates its centenary in 2005. The NAWP is believed to be the oldest professional organisation for women in existence. She added that the Society's portrait collection currently in-



A detail from the portrait of Vera Lord

cludes only one woman and that is Jean Irvine, who was the first woman president of the Society (1947–48).

On the resource implications, Dr Gray said that one portrait would need attention from a portrait conservator but the cost could be met from the museum's existing conservation budget.

Briony Hudson, keeper of the Society's museum collections, said that the museum hoped to put the portraits on display next year as part of the celebration of the

NAWP centenary. They would then at some point have to go into storage.

Michael Schofield said that he did not like the thought of the portraits in storage. He did not believe that no room in the building could benefit from having them.

Douglas Simpson said that there were fewer walls in the building as it moved to open plan offices. He would prefer the Society's collections to be on open display. He also thought that the acquisitions policy was too restrictive and should be reviewed.

The President said that having portraits hung around the building allowed the Society to explain its heritage. It was an important aspect of being a professional body.

The Council agreed to accept the portraits and expressed its gratitude to the donors.

## Society to consult on draft guidance for addressing poor performance at local level

The Council has approved publication for comment of a draft guidance document produced to support community pharmacists who are involved in establishing of local schemes to address poor performance.

The document, "Setting up local schemes to identify and remedy poor performance in England and Wales", was approved at the **December Council meeting**.

The Council heard that many local organisations such as primary care trusts are setting up poor performance schemes as part of their clinical governance arrangements and they are increasingly looking to the Society for guidance. The Society has been working on a project to look at how poor performance can be identified and dealt with before it becomes a matter for the Society's disciplinary or fitness-to-practise machinery. The project has been in development for 18 months, and the draft guidance has benefited from input by pharmacists, pharmacy bodies, employers, the NHS and organisation outside pharmacy.

The Council agreed that a final version of the guidance was needed as soon as possible but that in the meantime the draft should be published for comment — clearly marked as such. It would be reconsidered early in the new year in the light of the comments received and developments such as the publication of the fifth report of the Shipman Inquiry.

## Society's new Charter to be placed on display at London headquarters

The Royal Pharmaceutical Society intends to place its new Supplemental Royal Charter on display on the first floor of its headquarters building in the new year, once building work on that floor has been completed.

The Society's new Royal Charter was sealed and brought into force on 7 December. This was an earlier date than had

been expected and was done to allow the Council to agree revised election regulations for the new Council with the new Charter already in force (*PJ*, 11 December, p863).

The Society's President, Nicholas Wood, said: "I have already said how delighted I am that Her Majesty has seen fit to approve the grant of our new Charter. It was therefore with special pleasure that I was able to take delivery of the finished article and show it to the Society's Council."

New Charters are rare and the Society was last granted a new Supplemental Charter in 1953. The Royal Charter gives the Society autonomy and flexibility. It means that, unlike bodies regu-

not restricted to the functions set down in its legislation.



The President, the immediate past president, Gill Hawksworth, and the Secretary and Registrar, Ann Lewis, with the new Charter in front of a portrait of the Society's first President, William Allen

### Sealing the Charter

After a charter is approved by Her Majesty in Council (ie, by the Privy Council), the vellum document is prepared by special printing. An order is then made directing the preparation of the warrant for the passing of the charter under the Great Seal. Upon receipt of this the Queen signs the warrant itself and the charter is then sealed in the Crown Office.

The sealing process involves heating the two halves of the silver seal mould in an oven for half a day until it is hot enough to melt the granules from which the seal is made. The two halves of the seal are then fused around the ribbon attached to the bottom of the charter. A charter cannot be brought into force until this has been done.

## Provisional accreditation for first three courses developed to meet competence requirement for dispensing/pharmacy assistants

The College of Pharmacy Practice, appointed as accrediting agent by the Royal Pharmaceutical Society, has announced the provisional accreditation of three courses developed to meet the Society's minimum competence requirements for dispensing/pharmacy assistant training that will apply from January 2005.

The courses are the Buttercups Training Ltd dispensing assistant course, the LloydsPharmacy dispensers' training programme and the National Pharmaceutical Association dispensary assistants' course.

The accreditation of all three courses is

conditional on various changes being made to the course material and arrangements for administering the course. The college is in the process of informing the course providers about the conditions to be met for final accreditation of their courses. It gives an assurance to employers that members of staff who are already enrolled on, or about to start, one of these courses are undertaking a programme of training that will meet the Society's requirements.

Janet Flint, the Society's head of support staff regulation, said: "In 2003, the Society accepted advice from employers and training

providers within the pharmacy sector and adopted a flexible approach to the minimum competence requirement for dispensing/pharmacy assistants. It is pleasing to learn that there are now three accredited training programmes available for this group of staff in addition to the Scottish/National Vocational Qualifications Level 2 in pharmacy services."

Further information on the regulation of dispensing/pharmacy assistants is available from the pharmacy support staff page of the Society's website ([www.rpsgb.org/pharmacysupportstaff](http://www.rpsgb.org/pharmacysupportstaff)).

## Society opens its voluntary register for pharmacy technicians

Application packs for registration as a pharmacy technician with the Royal Pharmaceutical Society are now available, in advance of the opening of the voluntary register for pharmacy technicians in January 2005.

There are four ways of obtaining an application pack:

- **Online** The pack can be downloaded from the pharmacy support staff section of the Society's website ([www.rpsgb.org/pharmacysupportstaff](http://www.rpsgb.org/pharmacysupportstaff)).
- **E-mail** The pack can be requested by e-mail to [pharmacytechnician@rpsgb.org](mailto:pharmacytechnician@rpsgb.org)

(documents will be sent electronically unless paper copies are specifically requested in which case a postal address must be included).

- **Telephone** The pack can be requested by telephoning the Society's registration section (tel 020 7572 2322)
- **Post** Written requests should be directed to: Registration Section, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN

Janet Flint, the Society's head of support staff regulation, said: "Most of the procedures

for processing applications for registration as a pharmacy technician are now in place and we are looking forward to receiving the first batch of applications in January."

Supplementary forms for those with qualifications gained outside the UK will be available early in 2005. Anyone wishing to be notified when these forms are available should contact the Society by e-mail, telephone or in writing specifying the country in which qualification was gained and whether the qualification entitled the person concerned to work as a pharmacy technician or a pharmacist in that country.

# Five pharmacists designated as fellows of Society

Five pharmacists have been designated as fellows of the Royal Pharmaceutical Society by the Society's panel of fellows. The new fellows, whose names were reported to the **December Council meeting**, are Rosamund Baird, Michael Bland, John Perrin, Monica Rose and Roger Walker. An Official Notice appears on p896.

The following brief biographical information is based on material provided by the panel of fellows to assist in identifying the pharmacists concerned. It does not necessarily represent the reasons for their designation as fellows.

**Dr Baird**, who registered in 1971, is a community pharmacist working for the West Dorset General Hospitals NHS Trust. She is also co-ordinator of the Daphne Jackson Trust at the University of Surrey, an honorary senior lecturer at the University of Bath and a consultant to the pharmaceutical industry. She has previously been principal pharmacist at St Bartholomew's Hospital, London, and a microbiological consultant to the pharmaceutical industry. She has a post-doctoral fellowship of the University of Leiden, the Netherlands.

**Mr Bland**, who registered in 1963, is a locum pharmacist in Hampshire, Dorset and West Sussex. He is secretary of the Society's Wessex region, treasurer of its Southampton branch, treasurer of Southampton and Winchester Pharmacy Development Group, chairman of Eastleigh and Test Valley South Local Pharmacy Group and treasurer of Hampshire and Isle of Wight Local Pharmaceutical Committee. He formerly worked for Hunt & Co (Winchester), progressing to be manager, director and finally managing director.

**Professor Perrin**, who registered in 1960, is professor of medicinal chemistry at the University of Florida, US, having previously been professor of pharmaceuticals and chairman of the department of pharmaceuticals. Former posts include professor of pharmaceutical chemistry and dean of the school of pharmacy of the University of Utrecht, assistant associate professor and visiting assistant professor at the University of Wisconsin and assistant lecturer at the University of London.

**Mrs Rose**, who registered in 1964, is a locum pharmacist in rural Wales and a for-

mer pharmacist in charge at Parkside Hospital, Wimbledon, London. She is currently president of the National Association of Women Pharmacists and treasurer of the Society's Ceredigion branch. She has previously been professional secretary to Dyfed Powys Local Pharmaceutical Committee and continuing pharmacy education tutor for the Welsh Centre for Postgraduate Pharmaceutical Education in West Wales and South Powys. She has served as chairman of the Society's South West Metropolitan branch and the Association of Private Hospital Pharmacists.

**Professor Walker**, who registered in 1976, is director of pharmaceutical public health for Gwent Health Authority and professor of pharmacy practice at Cardiff University. He was previously senior lecturer in clinical pharmacy at Cardiff University and an honorary clinical pharmacist at University Hospital Wales and before that principal lecturer at Sunderland University and an honorary clinical pharmacist at Sunderland Royal Infirmary. He is an honorary member of the Faculty of Public Health Medicine.

## Editorial changes at the *Journal of Pharmacy and Pharmacology*

From 1 January 2005, David Jones will assume the role of sole editor of the *Journal of Pharmacy and Pharmacology*.

The *JPP* is published by the Pharmaceutical Press — the publications department of the Royal Pharmaceutical Society. Since January 2000, it has been edited jointly by Professor Jones and Duncan Craig. However, Professor Craig's appointment as the head of the new school of pharmacy at the University of East Anglia has increased his workload and limited his contribution to the *JPP* and as a

consequence he has decided to relinquish his role of co-editor.

The editorial office of the *JPP* will remain at the School of Pharmacy, The Queen's University of Belfast, where Professor Jones is professor of biomaterials science.

Professor Jones commented: "I have thoroughly enjoyed working with Duncan over the period in which we were co-editors and may I take this opportunity to thank him most sincerely for his commitment to the *JPP* over the past four years."

He added: "Furthermore, I am delighted to accept the position of editor of this prestigious journal and I look forward to both the challenges ahead and the opportunity to further enhance the scientific profile of the *JPP*."

The *JPP* is an international academic journal publishing reviews and original research on all aspects of the pharmaceutical sciences and pharmacology. It has been published monthly since 1949 and is one of the oldest pharmaceutical science journals in the world, tracing its origins to initial publication in 1870.

## Online payment of retention fee proves popular

The new online payment service for Royal Pharmaceutical Society retention fees is proving to be the most popular means of payment among members. Online payments make up 71 per cent of all fees received so far.

A member from Stockport who was the first person to pay online on 6 December is being sent a congratulatory bottle of champagne.

The Society's head of registration, Andrew Gardner, said: "We are particularly pleased to see that the online payment service is being embraced as it is a far more convenient payment method and much more cost-effective."

The Society says that a large number of members have already completed their retention fee form for 2005 and paid the fee, which

is due by 1 January 2005. Other members wishing to take advantage of the online payment service should visit the retention fee page of the Society's website ([www.rpsgb.org/payment](http://www.rpsgb.org/payment)). Payment can be made online using major credit and debit cards.

If members have a direct debit set up, the practising fee will be debited from their account on or shortly after 4 January 2005.

Payment can also be made by cheque (sterling cheques drawn on a sterling account) using the retention fee form and the prepaid envelope provided. Members will be sent a receipt within 28 days of making payment.

Further information is available from registration section staff (tel 020 7572 2322; e-mail [registration@rpsgb.org](mailto:registration@rpsgb.org)).

## Society's PR campaign highlights pharmacy advice during the festive season

A public awareness campaign is being launched by the Royal Pharmaceutical Society through local media across England, Scotland and Wales to advise people to visit their local pharmacy for help, advice and treatment over the festive holidays.

The Society's head of public relations and membership, Jean-Pierre Moser, said: "We are involving our branch public relations officers in this campaign to help get the message across that local pharmacies are a good place for the public to visit for expert advice on a range of treatments. We are also encouraging people to make sure that medicine cabinets are well stocked before the holidays start."

The Pharmacists' Health Support Programme exists to assist those who experience problems with alcohol or other drugs of addiction, or who have other problems that impair their fitness to practice. The scheme was set up by the Royal Pharmaceutical Society but operates independently so that help can be sought in complete confidence.

Any pharmacist with an alcohol or drug problem, or any person knowing a pharmacist with such a problem, can obtain confidential help after an initial telephone call to the Society's welfare officer, Beverly Nicol (tel 01323 890135), who will give the telephone number of either the scheme's independent national co-ordinator or one of its regional referees. Alternatively, callers can contact the national co-ordinator's direct helpline (tel 01926 315138).

## Last life member dies at age of 98

The last life member of the Royal Pharmaceutical Society, Eileen Brown, of Tunbridge Wells, Kent, has died at the age of 98.

Mrs Brown's life membership was a gift from her pharmacist father when she qualified in 1928. His generosity cost him 25 guineas (£26.25), a substantial sum at the time.

The Society stopped offering life membership a few years later when the Pharmacy and Poisons Act 1933 came into force and required all pharmacists to be members and to pay an annual retention fee.

Mrs Brown was from a family of pharmacists. Her father, George Adama Cawkwell, registered in 1901 and practised until his death in 1947. He himself had been articled as an apprentice by his own pharmacist father, John Cawkwell, in 1892. Mrs Brown's husband, Charles Henry Brown, was also a phar-

macist. He registered in 1936 and remained on the register until his death in 1985. Their daughter, Janet Ditchett, registered as a pharmacist in 1963 and practised continuously until retiring in 2003. To complete the picture, Janet is married to pharmacist Peter Ditchett, who also registered in 1963.

Mrs Brown had been the Society's sole life member since June 2002, when Isabella Keiller, of Perth, Scotland, a life member since 1933, died at the age of 95. Like Mrs Brown, she had received her life membership as a gift from a pharmacist father.

Four months before Mrs Keiller's death, another life member, Reg Davis, died a few days after celebrating his 100th birthday at his home in Polperro, Cornwall. He had bought his life membership in 1930, two years after first joining the Society.

## Approval given to new fee structure for Society

The Royal Pharmaceutical Society has received approval for new fee levels for 2005, but it has not been granted the increase it sought in the premises retention fee.

The Society asked the Department of Health for a 20 per cent increase in the premises retention fee from £125 to £150, but it has been granted only a 10 per cent increase.

The new premises fees are set out in the Medicines (Pharmacies) (Applications for Registration and Fees) Amendment Regulations 2004 (SI 2004 No 3197), which increase the retention fee to £137. The other

premises fees have been increased in line with the Society's request, despite both being considerably more than 20 per cent. The fee for initial registration of premises rises from £163 to £460 and that for restoration rises from £336 to £460.

The Society says that the requested fee structure and fee levels for individual members have been granted by the Privy Council. The Society asked for a £256 fee for all practising pharmacists, whether full-time or part-time, and a £46 fee for non-practising pharmacists.

## Only two weeks left for BPC "super early bird" bookings

Pharmacists wishing to make significant savings on the registration fee for the 2005 British Pharmaceutical Conference have only two weeks left in which to book. The special early bird rates, which offer savings of up to 40 per cent on the full 2005 delegate rate, are available only until 31 December.

The "super early bird" three-day conference fee is £385 plus VAT for members and presenters, £100 plus VAT for students and £495 plus VAT for others. For attendance on single days, the fee is £135 plus VAT for mem-

bers and presenters, £35 plus VAT for students and £165 plus VAT for others. Bookings can be made online at [www.bpc2005.org](http://www.bpc2005.org). Telephone bookings can be made through Angela Lyons at Health Links, the conference administrator (tel 0121 248 3399).

BPC 2005 takes place at Manchester International Convention Centre from Monday 26 September to Wednesday 28 September 2005. The theme of the conference will be: "A common vision for health: linking science with practice".

**London** The London headquarters of the Royal Pharmaceutical Society will close for the Christmas holiday at 5pm on Thursday 23 December and will reopen at 9am on Wednesday 29 December. It will close for the New Year holiday at 4pm on Friday 31 December and will reopen at 9am on Tuesday 4 January 2005.

The library at the London headquarters building will close for the Christmas holiday at 5pm on Thursday 23. In addition, it will close between noon and 2.30pm on Wednesday 22 December. The library will open from 9am to 5pm on Wednesday 29 December and Thursday 30 December and from 9am to 3.30pm on Friday 31 December. It will reopen as normal from Tuesday 4 January 2005, except that the usual Thursday late opening will not be restored until 13 January 2005.

**Edinburgh** The House of the Society's Scottish Department in Edinburgh will close at 4pm on Friday 24 December and will reopen at 9am on Wednesday 5 January 2005.

**Cardiff** The Society's Welsh Executive office in Cardiff will keep the same hours as the London headquarters building.

The Royal Pharmaceutical Society's Panel of Fellows is empowered to confer fellowship on members of not less than 12 years' standing who have made an outstanding original contribution to the advancement of pharmaceutical knowledge or have attained distinction in the science, practice, profession or history of pharmacy.

A pharmacist wishing to nominate a colleague for fellowship needs the support of at least two other pharmacists. At least one of those making or supporting the nomination must be a fellow. The nominator should provide a detailed biographical profile of the nominee, clearly showing the contribution made to pharmacy through their career. The biographical details should also include information about involvement in civic affairs or other voluntary work on

behalf of the community (this assists the panel in putting into context the nominee's contribution to the profession).

Nominations and inquiries about the nomination procedure should be addressed to Roger Odd, Secretary of the Panel of Fellows, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel: 020 7572 2203). There are no official nomination forms.

The panel meets each May and November. The closing date for nominations is 1 March (for May) or 1 September (for November). The panel's decisions are reported to the Council in June and December so that authority can be given for affixing the Society's official seal to the fellowship certificates. Although appointed by the Council, the panel does not include any Council member.

# £100,000 prescription fraud results in striking off

A Yorkshire pharmacist who was overpaid more than £100,000 by making claims on forged prescriptions has been struck off the register by the Statutory Committee.

When it met on 21 July, the committee inquired into the case of Trevor Sherlock, of 1 Garth Barn Close, Bradford, West Yorkshire. Information had been received that on 13 October 2003 at Keighley magistrates' court, Mr Sherlock had pleaded guilty to and been convicted of three offences of making a false instrument and three offences of false accounting. At Bradford Crown Court on 17 December 2003, he had been sentenced to 12 months' imprisonment; a further 128 similar offences were taken into consideration.

Geoff Hudson, of Penningtons (solicitors) gave the facts of the case to the committee.

Mr Sherlock was not present and was not represented at the inquiry.

The committee heard that the offences related to three FP34C prescription forms submitted for payment. The forms, dated 5 March 2001, 9 February 2002 and 7 January 2003, included claims for payment in respect of forged prescriptions.

The Prescription Pricing Authority had noticed a large number of high cost items being dispensed by Mr Sherlock's pharmacy, Aireworth Chemists, Aireworth Road, Keighley. In July 2002 the matter was referred to the pharmaceutical fraud team. On investigation, it was found that the relevant prescriptions had been issued between March

2001 and December 2002 mainly in the names of four local doctors' surgeries.

On being shown specimen prescriptions, each of the doctors had confirmed that the signatures, although similar to their own, had not been written by them. In some cases, the prescriptions were ostensibly for patients of the doctor, but were for medicines that would not have been prescribed for the particular individual. In others, prescriptions were written for people who were not patients of the doctor who was the supposed prescriber. In one case, the patient named had died three months before the prescription had been written.

As a result of those findings, Mr Sherlock had been arrested on 5 February 2003. He had made a full admission and asked for 128 similar offences, comprising 110 forged prescriptions and 18 further FP34C forms to be taken into consideration. The total amount of financial gain was £101,771.80.

Explaining how the offences were committed, Mr Sherlock had said that he often came into possession of blank prescription forms which were inadvertently attached to genuine repeat prescriptions. He would then use his computer to type in patient details from genuine prescriptions, and add the medicines required. He then added the doctor's signature, printed out from a scanned image he had made of a genuine signature and stored on file.

The committee heard that, in mitigation, Mr Sherlock's counsel at his trial had said that

at the time of the offences he had had personal problems and that a flood which had resulted in the closure of his pharmacy for three months had left him with financial difficulties.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC), said that, although not present at the hearing, Mr Sherlock had acknowledged receipt of the notice of inquiry and had written a letter in which he accepted that his behaviour was an abuse of trust and was conduct unbecoming of a pharmacist.

He had concluded his letter by saying, "I am very ashamed of my action. It was totally out of character for me. It was not a simple case of greed on my part but that of a desperate man trying not to lose everything in his life". He had accepted that his name would be removed from the register.

It was to Mr Sherlock's credit that he had been fully co-operative with the police and had repaid all the money he had wrongly claimed. That had been taken into account by the judge when passing sentence.

Lord Fraser said it was clear that at the time of the offences there had been considerable marital discord in Mr Sherlock's life, that he had been suffering from depression and he had had financial worries. However, none of that excused his resorting to criminal activity.

Mr Sherlock's name was ordered to be removed from the register.

He had three months in which to appeal.

# Indecent photographs convictions lead to striking-off

The Statutory Committee has ordered that a pharmacist who downloaded indecent images of young girls from the internet should have his name struck from the register.

At its meetings on 20 and 21 July, the committee inquired into the case of Martin Kenneth Atkinson, of 6 Mude Haven Court, Mundeford, Christchurch, Dorset. Information had been received that on 21 April 2004, at South East Hampshire magistrates' court, Mr Atkinson had pleaded guilty to and been convicted of 27 offences of having made, between 1 January 1999 and 5 June 2003, an indecent photograph of a child contrary to Section 1(1)A of the Protection of Children Act 1978 and one offence of having had in his possession on 4 June 2003 493 indecent photographs of children contrary to Sections 160(1) and (3) of the Criminal Justice Act 1988.

Mr Atkinson had received a community rehabilitation order for three years with the condition that he had to present himself for treatment as directed by the probation officer and to participate in a sex offenders groupwork programme and comply with instructions given by the person in charge. An order was also made for the destruction of

computer equipment and the payment of costs of £120.

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

Mr Atkinson attended the inquiry; he was represented by Ralph Shipway, of Radcliffes LeBrasseur (solicitors).

The committee heard that the offences, which related to computer images downloaded from the internet, had come to light after US authorities had searched the premises of Landslide Inc, an American organisation that offered access to child abuse images. Mr Atkinson's had been among the 7,000 UK e-mail accounts found. A police search of his accommodation had followed, and computer equipment and discs were found containing images that were the subject of the prosecution. Most of the images found were in the least serious category of indecent images.

Evidence was given that Mr Atkinson's viewing of such material had been linked to his alcoholism. He had had treatment for that at Birdsgrove House and was continuing to attend Alcoholics Anonymous and to receive counselling. He had been abstinent since January 2004.

Giving the committee's decision, the chairman, Lord Fraser of Carmyllie, QC, said the case had been one of the most difficult the committee had had to deal with. Mr Atkinson had made substantial progress in escaping from his addiction to alcohol and the committee would not want to hinder that.

However, his conviction could not be ignored. The committee had been told that while Mr Atkinson was principally attracted to images of young women who were about 16, some of the images he had recorded had been of prepubescent girls. It was true that most of the images were at police level 1, the least pornographic level, but the conviction could not be regarded as other than serious.

Mr Atkinson had brought the profession into disrepute, said the chairman, and his conviction was such that it rendered him unfit to be on the register.

Ordering the removal of Mr Atkinson's name, the chairman said that if he wished at some future date to seek restoration, he would have to provide evidence that his progress with his alcohol problem had been maintained.

Mr Atkinson had three months in which to appeal against the decision.

# Striking-off for lack of professional indemnity cover

The name of a London pharmacist who failed to establish that he had had professional indemnity insurance cover for a period of over 14 years has been ordered to be struck from the register by the Statutory Committee.

At its meetings on 10 December 2003 and 20 July 2004, the committee inquired into the case of Virinder Kumar Kumrai, of 74 Huntingdon Road, East Finchley, London. Mr Kumrai was the proprietor of a pharmacy trading as E. Horne, 235 Edgware Road, Colindale, London NW9. A complaint had been received from the Council of the Royal Pharmaceutical Society alleging that Mr Kumrai had failed to ensure that professional indemnity insurance was in place from about July 2002 to 12 December 2002 and that he had failed to provide evidence of professional indemnity cover before that date. It was also alleged that Mr Kumrai had failed to co-operate with the Society's inspector during her investigations into professional indemnity insurance cover for the pharmacy in respect of the period before July 2002.

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

Denis Keegan, of Turner & Debenhams (solicitors), represented Mr Kumrai, who attended the inquiry on 10 December.

The committee was told that during a routine visit to Mr Kumrai's pharmacy on 11 December 2002 one of the Society's inspectors had asked him to confirm that he had professional indemnity insurance. He was unable to do so and was asked to confirm that such cover was in place by 16 December. By letter dated 14 December, Mr Kumrai produced evidence of professional indemnity cover that commenced on 13 December 2002, when he joined the National Pharmaceutical Association.

Mr Kumrai later told the inspector that his cover had lapsed "for several years" before 13 December because of cash flow problems. In an interview on 20 February 2003, however, he had said that he had overlooked professional indemnity cover only from July 2002 until the inspector's visit on 11 December. He had said he would supply a copy of the last certificate issued before 13 December, which he stated had been arranged by a private insurance broker.

After repeated reminders, Mr Kumrai had faxed on 11 March copies of a letter sent to the Society, which had purported to enclose details of the indemnity cover requested. However, no such letter had been received.

During the hearing, letters bearing the heading of a firm of insurance consultants and dated 10 July 2000 and 9 July 2001 were presented.

The chairman (Lord Fraser of Carmyllie, QC) announced that the inquiry would be adjourned so that the information in the letters could be investigated.

When the hearing was resumed on 20 July, Mr Kumrai was represented by Kevin McCartney, of counsel, instructed by Turner & Debenhams (solicitors).

The committee heard that the letters presented at the earlier hearing had purported to have had enclosed with them details of professional indemnity cover for Mr Kumrai for the years 2000–01 and 2001–02. However, investigations had found there were no such insurance consultants at the address given, nor had there ever been. There was no trace of the private insurance broker named by Mr Kumrai at either the address or the telephone number given on the letters.

Giving the committee's decision on 9 August, the chairman said it was far from certain that the individual purporting to be an

insurance consultant had ever existed. Mr Kumrai had said that that person had "cold called" at his pharmacy on an unspecified date in 1995 or 1996, claimed to have good experience with pharmacy insurance, and offered good rates with a discount for cash. Mr Kumrai had claimed to have taken out insurance cover with him at a cost of "about £500".

Apart from the two letters referred to, there was, said Lord Fraser, "absolutely no evidence of the existence of these policies". Further, Mr Kumrai could not explain why there was no reference in his accounts to the cost of insurance cover. There was no evidence that Mr Kumrai had had any professional indemnity insurance after 1986.

"It is a serious matter for a pharmacist not to have in place professional indemnity cover for the protection of the public," said Lord Fraser. Mr Kumrai had failed to ensure that such insurance cover was in place from July 2002 to 12 December 2002 and had failed to provide documentary evidence that cover was in place before that. Further, he had failed to co-operate with the Society's inspector during her investigations.

An alarming feature of the case was that, but for the inspector's request to see his insurance certificate, there was nothing to reassure the committee that Mr Kumrai would have had any regard whatsoever to the importance of such cover. There was no indication that he would have bothered to take it out.

The chairman added that pharmacists had no difficulty in obtaining full cover at competitive rates. Greater sympathy might have been merited if such cover was hard to obtain, as it was for some professions.

Mr Kumrai's name was ordered to be removed from the register. He had three months in which to appeal.

## CHRE intervenes in case of pharmacist convicted of drink-driving

The Statutory Committee has amended conditiosn imposed on a pharmacist's ability to practice after an intervention by the Council for Healthcare Regulatory Excellence. The intervention followed the reopening of an inquiry concerning a pharmacist convicted of drink-driving after a relapse in his abstinence. On 20 April and 19 July, the committee resumed its inquiry into the case of David Michael Beldon, of Clayton Heights, Sunderland Road, East Boldon, Tyne and Wear. At the committee's meeting on 22 October 2003 the case had been adjourned until February 2005 so that his continued abstinence from alcohol could be established (*PJ*, 3 July 2004, p34). However, an incident of relapse had been reported.

The facts of the case were put before the committee by Geoff Hudson, of Penningtons (solicitors).

Mr Beldon, who attended the hearing, was represented by Kevin McCartney, of counsel, instructed by Charles Russell (solicitors).

Giving the committee's decision, the chairman, Lord Fraser of Carmyllie, QC, said it had been disappointing to hear of the relapse. The committee had been close to deciding, in the public interest, that if Mr Beldon did not abstain his name would be removed from the register. Any further relapse would have to be reported to the committee, Lord Fraser stated.

He emphasised that Mr Beldon would have to understand that abstinence meant no alcohol at all.

Mr Beldon had given an undertaking not to practise until the present hearing; the committee would wish that to continue until arrangements to transfer his pharmacy to its new owner were completed.

The inquiry was again reopened on 12 August following correspondence between the Council for Healthcare Regulatory Excellence and the Royal Pharmaceutical Society. The CHRE had indicated that unless further conditions were observed by Mr Beldon in relation to his right to practise, it proposed to refer the matter to the High Court.

The conditions set out by the CHRE were accepted by the committee and by Mr Beldon.

Lord Fraser commented that this had been a unique situation for the committee. It would have to reflect on how to handle such exchanges with the CHRE in future because of the time limit on applications to the High Court and the notice required to be given for meetings of the committee.

The hearing was adjourned.

## 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)).

### New fellows

In accordance with the powers vested in it, the panel of fellows appointed under Section III(4) of the Byelaws has designated the following five members as fellows of the Royal Pharmaceutical Society.

*For distinction in the profession of pharmacy:* Helen Monica ROSE, Tregaron, Dyfed.

*For distinction in the profession and practice of pharmacy:* Roger WALKER, Barry, South Glamorgan.

*For distinction in the science and practice of pharmacy:* Rosamund Marion BAIRD, Sherborne, Dorset.

*For distinction in the science of pharmacy:* John Henstock PERRIN, Florida, US.

*For distinction in the practice of pharmacy:* Michael Thomas BLAND, Eastleigh, Hampshire.

*News item, p892*

### Dissolution of Parliamentary Fund: return of contributions

In December 2003, following advice from the internal auditors and against the background of the Society's status as a modern regulator, the Council of the Royal Pharmaceutical Society resolved to dissolve the Parliamentary Funds of the Society and to return any surplus funds to the donors. Any funds not returned were to be applied for the support of the Society's Parliamentary work.

In pursuance of this resolution any member who has contributed to the fund in recent years and who wishes to have their contributions refunded or used for any purpose other than the Society's Parliamentary work is requested to write to Bernard Kelly, the Society's Director of Finance and Resources, at the Society's headquarters in Lambeth by 31 December 2004.

Any member doing so is requested to state the amount and date of their contribution and their preference for the disposal of the funds.

## DEATHS

**Brown** On 25 November, Eileen Alice Brown, MRPharmS, of Room 107, Warwick Park Nursing and Residential Home, 55 Warwick Park, Tunbridge Wells TN2 5EJ. Mrs Brown registered in 1928 and was the last surviving life member of the Society (see p893).  
**Faulks** On 15 November, Allan James Faulks, FRPharmS, of 20 Fairhill Crescent, Perthshire PH1 1RR. Mr Faulks registered in 1939.

**Jones** On 28 October, David Emlyn Jones, of The Lindens, Gannock Park, Deganwy, Conwy, Gwynedd. Mr Jones registered in 1925 and retired from the register in 2000.

**Keep** Recently, Thomas Michael John Keep, MRPharmS, of 100b Wrotham Road, Gravesend, Kent DA11 0QH. Mr Keep registered in 1962.

**King** On 13 November, John King, MRPharmS, of 7 Willow Avenue, Kirkintilloch, Glasgow G66 4RQ. Mr King registered in 1957.

**Middleton** On 16 October, Brian Middleton, MRPharmS, of 44 Bath Road, Calcot Row, Reading RG31 7QJ. Mr Middleton registered in 1956 (see Tribute, Column 3).

## TRIBUTES

**Middleton** In a tribute to the late Brian Middleton (see Column 2), CHARLES BUTLER writes: I had the pleasure and honour of knowing Brian Middleton for over 20 years — as a friend, as a valued and respected professional colleague, as a committed Rotarian, and as someone whose zest for life and love of people was unsurpassed by anyone else I have ever known.

Brian was born into a Yorkshire mining family but his father wanted his two sons to escape the mines so he encouraged both Dennis (10 years the senior) and Brian to continue their education. Both qualified as pharmacists and subsequently joined Boots The Chemists.

Apart from a period of national service, initially based at Fleet, then at the Queen Alexandra's Military Hospital, Millbank, Brian gave loyal and unstinting service to Boots in Doncaster, Hillingdon, Sidcup and Catford, finally moving to the main branch at Reading in 1978.

For many years Brian served on the committee of the Royal Pharmaceutical Society's Reading branch, becoming chairman (1982–83) and then treasurer (1984–89).

His home was the focus for pharmaceutical activity in Reading for many years, with committees and various groups meeting there regularly and enjoying the unstinting hospitality of both Brian and his wife Joan.

Brian was an active member of the Berkshire Local Pharmaceutical Committee from 1979, his quiet and well reasoned arguments invariably holding sway in committee. His expertise in dealing with terms of service complaints, pharmacy contract applications and rural issues, meant that his services on the LPC were retained on a consultancy basis well into retirement.

From 1980, until the inception of family health service authorities in 1990, Brian was one of the pharmacy members of Berkshire Family Practitioner Committee, where his powers of persuasion significantly helped to shape the emerging importance of pharmacy services within primary and community care.

It was always a pleasure to visit Brian at work — to learn from him and to witness the sheer professionalism he brought both to the practice of pharmacy and to his role of manager.

Without doubt there are

countless people, both patients and staff, who benefited from Brian's unflappable nature, from his common sense, from the encouragement he gave and from the enthusiasm he showed to those who were starting out or developing their chosen careers.

In 1997–98 Brian served as president of the Rotary Club of Reading and in 1999 was awarded the highest accolade of Rotary, the Paul Harris Fellowship, for his youth work.

On becoming a member, and later, chairman of the League of Friends of Reading Hospitals, Brian revitalised the organisation. He put his management and people skills to good use by persuading the league to open a retail unit at the Royal Berkshire Hospital.

It is a privilege to have counted Brian among my dearest friends but I am by no means alone, because there are so many others who will have shared this pleasure. His passing on 16 October will inevitably leave a void in the lives of many people; a void which will gradually fill with happy and contented memories of a life lived to the full by a remarkable man. A human being in the fullest sense.

## Correction

There were two errors in the text supplied to *The Journal* for the Code of Ethics changes agreed at the December 2004 Council meeting in relation to online pharmacies (p889).

In the introductory text, the penultimate sentence should read: "Details of how to confirm the registration status of the pharmacy and pharmacists must be provided."

In paragraph (c)(i) the second sentence should read: "A record must be kept of the pharmacist assuming professional responsibility for the recommendation and this pharmacist must be identified to the patient."