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Royal  
Pharmaceutical  
Society  
of Great Britain

## Society seeks BPC science and practice research medallists

The Royal Pharmaceutical Society is seeking nominations and applications for its two annual British Pharmaceutical Conference medals — the Conference science medal and the Conference practice research medal.

For both awards the closing date for applications is 31 March. The medals will be presented during BPC 2005, which takes place at Manchester International Convention Centre from Monday 26 September to Wednesday 28 September. The overall theme of the conference is “A common vision for health: linking science with practice”.

The science medal is awarded to a young scientist with a proven record of independent research whose published work shows outstanding promise. The winner receives a cheque for £750 and a medallion and will be invited to present a lecture on his or her work at BPC 2006. Applicants must work in a pharmaceutical or allied discipline in industry or academia and be aged under 35 years on 31 March.

The practice research medal recognises an individual aged up to 45 years who has made a significant contribution to pharmacy practice research and has the potential to become a leader in his or her field. The winner will receive a cheque for £1,000 and will give a lecture at BPC 2005 based mainly on his or her own research but also drawing on relevant published work from related fields, including health policy. Applicants do not have to be pharmacists or based in a school of pharmacy. Overseas applicants are welcome.

Applicants for the science medal should submit a full curriculum vitae listing name, age, education, appointments held and research responsibilities. It should include a list of all forms of publication already accepted, including patents, consultancy reports and teaching packages. When listing jointly authored work, candidates should give all authors' names and indicate the candidate's contribution as principal investigator or co-

# BPC 2005

A common vision for health  
Linking science with practice

investigator. Candidates should list research students who have worked for them and their thesis titles and dates, instances of research co-operation, giving details of research grants awarded and the candidate's role, invitations to speak at conferences, lecture or symposium titles, and prizes or awards. A résumé of the candidate's research (about two pages), indicating discoveries made, with up to 10 relevant publications attached, should be sent with the CV.

The science medal will be presented on 27 September.

Those wishing to apply for the practice research medal, or to nominate a colleague, should supply an academic CV, including details of significant grants held, publications, professional and academic record (including peer review experience). This should be accompanied by a lecture outline of about 1,000 words, including the research areas and topics to be covered and a statement of how the research contributes to knowledge and policy in relation to health care generally and pharmacy practice specifically.

The successful applicant will be notified by early June. The award is sponsored by *Chemist & Druggist* magazine.

Applications for the science medal should be addressed to the Science Secretary, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN. Applications or nominations for the practice research medal should be sent to Judy Callanan, Practice Research Secretariat, at the same address.

This week

### Conference medals

The Society is seeking applications for the British Pharmaceutical Conference science medal and practice research medal (p155).

### Scottish Executive election

The timetable for the annual election of members of the Scottish Executive has been moved forward (p156).

### CPD website upgraded

To help pharmacists with their CPD records, the Society has upgraded its CPD website and is also offering software that allows pharmacists to store CPD records on personal computers (p156).

### Prescription endorsement

A Law and Ethics Bulletin offers guidance on prescription endorsements (p156).

## Academics to get reduced rates at BPC

This year — for the first time — full-time academic staff attending the British Pharmaceutical Conference will be eligible to pay the reduced delegate rate previously only available to members of the Royal Pharmaceutical Society.

Gill Hawsworth, chairman of the conference committee, said: “BPC is the biggest UK pharmacy event and by introducing this reduced rate for academics we hope to attract more delegates from this important area to the conference. This is one of a number of initiatives that we are introducing to make the BPC more accessible to a wider audience.”

Duncan Craig, BPC 2005 science chairman, said: “Academics play a vital role at the conference and I am delighted that we have been able to offer them this special rate. I look forward to welcoming many more of my colleagues to the conference in September.”

Academics are classed as those employed in higher education establishments in the UK.

BPC 2005 takes place from Monday 26 to Wednesday 28 September at Manchester International Convention Centre. Bookings can be made online at [www.bpc2005.org](http://www.bpc2005.org).

Further conference information is available from the website or from Angela Lyons on 0121 248 3389.

## Scottish Executive brings forward date of its annual election

The Royal Pharmaceutical Society's Scottish Executive has brought forward the date of its annual election by a month.

The main reason for the change is to give executive members a breathing space between the announcement of the election result and their own election of a chairman and vice-chairman for the ensuing 12 months. Such a break is necessary because the executive is introducing a more structured process for the election of its officers. As with the Council's procedure for electing the Society's president, vice-president and treasurer, this will involve candidates submitting statements in support of their candidacy for the positions of executive chairman and vice-chairman. In the past the election result

has been announced in June at the Scottish Department's annual general meeting and the officers have been elected at the first meeting of the new executive on the same day.

An Official Notice published this week (see p161) gives 18 March as the closing date for the submission of nominations for election to the six vacancies on the executive.

Voting papers will be sent to pharmacists with registered addresses in Scotland by about the end of March and the closing date for voting will be 29 April. The result of the election will be announced shortly afterwards.

The six retiring members of the executive are Christine Bond, Michelle Caldwell, Christine Gilmour, Rose Marie Parr, David

Thomson and Angela Timoney, all of whom are eligible for re-election. Professor Bond, Miss Parr, Mr Thomson and Miss Timoney are all retiring after completing a three-year term on the executive, having each been re-elected in 2002. Mrs Gilmour was co-opted in 2003 to replace Noel Wicks when he was elected to the Society's Council. Similarly, Mrs Caldwell was co-opted in 2004 to replace Maurice Hickey when he was elected to the Council.

The Scottish AGM will continue to be held in June. The date of this year's AGM has yet to be finalised because of the Society's commitment to avoid timetable clashes with events commemorating the centenary of the National Association of Women Pharmacists.

## CPD website upgrade for greater access

The Society has upgraded its CPD website ([www.uptodate.org.uk](http://www.uptodate.org.uk)) so that it is now accessible to pharmacists who use browsers such as Mozilla or Netscape. The updated site must be used with Macromedia Flash Player technology. Benefits include the ability to organise CPD records into folders.

Pharmacists who do not have Flash Player installed can continue using the old version of the site. However, the Society's CPD officer, Fred Ayling, recommends switching to the Flash Player compatible site as soon as possible. Flash Player can be downloaded free from [www.macromedia.com](http://www.macromedia.com).

A step-by-step tutorial on how to use the site is now available online.

## CPD software now available for personal computers

Software that allows pharmacists to store their CPD records on a personal computer without using an internet connection is now available. The software, entitled "CPD

Desktop", is available on a CD-ROM with a user guide, and can be obtained from the Society's CPD unit (tel 020 7572 2540; e-mail [cpd@rpsgb.org](mailto:cpd@rpsgb.org)).

### Reminder on CPD obligation

The Society has issued a reminder that, although the pharmacy Order under Section 60 of the Health Act 1999 is not now expected until December (*PJ*, 22 January, p71), practising pharmacists undertook to meet the Society's CPD requirements when signing the 2005 retention fee form.

The Society intends to start asking to see CPD records in 2006. Pharmacists required to show their records in 2006 will be expected to provide evidence of CPD undertaken in 2005.

## New lists of competencies added to CPD website

The Society's continuing professional development website ([www.uptodate.org.uk](http://www.uptodate.org.uk)) now contains new lists of competencies specifically prepared for pharmacists working in medical information, medicines management, primary care, supplementary prescribing, academia or industry. The lists for hospital and community pharmacists have also been updated and contain new competencies.

## Law and ethics bulletin

### Endorsement of prescriptions

The Royal Pharmaceutical Society's Fitness to Practise and Legal Affairs Directorate reminds pharmacists of the need for accuracy in the endorsement of NHS prescription forms.

**Quantity dispensed** Pharmacists must ensure that prescription endorsements do not misrepresent the quantity of medicine, appliance or chemical reagent supplied. In certain circumstances, as defined in the Drug Tariff, a pharmacist may supply a quantity different from that requested on the prescription — for example, where a medicine is supplied in a special container or calendar pack. A pharmacist who supplies less than the quantity requested by the practitioner

must endorse the prescription with the exact quantity supplied. In any circumstances other than those specified in the Drug Tariff, a pharmacist is required to supply the exact quantity ordered by the practitioner.

**Pack size** Pharmacists are also advised to ensure that all pack size endorsements are correctly made. Caution should be exercised when using automatic prescription endorsing systems. On occasion they may make incorrect endorsements — for example, by defaulting to the smallest pack size available when a larger pack size was used. If this would result in over-reimbursement of the cost of the product supplied, a complaint of fraud could be made against the pharmacist concerned.

**Patient declaration** Finally, pharmacists are reminded to check that the declaration on the back of the prescription form has been filled in correctly. Where a patient (or his or her representative) declares an exemption from prescription charges, the pharmacist is required to check for evidence of this.

The Society does not encourage pharmacists to sign the declaration on behalf of a patient unless fully satisfied as to the patient's identity and exemption status. A false declaration made by the pharmacist, whether knowingly or as a result of failure to check a patient's exemption, may constitute a criminal offence and/or be considered as professional misconduct.

## 'Medicines, ethics and practice': February list of amendments

In the first issue of each month, *The Journal* updates the guidance on the legal status of medicines published in the 28th edition (July 2004) of 'Medicines, ethics and practice: A

guide for pharmacists'. The amendments are given in **bold** type when added to the list and repeated each month in light type. A product's legal status can be obtained by

consulting first the latest amendment list and then the guide. The abbreviations used in the list are explained in the key to annotations in the body of the guide (p29 and p75).

### Human medicines

Abilify tablets POM  
**Aciclovir entry should include the following addition (at end): Please refer to proprietary names for the classification granted under the marketing authorisation (see Zovirax products)**  
 Acnocin tablets POM  
**Adipine XL tablets POM**  
 Aldara cream POM  
 Alimta POM  
**Alvesco POM**  
 Amlodipine maleate POM  
 Angiox POM  
 Cardioplen XL tablets POM  
 Care heartburn relief tablets P  
 Co-cyprindiol tablets POM  
 Co-Diovan tablets POM  
 Cough Nurse Night Time Liquid P  
 Creon Micro granules P

**Cymbalta capsules POM**  
 Dandraxol dandruff shampoo GSL  
 Day Nurse preparations entry should read: Day Nurse preparations CD Inv P  
 Denzapine tablets POM  
 Dermol P  
**Durogesic DTrans patches CD POM**  
 Erbitux POM  
 Gaviscon Cool preparations GSL  
 Gyno-pevaryl preps entry should read: Gyno-pevaryl preparations POM  
 Imigran Radis tablets POM  
 Inspra tablets POM  
 Invivac vaccine POM  
 Keppra tablets entry should read: Keppra preparations POM  
 Ketoconazole entry: "(see Nizoral products)" should read "(see Dandraxol and Nizoral products)"

Lemsip Cold & Flu Sinus 12 hr Ibuprofen + Pseudoephedrine capsules P  
 Lemsip Max Sinus All Night Decongestant spray GSL  
 Levemir preparations POM  
 Levonelle One Step tablet P  
**Lidocaine/lignocaine hydrochloride entry should include the following addition (at end): or external (except local ophthalmic use for adults and children aged 16 years and over, in combination with hydrocortisone for symptomatic relief of anal and perianal itch, irritation and pain associated with external haemorrhoids, in a non pressurised spray), please refer to proprietary names for**

**the classification granted under the marketing authorisation (see Germoloid HC products)**  
 Lisicostad tablets POM  
 Lyrica capsules POM  
**Mimpara tablets POM**  
 Myfortic tablets POM  
**Nebido solution for injection POM**  
 NiQuitin CQ lozenges entry should read: NiQuitin CQ lozenges GSL  
 Novoliser budesonide inhaler POM  
 Numark heartburn relief tablets POM  
 Numark muscle rub GSL  
 Numark muscle spray GSL  
 Pediacel vaccine POM  
 Protelos granules POM  
 Repevax vaccine POM  
 Raptiva POM  
 Revaxis vaccine POM  
 Rhumalgan SR capsules POM

Rhumalgan XL capsules POM  
 Strattera capsules POM  
 Striant tablets POM  
 Subgam POM  
**Suprax paediatric suspension POM**  
 TachoSil medicated sponge P  
**Taxol injection entry should read: Taxol preparations POM**  
**Telzir preparations POM**  
 UniChem heartburn relief tablets P  
 Vaniqa cream POM  
 Vantage heartburn relief tablets P  
 Vesicare tablets POM  
 Vfend powder for oral suspension POM  
**Xagrid tablets POM**  
 Yentreve capsules POM  
**Zaponex tablets POM**  
 Zocor Heart-Pro tablets P  
 Zovirax cold sore cream entry should read: Zovirax cold sore cream GSL

## Women community pharmacists encouraged to help with workforce research project

The Pharmacy Practice Research Trust — the independent body established by the Royal Pharmaceutical Society in 1999 to promote practice research — is encouraging women pharmacists in the north-west of England to take part in a survey of working patterns in community pharmacy.

The study is being carried out by Wendy Gidman from the University of Manchester under the Sir Hugh Linstead Fellowship scheme, which is administered by the trust and funded by the Leverhulme Trade Charities Trust.

Last year Ms Gidman was awarded a Linstead fellowship worth £35,500 to explore what motivates female community pharmacists' working patterns (*PJ*, 9 October 2004, p545). The trust expects the study to provide valuable information for future pharmacy workforce planning.

The trust says that over the past few decades the pharmacy workforce has changed. In 1941 an estimated 10 per cent of the workforce were female but the 2002 workforce census indicated that the pharmacy workforce within Britain can now be

described as female dominated. Women account for 53 per cent of pharmacists in Britain and more than 60 per cent of pharmacy undergraduates.

The trust adds that part-time working, which is common in community pharmacy, is particularly common for women pharmacists over the age of 30. However, little is currently known about what motivates women community pharmacists to adopt their chosen working patterns.

The study will involve interviews with women community pharmacists in the north-west of England and recruitment letters are currently being distributed to prospective interviewees. Women community pharmacists who live in the north-west and would like to participate in the study but have not received a recruitment letter are asked to contact Wendy Gidman, Research Pharmacist, School of Pharmacy and Pharmaceutical Sciences, University of Manchester, Oxford Road, Manchester M13 9PT (e-mail [wendy.gidman@man.ac.uk](mailto:wendy.gidman@man.ac.uk); tel 0161 275 2342). Any queries about the study should also be addressed to Ms Gidman.

### Diploma in veterinary pharmacy

The Royal Pharmaceutical Society offers a diploma in veterinary pharmacy and a postgraduate certificate in companion animal health care.

The core programme for the diploma consists of four modules, each of which includes a written assignment. Those aiming for the diploma must complete all four modules, undertake recorded practical experience, submit a dissertation, sit an oral examination and complete two consecutive three-day residential periods at Harper Adams University College, near Newport, Shropshire, where a full range of livestock units is available for study. The full diploma course can be taken in one year or spread over up to four years.

The postgraduate certificate is obtained by completing two modules through distance learning and attending a study day at Harper Adams.

Further information and registration forms can be obtained from Lorraine Fearon, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2409; e-mail [lorraine.fearon@rpsgb.org](mailto:lorraine.fearon@rpsgb.org)).

# Pharmacist reprimanded for unlawful MST supply

The Statutory Committee has reprimanded a pharmacist who continued making a weekly supply of MST Continus 10mg tablets to a patient for several weeks after her GP stopped prescribing the product.

At an inquiry on 10 August 2004, the committee looked into the case of Peter Howard Freeman, of 14 Gateland Drive, Leeds. On 19 February 2004 Mr Freeman had been convicted of one offence of supplying a prescription-only medicine other than in accordance with a prescription from an appropriate practitioner. He had been fined £1,000 and order to pay costs of £4,000.

The committee heard that Mr Freeman was superintendent pharmacist of P. H. Freeman Ltd, which owned and ran Holbeck Pharmacy at 5a Shafton Lane, Holbeck, Leeds.

For some time in 2002 the pharmacy dispensed prescriptions for MST Continus for an elderly patient and by October 2002 the prescription had stabilised to 21 tablets of 10mg tablet weekly, with a dose of one tablet three times a day as required. After a last

prescription dated 26 November 2002, the patient's doctor stopped prescribing the drug. However, Mr Freeman's pharmacy continued to supply 21 MST Continus 10mg in the patient's weekly monitored dosage system (MDS) tray until February 2003, when the mistake came to light. By then the patient had accumulated 107 unused tablets.

The committee was told that the pharmacy supplied about 100 patients on a weekly basis using MDS trays. The trays were prepared in accordance with a pharmacy record card rather than against the original prescription and Mr Freeman was in the habit of checking the trays without having the prescription in front of him.

## Serious procedural error

Giving the committee's decision, the chairman, Lord Fraser of Carmyllie, QC, said that Mr Freeman's conviction arose from a serious procedural error, but it was the only occasion on which he had been asked to include a Controlled Drug in an MDS tray. He had been upset by what had happened

and had taken steps to change the process. He offered no excuses, he had been fully co-operative and he had faced a heavy fine and costs. He also had excellent references, including one from the GP spouse of the doctor who had first raised the matter.

In all the circumstances, said the chairman, the committee would restrict its sanction to a reprimand.

The chairman went on to say that his pharmacist colleagues on the committee had misgivings about the practice of including "as required" drugs in MDS trays, and he would return to the matter at a later date.

Resuming the committee's decision on 10 October, the chairman said that the committee's consideration of the case had revealed a problem that, post-Shipman, required careful thought. MDS trays had their advantages, but the Society and the profession "should reflect long and hard on the practice of including within an MDS tray a drug to be taken at will or as required." The problem was exacerbated when the drug in question was a CDs.

# Drink and drugs case adjournment subject to a range of conditions

The Statutory Committee has adjourned for 12 months an inquiry into the case of a pharmacist with a drink and drug problem, subject to her acceptance of a range of conditions.

Lesley Georgina Day, of 14 Larkins Close, Baldock, Hertfordshire, will have to see a psychiatrist, attend Alcoholics Anonymous meetings and keep in touch with the Royal Pharmaceutical Society's support co-ordinator and drug treatment centre. She will be tested for drugs and alcohol at random and also if there is any suspicions of a relapse. Any adverse reports would mean her having to stop working as a pharmacist.

## Theft of drugs

At an inquiry on 11 August 2004, the Statutory Committee heard that Ms Day had admitted that on various dates in 2002 while she was working in a Tesco pharmacy in Royston, Hertfordshire, she had stolen temazepam tablets and Prozac capsules. She had also admitted that on various dates in 2003 while working in a pharmacy in Bedford she had stolen co-codamol tablets and propranolol, she had consumed stolen co-codamol and propranolol while on duty and she had dispensed Fenactol 100mg SR tablets against a prescription for Fenactol 75mg SR tablets.

Ms Day told the hearing: "My drinking started to be a problem when my husband and I moved to Watford in the early 1990s. He was working all the time and I was left alone with the children and that is when I started drinking on a daily basis." The rela-

tionship deteriorated further when her son was in a road accident. She wanted to stop work to care for him but her husband told her they needed her wages. Her problems grew when she was sacked from a job as a Boots pharmacist and her elder son began taking drugs after the death of a close friend.

The mother of two said: "Every time I became fearful of life my drinking would go up a notch. One day when I was working in Tesco a lady came in a returned some temazepam and I put them in my pocket. I then started taking them from Tesco. I took them on the way home from work before I started drinking and took more throughout the night as and when I woke up."

Ms Day was subsequently admitted to a drug treatment centre and joined Alcoholics Anonymous. Her recovery ended following the breakdown of her relationship with her second husband.

She then began stealing from the Bedford pharmacy. The owner spotted her on closed circuit television taking co-codamol and propranolol tablets from their packets and putting them in her handbag. She was also seen to trying to obscure the camera with Blu-Tack and a marker pen. The pharmacy owner sacked Ms Day and contacted the Society but she did not report the matter to the police because she only wanted Ms Day to get help.

Ms Day told the hearing: "I still see the CCTV footage in my mind's eye every single day and I am still shocked just how much an addiction can affect your life. I was totally out of control and should not have been at work."

Giving the committee's decision, the chairman, Lord Fraser of Carmyllie, QC, said that if Ms Day agreed to a range of conditions her case would be adjourned for 12 months to check on her progress.

He said: "If there are any adverse reports she will cease forthwith from working as a pharmacist. She will place herself under the medical supervision of a consultant psychiatrist and agree to attend all appointments with him. She will also undergo random drugs tests and tests for alcohol at least six times a year. She will also agree to waive her confidentiality so the psychiatrist can provide the Society with his reports.

"She must also agree to attend meetings of Alcoholics Anonymous on a regular basis. She must also keep in contact with the Society's support co-ordinator and the drug treatment centre."

Ms Day must also agree to be tested by the support co-ordinator if he had any suspicions of a relapse.

## Turning point

Lord Fraser added: "The turning point in this case appears to be the occasion when Ms Day saw her own conduct on the CCTV videos. She was so shocked that this sent her down a course of giving up all alcohol and drug abuse. She has not had a drink since 9 May 2003 and not abused any drugs since 19 September 2003."

The Society's support co-ordinator, Joe Mee, earlier told the hearing that he believed Ms Day was "on course for a lifetime recovery".

# Reprimand for allowing unsupervised supply of CDs

A pharmacist whose unqualified and unsupervised wife handed out prescription only medicines, including Controlled Drugs for addicts, has been reprimanded by the Statutory Committee. On Tuesday 10 August 2004, at an inquiry resumed from 18 May 2004, Hemantkumar Chandulal Patel, of Tip Northwoods, 57 Loampit Hill, Lewisham, London SE13, was told that he had "sailed dangerously close" to having his name removed from the Register of Pharmaceutical Chemists.

Mr Patel admitted failing to ensure there was a pharmacist in control on 13 May 2002 at his pharmacy in Lewisham when eight prescriptions were handed out to six patients. The medicines included CDs for two heroin addicts.

He also accepted that he had not corrected lies told by his wife Ela to a Royal Pharmaceutical Society inspector.

## Prosecuted

The committee heard that Mr and Mrs Patel had both been prosecuted. Mr Patel had been given a conditional discharge after pleading guilty to five offences relating to the supply of POMs by unsupervised and unqualified staff. Mrs Patel was fined £1,500 and ordered

to pay £4,500 costs after pleading guilty to aiding and abetting and procuring the unlawful supply of POMs.

The committee was told that an inspector had visited Mr Patel's pharmacy on 13 May 2002, after an anonymous tip-off. He spoke to Mrs Patel, who gave the name of a locum pharmacist whom she said had been there on the day.

Mr Patel was working at a pharmacy in Beckenham at the time. Mrs Patel later told him about the deception. But he did not contact the inspector to set the record straight.

Mrs Patel also contacted the locum she had named and got him to agree to say he had been present. She gave him a cheque for £148 for the shift he was supposed to have worked, signed by her husband.

Mr Patel told the hearing he had given instructions to his wife and another member of staff not to open the pharmacy if the pharmacist did not turn up. He added: "I just trusted my wife. I didn't check with the locum that he would be there that day. I accept I should have done this."

Mrs Patel told the committee: "I thought I had booked him for that day and I just panicked when he didn't turn up. My

husband was very angry when he found out I had opened the pharmacy. I was trying to call other locums but then gave up."

Mr Patel said he did not come clean to the inspector because he did not want to get the locum pharmacist into trouble. But the cover-up came to light when the locum became concerned and contacted the Society's inspector, whom he had initially misled, to reveal the truth.

## Tissue of lies

Giving the committee's decision, the chairman, Lord Fraser of Carmyllie, QC, said that the committee was not satisfied that Mr Patel had made it as clear as he could have to his wife that she should never dispense medicines without a pharmacist being in control. He knew his wife had told a tissue of lies to the inspector and that, the inspector having been misled, he would have nothing to answer for.

Mr Patel had sailed dangerously close to having his name removed from the register. However, the committee was satisfied it had been a one-off incident and that Mr Patel now had in place an improved regime to ensure a pharmacist was always present when medicines were dispensed. Mr Patel would receive a reprimand.

## Contravention of CD instalment instructions leads to reprimand

A pharmacist who on a number of occasions dispensed several days' supply of Controlled Drugs to addicts in contravention of the directions on instalment prescriptions has escaped being struck off.

In an inquiry on 10 August 2004 into the case of Mohamed Rajabali Kanani, of 131 Arnold Road, Bestwood, Nottingham, the committee determined to issue a reprimand, although in other circumstances it would have ordered a striking-off.

The committee heard that at Nottingham magistrates' court on 20 January 2003, Mr Kanani had pleaded guilty to five charges of supplying class A drugs other than in accordance with the directions given on an instalment prescription and three charges relating to his failure to make records in a Controlled Drugs register. He was fined a total of £2,250 and ordered to pay costs of £55.

On 28 April 2004, at Nottingham Crown Court, Mr Kanani was given a 12-month conditional discharge after pleading guilty to unlawfully supplying a class C drug, buprenorphine.

The committee was told that the five charges in 2003 related to two addicts. One man should have received eight methadone tablets daily but on one occasion was given a week's supply in one batch and on two other occasions was given five days' supply. The second addict should have received

35ml of methadone solution daily but on two occasions was allowed to have three days' supply.

## Too close to addicts

Mr Kanani, who owns the Forest Pharmacy at 131 Arnold Road, Bestwood, Nottingham, told the hearing he had "got too close" to the two addicts. The first had asked for early supplies because he needed to go and care for sick relatives. "He was at his wits' end and was threatening to get heroin off the street if he did not get his supply of methadone," said Mr Kanani.

The other asked for additional supplies because he needed to go away to work. His partner had just given birth and he had been desperate to earn extra money to increase their income.

Mr Kanani admitted that he had failed to make proper entries in the register because he was under "a lot of pressure". He claimed the business had been badly hit by another pharmacy opening nearby.

In relation to the 2004 court appearance, the committee heard that it arose from the dispensing of a week's supply of buprenorphine to a woman who claimed she was going on holiday. She was given 21 tablets on 11 July 2003 instead of 12 on 14 July and a further nine on 18 July. The committee heard that Mr Kanani had received a fax from the addict's key worker which led him to believe

that a revised prescription would be sent, but it never arrived. Furthermore, the patient's doctor said he would have authorised a week's supply if asked.

A Royal Pharmaceutical Society inspector who visited Mr Kanani's pharmacy in July 2004 told the committee there had been a "sea change" in his attitude. She did not have any worries about him now and he appeared to have learnt his lesson.

Giving the committee's decision, the chairman, Lord Fraser of Carmyllie, QC, said: "Instalment prescriptions are allowed and are in place for a good reason, namely that addicts should only get what they need for the period in question, for example, over the weekend. This is to avoid drugs leaching out into the community or being sold illegally or the addict taking more than is necessary for him."

He warned that pharmacists who broke the law laid themselves open to being blackmailed by unscrupulous and manipulative drug users.

The chairman said that in ordinary circumstances the committee would have been minded to order a striking-off but in this case mitigating circumstances allowed it to restrict its sanction to a reprimand. "But Mr Kanani must appreciate that if he does not observe what is set out in instalment prescriptions in the future, he cannot expect us to take such a lenient view of matters."

# Former dihydrocodeine addict receives reprimand

A pharmacist who beat an addiction to dihydrocodeine was reprimanded by the Statutory Committee at its meeting on 10 August 2004.

The inquiry into the case of James Clark, of 73 Corporation Road, Darlington, County Durham, had been resumed from 13 August 2003, when the committee determined to adjourn the case for 12 months. The committee had requested Mr Clark to provide

the results of four urine tests to the Royal Pharmaceutical Society (*PJ*, 29 May 2004, p688) over that period.

At the resumed hearing, the committee heard that urine test results in October 2003 and in March, May and July 2004 had all been negative. In addition, one of the Society's inspectors had visited Mr Clark in November 2003 and July 2004 and had nothing adverse to report.

Giving the committee's decision, the chairman, Lord Fraser of Carmyllie, QC, recalled that at the first hearing he had said that if nothing adverse was reported Mr Clark would be entitled to expect no more than a reprimand when the case was resumed.

In the circumstances, said the chairman, the committee would therefore conclude the case by administering a reprimand.

## No further action taken in case arising from error in injection supply

A pharmacist who denied making an error after supplying over-sized syringes of an anticoagulant has been found guilty of misconduct by the Statutory Committee, which decided to take no further action.

In an inquiry on 11 August 2004 into the case of George David John Beynon, of Fosse, Shrubbery Road, Ketley Bank, Telford, Shropshire, the committee heard that a patient had been prescribed 10 0.2ml syringes of Clexane by her doctor, but Mr Beynon supplied 1ml syringes. When the patient noticed the error and returned to the pharmacy, he denied making an error. He allegedly pretended to telephone the doctor and then advised the patient to use only 0.2ml

from each syringe and throw away the rest. He told her the 0.2ml product was not available.

Mr Beynon admitted to the committee that he had made a dispensing error at Alexanders Pharmacy, 52-53 Peris, Plas Madoc, Acrefair, Wrexham, on 17 September 2003. He also admitted that when the patient returned he had denied the error and claimed that another patient was using the 1ml syringe because he could not obtain the 0.2ml version.

### Expensive and clumsy

delivering the committee's decision, the chairman, Lord Fraser of Carmyllie, QC, said that, although advising patients to use 0.2ml

from a 1ml syringe was an expensive and clumsy way to dispense, it was not erroneous, in that the advice would lead to the patient receiving the volume prescribed.

On the claim that Mr Beynon had pretended to phone the woman's doctor to confirm that the prescription was correct, the chairman said that the allegation could not be resolved because of confusion over the dates.

Concluding, the chairman said that, although it was misconduct, the single dispensing error was not sufficient to render Mr Beynon unfit to be on the register. The committee would therefore take no further action.

## Decision postponed to allow pharmacist to tackle his "weaknesses"

A drink-driving pharmacist who also made a dispensing error that put a patient into hospital for several days has been given 12 months by the Statutory Committee to tackle his "weaknesses".

On 20 September 2004, the committee inquired into the case of Rajiv Kumar Sarna, of West Lodge, Erlwood Manor, London Road, Windlesham, Surrey.

### Driving offences

The committee heard that Mr Sarna had been convicted of driving offences on three occasions.

The first conviction was for the offence of driving a motor vehicle while under the influence of alcohol, for which he had been fined £1,800, ordered to pay costs of £750 and disqualified from driving for two years. On that occasion an accident had also occurred and personal injury was caused. Mr Sarna had been fined £865 for failing to stop after an accident and ordered to pay compensation of £200. He appealed against these convictions but his appeal was dismissed.

The second occasion was a conviction for driving while having 68µg of alcohol in 100ml of breath, contrary to the Road Traffic Act. For that Mr Sarna was fined £800, was ordered to pay costs of £69 and was disqualified from driving for three years. After

he satisfactorily completed a drink-driving rehabilitation course the disqualification period was reduced by nine months.

On the third occasion, Mr Sarna was convicted of driving a vehicle on the road while disqualified from holding or obtaining a driving licence. He also had no appropriate insurance.

In addition, the committee considered a complaint from the Council of the Royal Pharmaceutical Society about a dispensing error in May 2003. In response to a prescription for 28 bisoprolol tablets, to be taken one daily, Mr Sarna dispensed 28 bumetanide 5mg tablets labelled as bisoprolol with the instruction "please follow the directions given to you by the doctor". As a result of taking the diuretic instead of the beta-blocker, the elderly patient suffered a severe angina attack and spent about nine days in hospital.

The Council also complained that Mr Sarna had failed to give an adequate explanation of the error when the patient's daughter wrote to him about it.

Mr Sarna told the committee that he had not been drunk when he made the dispensing error at his pharmacy in Oakley, Basingstoke. He said he must have been distracted when dispensing and labelling the drug. He claimed he had responded to the letter from the patient's daughter, but his

reply must have got lost in the post.

David Bradly, for the Society, said that Mr Sarna had failed to observe basic practice rules when he gave the patient the drugs on 2 May 2002. "A check of the label on the box of drugs would have spotted the error," he explained.

Mr Sarna admitted the error amounted to misconduct. He told the hearing he was "thoroughly ashamed" of his conduct and the incident had been a "big wake-up call".

He claimed he was now "a more homely chap" and drinks only orange juice and tonic when he is driving.

Edward Henry, for Mr Sarna, said that he does considerable work for charities in Britain and abroad.

### Social drinking

Giving the committee's determination, the chairman, Lord Fraser of Carmyllie, QC, said that the committee accepted that there was no evidence that alcohol consumption had led to the dispensing error. Mr Sarna's convictions appeared to arise from social drinking rather than a serious alcohol problem.

The committee would postpone its decision for 12 months to allow Mr Sarna to address his alcohol consumption and gain an insight into his weaknesses.

## OFFICIAL NOTICES

Communications to the Royal Pharmaceutical Society should be addressed, unless otherwise stated, to: The Secretary and Registrar, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629). Official Notices also appear in the Notice-Board section of PJ Online ([www.pjonline.com/notices](http://www.pjonline.com/notices)).

### Council election 2005

Nominations for election as members of Council should be received by Averil Ridgway, Head of Central Administration, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street London SE1 7JN, by noon on 25 February 2005. Nominations in the Council election must be signed by 10 pharmacist nominators in the case of a pharmacist candidate. Pharmacy technician candidates in this first election to the new Council will be self-nominated. Pharmacist candidates for a national constituency must be nominated by 10 pharmacists whose addresses in the register are in the relevant constituency.

Because the election regulations have had to be re-gazetted under the new Charter (*PJ*, 11 December 2004, p863), this call for nominations is being made on a conditional basis, since the election regulations will not be approved until later this month.

There will be 17 vacancies for elected pharmacists, comprising 14 unreserved places and one place reserved to each of the three national constituencies (England, the Isle of Man and the Channel Islands; Scotland; and Wales). There will be a further two vacancies for elected pharmacy technicians.

Nominees who are accepting nomination to the Council are asked to enclose with the nomination form the Declaration and Undertaking for Candidates for Election to the Council, duly signed, their biographical details, a declaration of relevant interests, and a declaration of any relevant adverse decisions, as shown in the Council statement of policy on election procedures.

Please note that, in the 2005 election, the deadline for receipt of all supporting material, including the candidate's photograph and election statement, is noon on 25 February.

All nominations must be made on an official nomination form. Nomination forms and guidance papers can be obtained from Averil Ridgway (tel 020 7572 2205; e-mail [averil.ridgway@rpsgb.org](mailto:averil.ridgway@rpsgb.org)).

Guidance papers will also be available shortly on the Society's website.

**Ann Lewis**  
*Secretary and Registrar*

### Scottish Department Executive election

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

The retiring members are Christine Bond, Michelle Caldwell, Christine Gilmour, Rose Marie Parr, David Thomson and Angela Timoney, all of whom are eligible for re-election.

Nominations for candidates for the 2005 election are now invited, the closing date for receipt of nominations being 4pm on Friday 18 March 2005. Nominations require the signatures of a proposer, a seconder and the nominee, together with their printed names, full addresses and registration numbers.

Nomination forms may be downloaded from the Scottish Department website ([www.rpsgb.org/scotland](http://www.rpsgb.org/scotland)) or obtained from the Edinburgh office (tel 0131 556 4386). The form and biographical notes of the nominee, not exceeding 80 words, should be addressed to the Director of the Scottish Department, 36 York Place, Edinburgh EH1 3HU

**Lyndon Braddick**  
*Director, Scottish Department*

### Statutory Committee decisions

Set out below are the outcomes of recent inquiries heard before the Statutory Committee of the Royal Pharmaceutical Society of Great Britain.

On Monday 24 January 2005, in the resumed inquiry into **Fahim Samri**, of 172 Carterhatch Road, Enfield, Middlesex, the committee determined to issue a reprimand.

In the new inquiry into **Sureshchandra Lalaji Patel**, of 28 Heddon Court Avenue, Cockfosters, Barnet, Hertfordshire, the committee determined to issue a reprimand.

On Tuesday 25 January 2005, in the new inquiry into **Lubna Qayyum Khan**, of 80 South Knighton Road, Leicester, the committee determined to adjourn the case pending the receipt of further psychiatric reports from her psychiatrist.

The committee delivered its determination in the inquiry

into **Sohail Virdi**, of 131A Liverpool Road, Castlefield, Manchester. The committee resolved to direct the Registrar to remove Mr Virdi's name from the Register of Pharmaceutical Chemists. Under Section 11 of the Pharmacy Act 1954, this direction is not to take effect until the expiration of a period of three months from the date on which notice of removal is given or in a case where an appeal has been brought against the direction, until the appeal is determined or withdrawn.

On Wednesday 26 January 2005, in the application for restoration to the Register of Pharmaceutical Chemists by **Chhaganbhai Dahyabbai Nathubhai Mistry**, of 17 South End Road, London NW3, the committee refused Mr Mistry's application.

In the new inquiry into **Allan Stuart Black**, of Cringle Drive, Cheadle, Cheshire, and **Formans (Chemists) Ltd**, of Suite 1, 20 Seymour Road, Manchester, the committee determined to adjourn the case until the next available hearing date.

On Thursday 27 January 2005, in the resumed inquiry into **Warren Jon Berry**, of 56 Burford Road, Liverpool the committee determined to adjourn the case until the next available hearing date subject to the pharmacist agreeing to certain terms.

**David Gomez**  
*Secretary to the Statutory Committee*

## DEATHS

**Acklam** On 5 December 2004, Ronald Bernard Acklam, MRPharmS, of 68 Ashfield Lane, Milnrow, Rochdale, Lancashire OL16 4EW. Mr Acklam registered in 1950.

**Bowman** On 12 January, Sidney Charles Bowman, of 61 Cedric Road, Combe Park, Bath BA1 3PE. Mr Bowman registered in 1939.

**Webber** On 7 January 2005, David Leigh Webber, MRPharmS, of 37 Danes Court, North End Road, Wembley Park, Wembley, Middlesex HA9 0AE. Mr Webber registered in 1975.

**Wilson** On 17 January, William Donald Wilson, FRPharmS, of 81 Amley Ridge Road, Amley, Leeds LS12 3PE. Mr Wilson registered in 1948.

**Wood** On 11 November 2004, Elizabeth Margaret Wood, MRPharmS, of 34 Harlaw Road, Aberdeen AB15 4YY. Mrs Wood registered in 1978.

## TRIBUTES

**Burgess** In a tribute to the late Pamela Burgess, LYNDON BRADDICK, director of the Royal Pharmaceutical Society's Scottish Department, writes: It is with deep regret that the Society's Scottish Department informs members of the sudden and untimely death of Pamela Burgess on 27 January. Pamela had worked in York Place for five years and was known to pharmacists throughout Scotland and beyond as the friendly face behind the reception desk and the helpful voice on the telephone.

She will be sadly missed and mourned by many people, and we send our sincere condolences to her family and friends.

**Green** In a tribute to the late Edward Peter Green (*PJ*, 15 January, p66), MARGARET SAVAGE writes: I and my late husband came to know Peter Green and his wife Joyce when they were looking to buy a pharmacy in the York area and they eventually purchased the shop in Malton.

Peter quickly became an active member of the York branch of the Pharmaceutical Society and served as its chairman.

We had many memorable trips with them — first to Luxembourg and subsequently the Bahamas, a safari in Kenya, a Nile cruise, Bali, Vancouver and Marrakech.

Peter's great love was trains and I will never forget his reaction in Luxembourg when the train he thought we were going on turned out to be a "toy" land train. Most memorable was the occasion in Vancouver when, in full overalls and cap, he waved delegates on to a train hauled by a restored steam locomotive, *Royal Hudson*.

Peter was an excellent and approachable pharmacist and together with Joyce, who managed the sundries side, they built up a thriving business and much goodwill in the town. I did the occasional locum for them and always found it a pleasant experience.

Peter also served at least twice as president of the Malton Chamber of Trade and Commerce and was a keen member of the local Lions Club.

Peter was outgoing and adventurous and full of energy and is a great loss both to pharmacy and all the other organisations with which he was involved.

I extend my sympathies to Joyce, daughter Karen, son Robert and their families.

Announcements of branch and regional meetings for the Diary column should reach *The Journal* by 1pm on the Tuesday before publication. Branch programme cards are welcome at the beginning of the season, provided that branches subsequently notify *The Journal* in good time about any programme changes and any essential meeting information that was not available when the card was printed.

## SOCIETY MEETINGS

Unless otherwise stated, further details of meetings organised by the Royal Pharmaceutical Society can be obtained from the Society at 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629).

### Stability testing of pharmaceuticals

The Royal Pharmaceutical Society, in partnership with the Academy of Pharmaceutical Sciences, is organising a two-day residential course on "Stability testing of pharmaceuticals", to be held at the Crown Plaza Hotel, Cambridge, from Monday 21 February to Wednesday 23 February.

The course is intended to provide a detailed appraisal of the rationale and techniques associated with stability testing of pharmaceuticals and related products.

The course will cover the criteria for product stability, problems associated with specific product types, new technology for stability assessment, and the application and limitations of stability test procedures. UK and international regulatory aspects will be discussed.

The course fee is £1,480.50 for members of the Society or the APS and £1,551 for other participants. The fee includes two nights' accommodation, all meals and refreshments, VAT, documentation and a CD-ROM with relevant reference sources.

Further details and course registration forms can be obtained from Judy Callanan at the Society's headquarters (tel 020 7572 2261; e-mail science@rpsgb.org). They can also be downloaded from the science section of the Society's website (www.rpsgb.org/science).

## DIARY

### Headquarters meetings

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

#### Monday 7 February

Infringements Committee. 1pm.

#### Tuesday 8 February

Examiners meeting. 9.30am.

#### Wednesday 9 February

Community Pharmacists Group Committee. 10.30am.

### 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)

#### Monday 7 February

**Central Lancashire** Annual general meeting and "Practice update: hormone replacement therapy and osteoporosis". Barton Grange Hotel, Preston. Light buffet. 7 for 7.30pm.

**Derby** "Explaining coronary heart disease risk to the general public" followed by annual general meeting. Landau Forte College, Fox Street, Derby. Buffet 7.30pm, meeting 8pm.

**Swindon** "Palliative care". Oakfield Campus, Swindon. 7pm.

#### Tuesday 8 February

**Ayrshire** "The new pharmacy contract" by Bill Scott (chief pharmaceutical officer, Scotland) and Frank Owens (chairman, Scottish Pharmaceutical General Council). Gables Lodge, Glasgow Gables, Irvine. Finger buffet 7pm, meeting 7.30pm.

**Clwyd** "Acquiring the tools to manage medicines". Oriel House Hotel, St Asaph. 7.15pm.

**Coventry and Warwickshire** "Secondary care treatment of children" by a paediatrics pharmacist. Courtyard by Marriott Hotel, London Road (A45) Coventry. Buffet 7.15pm, meeting 8pm.

**Fife Meeting cancelled.**

**Oxfordshire** "Pre-term babies into the community" by Nicola Shankland (paediatric pharmacist, The John Radcliffe, Headington). George Pickering Postgraduate Centre, Level 3, The John Radcliffe, Headington. Light refreshments 7.30pm, meeting 8pm.

**South West Metropolitan** "The new pharmacy contract" by David Tamby Rajah (community pharmacist lead, Wandsworth Primary Care Trust). Queen Mary's

Postgraduate Medical Centre, Roehampton, London SW15.

7.45pm. Joint meeting with Wandsworth Primary Care Trust. **West Surrey** "Chronic obstructive pulmonary disease" by a respiratory nurse from Royal Surrey County Hospital. Burchatts Farm Barn, Guildford. Hot buffet 7pm, meeting 8pm.

#### Wednesday 9 February

**Solihull** "Use of drugs in sport" by David Mottram (John Moores University, Liverpool). Education Centre, Solihull Hospital, Lode Lane. Buffet 7pm, meeting 7.45pm.

#### Thursday 10 February

**Bolton** Annual general meeting. Education Centre, Royal Bolton Hospital, Farnworth. Buffet 7.30pm, meeting 8pm.

**Epsom** "Attention deficit/hyperactivity disorder: diagnosis and treatment". Bradbury Postgraduate Medical Centre, Epsom Hospital, Dorking Road, Epsom. Buffet 7.15pm, Meeting 8pm.

**Lanarkshire** "Continuing professional development support from a national and local perspective" by Rose Marie Parr (director of pharmacy, NHS Education for Scotland) and Alexa Wall (tutor for Lanarkshire, Scottish Centre for Post Qualification Pharmaceutical Education). Hilton Strathclyde Hotel, Bellshill. 8pm.

**North Staffordshire** "Continuing professional development: the way forward" by Peter Wilson (head of post-registration, Royal Pharmaceutical Society). North Staffs Medical Institute. 8pm.

**Torbay** "Diabetes: care enhanced services in the pharmacy: all you need to know" by Sam Rossendale (diabetes specialist nurse, Torbay Hospital). Bishops Court Hotel, Lower Warberry Road, Torquay. Hot buffet 6.15pm, meeting 7pm.

#### Monday 14 February

**Bromley** "Heart failure". Postgraduate Medical Centre at Queen Mary's Hospital, Sidcup, Kent. 7 for 8pm.

**Nottingham** "Cytochrome P450 involvement in drug interactions" by David Temple (director, Welsh Centre for Postgraduate Pharmaceutical Education). School of Pharmacy, University of Nottingham. Finger buffet 7.30pm, meeting 8pm.