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Royal
Pharmaceutical
Society
of Great Britain

Consultation on national boards for England, Scotland and Wales

The Royal Pharmaceutical Society has begun a consultation on the recommendations of its Devolution Review Group and, in particular, the proposed establishment of national boards for England (with the Channel Islands and the Isle of Man), Scotland and Wales.

An eight-page consultation document is to be sent out to all members, to other pharmacy organisations and to a number of external organisations. An abridged version of the consultation document is published in

The Journal this week (pp687–688). Copies of the full version are also available to download as a PDF file from the devolution section of the Society's website (www.rpsgb.org/devolution), along with a response form.

The Society's branch and regional secretaries are to be advised that money will be made available to support local meetings for discussion of the consultation document. It is hoped that branches will combine to hold joint meetings.

This week

■ National boards

The Society has begun a consultation on the Devolution Review Group's proposals for establishing national boards for England, Scotland and Wales (p683 and p687).

■ Degree accreditation

A process for accrediting UK pharmacy degrees that are in part delivered overseas was agreed at a meeting of the Society's Council last week (p684).

■ Annual general meeting

Further reports conclude our coverage of the Society's annual general meeting (p685, p686 and p694).

FACT now available online

A full-text search option for *Focus on Alternative and Complementary Therapies* has been added to the new website for Pharmaceutical Press journals (*PJ*, 30 April, p530). The *FACT* pages can be reached at www.pharmpress.com/fact or through www.pharmpress.com/journals.

FACT online presents the full content of each issue of the journal and holds an archive of past issues from the first issue published in 1996. Abstracts presented at the Annual Symposium on Complementary Health will also be made available on the site.

Paul Weller, publisher, said: "A key development is the online advanced full-text search option where users can refine their detailed search of the content, making the site one of the most important online resources of complementary and alternative medicines literature reviews."

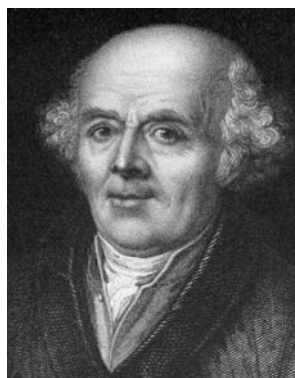
Access to *FACT* online is free for those with a subscription to the print journal. Currently in development is pay-per-view access, which will allow customers to purchase specific articles from the journal.

Museum celebrates a homoeopathy landmark

To commemorate the 250th anniversary this year of the birth of Samuel Hahnemann, the originator of homoeopathy, the museum of the Royal Pharmaceutical Society has put together a display highlighting some of the homoeopathic material in its collection and has produced a new information sheet on homoeopathy.

The display, currently on show at the Society's headquarters in London, includes items ranging from a large counter display case dating from around 1905 to contemporary homoeopathic kits.

The information sheet gives a brief history of Hahnemann, an overview of homoeopathic principles and an explanation of some of the more common dosage forms, both



Samuel Hahnemann, 1755–1843

current and historical. The sheet forms the 17th in the museum's series on objects in the history of pharmacy.

Briony Hudson, keeper of the museum collections, commented: "We felt that it was important to mark this anniversary year with a display looking at homoeopathy. The Society's museum has a good representation of items in its collections that provide an insight into homoeopathic history and practice. Adding an information sheet to our web pages

enables us to share this history with those that are unable to visit the display in person."

The information sheet is available from the museum section of the Society's website (www.rpsgb.org/museum) or by contacting the museum office (tel 020 7572 2210).

Branch representatives discuss future of BRM

The future of the Royal Pharmaceutical Society's branch representatives' meeting was discussed by 119 representatives from more than 50 branches during a workshop session on the afternoon of the BRM held at the Society's London headquarters on 25 May.

Following a morning session debating branch motions (to be reported in *The Journal* next week), the members took part in a workshop facilitated by the Society's head of pro-

fessional leadership, Anne Adams. They were invited to think about how the BRM might develop in line with the Council's aspirations.

The Council wants to find better ways of handling BRM resolutions and feeding them into its programme of work.

Branches are being asked to consider a report of the workshop and feed back their views in time for the matter to be considered at the 2005 branch secretaries' meeting.

June MEP amendments

The monthly cumulative list of amendments to the 28th edition of 'Medicines, ethics and practice: A guide for pharmacists' is being held over this month.

Owners of the guide are asked to retain the list of amendments published in *The Journal* of 7 May (p560) and to note the following additions: Angeliq tablets POM; Enzira POM; Hycosan eye drops GSL; Risperdal Quiklets POM; Zemplan injection POM.

Accreditation process agreed for UK degrees taught overseas

The Council of the Royal Pharmaceutical Society has approved a process for accrediting UK master of pharmacy degrees that are delivered in part overseas. At a **special Council meeting** on May 24, the Council also agreed an accreditation procedure for such degrees.

The matter had been considered by the Education Committee following a request for the Society to consider accrediting a UK MPharm degree for which two of the four years are taught overseas but are identical to those taught in the UK.

On the committee's recommendation, the Council agreed that the Society should accredit UK degrees taught in part overseas provided that they are taught on the campus of a UK university by staff of the university.

The Council also agreed an accreditation methodology based on the step approach used for UK-delivered MPharm degrees. The progression from an initial request to full accreditation for a new proposal would be:

1. An initial meeting between the Society and the university at the Society.
2. A meeting to consider the business plan and curriculum for delivery at the overseas campus.
3. A visit to the campus one year later to evaluate delivery of Year 1 and plans for Year 2.
4. A visit one year later to evaluate the delivery of Year 1 and Year 2 leading to full accreditation. After that, overseas delivery would be reaccredited every five years.

New structure outlined for Adjudicating Committee

The Council of the Royal Pharmaceutical Society has agreed a new structure for its Adjudicating Committee, which sets the requirements for overseas pharmacists (including those from the European Economic Area who do not comply with the European Directives) who wish to register with the Society.

The **special Council meeting** agreed that in future the committee should consist of two pharmacists with community/primary care expertise, two pharmacists with secondary care expertise, two senior pharmacist academics (head of school or equivalent) and one lay member. If none of those is a member of Council, then a Council member should be appointed as an additional member.

The committee would be chaired by a pharmacist, who need not be a Council member. The appointments would be made by the Appointments Panel. Members would serve for no more than three three-year terms. The quorum for meetings would be four, including at least one pharmacist from each area of expertise.

Council approves corporate governance proposals

The Council of the Royal Pharmaceutical Society agreed at the **special Council meeting** to recommend to the new Council that it accepts a number of proposals made by the Corporate Governance Steering Committee.

The first proposal is that a lay member of Council should contribute to the activities of the Society's Officers. In particular, the lay member would contribute by seeking to ensure that the Officers' decisions are made within the context of the public benefit, by helping to assure due process (as set out in the Council Governance Handbook) in the Officers' activities and by contributing to the Officers' discussion from his or her own experience.

The Council noted the steering group's view that the role should be filled by election immediately following the election of the Vice-President and Treasurer at the June meeting of the new Council and that the role should be reviewed before the next election of Officers in 2006.

The Council also approved a proposal that would allow the Conference Committee to be chaired by someone other than a Council member. Under the proposal, the Appointments Panel, if it saw fit, would be able to seek applications for the post by advertising in *The Journal*. Applications would be reviewed by the Officers, the Secretary and Registrar and the director of public affairs and communications. Selected candidates would then be interviewed by a group drawn from the panel and a recommendation made to the panel for its approval.

The Council also approved a revised version of the Council Governance Handbook to go forward for adoption by the new Council.

May special Council meeting

The Council of the Royal Pharmaceutical Society held a special meeting in London on 24 May. News about various matters raised at the meeting appears on this page. 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 Vice-President (Hemant Patel), the Treasurer (John Jolley), Gerald Alexander, 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, 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 Hassan Argomandkhah and Michael Schofield.

Guests Present by invitation was John Bell, professional secretary and immediate past president of the Commonwealth Pharmaceutical Association.

Business plan to be placed on website

The Royal Pharmaceutical Society's business plan is to be placed on the Society's website, the **special Council meeting** heard.

The business plan was presented to the Council by Rob Darracott, director of corporate and strategic development. He said that it is the work programme for the organisation as it is now. It relates to what colleagues are working on, based on decisions taken around the Council table in the past.

In any year the new Council, at its June meeting, receives a full progress update. Last year the Council received a version of this document, but largely just the objectives, presented without context and without further supporting material. In future it is intended to produce an update at every Council meeting so that the Council can monitor progress across the major activities of the organisation on a regular basis.

The business plan would sit alongside, and be an integral part of, the budget process. The development of the 2006 plan internally was already in train. Senior managers would be rolling forward the work programmes into the draft business plan at the same time as initial budget papers were put together.

A strategy session at the end of June would provide the Council's main input into the development of this plan. The objective in the 2006 plan would be grouped under specific strategic objectives agreed by the Council. The vision, the mission, the strategic objectives and the actual objectives of the organisation would flow together within the business plan to deliver the Council's strategic priorities.

Synergy award

The President reported to the **special Council meeting** that he had chosen Lesley Morgan to receive the Synergy award for 2005. Mrs Morgan is a former president of the Association of Pharmacy Technicians and has been elected to the Society's new Council. The annual award, presented at the British Pharmaceutical Conference, recognises an outstanding contribution to the pharmacy profession by a person who is not a pharmacist.

Health of Society's balance sheet improving, but no room for complacency, Treasurer tells AGM

The Royal Pharmaceutical Society's 2004 budget has been managed successfully and the health of the balance sheet is improving, the Treasurer, John Jolley, told the **annual general meeting** on 24 May.

However, he said, the Society could not be complacent. For a number of years an imbalance between expenditure and income had affected the reserves. The Society had to review operating expenses to ensure that, without increasing fees disproportionately, it could react to potential changes resulting from devaluation and the review of structures that would be undertaken by the new Council over the next 12 months.

He added that the Society was conscious of the debate generated by the new fee structure, and the Council would review all the issues before setting the fees for 2006.

The Council, as trustees of the Benevolent Fund, would also review the future of the fund, with a view to ensuring that it objectively and effectively carries out its duties for the widest possible benefit of pharmacists.

The Treasurer made those comments when summing up after detailed presentations on the financial statements had been given by him, by Bernard Kelly, director of finance and resources, and by Graham Duncan, financial controller.

Answering a question about a 32 per cent increase in overall directors' salary costs between 2003 and 2004, the Treasurer said that the figure reflected the fact that four directors were not appointed until late in 2003. The actual salary increase for directors in 2004 amounted to 3 per cent.



The Treasurer: fee structure review

In response to a question from Bruce Rhodes (Cotswolds), the President, Nicholas Wood, said that there had been no policy to drive people from the Register — just the opposite. If those who were non-practising decided to leave the Register, that was their choice, but there had not been the large numbers some people had feared.

Answering a question from John Gentle, the President said that the Society was unable to offer any financial support for the four pharmacists who had incurred significant costs in a legal action against the Society and individual Council members. The Society's responsibilities were towards all its members, many of whom would not have supported

the court action. That may not be the answer Mr Gentle wanted to hear, but it was the fact.

In response to a question from David Thomas (Thames Valley), Mr Kelly said that the management of the Benevolent Fund's investments was in the hands of a professional investment manager. The investments were assessed every day, although they were not traded often because most investments were held not for income but for long-term benefit. On average, the Society would expect the return from the Stock Market to be about 3 to 3.5 percent, excluding long-term capital gains.

Julienne Johnson (Glasgow and West of Scotland) asked for an explanation of a reported reduction in branch and regional expenditure in 2004.

Mr Kelly said that the figures Mrs Johnson referred to were the costs of managing the membership department at Lambeth, which had decreased by 5 per cent. The funding for branches had not fallen in 2004, and there was no intention to reduce branch funding in 2005 or any future year.

Answering a question from Steven Curtis (Harrow and Hillingdon) about a reference to being preparing for "financial surprises", the President said that one possible surprise would be a decision by the Council for Healthcare Regulatory Excellence to challenge a decision of the Statutory Committee. Fighting such a case through the courts could be a significant surprise cost on the Society's funds.

The Secretary and Registrar added that the CHRE had already reviewed some Statutory Committee decisions. It had not referred any to the courts, but the potential was there.

No major workload has arisen from declaration on retention fee form

No major workload has arisen from the Royal Pharmaceutical Society's new requirement that members must declare on the retention fee form any convictions, cautions, letters of warning and proceedings and findings from other regulatory bodies that could impact upon their fitness to practise.

Answering a question at the Society's **annual general meeting** on 24 May, Mandie Lavin, director of fitness to practise and legal affairs, said that a total of 45 declarations had been made on the form this year. All the cases had now been concluded, with the exception of a few individuals who had registered after the issue of the statutory notice. The in-

fringements were mainly of a minor nature, such as fishing without a licence, minor television violations and parking offences. In terms of resources, no additional meetings of the Infringements Committee had been needed to deal with these cases.

Ms Lavin said that the exercise of requiring those registering with the Society to make a declaration was in line with the Society's role as protector of the public. Indeed, in a performance review the Council for Healthcare Regulatory Excellence had commented on the fact that the Society performed this exercise, and many other health care regulators had copied the Society's wording.

Ms Lavin made her statement in reply to a question raised by John Murphy, who raised the case of a pharmacist who had had a minor traffic misdemeanour some 32 years ago, for which she was fined £25. Being a conscientious pharmacist, she had declared the offence

and had been referred to the Infringements Committee. She had been bound to declare the referral to her employer, who had said that the referral might affect her application for a more senior job.

Mr Murphy said that it was a matter of public record that 43 per cent of the adult population had convictions for speeding, which meant that about 20,000 pharmacists had such a conviction. He asked why the Society was causing hardworking, honest, competent and well-respected pharmacists the anguish and worry about the possible implications of declaring these minor offences.

David Thomas (Thames Valley) pointed out that the declaration related only to matters "that could impact upon fitness to practise". If he had been convicted 32 years ago for a minor traffic offence he would not have declared it because it would have no impact on his fitness to practise.

The reports on p685, p686 and p693 conclude our coverage of the Royal Pharmaceutical Society's **annual general meeting**, held in London on 24 May

Fate of Birdsgrove House to be decided shortly by the new Council

The fate of Birdsgrove House, the Royal Pharmaceutical Society's rest and recuperation facility, is to be decided shortly. The Society's new Council will make a decision on whether to continue with the house after considering a report that the Society expects to receive by the end of this month.

The report is a feasibility study commissioned after the National Care Standards Commission identified a considerable amount of work necessary if the house is to meet new legal requirements. Until the report appears, the Society has no firm idea of the expenditure necessary, although an initial assessment put the capital cost at about £350,000.

That information was given to the discussion forum held before the Society's **annual general meeting** on 24 May, after the issue had been raised by Bill Brookes (South Cheshire). Mr Brookes said that the problem of Birdsgrove House seemed to have been going on for two or three years, yet the members had heard nothing about it until letters appeared in *The Journal* recently. That was not a good sign. He asked why matters were taking so long and when the members would be

involved in discussions. The members had a right to know what was going on.

In response, Bernard Kelly, the Society's director of finance and resources, referred to his recent article in *The Journal* (PJ, 14 May, p596) and said that, although the matter had evolved over 2003 and 2004, it was not until a visit by the NCSC in June 2004 that the threat to rest and recuperation was established. All those affected by the suspension of the service, and those who subsequently enquired, had been informed of the suspension. But there was no general correspondence with members because no decision had yet been made about whether the services would be reinstated in due course.

A great deal of work was needed to comply with all the NCSC requirements. The immediate focus was to update and improve the internal operating procedures, so that the house could continue to operate initially both as a rest and recuperation area, and as an addiction clinic. The implications of complying with the Disability Discrimination Act on a longer-term basis required careful consideration.

The initial figure of £350,000 referred to the capital costs required to comply with the

Act. It involved things like fire escapes, access and lift issues, and even replacing the gravel paths with asphalt to make the gardens more accessible to the infirm. Issues like that had to be considered carefully before an answer was determined. There were also the ongoing costs of maintaining such an old building.

A risk management assessment had been carried out to help consider all the issues, and the feasibility study had been undertaken by mechanical and electrical specialists and architectural and structural specialists, in consultation with the listed building architectural department of Derbyshire County Council, based on the Health Commission's recommendations.

Mr Kelly said that the Society could not willingly and easily commit to an expense of the order of £350,000. There were no easy options. The rest and recuperation facility was not financially viable without the addiction clinic.

He added that he was sure that the new Council members, acting in their capacity of charity trustees of the Benevolent Fund, would be interested in any suggestions that members may have to make on the subject.

Questions raised by former Council member go unresolved

Questions directed to the President by a former member of the Royal Pharmaceutical Society's Council remained unresolved at the **annual general meeting** on 24 May because the President did not have access to the answers.

Andrew Burr (Sutton Coldfield) asked for confirmation that an existing member of Council was currently under investigation by the Code of Conduct Committee.

The President replied that he was not aware of any such investigation.

[There is no reason why the President should be aware of a Code of Conduct investigation, because the complaints procedure requires complaints to be made direct to the chairman of the Conduct Panel (in an envelope marked "private and confidential", forwarded by the Secretary and Registrar's office). The chairman is elected by the panel itself, which consists of lay members of the regulatory bodies of other health professions.]

Mr Burr went on to ask whether the result of a Conduct Panel hearing would be made public.

The President replied that the Council would receive the report and then decide how to handle it.

[The agreed procedure for dealing with reports from the Conduct Panel is that they are considered in open Council business except where the panel has dismissed the complaint or has recommended referring the matter to the police (in which case no report is made public until the conclusion of any action by the police or prosecuting authorities).]

Mr Burr then asked when the Vice-President (Hemant Patel) had ceased to be a

member of the Pharmaceutical Negotiating Committee. He said that there was a discrepancy between the information about Council members in the annual report and Mr Patel's biographical details for the Council election.

The President said that if Mr Burr felt there was a discrepancy he should take it up with the individual concerned and not raise it during discussion on the annual report, which simply recorded what Council members had reported.

Earlier, during the discussion forum before the AGM, Mr Burr had commented that the Society's draft new Charter had been gazetted by the Privy Council only once, when the Council submitted the original petition in December 2003, before his departure from the Council. The fact that the final version had not been gazetted meant that the Privy Council did not see any major changes of significance. Maybe the changes were not as significant as many people thought, he suggested.

The President said that Mr Burr was playing with words. The changes sought were essentially around one of the Society's objects and around structures for involving the membership in certain Society decisions. Those changes were significant to pharmacists and to the Society. They were significant for the internal governance of the Council. The whole Council had agreed that those changes made the document acceptable. But they were also changes that the Council knew would not cause a problem to the Department of Health, the Privy Council and the Government. In terms of the Privy Council they were not significant enough to require regazetting.

Number staying on registers is higher than expected

The number of pharmacists registering with the Royal Pharmaceutical Society in 2005 is higher than had been expected, the discussion session before the 24 May **annual general meeting** was told.

David Thomas (Thames Valley) said that, based on figures given at the branch secretaries' meeting in March, the number of "real active pharmacists" could have dropped by 20 per cent. What were the final figures?

Graham Duncan, the Society's financial controller, said that on 5 April, when the Council took its decision to strike off those who had not paid the 2005 fee, there were 38,035 on the practising register, 6,377 on the non-practising register and 2,657 who had retired. The Council agreed to strike off 927 people, although the final figure was slightly lower because of people paying on that day.

The President said that more people had continued on the Register than was initially forecast.

Philip Green, director of education and registration, said that it was difficult to compare 2005 figures with those for 2004, because one was not comparing like with like, but it seemed that there were more people registered to practise than previously. The total number on the practising register was higher than had been expected. Of those on the non-practising register, about 5,000 were previously in the retired category. Of those who had left the register, something like 80 per cent were within categories that previously were not eligible to practise, or to practise in the UK.

National boards for England, Wales and Scotland — a consultation

The Royal Pharmaceutical Society is consulting on the main recommendations of its Devolution Review Group. An abridged version of the consultation document, together with the group's recommendations and questions for respondents to consider, is set out here

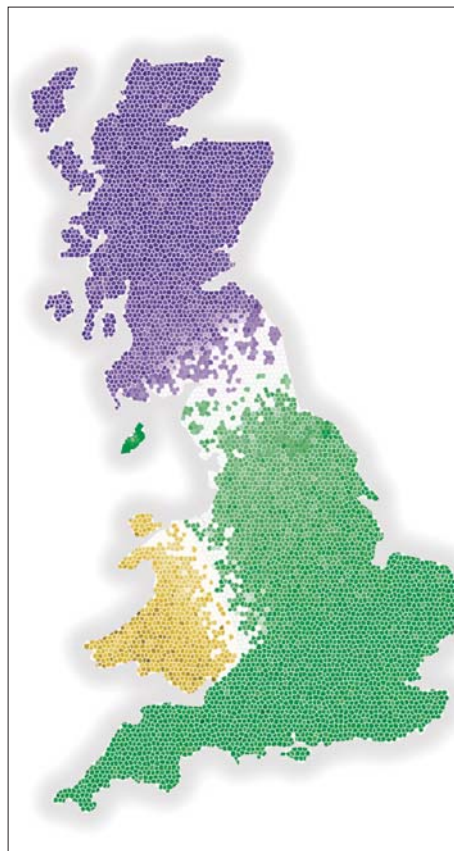
Over the past year, a review group chaired by Lord Fraser of Carmyllie, has examined how the Royal Pharmaceutical Society might be structured to ensure effective working following the creation of the Scottish Parliament and Welsh Assembly with significant, if different, direct power over health, and therefore over the work of pharmacy practice. The Fraser Report has proposed that the Scottish and Welsh Executives be replaced with "national boards" and that a national board be established for England to provide, in each case, a national focus on pharmacy practice that can be represented to what is increasingly becoming three national health services.

The story so far

Since the introduction of political devolution in 1999, the Society has sought to shape and influence policy relating to pharmacy in three governments: Westminster, the Scottish Parliament and the Welsh Assembly. A degree of policy divergence between England, Scotland and Wales has now begun to emerge and this is expected to increase further, particularly should there be different political parties in Government at Westminster, Edinburgh and Cardiff. Examples of this type of divergence to date include the phased introduction of the abolition of prescription charges in Wales and the wholesale rejection of the Office of Fair Trading proposals for the community pharmacy contract and the proposals for banning smoking in public places in Scotland. The three pharmacy strategies for England, Scotland and Wales clearly demonstrate that each country has its own plan for the delivery of pharmaceutical care and that pharmacy is key in the delivery of each country's health care agenda. The plans can be summarised as follows:

England "Pharmacy in the future" sets out a vision of how pharmacy can play a full part in delivering the vision of the new modernised English NHS as outlined in "The NHS — a plan for investment, a plan for reform", published in July 2000. This strategy for pharmacy aims to give patients the right care at the right time, in the right way and of the right quality.

It should be noted that "Pharmacy in the future" also sets out the vision for reserved matters, in particular the modernisation of professional regulation consistent with the plan for the reform of the regulation of all health professionals.



Scotland "The right medicine" is the Scottish Executive Health Department strategy for pharmaceutical care. Key elements of the strategy will enable pharmacists in both primary and secondary care to provide a professional service that meets the needs of the population. Part of the strategy aims to get the message to the public that community pharmacy is part of NHS (Scotland). In Scotland, community pharmacies are recognised as the first access point for many primary care health services; this is different from England, where walk-in-centres are a distinct feature and separate from other NHS services.

Wales "Remedies for success" is the Welsh Assembly Government's vision for the future of pharmacy in Wales. This 10-year pharmacy strategy sets out to provide people in Wales with access to pharmaceutical care that is fast, convenient, appropriate for their needs and consistently delivered to a high standard. Although similar to the English and Scottish strategies, there are issues that are unique to the Welsh strategy.

It is important for the future of the Royal Pharmaceutical Society in all parts of Great Britain that it provides proper recognition of the fact that although the regulation of existing health professionals remains a power reserved to the Westminster Parliament, health policy is fully devolved to the Welsh Assembly Government and the Scottish Parliament. The Society must be able to represent the pharmacy profession fully at the highest level of government in England, Wales and Scotland and ensure that in any health context, it is a key player in the development of policies that have implications for the pharmacy profession and patients.

Role of national boards?

What could be the possible roles of the national boards?

The recommendations of the Devolution Review Group is that each of the national boards would:

- Provide strategic leadership and support for pharmacy practice development — the Scottish and Welsh Executives already send newsletters to members keeping them informed of aspects of pharmacy development for each country
- Assist development of Council policy and its implementation and develop and implement policy specific to that national board's country — the Welsh Executive provided vital input into the Council's policy on prescription charges
- Promote pharmacy and its contribution to health — the Society's Scottish and Welsh Executives already work closely with key players within the pharmacy profession ensuring that pharmacy and its contribution to the health agenda is promoted on a country-specific basis
- Provide professional advice to government (the Westminster Parliament, the Scottish Parliament and the Welsh Assembly), its agencies, NHS bodies, and other health and social care organisations — members of the Scottish and Welsh Executives engage wherever possible with those who can influence the health care agenda in the devolved bodies
- Support the Society's branches — the branches in Scotland and Wales have a much clearer route into how they are represented at a national level as well as at a GB level, which leads to a closer relationship between the executives and the members

Panel 1: Main recommendations

- In principle, national boards for Scotland and Wales should be constituted to replace the current Scottish and Welsh Executives, and a new national board for England should be constituted. The review group recommends that the national boards should have five prime functions:
 - (i) Provide strategic leadership and support for pharmacy practice development in [country]
 - (ii) Assist development of Council policy and its implementation in [country], and develop and implement policy specific to [country]
 - (iii) Promote pharmacy and its contribution to health
 - (iv) Provide professional advice to government and its agencies, NHS bodies, and other health and social care organisations in [country]
 - (v) Support the Society's branches in [country]
- Concordat(s) should be developed between the three boards and the Council that will set out an agreed working relationship for policy development in the devolved administrations. Concordats are not contracts or a set of rules, but are statements of intention about the way the different parties will work together. The review group suggests that the following points be included:
 - (i) The Council should be informed as soon as possible of any issue with GB implications
 - (ii) In the absence of a timely response from the Council, the national board responds as it sees fit, notwithstanding its acknowledgement that the issue has GB implications
 - (iii) In that event the decision of the national board will be the policy of the Society for the time being BUT
 - (iv) The Council, after consultation, reserves the right to adopt or amend the national board policy and if it does amend that decision the national board will be bound to follow Council policy
- The Statutory (Disciplinary) Committee should continue to hold hearings in London. However it should be prepared to convene elsewhere in GB if required for language reasons (a legal requirement under the Welsh Language Act), legal reasons (Scotland has a separate legal system) or where it is in the public interest to do so.
- Undergraduate and preregistration education should remain a GB function but there could be variations in postgraduate training and education. Postgraduate education would not be wholly devolved to the national boards but would be a joint function.
- To avoid confusion with the corporate arm of the Scottish Parliament, the Scottish Executive, the Society's Scottish and Welsh Executives should be renamed, although no recommendation is made as to what they should be called.

The proposed national boards will not be responsible for regulation because political responsibility for this remains with the Westminster Government. However, many issues affecting pharmacy will have both professional and regulatory aspects and the national boards would make a valuable contribution.

Background to the consultation

As part of its reform programme, the Society needs to develop a framework that would reflect devolution in Scotland and Wales encompassing functions, structures and ways of working and allowing the flexibility to extend to any future devolved administration in England. The Devolution Review Group examined the issues surrounding devolution and reported its recommendations to the Council in February 2005. The full report, "Devolution — a framework for the future" is available from the Society's website at www.rpsgb.org or from devolution review project manager Michele Savage (e-mail michele.savage@rpsgb.org).

The Council is aware that other bodies have found there is an inevitable cost to restructuring in order to meet the needs of devolution, so there may be additional costs for providing additional functionality in Edinburgh, Cardiff and, possibly, London.

Some of these additional costs were anticipated in the development of the Society's 2005 budget. However, the final costs will be dependent on the decisions taken by the Council following the consultation. Clearly any solution will need to be affordable.

Next steps

The Society's Council is minded to accept the Devolution Review Group's recommendations that a national board be established for England and that the Scottish and Welsh Executives be replaced by national boards. The national boards would be an important part of structural changes to the Society and their functions would be largely professional rather than regulatory.

The Council is required under its 2004 Charter to consult on any changes to structures in Scotland and Wales. The Council also wishes to take this opportunity to consult on the establishment of a national board for England.

The main recommendations of the Devolution Review Group are set out in Panel 1 and questions that pharmacists should consider in formulating their responses are set out in Panel 2.

The Council hopes that all members in England, Wales and Scotland will participate in this important consultation.

Panel 2: Questions

1. In principle, are you in favour of the establishment of national boards for England, Scotland and Wales? If not, do you favour the establishment of national boards for any of the three home countries of Great Britain? The review group recommends that the Scottish and Welsh Executives should be renamed but has not recommended what they should be called. What do you think the three national structures should be called?
2. The review group has agreed five prime functions for the national boards. The Council would like your views on these functions. Do you think there should be any others?
3. Given the proposed functions of the national boards, what mechanism do you think should be used to achieve effective representation across the profession on the boards? Election may be seen as the most straightforward and transparent means of securing board members. On the other hand, the boards will need a range of skills, knowledge and experience that cannot be guaranteed by election. A combination of methods might be appropriate. Should the boards should be constituted solely by election, or should they have appointees or co-options to ensure access to a spread of expertise? Should there be places for pharmacists from different sectors of practice, places for pharmacists to represent different geographical locations within a country, places for lay members, or places for any others?
4. The review group has recommended the establishment of an English national board and the replacement of the Scottish and Welsh Executives with national boards as the best way to reflect devolution on matters affecting pharmacy in England, Scotland and Wales. What are the risks to the profile and integrity of the Society if the recommendations are not implemented?
5. One of the functions of the national boards suggested by the review group is to support the branches. How could the national boards best support the branches and, through them, the profession?
6. Do you have any other comments?

How to respond

Submissions should be made by e-mail to devolution@rpsgb.org or in writing to Michele Savage, Project Manager, Devolution Review, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN, by 18 July.

An unabridged version of this consultation is available from Ms Savage (tel 020 7572 2547, e-mail devolution@rpsgb.org) and a downloadable version, together with a response form, is available at www.rpsgb.org/devolution.

AGM calls for scrutiny committee

The **annual general meeting** of the Royal Pharmaceutical Society has called for the establishment of a small group of members to prepare an annual report on the Society's activities.

Proposing that "this meeting urges the incoming Council to establish, preferably by election, a small group of members to consider the activities of the Society and to publish an annual report thereon," past president John Balmford said that since 1841 the Society had had five elected honorary auditors to ensure honesty and probity in its finances.

In recent years, the honorary auditors had delved deeply into the accounts. They had not always confined their questions strictly to financial matters but had asked questions they believed members of the Society would like to ask if given the opportunity.

With the employment of non-pharmacists in many senior positions, the membership had not been well-informed about deliberations of the Council, Mr Balmford stated.

Last year, when it was known that the position of honorary auditor was to be discontinued, Mr Balmford had received a letter from the Secretary and Registrar that said:

"The Council feels that it is essential to ensure that members do continue to contribute to the Council's guardianship role in the future."

Mr Balmford said that the proposed group would assist the Council in much the same way as the honorary auditors had done. It should have easy access to information regarding activities of the Council.

Seconding, Ian Caldwell, also a past president, said that the Society's membership included experts in management, education, law, organisation and finance, as well as a whole range of practice matters. The intent of the motion was to make use of this expertise to scrutinise the Society's policies and activities and tell the membership about them.

The President said that he supported the concept of custodianship, which would be performed by a small group ideally elected from the Society's fellows.

Responding to Mr Balmford's comment about non-pharmacists in senior Society posts, Rob Darracott, director of strategic and corporate development, said that 90 of the 284 staff were pharmacists. That was one of the highest concentrations of pharmacists in the country.

AGM seeks better communications

The **annual general meeting** carried a motion asking the Council to set up a committee "to ensure that all communication, both within and without the profession, are better able to influence events, and to improve communication between the Society and its members".

Proposing the motion, John Gentle described the Society's communication and public relations as good in parts, but with some of it being not very good at all.

The Society should sing its successes more and the fact that it did not result in members being ignorant of many of its functions and devalued the efforts of its staff. This led to low morale and work not being best used for the benefit of the profession and the public.

The Society needed to prioritise its efforts, Mr Gentle said. It needed to focus its efforts and to execute them better.

Seconding, Bruce Rhodes said that members needed to know what was going on. The Society was not necessarily doing wrong.

Opposing, Steven Curtis said that he supported the ethos of the motion but opposed the setting up of a new committee.

Society members want a membership committee

A motion calling for a new membership committee "to ensure that the branches, the regions and the wider membership receive the necessary support and resources to meet their needs, both now and in the future," was carried at the **annual general meeting**.

Bharat Nathwani, speaking on behalf of Andrew McCoig, said that the Society's role in terms of professional representation was diffuse. It needed to support local networks if it was to achieve its Charter objective of being a professional body.

The proposed committee could support and nurture branches, encourage good practice, provide training and facilitate the sharing of best practice. It could assist in national, regional and local interfaces. It could also facilitate links among organisations of similar types or which operate in the same geographical area through meetings.

Seconding, Mike Williams said that a major purpose of the committee would be to assist smaller sectoral interests. It could be a forum for discussing issues pertinent to particular membership sectors, with the findings taken to the Council. It was a sensible step to ensure that all members of the Society receive the help and support they require.

The President suggested that the motion should lie on the table until the proposal for national boards for England, Wales and Scotland was finalised. But the meeting insisted on a vote and carried the motion by a narrow majority.

Motion seeking SOS information is rejected

The **annual general meeting** rejected by a substantial majority a motion proposed by Christine Glover calling for more information on what she believed was an "organisation" behind the Save Our Society campaign.

Before allowing Mrs Glover to propose her motion, the President made a statement on some of its content. He said that the motion claimed that he had said in his resignation statement that all the stated objectives of the Save Our Society organisation had been achieved. He said that he knew of no such organisation, only a campaign, and that he had come to the end of his term of office, in common with all Council members, and had not resigned. The objectives referred to were his personal objectives to deliver the members' wishes from the 2003 special general meeting, as well as to help to seek a solution to the Society's difficulties over its Charter. The new Royal Charter had been granted and if proposals from the Society's devolution review group were accepted then all four SGM resolutions would have been implemented.

Proposing her motion, Mrs Glover said that she wanted to know what was the agenda of the 14 SOS Council members who were elected this year. She wanted to know who funded the "organisation" and whether SOS Council members were going to suggest that pharmacists need not undertake continuing professional development. Did they want the Society to give up regulation and all that made it up — education, accreditation and CPD? Would they vote together on every issue or

would they make individual contributions, or would they never speak, as one did this year. Was it their ambition to split the Society?

Seconding, Andrew Burr said that two years ago pharmacy politics changed dramatically with the introduction of block votes and party political arguments. What was needed was more transparency.

Mike Williams pointed out that not all seats on the new Council had been won by SOS supporters. He said that the bulk of the financial burden of the legal action brought on behalf of SOS supporters had fallen on the four members named in the legal action, although 1,038 other pharmacists had contributed. The bottom line was that SOS was the coming together of like-minded pharmacists who had the courage to stand up and say that they disagreed with what was being done.

Gillian Hawsworth wanted to know how the new Council members would balance serving the interests of members of the Society, its Council and the Society as a regulator in the public arena.

Graham Phillips said that the newly elected Council members who supported the SOS campaign had been clear about their agenda in their election pledges. They would act within the terms of the Royal Charter. There were no plans to split the Society, just to see it playing both its roles equally, rather than only to regulate. The newly elected Council members should be judged by the Charter and whether they carried out the functions it set out.

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).

Erasure from the Register on the direction of the Statutory Committee

The name of the following person was erased from the Register of Pharmaceutical Chemists on 25 May 2005 following the direction of the Statutory Committee at its meeting on 24 February 2005: **Warren Jon Berry** (registration number 92149), of Liverpool.

Ann Lewis

Secretary and Registrar

DEATHS

Van Der Colff On 12 May, Marthinus Hermanus Van Der Colff, MRPharmS, of 11 Mount Pleasant, Keyworth, Nottingham NG12 5EP. Mr Van Der Colff registered in 1961 (see Tribute, Column 2).

TRIBUTES

Shilton In a tribute to the late Jill Mary Shilton (*PJ*, 28 May, p664), JANE YATES writes: It was with deep sadness that I heard of the death of Jill. I first met her in the mid-1980s when I was a captain in the Royal Army Medical Corps and she was a lecturer at the Tri-Service Pharmacy Technician Training School at the RAMC Training Centre, Keogh Barracks, Mytchett, Hampshire. Later on, when I became head of career employment group for pharmacy technicians, I spoke to her on numerous occasions regarding training matters and always welcomed her sound advice and judgement.

She was dedicated to her young students. I can remember when there were problems with the lack of chemistry teachers and she enrolled her husband John to help out. She was certainly resourceful. She would organise outings for her students to local hospitals and industry and, if I was not stationed too far away, she would invite me also. One memorable visit was to Broadmoor.

I last saw Jill in the late 1990s, after I had left the Regular Army, when I met her and John at Hardwick Hall, Derbyshire. Her widespread knowledge gained from

her studies and travels would fascinate me. She was a truly remarkable person and I am the better for having known her.

Van Der Colff In a tribute to the late Marthinus Hermanus Van Der Colff (see Column 1), JON MERRILLS writes: Tinus Van Der Colff was an Afrikaaner born in Malawi, the son of missionary parents. His father was a dominee (minister) in the Dutch Reformed Church. He talked about his childhood in Malawi with great affection — a loving but strict family life combined with the freedom to roam with his young African friends.

He became an apprentice in the local pharmacy in the Eastern Transvaal and then moved to Durban to learn English and study for his pharmacy diploma. In 1960 he came to Europe on an extended working holiday, where he met his wife Janet. They returned to South Africa and married.

Tinus worked in a number of pharmacies across South Africa. But in 1969 the family became concerned about the growing problems of apartheid and came back to the UK, where Tinus took up a position with the rapidly expanding Foster group of pharmacies in Nottingham. It was there that I met him, and our families became great friends. He later worked at Glenn's Pharmacy in Shepshed, became superintendent pharmacist for the Snowden-James Group, and then bought a pharmacy at Langwith in north Nottinghamshire. After several happy years the travelling became more difficult and he sold Langwith and opened a tiny village pharmacy in Wymeswold, Leicestershire, for a final contented few years before retirement two years ago.

Outside pharmacy Tinus loved music, the arts, and handicrafts. He was a talented artist who was developing his own distinctive style with glass objects.

Friends, neighbours and colleagues were important for Tinus. He was unfailingly polite, sympathetic and resourceful where patients were concerned. He was a master at counter-prescribing. Perhaps more importantly, he had great empathy with patients. He always knew instinctively what they needed. As his local GP and long-time friend said, "This is what made him a healer. In our minds we can still hear his voice and that is some consolation." He will be greatly missed by everyone who met him.

A celebration of his life was held on 24 May 2005, with donations going to the Hunter Trust, which funds education in Malawi.

DIARY

Headquarters meetings

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

Tuesday 7 June

Council meeting. 3.30pm.

Wednesday 8 June

Council meeting. 9am.

Scottish Department

The following meetings take place at the house of the Royal Pharmaceutical Society's Scottish Department, 36 York Place, Edinburgh

Monday 6 June

Scottish branch secretaries' and chairmen's meeting. 10am.
Executive meeting. 12.30pm.
Annual general meeting. 2.30pm.
Executive meeting. 4pm.

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)

Tuesday 7 June

Dudley and Stourbridge "Food for health". Clinical Education Centre, Russells Hall Hospital. 7.30pm.

Harrow and Hillingdon "Diagnosis and treatment of glaucoma" by Jill Bloom (ophthalmology pharmacist, Moorfields Eye Hospital).

Cumberland Hotel, Harrow. Buffet 7.30pm, meeting 8pm.

Mansfield "The new pharmacy contract: an update" by Alistair Buxton (head of NHS Services, Pharmaceutical Services Negotiating Committee). South Forest Leisure Centre, near Edwinstowe. Carvery 6pm, meeting 7.30pm.

Wednesday 8 June

Clwyd "Medicine use review". Rossett Hall Hotel, Chester Road, Rossett, near Wrexham. Buffet 7.15pm, meeting 7.45pm.

Teesside "Modern management and case studies of diabetes" by Vincent Connolly (clinical director, acute medicine, James Cook University Hospital, Middlesbrough). Parkmore Hotel, Eaglescliffe. Food. 7.30pm.

Thursday 9 June

Bolton "Prescribing issues in nurse prescribing" by Sam Sherrington (district nurse and nurse prescriber). Education Centre, Royal Bolton Hospital. 7.30 for 8pm.

Chesterfield "Tropical diseases and travel health" by Steven Green (Royal Hallamshire Hospital). Education Centre, Chesterfield Royal Hospital. Buffet. 7.30pm.



Royal Pharmaceutical Society of Great Britain

London headquarters

Switchboard 020 7735 9141; direct dialling, see 'Medicines, ethics and practice'; fax 020 7735 7629; e-mail enquiries@rpsgb.org; website www.rpsgb.org

Scottish Department

Headquarters of the Society in Scotland (including library and information service) 0131 556 4386 (see also 'MEP' guide); fax 0131 558 8850; e-mail info@rpsis.com

Welsh Executive

Headquarters of the Society's Welsh Executive 029 2041 2800; fax 029 2041 2810; e-mail wales@rpsgb.org

Information centre

Book loans and information Library (loans, photocopies) 020 7572 2300; e-mail library@rpsgb.org
Technical information, 020 7572 2302; fax 020 7572 2499; e-mail techninfo@rpsgb.org

Pharmacists' advisory service

Information on legal and ethical matters relating to pharmacy practice, 020 7572 2308; fax 020 7572 2510, e-mail ftp@rpsgb.org

Pharmaceutics information

Information, advice and problem-solving 020 7572 2302; fax 020 7572 2499; e-mail pharm.div.rpsgb@dial.pipex.com

Benevolent fund

Financial help for pharmacists and their dependants and information about convalescence 01926 315994 or 01323 890135

Pharmacists' health support programme

Confidential help and support for pharmacists who experience problems with alcohol and other drugs of addiction 01926 315138

Listening friends scheme

Free confidential helpline for pharmacists under stress 020 7572 2442

Pharmaceutical press

Purchase of books and subscriptions to journals 01491 829272; fax 01491 829292; e-mail rpsgb@cabi.org; website www.pharmpress.com