

For personal use only. Not to be reproduced without permission of the editor
(permissions@pharmj.org.uk)



Royal
Pharmaceutical
Society
of Great Britain

Society offers free CPD materials

An array of free continuing professional development support materials for pharmacists can now be ordered from the Royal Pharmaceutical Society using a reply-paid card.

The card is being distributed with this issue of *The Journal* to all members of the Society who are on the practising section of the Register.

The support materials on offer include a basic guidance document entitled "CPD for beginners: getting started", a replacement "Plan and record" pack, the CPD Desktop software and CPD case studies for community, hospital, primary care, academia, industry and management. Also available are documents setting out CPD competences for the specialist fields of academia, government, health informatics, industry, medicines information, medicines management, primary care and supplementary prescribing. ("Plan and record"

already sets out areas of competence for all practising pharmacists and specific competences for community pharmacists, hospital pharmacists and preregistration tutors.)

CPD support materials can also be obtained from the CPD page of the Society's website (www.rpsgb.org/members), and from the Society's separate CPD Online website (www.uptodate.org.uk).

The support materials were referred to in a recent letter sent to individual members of the Society in the name of the President, Hemant Patel, urging them to start with CPD if they have not already done so (*PJ*, 28 January, p113). The President's message is reinforced this week in an article (p185) emphasising the importance of getting to grips with the recording of continuing professional development before it becomes a mandatory requirement.

This week

■ CPD support materials

The Society is offering CPD support materials (p183); in an article, the President, Hemant Patel, stresses the importance of recording CPD (p185).

■ Scottish Executive chairman

Angela Timoney has stepped down from the chairmanship of the Society's Scottish Executive (p183).

■ Technicians' register

Joining the Society's voluntary register has become easier for some pharmacy technicians in Scotland (p184).

■ Society's integrated roles

The way in which the Society fulfils its integrated roles is good for patients, the public and the profession, says the chairman of the Council's Public Affairs Planning Group, Graham Phillips (p186).

Rose Marie Parr succeeds Angela Timoney in Scottish Executive chair

The chairman of the Royal Pharmaceutical Society's Scottish Executive, Angela Timoney, has stepped down from the role because of family commitments. She is to remain a member of the executive. Rose Marie Parr, vice-chairman, has taken over as chairman.

Ms Timoney resigned at the executive meeting on 25 January with five months of her second year of office still to go.

Dr Parr will serve as chairman until an executive meeting on 22 March, when an election will take place for a chairman and vice-chairman to serve at least until June, when the officers are normally elected. Because the executive is expected to be succeeded by the new Scottish National Board later this year, the executive may decide to elect officers to serve for the remaining life of the executive. The Society's Council has already decided that the six executive members due to retire this year should continue in office until the new board is established.

Ms Timoney said that she regretted having to stand down, but her decision had been made easier knowing that Dr Parr would be taking over as chairman. She added: "This is an exciting time for the Society as it moves towards formation of the national boards and I know that Rose Marie will work hard to ensure this work is taken forward properly."

Dr Parr praised Ms Timoney's hard work and leadership, emphasising her key role in driving forward the devolution review in

Scotland. She also paid tribute to Ms Timoney's determination to convey the Society's views on prescription charges and smoking in public places to Scottish Parliamentarians and her leadership in joint working with other professional bodies.

She said: "I understand how difficult this decision was for Angela and I know I speak on behalf of all members of the Scottish Executive and indeed the Society as a whole when I say that we are grateful for the enormous contribution she has made as chairman. We look forward to building on her legacy and working within the new national board structure. That said, I am sure Angela will continue to play an important role within the Scottish Executive."

Co-option Josie Johnston has been co-opted to the executive to replace David Forbes, who has retired. Ms Johnston is a practice pharmacist in Tayside and secretary of the Society's Dundee and Eastern Scottish branch. She was an unsuccessful candidate in the 2005 election of six executive members.

National boards The executive agreed that the chairman should write to the Council about changes to the remit and composition of the national pharmacy boards and the timescales for their establishment. Subsequently, Dr Parr and Ms Timoney wrote a joint letter to Council members and were

invited to present the executive's views at an informal Council session on 14 February, when the views of the Welsh Executive will also be presented.

Sexual health On the recommendation of Angela Timoney, who represents the Society on the National Sexual Health Advisory Committee, the executive agreed to establish a group to review pharmacists' undergraduate and postgraduate education and training in sexual health against the tiered service approach suggested in the Scottish Executive Health Department's sexual health strategy. The group's findings will be fed into the Society's review of education.

Celebration Executive members David Dalglish was asked to convene a group to develop proposals for an event early in 2007 to celebrate the formation of the Scottish Pharmacy Board and the implementation of the pharmaceutical care services contract, with a view to holding a Scottish Pharmacy Conference in 2008.

Foster review The executive considered the Foster review of the regulation of non-medical health care professions and highlighted the need for the Society to keep members aware of the developing situation and the possible impact on regulation of the profession.

Registration process eased for pharmacy technicians in Scotland

Registration with the Royal Pharmaceutical Society has become easier for some 400 pharmacy technicians in Scotland following the Society's acceptance that their technician training is equivalent to the current accredited entry qualification, the Scottish/National Vocational Qualifications (S/NVQ) level 3 qualification in pharmacy services.

The decision affects those who between 1984 and 1993 obtained the national certificate in pharmaceutical sciences of the Scottish Vocational Education Council (SCOTVEC), the predecessor to the Scottish Qualifications Authority. The course was delivered at Aberdeen College, Dundee College, Telford College, James Watt College and Stow College.

When the Society prepared to open its voluntary register for pharmacy technicians in January 2005 (in the expectation that registration would become mandatory from January 2007), it drew up a list of accredited qualifications that were deemed equivalent to the S/NVQ level 3 qualification. The modular SCOTVEC course was not included because it was decided that the necessary quality assurance measures could not be guaranteed and there was no evidence that the courses offered were equivalent to other nationally accredited pharmacy technician training programmes at that time.

Because of this decision, most candidates who obtained the SCOTVEC certificate

during the affected period have only been able to join the register through a procedure that involves completing an additional set of questions to provide evidence that they practise in accordance with the Code of Ethics for Pharmacy Technicians and that their practice covers a range of generic competencies defined for pharmacy technicians. Each application then has to go through a process of scrutiny before a decision is made as to whether the applicant is accepted on to the register — a process that also costs the applicant an additional £95.

To clarify the situation, representatives of pharmacy technicians in Scotland worked with the SQA to produce evidence. They sought documents showing that appropriate quality assurance measures had been in place for the SCOTVEC training course and that it had been equivalent to courses delivered immediately before and after the affected period that were accepted as equivalent to S/NVQ level 3.

Although it was not yet complete, a portfolio of evidence was presented to the Society's pharmacy support staff steering group in March 2005. After studying the evidence, the steering group accepted that those who had completed the SCOTVEC programme between 1984 and 1993, and who had the necessary work experience, should be able to apply to register through the more direct route.

Since that meeting, the Society has acquired sufficient information to be able to

verify from a list of modules that a candidate is appropriately qualified. As a result, the registration application forms have been updated. Pharmacy technicians are being encouraged to register early to ensure that the process can be managed efficiently.

The Society's head of support staff regulation, Janet Flint, said: "We have not until now been in a position to complete the validation checks on applications submitted by affected people. This news should help to reassure those affected by the issue, including employers."

Miss Flint added: "Pharmacy technicians from Scotland have to date been slow to apply for registration. Less than 6 per cent of the voluntary registrants (currently 2,548) have registered addresses in Scotland. Although we do not have accurate data on the number of pharmacy technicians in Scotland, the 400 technicians affected by this problem are likely to be a significant proportion of the total Scottish technician population."

One of the technicians involved in persuading the Society to recognise the SCOTVEC qualification is Monica Munro, lead pharmacy technician, education and training, for NHS Tayside. She said: "It is important to these individuals that their qualification is recognised as equivalent. Many have been employed as pharmacy technicians for up to 20 years, have considerable experience and currently hold senior positions within their pharmacy."

Hospital Pharmacists Group seeks committee members

Candidates are being sought to fill vacancies on the committee of the Royal Pharmaceutical Society's Hospital Pharmacists Group.

This year there are vacancies for two committee members to represent England and one to represent Wales. Candidates must be resident in the country they wish to represent and may only be nominated, and voted for, by group members also resident in that country.

Nominations must be made by 18 March. The elections, if needed, will be carried out by postal ballot in April.

Elected members normally serve for three years. However, an impending review of membership group constitutions means that the term of office for those elected this year may be reduced.

The election arises from the retirement of David Corral and David Miller (England) and Jenny Joy (Wales). All are eligible to seek re-election.

Elected committee members who continue in office are Ray Fitzpatrick, Richard Needle, Tim Root and David Webb, representing England, and Angela Munday, for Scotland. Council members Graham Phillips and Colin Ranshaw also serve on the committee, which is chaired by Professor Fitzpatrick.

Official Notice, p187

Reprimand for pharmacist who stole drugs

A pharmacist who stole Controlled Drugs to satisfy an addiction has been reprimanded by the Statutory Committee after an 18-month adjournment.

At its meeting on 21 June 2004 (*PJ*, 11 December 2004, p866), the committee inquired into the case of Navjot Kaur Manku (registration number 1053064). Information had been received that at Carlisle magistrates' court on 4 September 2003, Miss Manku had been convicted of two counts of possessing a Class B Controlled Drug, two counts of possessing a Class C Controlled Drug and two counts of theft. She had been sentenced to six months' imprisonment, suspended for 12 months, and ordered to pay £272 costs. Ten further offences were taken into consideration.

The committee heard that Miss Manku had stolen Dexedrine, temazepam and diazepam tablets for her own use from pharmacies at which she had worked as a locum. After her arrest she had spent five weeks as an inpatient in an addiction treatment centre, and her response to treatment had been described in glowing terms by the co-ordinator of the Pharmacists Health Support Programme. She regularly attended support group meetings. She was working part-time and had good references from her employer, who was prepared to offer her a permanent post.

The committee decided to adjourn the case for 18 months, during which time Miss Manku would be expected to continue under the supervision of the health co-ordinator and the Society's inspector would maintain contact with her employer. If nothing adverse was reported, she could expect the case to be dealt with by way of a reprimand rather than a striking-off.

At the resumed hearing on 13 December 2005, the committee heard that Miss Manku had not consumed alcohol since August 2003 and had remained drug-free since July 2004. Her employer's area development managers had spoken highly of her progress. She had been described as "one of our success stories".

Giving the committee's determination, the chairman, Lord Fraser of Carmyllie, QC, said: "In all the circumstances, we see no purpose would be served in keeping this case going for any longer and, as I indicated at an earlier time, the censure of the committee will be restricted to that of a reprimand and that we will make no direction to remove.

"However, we do urge her to continue to maintain the levels of support that have been offered to her and, if she keeps up that contact, we are confident she will make a success of being a pharmacist."

Why CPD is so important for pharmacists

The President of the Royal Pharmaceutical Society, **Hemant Patel**, emphasises the importance for practising pharmacists of getting to grips with the recording of continuing professional development before it becomes a mandatory requirement

It has taken a long time for the potential of our profession to be realised but now it is within our grasp. I am sure it is fortuitous, but the milestones of our current professional development seem to appear on a 10-year cycle. First was the Nuffield report on pharmacy in 1986. The Society followed with *Pharmacy in a New Age (PIANA)*, published in 1996. And now, as we enter 2006, we have the new contracts for community pharmacy and *Agenda for Change* in the NHS. We also have supplementary prescribing and, most recently, the announcement of independent prescribing by pharmacists.

These key developments are enabling the profession to complete progress towards the strategic aims of *Pharmacy in a New Age*:

- The management of prescribed medicines
- The management of long-term conditions
- The management of common ailments
- The promotion and support of healthy lifestyles
- Advice and support for other health professionals

The members who responded to the *PIANA* consultation made it clear that they recognised the need for a comprehensive system for continuing professional development (CPD) that would be mandatory for all members. We have achieved that target. Not only has the profession introduced mandatory CPD but the CPD framework and the division of the Register into practising and non-practising sections were approved through consultation with the membership. CPD became a professional obligation for practising members in January 2005, replacing the former requirement to undertake 30 hours of continuing education each year. This new professional requirement will be strengthened during 2006 by the legal force of the Section 60 Order under the Health Act 1999, which will give the Society the power to call in CPD records for review. This should begin in early 2007.

In contrast to some other professions, arrangements for CPD in pharmacy are tried and tested. Not all professions piloted their CPD arrangements before their introduction. Our pilot studies involved 500 pharmacists and so we know that our CPD system is practical and usable by pharmacists.

Pharmacists have a choice of CPD recording system: paper or electronic. Although they are free to use either system, the Society's secure CPD website has the additional advantage of secure record storage, even if the computer crashes. More than 16,000 pharmacists have used this facility and made CPD entries on the website, while many others are

keeping their records on paper or on their personal computers using the Society's CPD Desktop software. So it is possible to estimate that nearly half of all practising pharmacists now keep CPD records.

This is a positive start for the profession and a testament to the work of all those who have supported the introduction of CPD. The Society has run workshops all over Britain to train more than 600 members who in their turn have helped colleagues understand and practise CPD. We have 21 CPD facilitators who run CPD sessions for the branches and we have worked with pharmacy employers who have internal CPD arrangements to ensure that pharmacists only have to keep one set of CPD records. All of these are in addition to the work of the Society's CPD staff who continue to run many branch meetings and in-company workshops on CPD.

Of course, the other side of the coin is that an unknown number of members have yet to make a start on their CPD records. We recognise that some pharmacists may need help to overcome the barriers to getting started. As the profession enters the "new age" the new contracts for community pharmacy with provision for advanced and enhanced services provides many CPD opportunities as pharmacists ensure that they have the competencies to deliver new roles. In the NHS, the implementation of *Agenda for Change* provides a structure for the recognition of professional competence and contribution to the service. It also provides a framework for development from first registration through to consultant status, ie, a supporting framework for CPD throughout a whole career. And, of course, CPD is a contractual requirement for pharmacists working in community and the NHS as part of clinical governance arrangements.

Of course, not everybody has welcomed CPD. That is an inevitable consequence of introducing a significant change. However, compared with the 8,000 pharmacists who responded positively to the consultation on CPD run in *The Journal* in March 2003, the number who have expressed concerns about the CPD framework is relatively small, especially when comments on registration fees and non-practising status are excluded.

It is worth restating the strengths of the CPD recording system as these can become lost among the adverse comment. CPD does



The President: CPD improves practice and job satisfaction

not stand for clinical professional development. Although the updating of clinical knowledge and skills is an important element of CPD for pharmacists in clinical practice, the CPD framework was designed to allow practising member working in any sector of practice to record CPD based on their own personal practice. Pharmacy is a diverse profession and that flexibility does introduce a degree of complexity to recording CPD. As a user, I am confident that

any member should be able to use the recording format. Having said that, we are aware that not all members agree and this is why the Council set up a CPD recording working group at the meeting in October 2005.

Some members have concerns about the ability of the Society to review their CPD and draw conclusions about their fitness to practise. When the Society calls in CPD records for review, it will compare each entry with the CPD good practice criteria published in the Plan and Record document sent to every practising member. If CPD is carried out properly, it will lead to incremental improvements in practice. This will be apparent from the evaluation information contained in the CPD entry. Only the pharmacist who makes the record will know the value of the CPD activity they record. Eventually, if and when revalidation of pharmacists is introduced, individual fitness to practise will be routinely assessed and the real value of participation in CPD will become apparent.

Whenever I talk to colleagues in the profession about CPD they are clear. All pharmacists undertake CPD in the practice of their profession. As pharmacists, we are not used to recording CPD or to the idea of having our records monitored by the Society. The Society has made a big investment in CPD for the profession since starting in 1999 and we need to make sure this we build upon what we have achieved. The early work on CPD pilots provided a sound foundation for introducing CPD to the whole profession. No system is absolutely perfect, especially at first. The CPD framework will be reviewed and improved as we gain experience of using it and receive feedback from the profession. The real benefits of CPD are in improved practice and job satisfaction. The Council and I are determined to ensure that these benefits are realised for the profession.

The integrated role: a universal win-win

The Foster review may threaten the future scope of the Royal Pharmaceutical Society's roles. **Graham Phillips**, chairman of the Council's Public Affairs Planning Group, believes that the Government should recognise just how well the Society delivers for patients, the public and the profession

Over recent years, one of the big issues for pharmacists has been balancing the integrated roles (representation and regulation) undertaken by the Royal Pharmaceutical Society. Some members, myself included, have been critical of what we saw as too much emphasis on the Society's role as a regulator at the expense of the Society's role in supporting members in all aspects of their professional practice and development. As a result, the profession engaged in long and often painful debate about how the Society should fulfil all its roles effectively in a modern environment.

The end result, our new Royal Charter (2004), provides a robust framework which nicely balances the professional leadership and development roles with the Society's role as regulator. Once the Government puts an end to the inexcusable delay to the Society's Section 60 Order under the Health Act 1999, we shall have the solid legislative foundation we need to complete our reforms. These historic reforms represent a massive investment of time and energy by the profession, the hard-working staff at Lambeth and the Department of Health.

They also represent the specific acknowledgement by the Government that the Society should continue to fulfil the full range of its integrated present roles. Good faith requires that, before any further change is imposed, these major changes should be allowed to embed and deliver.

That said, the Society is clearly delivering as a demonstrably effective, influential organisation that both robustly protects patients and serves the professional needs of members in all sectors of practice. Our newly reconstituted Council, with 10 lay members and two technicians, is also delivering — for patients, public and profession alike.

But there is a new and worrying challenge on the horizon. The Society's future may be at the mercy of a political agenda that demands that all professional health regulation

follows a one-size-fits-all model. This could mean that the Society's continued existence depends not on how successful it is but on the extent to which the Government believes it needs to deliver change for change's sake in response to Andrew Foster's recently completed review of the non-medical regulators and the chief medical officer for England's review of the General Medical Council. This is especially frustrating since the Society has an exemplary record as a regulator.

As has been reported in these pages, the unique nature of the Society's integrated roles as professional body and regulator has been questioned repeatedly by Mr Foster in the course of his review. This has led to speculation about whether, behind all this, there is a Government agenda somehow to separate the strands of the Society's work as a regulatory body from those of a professional body. The question then arises: how much of a wrecking agenda would this be?

I have always believed that the integrated role was a unique strength, and my short time on the Council has convinced me beyond doubt. Yes, there is compromise inherent in our position but it confers upon us a level of influence over government thinking and our own destiny that would be unachievable as a "trade union" type organisation. The Society's professional development and leadership roles are indubitably strengthened by the fact that the Society has the entire profession in membership. In other words only the Society can claim to speak for all pharmacists. If the roles were separated, the professional body role could well lose the 100 per cent involvement of all pharmacists. The Society gets the ear of Government precisely because it is the profession. It is the "must-consult" organisation on everything that affects the future of pharmacy. Its ideas get taken seriously because they have the weight of the profession behind them: almost all the developments that were put forward through Pharmacy in a New Age are now government policy across all three

countries of Britain. Indeed, "PIANA" thinking was a critical influence on the new community pharmacy contracts.

The regulatory functions lend authority and credibility to the Society as the voice of the profession, while the professional development and leadership roles help ensure that regulation is consensual, workable and continually improving. To try to separate these roles would certainly weaken all of them and fatally undermine the organisation's careful balance.

When the health minister with responsibility for pharmacy, Jane Kennedy, spoke at a recent meeting of the All-Party Pharmacy Group, I raised the Society's concerns about this. The minister stressed that the Government's main focus would be on the handling of complaints, investigations and adjudication. As far as it goes, this could be a reassuring response because the Society is already proactively engaging with taking forward best practice in all these regulatory processes. But the minister stopped short of saying that the Society need have no concerns about the Foster review. She would not be drawn on whether she shares the views of the deputy director of the Council for Healthcare Regulatory Excellence, Julie Stone, that the Society manages to discharge all its roles in a way that is compatible with the public interest. In other words, we still need to be vigilant; we still need to work to ensure that Government and others recognise that our successful integration of functions is a win-win model that others might usefully emulate.

I believe that the Society still has a lot of work to do to strengthen its influence and be a still more effective advocate for the profession. Action is being taken — for instance, the Society is currently reviewing its communications and influencing strategy (PJ, 4 February, p149). But I also believe that the integrated roles offer the best vehicle for going forward. Members should take every opportunity to be heard by their MPs and other opinion formers on this crucial issue.

British Pharmaceutical Conference information now available online

A website for the 2006 British Pharmaceutical Conference has now gone live at www.bpc2006.org.

The conference will take place at the Manchester International Convention Centre from Monday to Wednesday, 4 to 6 September.

The website includes news, booking information, details of how to submit science and practice papers and a programme overview, which will be regularly updated. Speakers already included in the programme include Nobel laureate Sir James Black, who will give the Academy of Pharmaceutical Sciences keynote lecture, Alastair Breckenridge, chairman of the Medicines and Healthcare products Regulatory Agency,

who will speak at a symposium on personalised medicine, and Andrew Foster, Department of Health workforce director, who will speak at a practice symposium on regulation and revalidation.

The website's booking information page gives details of the "early bird" registration fees for those who book before 10 July. It also promotes the special £5 student fee, available on a first come, first served basis to students and preregistration trainees wishing to attend the BPC student day on the final day of the conference. A link to an online booking page allow immediate registration for the conference.

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).

Hospital Pharmacists Group Committee election 2006

Nominations are invited from members of the Royal Pharmaceutical Society's Hospital Pharmacists Group for candidates to stand for election to the committee.

There are vacancies for two committee members to represent England and one to represent Wales.

Candidates to represent England in the election must be group members resident in England and may be nominated only by group members also resident in England.

The candidate to represent Wales in the election must be a group member resident in Wales and may be nominated only by group members also resident in Wales.

Nominations should be submitted to Robert Clayton, secretary to the Hospital Pharmacists Group, at the Society's headquarters, and should be received by 18 March 2006.

Nominations need not be made on a special form. The proposer should state his or her registered name, registered address and registration number. The nominee must submit confirmation that he or she is agreeable to the nomination.

If more candidates are nominated than there are places to fill, an election will be carried out by postal ballot in April 2006. Only members of the group living in England will be eligible to vote for two committee members to represent England. Only members

of the group living in Wales will be eligible to vote for one committee member to represent Wales.

Candidates will be required to submit a statement of policy amounting to no more than 200 words.

Elected members of the group committee normally serve for three years. However, the structures supporting the Council will be reviewed as the reforms stemming from the Society's new Charter and the proposed new legislation are agreed and implemented. Depending on the timing and outcomes of this review, the term of office for members elected in this election might be reduced.

Robert Clayton Secretary to the Hospital Pharmacists Group

Council election 2006

Nominations for election as pharmacist members of Council in unreserved places should be received by the head of central administration, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN, by noon on Friday 3 March 2006. Nominations for pharmacist members in the Council election must be signed by 10 pharmacist nominators.

There will be five vacancies for elected pharmacists, in unreserved places.

Nominees who are accepting nomination to the Council must enclose with the nomination form the declaration and undertaking for candidates for election to the Council, duly signed, a declaration of relevant interests, and a declaration of any relevant adverse decisions, as shown in the Council statement of policy on election procedures.

The deadline for receipt of all the supporting material, including the candidate's biographical details, photograph and election statement, is noon on Friday 3 March 2006.

Royal Pharmaceutical Society and British Society for the History of Pharmacy

Evening lecture: Pharmacy at Chelsea

- **Date and time:** Wednesday 15 February, 6.30pm
- **Venue:** Royal Pharmaceutical Society, London
- **Title:** "Pharmacy at Chelsea: a century of change at Manresa Road"
- **Speaker:** Tony Theobald (King's College London)
- **Further information:** Admission is free, without advance booking. Refreshments will be served from 5.30pm. Non-members are welcome to attend

All nominations must be made on an official nomination form. To obtain a nomination form and guidance papers, please contact the head of central administration (tel 020 7572 2204; e-mail averil.ridgway@rpsgb.org) The nomination form and the guidance papers are also available from the Council page in the "About the Society" section of the Society's website (www.rpsgb.org/society).

Ann Lewis Secretary and Registrar

Community Pharmacists Group Committee election 2006

The seven elected places on the Royal Pharmaceutical Society's Community Pharmacists Group committee fall vacant at the end of May 2006.

Members of the Community Pharmacists Group are invited to nominate candidates for election to the group committee. Please note that candidates must be members of the group and that the group committee also includes two members appointed from among the Council of the Society.

Nominations should be received by the secretary to the group by 18 March 2006. Each nomination must be signed by at least five members of the group.

Those accepting nomination as a candidate are asked to send their biographical details, with a statement of policy amounting to not more than 200 words.

Nomination forms are available from the secretary to the Community Pharmacists Group at the Society's headquarters and from the CPG section of the Society's website (www.rpsgb.org).

The election will be conducted using the single transferable vote system. Voting papers will be sent to the members of the group in April. The closing date for the receipt of voting papers will be noon on 12 May 2006.

Elected members of the group committee normally serve for three years. However, the structures supporting the Council will be reviewed as the reforms stemming from the Society's new Charter and the proposed new legislation are agreed and implemented. Depending on the timing and outcomes of this review, the term of office for members elected in this election might be reduced.

Sadia Khan Secretary to the Community Pharmacists Group

DEATHS

Coleman On 26 January, Bertram Coleman, MRPharmS, aged 90, of 5 Winhill Lodge, Winhill, Woolton Park, Liverpool L25 6JR. Mr Coleman registered in 1937.

Humphreys On 20 November 2005, Kenneth John Humphreys, aged 72, of 3 Warren Close, Southampton SO16 6BJ. Dr Humphreys registered in 1962 and retired from the Register in 1993 (Tribute, p188).

Ingle On 24 January, Peter Henry Boulton Ingle, FRPharmS, aged 76, of 310 Bradford Road, Stanningley, Pudsey, West Yorkshire LS28 7TQ. Dr Ingle registered in 1950.

Stanier In December 2005, Margaret Irene Stanier, MRPharmS, aged 88, of 4 Lisbon Place, Newcastle, Staffordshire ST5 2TX. Mrs Stanier registered in 1939.

Wallace On 9 January, Joseph Hughes Wallace, MRPharmS, aged 60, of 13 Dornie Place, Gowrie Park, Dundee DD2 4UD. Mr Wallace registered in 1969.

Royal Pharmaceutical Society, Academy of Pharmaceutical Sciences and American Association of Pharmaceutical Scientists

Arden House European Conference: Controlled release — product development technologies and the regulatory issues

- **Date:** 20 to 22 March
- **Venue:** Harrington Hall, London SW7
- **Content:** Clinical rationale for controlled release (CR); selection of delivery routes and technology; benefits and challenges of novel excipients; preclinical safety testing; oral CR technologies; challenges of non-oral CR; regulatory considerations of CR technology; manufacturing aspects, especially scale-up of new technologies.
- **Aim:** To provide an intensive course of study for pharmaceutical scientists working in all aspects of the

research and development, production, registration and licensing of controlled release pharmaceutical products.

- **Fees:** Members £1,222, non-members £1,292.50 (includes course documentation, lunches, refreshments and VAT)
- **Further information:** Lisa Gilbert, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2261; fax 020 7572 2506; e-mail science@rpsgb.org); see also www.rpsgb.org/science.

TRIBUTES

Humphreys In a tribute to the late Kenneth John Humphreys (see p187), MARK TOMLIN, JULIA WRIGHT and JULIE MARTIN (clinical support services, pharmacy, Southampton General Hospital) write: During his career Ken worked in all sectors of pharmacy practice. Starting in the pharmaceutical industry, he then moved into academia, where he obtained a PhD at Sunderland. After a spell in community pharmacy he ventured into hospital pharmacy at Southampton General Hospital, from which he retired after 18 years.

At Southampton Ken was a pioneer of the clinical pharmacy service. At a time when the concept of pharmacists visiting hospital wards was in its infancy, this would have been a daunting task for many, but Ken ventured out of his pharmacy department and strode onto the wards with confidence as an ambassador for pharmacy. His genial nature and boundless knowledge enabled him to convince even the most sceptical of medical staff of the benefits of a ward pharmacy service.

Many medical staff will remember him for his style and approach. He always had a smile and a joke for everyone.

Although his remit was clinical pharmacy, he was known throughout the hospital as "the tall man with white hair who's in charge of pharmacy". Working with David Hands in medicines information and Professor Charles George, Ken cultivated support for one of the first drug and therapeutics committees and a hospital formulary in Britain and enabled the clinical pharmacy service at Southampton to expand and develop into the leading edge service that it is today.

As a clinical pharmacist Ken always had a special interest in preregistration trainees and junior pharmacists, whom he introduced to and trained in clinical pharmacy.

Many will remember Ken and his wife Joan for their friendly welcome and support as they started out on their careers at Southampton. Ken's real skills were always with people and his natural ability to encourage learning and build confidence in those who struggled enabled him to move from clinical pharmacy to become regional educational and training lead during the 1990s.

Ken's role in education and training was enhanced by his many contacts in the pharmacy, medical and nursing fields.

He was a firm believer in continuing professional development in the days before it was on the national agenda. Ken started postgraduate training sessions for pharmacists in the evenings in the days before diplomas and so on were available and encouraged junior staff to participate and develop their presentation skills. It is no coincidence that those leading and pushing forward the boundaries of both the clinical pharmacy and education and training services at Southampton today were trained and nurtured by Ken.

We remember Ken as a positive thinker who inspired others. Working with Ken was never dull and was always fun. He was a man of many stories, always amusing and often non-politically correct.

Even though he became caught up in the usual day-to-day frustrations, Ken never spoke with malice, but always had a kind and encouraging word for everyone.

Our sympathy is with his wife Joan and the rest of the family.

DIARY

Headquarters meetings

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

Monday 13 February
Meeting of Officers. 2pm.

Tuesday 14 February
Resource Management Committee. 10am.
Council meeting. 9.30am.

Wednesday 15 February
Council meeting. 9.30am.

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 13 February
Bromley "Continence" by a nurse specialist from Pfizer. Frogna Postgraduate Centre, Queen Mary's Hospital, Sidcup. Buffet 7pm, meeting 8pm.
Nottingham "Asthma" by Tim Beard (practice pharmacist, Goyt Valley medical practice). School of Pharmacy, Nottingham. Buffet 7.30pm, meeting 8pm.



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 techinfo@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
Help from pharmacists trained in dealing with stress 020 7572 2442

Pharmaceutical press
Purchase of books and subscriptions to journals 01767 604971; fax 01767 601640; custserv@turpin-distribution.com; website www.pharmpress.com

Tuesday 14 February
Oxfordshire "Cardiovascular focus" by Jeremy Dwight (consultant cardiologist, Oxford Radcliffe Hospitals). George Pickering Postgraduate Centre, Level 3, The John Radcliffe Hospital, Headington. Light refreshments 7.30pm, meeting 8pm.
West Surrey "Diabetes: practical advice for type 2 sufferers" by Jackie Patterson (specialist diabetes nurse, Royal Surrey County Hospital). Park Room, Guildford College, Stoke Road, Guildford. 7 for 8pm.

Wednesday 15 February
Clwyd "Risk management and the pharmacy contract". Kimmel Manor Hotel, St George Road, Abergele. Buffet 7.15pm, meeting 7.45pm.

Leeds "Major incidents: what can health care professionals do to help?" by Reshad Khodabocus (specialist registrar in emergency care, Leeds NHS Trust). Leeds Business School, University of Leeds. 7 for 7.30pm.

Manchester, Salford and Trafford "Professional leadership" by Anne Adams (head of professional leadership, Royal Pharmaceutical Society). Lecture Theatre A, Coupland Building 3, Manchester University, Oxford Road, Manchester. Light refreshments 7.30pm, meeting 8pm.

South Cheshire "Advances in rheumatology" by Abdo Salih (consultant rheumatologist, North Cheshire Hospitals NHS Trust). Fourways Inn, Delamere, Northwich. Meal 7.30pm, meeting 8pm.

South East Metropolitan An evening with the President of the Royal Pharmaceutical Society, Hemant Patel. Clarendon Hotel, Blackheath. Refreshments 7.30pm. Meeting 8pm.

PERSONAL

This column is intended for announcements of births, engagements, marriages, anniversaries, etc. The charge for an insertion is £25 for up to 30 words, and £10 for every additional 10 or fewer words. Personal cheques only (payable to *The Pharmaceutical Journal*) should be sent with the notice to the Editor, *The Pharmaceutical Journal*, 1 Lambeth High Street, London SE1 7JN. The sender's address and membership number, if applicable, should be on the reverse of the cheque.

Civil partnerships
Beaman-Pettifer Mr Michael Beaman and Dr John Pettifer entered into civil partnership on 10 January in St Albans.