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Royal
Pharmaceutical
Society
of Great Britain

Council finalises the composition of the national pharmacy boards

The final composition of the Royal Pharmaceutical Society's three national pharmacy boards was agreed by the Society's Council at its **February Council meeting**, when it approved the composition of the English Pharmacy Board and revised some earlier decisions relating to the Scottish and Welsh boards.

One of the Council's main decisions is that the English Pharmacy Board, unlike the Scottish and Welsh boards, will include sectoral representation.

The Council also agreed that, although voting in elections to the board will be restricted to pharmacists with registered addresses in England, board members will only be required either to live or to work in England.

Another decision is that the English and Scottish boards will not include a registered pharmacy technician but the Welsh board will have a pharmacy technician member will full voting rights. The decisions in relation to Scotland and Wales reflect the wishes of the Society's Scottish and Welsh executives, which the new boards will succeed.

Apart from the decision not to include a technician on the board, the Council's decision relating to the English board were made on the recommendation of a third meeting of a group of Council members to consider the composition of the English board. The failure of two earlier meetings to reach a consensus had prevented the Council from agreeing a constitution in December 2005, when it had agreed compositions for the Scottish and Welsh boards (*PJ*, 17 December 2005, p757).

The Council accepted 16 recommendations for the composition of the English board, as follows:

- The Council should encourage the board to review its composition at or before the end of its first term and propose any changes it believes would be desirable
- Candidates for board membership should be registered in Britain and should live or work in England; nominators and voters in board elections should have registered addresses in England
- Council members should be eligible to stand for election to the board
- Pharmacists on the non-practising register should not be eligible for election to the board

- Members of the board should have no limit on consecutive terms of office
- The chief pharmacist at the Department of Health may be invited to attend specific board meetings
- Branch observers should be invited to attend board meetings
- The Council member elected in the Council's English constituency should be a full voting member of the board as of right
- The Council should appoint one other pharmacist member living or working in England to the board as a full voting member
- The Council should appoint one of its lay members living or working in England to the board as a full voting member
- The board should not have places reserved for the regions
- The following four sectors should have one elected place each as of right on the board, for pharmacists living or working in England: community, hospital, industrial, academia
- Another sectoral place should be reserved as of right for either a primary care pharmacist or a public health specialist living or working in England
- In addition to the five sectoral places, there should be seven elected places on the board for pharmacists living or working in England
- Candidates for election to the board should self-nominate (supplying a brief curriculum vitae and policy statement) and have the support of 10 pharmacists registered in England
- The voting system for electing board members should be a "first past the post" election with constraints

Speaking after the Council meeting, the President, Hemant Patel, said: "The Council has agreed to devolve greater powers to the national boards and following the Council meeting we are now in a strong position to move forward towards implementation. This is an exciting time for pharmacy with devolution offering many challenges and opportunities. The new boards will help the Society, and the profession as whole, take advantage of these opportunities and take pharmacy into the future."

This week

- **National pharmacy boards**
The Council has agreed the final composition of the Society's English Pharmacy Board and has revised some earlier decisions on the composition of the national boards for Scotland and Wales (p243).
- **Society's Officers**
Martin Astbury has been elected as an extra Council member to work with the Officers group while there is no member able to serve as immediate past president (p244).
- **Extemporaneous methadone**
The requirements of the Code of Ethics and Standards are being relaxed to allow extemporaneous dispensing of methadone mixture subject to compliance with a number of specific requirements (p245).

February Council meeting

The Council of the Royal Pharmaceutical Society met in London on 14 and 15 February 2006. News about various matters raised at the meeting appears on this page and the following three pages. These reports will be supplemented in due course by a verbatim transcript of the meeting's open sessions published on the Society's website along with relevant agendas, supporting papers and minutes.

Attendance Those present at the meeting were the President (Hemant Patel), the Vice-President (Gerald Alexander), the Treasurer (John Jolley), Seema Agha, Martin Astbury, Shiv Bagga, Sultan Dajani, Stephen Denyer, Dorothy Drury, Davan Eustace, John Hanlon, Sylvia Hikins, Corinne Hunt, Lorna Jacobs, Ray Jobling, Alan Kershaw, Bob Mitchell, Lesley Morgan, Bharat Nathwani, Graham Phillips, Colin Ranshaw, Marcia Saunders, Douglas Simpson, David Thomson, Stephen Wells and the Secretary and Registrar (Ann Lewis). Also present were the acting chairman of the Society's Scottish Executive (Rose Marie Parr) and the chairman of the Welsh Executive (Peter Jones). **Apologies** Apologies for absence were received from Jonathan Buisson, Phillida Entwistle, John Gentle, Andrew McCoig and Michael Schofield. **Guests** Present by invitation were the following representatives of the Society's branches and regions: Glyn Trueman (secretary, Northumbrian branch); Simon Gaines (Hull branch); Michael Burden (Leicestershire and Rutland branch).

Martin Astbury elected to work with Officers group

Martin Astbury has been elected as an additional member of the Royal Pharmaceutical Society's Council to work with the Officers group while there is no one on the Council to fulfil the immediate past president's role.

The election, during the **February Council meeting**, followed the adoption of a recommendation from the Governance Committee, which had been asked to look into the issue in June 2005 because the only past president on the 2005–06 Council, Hemant Patel, had been elected President.

The committee recommended that an additional Council member should be designated to work with the Officers group "until such time as there is an immediate past president serving on the Council and not already elected to an officer role". The committee

also recommended that the additional member should be drawn from the whole Council — even though an immediate past president would be a pharmacist member of Council.

The committee further recommended the adoption of a role description for the additional member, which was: "The additional member of Council working with the Officers group shall contribute to the Officers group discussions from their own experience and understanding of the Society's and the Council's functions, drawing on their experiences and, wherever possible, taking into account the views of the other Council members."

Finally, the committee recommended that the additional member should be chosen by election, with nominations of candidates

made on the first day of a Council meeting and election by secret ballot at the beginning of the second day.

Following the Council's acceptance of the committee's recommendations, the President called for nominations.

Corinne Hunt was nominated by Marcia Saunders, seconded by Sylvia Hikins.

Graham Phillips was nominated by Seema Agha, seconded by Stephen Denyer.

Martin Astbury was nominated by Alan Kershaw, seconded by David Thomson.

In a first ballot on the following morning, no candidate had more than 50 per cent of the vote. After the elimination of the candidate with the fewest votes, Mrs Hunt, a second ballot was held, in which the votes were tied. In a third ballot, Mr Astbury was successful.

Self-nomination is dropped from the election of the Society's Officers

The Council of the Royal Pharmaceutical Society has approved a revised procedure for the election of the Society's Officers that no longer allows Council members to nominate themselves for office.

At the **February Council meeting**, when the Council considered a recommendation from the Governance Committee for revisions to the current election procedure, Sylvia Hikins said that she was uneasy about the idea of self-nomination. She considered it good practice to have a nomination and seconding arrangement.

The President said that self-nomination had been debated more than once since its introduction five years ago. On each occasion the Council had decided that that was what it

wanted, but that did not mean it could not change it.

Marcia Saunders said that there had been disagreement within the Governance Committee. The committee's professional adviser was clear that he thought that self-nomination was not appropriate.

Alan Kershaw said that he had been surprised at the very idea of self-nomination. Where else did it exist? If someone stood up and volunteered for an officer post it made it difficult for anybody else to do so because they would immediately be creating a confrontation. In contrast to self-nomination, the nomination and seconding of candidates by other Council members showed the degree of support and the direction from which it

came. He therefore proposed an amendment to do away with self nomination and have a procedure whereby candidates are nominated and seconded by other Council members.

The President said that he thought the idea was sensible.

Sid Dajani said that he supported self-nomination because it was time effective. The credibility was in the vote, not in how many people supported candidates in nominating and seconding them.

The President then put the proposal to a vote. It was *carried*.

The Council also rejected a proposal that there should be a secret ballot in the election of Officers even when there was only one candidate for election.

Council agrees amendments to the Society's governance procedures

At the **February Council meeting**, the Council of the Royal Pharmaceutical Society agreed a number of amendments to the Society's governance procedures.

The main changes, made on the recommendation of the Council's Governance Committee, are as follows:

Council code of conduct The Council has amended the procedures to be used when a complaint about a Council member is investigated under the provisions of the code of conduct for Council members.

The Council decided that the investigation of a complaint should be clearly separated from any formal hearing into the complaint. To achieve this, separate panels will be constituted to carry out the investigation and to conduct the formal hearing.

The Council also agreed to improve administrative support for the investigation of cases. It decided that a report of each case,

whether the complaint was upheld or dismissed, should be presented by the panel to the Council.

Operating procedures for Officers group The Council approved a document setting out operating procedures for the Officers group.

The Officers group consists of the President, the Vice-President, the Treasurer and the immediate past-president, working with an elected lay member of the Council. The roles of the group are to deal with issues that require an urgent response, to handle matters delegated to the Officers by the Council and to appoint the chairmen and members of Council committees.

The current lack of standing orders or working procedures for the Officers group had been identified by the Governance Committee as a gap in the Society's underpinning governance structure.

Standing orders for committees The Council has adopted standing orders for its major committees — Education, Law and Ethics, Practice, Science, Governance, Audit, Resource Management, Remuneration, Adjudicating and British Pharmaceutical Conference.

The standing orders for the committees reflect those already in place for the Council.

Minutes of committees The February Council meeting agreed that the minutes and agendas of the Audit Committee, the Remuneration Committee and the Resource Management Committee should be circulated to all Council members.

When a committee is to consider any matters relating to identifiable individuals or involving commercial items in confidence, those items will be included on a separate confidential agenda for committee members only.

Exception to Code for extemporaneous methadone

Ethical controls on the extemporaneous preparation of medicinal products are being relaxed for methadone mixture.

The Royal Pharmaceutical Society's Code of Ethics and Standards for pharmacists specifies that a prescribed medicine must be supplied as a licensed product if such a product exists (service specification 4) and that products should only be prepared extemporaneously if no licensed product exists (service specification 21). For methadone mixture, however, the Society has not rigidly enforced the requirement because of its awareness that storage of sufficient quantities of licensed product can pose difficulties for pharmacists.

The Council has now, at the **February Council meeting**, approved a policy making an exception to the code's requirement in the case of methadone mixture, provided certain specific requirements are adhered to.

The problem for pharmacies with a large number of methadone patients is that supplies

of the ready-made product must be stored in a Controlled Drug cabinet to comply with the storage requirements of the Misuse of Drugs (Safe Custody) Regulations 1973. If the product can be prepared extemporaneously, the storage requirements are much smaller because the diluent used to prepare the mixture does not require safe custody until the methadone powder is added.

In addition, the cost of branded, licensed methadone products was initially far greater than the cost of the ingredients required to prepare methadone extemporaneously and there was concern that requiring all pharmacists to supply the licensed methadone products could have implications for primary care organisations' drug bills and could have an adverse impact on service provision to substance misuse patients.

Lynsey Balmer, the Society's head of professional ethics, said: "The use of unlicensed methadone has decreased in recent years and it is now most commonly supplied in phar-

macies that have a large number of methadone patients. The Society recognises that some of these pharmacies do not have the capacity to store sufficient volumes of licensed methadone and that preventing the extemporaneous preparation of methadone could result in such pharmacies having to reduce the services they provide to substance misuse patients. However, it is essential that robust standards and systems are in place to ensure the quality of extemporaneously prepared methadone so that patient care is not compromised.

"It was therefore important that the Society consider the continued appropriateness of pharmacists preparing methadone mixture extemporaneously when licensed products are available, and ensures appropriate safeguards are in place."

The Society's new guidance on the extemporaneous preparation of methadone mixture is published in *The Journal* this week as a Law and Ethics Bulletin (see below).

Law and ethics bulletin

Extemporaneous preparation of methadone mixture

The Code of Ethics and Standards requires that when supplying prescribed medicines, pharmacists must supply a product with a marketing authorisation, where such a product exists and is available, in preference to an unlicensed medicine or food supplement. Pharmacists should only prepare a product extemporaneously if there is no product with a marketing authorisation available and where they are able to prepare the product in compliance with accepted standards.

An exception to these requirements, to permit the extemporaneous preparation of methadone mixture in circumstances where a licensed product is available, will be granted provided the following requirements are adhered to:

- (a) If a licensed product is available, methadone mixture may only be prepared extemporaneously if the quantity of methadone dispensed on a regular basis is large enough to preclude storage of sufficient quantities of the licensed product within the pharmacy, in accordance with the safe custody requirements of the Misuse of Drugs legislation.
- (b) In addition to the standard operating procedures (SOPs) required for dispensing, a SOP must be in place for the extemporaneous preparation of methadone. The SOP must ensure safe systems and provide a verifiable audit trail. Adherence to the SOP must be ensured.
- (c) Extemporaneous preparation must only be carried out by persons who are appropriately trained and competent to do so.
- (d) All quantities of methadone powder and diluent, and any colourings, flavourings and stabilisers, must be accurately measured. Wherever possible all measurements should be checked by a second person. (Pharmacists must not rely on the accuracy of the quantities of powder, diluent etc stated on the manufacturers packs.)
- (e) The equipment used to measure and prepare extemporaneous methadone products must be appropriate and be maintained in good order to ensure that performance is unimpaired.
- (f) Equipment must be properly cleaned between each batch of extemporaneously prepared product to ensure that no residue from previous batches remains.
- (g) Visual checks must be made to ensure the methadone powder has fully dissolved in the diluent.
- (h) Stock bottles must not be reused.
- (i) The product must be labelled with the necessary particulars, including:
 - The name and strength of the product
 - The quantity of medicinal product in the container
 - Any special handling and storage requirements (eg, store in safe custody)
 - The batch expiry date
 - A batch reference number
- (j) For each batch of extemporaneous methadone mixture prepared a record must be maintained for a minimum of two years but, if possible, for five years of:
 - The formula
 - The ingredients and quantities used
 - The source, batch number and expiry date of the ingredients
 - The batch number and expiry date of the extemporaneously prepared mixture
 - The persons involved in preparing the product, including the identity of the pharmacist assuming overall responsibility
- (k) Extemporaneously prepared methadone mixture must be stored in a cabinet, cupboard or room that meets the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973.
- (l) Extemporaneous preparation of methadone mixture, when a licensed product is available, carries increased liability and must be covered by indemnity insurance arrangements.
- (m) Running balances of methadone powder and the resulting extemporaneously prepared methadone mixture should be maintained.
- (n) The prescriber and the patient should be informed that the methadone product being supplied does not have a marketing authorisation.

Overseas institutions to be allowed to teach part of MPharm course

Overseas institutions are to be allowed to teach up to half of a British MPharm degree course.

At the **February Council meeting**, the Royal Pharmaceutical Society's Council agreed to extend the Society's process for accrediting pharmacy degree courses to allow some or all of the first two years of the four-year course to be taught overseas, either on an overseas campus of a British university or by an overseas institution working in partnership with a British university.

Current policy, which was agreed in May 2005, only allows teaching by staff of a British university on its own campus (*PJ*, 4 June 2005, p684).

The change in policy reflects the Council's decision last year to allow its overseas pharmacists assessment programme to be delivered abroad through collaborative partnerships between British universities and overseas partner institutions (*PJ*, 17 December 2005, p759).

Presenting a proposal on behalf of the Education Committee, Philip Green (Director of Education and Registration) told the Council meeting that the recommended change in policy would remove a number of anomalies and would be a consistent and appropriate way of dealing with issues that have arisen. The proposal, which had the full support of the Education

Committee, would enhance and not detract from what the Council was trying to achieve.

The proposal listed a number of criteria for use in evaluating the suitability of a collaborative accreditation application. The application would have to come from a university running an existing fully accredited MPharm course in Britain. The British university would have overall responsibility for the overseas delivery and the elements of the course taught overseas would have to be identical to those taught in Britain. The overseas teaching would have to be in English and provided by staff who collectively had appropriate skills, including expertise in the practice of pharmacy in Britain.

Standards for entry to the course would have to be equivalent to those in Britain. No more than 50 per cent of a course could be delivered overseas and the final 50 per cent would have to be taught in Britain. By graduation, all students would have to have experienced pharmacy practice in Britain and be academically prepared for preregistration training in Britain.

Asked about cost implications, Mr Green said that accreditation visits overseas would be made on a full-cost recovery basis.

Approving the accreditation proposal, the Council also agreed an accreditation methodology based on that adopted in May 2005.

New BPC award introduced to recognise analytical scientists

Applications are now being accepted for a new British Pharmaceutical Conference award, the Royal Pharmaceutical Society has announced.

The BPC analytical science award, offered by the Joint Pharmaceutical Analysis Group, has been introduced to encourage the advancement of pharmaceutical analysis by recognising the contribution of emerging analytical scientists.

Open to scientists under the age of 35, the award will be a bursary of up to £2,000 to enable the recipient to attend a relevant major scientific meeting.

The award winner will be selected on the basis of the abstracts submitted for JPAG's conference session for the presentation of short papers in pharmaceutical analysis.

The final award will be made to one candidate on the basis of the scientific quality, originality or impact of the work presented, as well as the overall delivery of the oral presentation.

JPAG secretary Geoffrey Phillips said: "This new award is open to young scientists undertaking any branch of pharmaceutical analysis, be it in industry, in hospital, in a regulatory or contract laboratory, or in academic research. We are keen to hear from candidates who are able to report an original, previously unpublished, development or application and they are invited to submit the title and abstract of a short paper for consideration by a peer review panel at BPC 2006."

Abstracts in the correct format should be submitted to bpscience@rpsgb.org by 9 April. Further instructions and guidance on submitting science abstracts can be found on the conference website (www.bpc2006.org) or obtained from Lisa Gilbert at the Society (e-mail science@rpsgb.org).

JPAG is jointly sponsored by the Royal Pharmaceutical Society and the Royal Society of Chemistry. Membership is open to members of either society and is free to members of the Royal Pharmaceutical Society. JPAG's remit is "to encourage, assist and extend the knowledge and study of pharmaceutical analysis and quality control by the holding of scientific meetings, the promotion of lectures, practical demonstrations and discussions." Further information is available from its website (www.jpag.org).

The 2006 British Pharmaceutical Conference takes place at the Manchester International Convention Centre from 4 to 6 September. BPC booking and programme information is available from the conference website (www.bpc2006.org) or from Angela Lyons at conference organiser Health Links (tel 0121 248 3399).



Council to consult on a strategy for patient and public involvement in the Society's affairs

The Council of the Royal Pharmaceutical Society is to consult pharmacists and other interested parties on a proposed strategy for patient and public involvement (PPI) in the Society. It agreed to do so at the **February Council meeting**.

The Council approved a timetable in which a draft strategy will be prepared for the Council's approval in June. A revised strategy will then go out for consultation in July, August and the first week of September. An analysis of the response to the consultation will be presented to the Council in December for discussion and finalisation.

The Council was reminded that it had agreed to the development of a PPI strategy at its meeting in June 2005. Consultants (Ros Levenson, Mercy Jeyasingham and Nikki Joule) had been selected after a tendering process and had now completed the first stage of their work. The work had included gathering relevant information from external bodies, reviewing documents and literature and conducting interviews.

The consultants had found a widespread recognition of the importance of PPI to the Society, although experience of and confidence about PPI varied across the organisation. PPI in the Society had to date been ad hoc, with no clear consensus on what counted as "public" involvement. Practical guidance was needed on how to involve patients and the public in ways that were relevant and proportionate to the Society's various functions.

The consultants had reported that other regulators and professional organisations used a range of approaches to PPI. No single model was seen as preferable, and each organisation had developed its own approach. Patient and consumer organisations were willing to be involved, so long as they could see that their involvement made a difference.

The Council noted that a number of questions remained to be addressed and that a number of different ways of introducing and implementing PPI had been identified. It was agreed that these should be explored in the project's second stage.

Pharmacist escapes a striking-off by undertaking not to work alone

A north London pharmacist who made a string of dispensing errors during a six-day locum engagement has avoided having his name removed from the Register of Pharmaceutical Chemists by giving a written undertaking to work only under the supervision of another pharmacist for 12 months.

After an inquiry held on 24 and 26 January, the Statutory Committee adjourned the case of Andrew Mortara (registration number F357) for a month so that the terms of the undertaking could be agreed between Mr Mortara and the Royal Pharmaceutical Society. On 20 February the committee accepted the wording of the undertaking and reprimanded Mr Mortara rather than ordering a striking-off.

The inquiry had arisen from a complaint by the Council of the Society, which alleged that misconduct such as to render Mr Mortara unfit to have his name on the Register may have been demonstrated by:

- His actions (ie, dispensing errors) in relation to 18 different patients
- His making of disparaging comments in front of customers regarding the pharmacy and/or its owner
- His making of a 30-minute personal telephone call in the pharmacy while customers were waiting for prescriptions.

The committee heard that in July 2004 Mr Mortara worked on a Thursday and Friday and the following Monday to Thursday as a locum pharmacist at a pharmacy in Highgate, London N6. The dispensing errors came to light when the pharmacy owner returned to work.

Among the dispensing errors were the following: supplying the wrong product; supplying the wrong strength of product; supplying the wrong quantity of product; labelling with incorrect dosage instructions; labelling with wrong quantities; failing to affix dispensing labels to medicines dispensed as original packs, or failing to label each pack when dispensing more than one; endorsing prescriptions with wrong quantities; endorsing prescriptions with wrong strengths; failing to record supplies in the patient's medication record, making incorrect entries in a patient medication record; including in a patient's bag of medicines a product that had been dispensed for a different patient; failing to issue an owing note and/or record the outstanding owing when unable to supply the full quantity on a private prescription; making an entry in the private prescription register that did not reflect accurately what had been dispensed and did not indicate that it was the first dispensing of a repeatable prescription; and failing to dispense one of three items on a prescription form.

Mr Mortara told the committee that he now realised that he had been under considerable stress while working at the pharmacy.

At the time, he had a sick father at home in Italy, and had lost his job managing another pharmacy after it was bought by a pharmacist who wanted to run it himself. "I was worried about my future," he said.

Inexplicable

Giving the committee's determination on 26 January, the chairman, Lord Fraser of Carmyllie, QC, said that the dispensary in which Mr Mortara worked during his short locum period only dealt with "about 200 plus" prescriptions a week. From time to time he had so little to do that he had the opportunity to play cards on the computer. This made it particularly inexplicable that during such a short period Mr Mortara should have made such a series of dispensing errors.

Indeed, the chairman continued, if those few days provided a snapshot of Mr Mortara's conduct as a pharmacist over the years, the only conclusion could have been that he was a bad and dangerous pharmacist. The oddity was, however, that his 29 previous years of work had produced no complaint about his professional conduct and nor had his subsequent locum work at more than 30 pharmacies in and about London.

The chairman said that the notice of inquiry set out a series of errors in dispensing and labelling, all of which were admitted. He would not attempt to analyse every error, but two themes seemed to run through them.

He continued: "For example, if a prescription called for more than 28, and that meant cutting off part of an otherwise complete blister pack, he preferred to dispense the new pack only. That is not a correct supply but we do see some force in that continental practice. All too often we have encountered cases where there have been part strips lying around the pharmacy and it has been difficult to match them up with batches or expiry dates.

"Mr Mortara has agreed that some of his labelling practice, such as labelling one box only and holding the additional ones together with an elastic band, were not satisfactory and he has indicated he has now changed his practice, and properly so.

"Secondly, he appeared to get into a real muddle with the Mediphase software, although he claimed he had worked earlier with other Mediphase versions. It is quite clear he has never correctly mastered the Mediphase system and this led to a number of very odd consistencies, particularly in the recording of what had been supplied."

Not all the errors were relatively trivial, said the chairman, and one seemed incomprehensible. It related to a private prescription for two months' supply of Depakote 250mg and 500mg, indicating that 750mg would be taken in the morning and again at night and requesting that the medicines be supplied as a repeat prescription thereafter. What Mr Mortara supplied was 90 tablets of Depakote at 500mg strength, labelled 90 x 500mg

tablets, and the only note on the package was "to be taken as directed". "We cannot understand," the chairman said, "how a member of the public would have been able to interpret accurately what the prescriber had required."

Another item of complaint concerned a request from a patient for 28 Cipralax 20mg tablets. Mr Mortara supplied them without a prescription but acknowledged that this could not be regarded as an emergency supply. There had been no previous prescription and he had provided more than five days' treatment. On his departure he left in the dispensary nothing more than a Post-it note setting out the name of the patient, the address and then: "Has come in for an e-mailed script. I could find no trace of the prescription but I gave her 28 Cipralax, 20mg strength, on loan."

However, although Mr Mortara certainly should not have supplied without a prescription, it appeared from the pharmacy owner's statement that she had, or should have, requested a prescription from the GP for 28 Cipralax but it had not been picked up. When the patient or someone on her behalf called in to collect them, Mr Mortara had provided them in circumstances that could not be described as an emergency supply. "At best, it was a sloppy practice on his behalf, supplying without a valid prescription in his hand."

Supervision

The chairman continued: "In all the circumstances of the admitted failures, we have little hesitation in concluding Mr Mortara's conduct was such as to render him unfit to be on the Register." However, the committee would not remove him from the Register but, in accordance with modern practice, would require a written undertaking to the effect that he would not work alone and would work only under the supervision of another qualified pharmacist for 12 months.

"We will allow 14 days for the terms on which this undertaking is to be refined between those acting on his behalf and the Royal Pharmaceutical Society, but the essential part of it will be that he does not work alone. We would suggest that other parts of the written undertaking should include a requirement that he will inform the secretary of this committee in writing of the positions of employment he holds, including dates, contracted hours, address, telephone number of the pharmacy premises, within 72 hours, and certainly not later than seven days after this agreement. . . .

"In the meantime, we will adjourn the case until the first day of our sitting next month, at which time we hope to be in a position to approve terms of a written undertaking agreed between the Royal Pharmaceutical Society and Mr Mortara or his representatives on his behalf. Otherwise, we would be left with no option but to remove him from the Register. In the immediate and short term we cannot contemplate him working alone."

Striking-off ordered for false script endorsements

A Harrow pharmacist whose false prescription endorsements led to overpayments by the Prescription Pricing Authority totalling £5,800 is to have his name removed from the Register of Pharmaceutical Chemists on the order of the Statutory Committee. The committee took no action against the company through which the pharmacist runs his business.

At an inquiry held on 25 January, the Statutory Committee considered a complaint from the Council of the Royal Pharmaceutical Society against Ramesh Mavji Patel (registration number 90343) and Judds (Chemists) Ltd. Mr Patel is superintendent pharmacist and a director of Judds, which owns a pharmacy at 264 Kingsbury Road, London NW9.

The Council alleged that, between about March 2002 and September 2003, misconduct such as to render Mr Patel unfit to have his name on the Register, and Judds liable to disqualification, may have been demonstrated, individually or collectively, by:

- The submission to the PPA of prescriptions erroneously endorsed to indicate that medicinal products had been dispensed in pack sizes smaller than those in which they had in fact been dispensed, for which £865.64 was subsequently repaid to the PPA
- The submission to the PPA of prescription forms erroneously marked to indicate that the patient was in receipt of income support, for which £4,947.50 was subsequently repaid to the PPA
- Mr Patel's presentation of a cheque for £25 to one of the patients concerned, which was likely to bring the profession into disrepute

The committee heard that the Council's complaint arose from an investigation by the PPA's counter fraud unit. The investigators had found instances of prescriptions for "Oilatum Emollient 500ml" endorsed "2 x 250ml", "Oilatum Bath Formula Emollient

300ml" endorsed "2 x 150ml" and "E45 Cream 500ml" endorsed "10 x 50g" or "4 x 125g". In each case the quantity prescribed had been supplied as a single large pack. In one case, Mr Patel had dispensed a single 500ml tub of E45 cream against a prescription for "E45 5000g" but the prescription had been endorsed "8 x 500g, 6 x 125g, 5 x 50g".

The investigators had also found instances of prescriptions having been marked on the reverse to indicate that the patients were receiving income support payments, and therefore exempt from prescription charges, when the patients had in fact paid the prescription charge.

During the investigation, Mr Patel had visited a patient for whom three such prescription endorsements had been made. Referring to "problems" with the three prescriptions, he had given the patient a cheque for £25.

The committee was told that, interviewed by one of the Society's inspectors on 3 September 2003, Mr Patel had admitted operating a "hit and miss" system whereby he had left prescription endorsements until the end of the month. The pack size errors had occurred because he could not remember accurately what had been dispensed.

During the same interview, Mr Patel had also admitted operating a system whereby patients who did not indicate on the reverse of the prescription form that they had paid the charge were assumed to be exempt and their forms were marked to indicate exemption because of receipt of income support.

Giving the committee's determination, the chairman, Lord Fraser of Carmyllie, QC, said that the most remarkable pack size endorsement concerned a prescription for "E45 cream 5000g" — a significant quantity. Although one pack of 500g was dispensed, Mr Patel claimed for eight packs of 500g, six of 125g and five of 50g.

"It strains credulity," said the chairman, "that Mr Patel could have endorsed in this way, unless he had actual knowledge of what he had dispensed, or that he was at the very least cavalier in making it up. We know the

patient received only one pot of 500g. Nevertheless, it is claimed that Mr Patel was entitled to payment for 5,000g, some of it in smaller quantities."

On the false prescription charge exemption claims, the chairman said that at least some of the patients concerned, who had all paid the prescription charge, were distressed to discover that it was being claimed on their part that they were in receipt of income support.

"We are not surprised by that," he added. "Firstly, it put all these patients at risk of criminal proceedings, or at least some investigation. Secondly, it would appear by signing and having that cross in the appropriate box they were consenting to scrutiny of their personal Inland Revenue papers and other papers relating to them in other departments.

"In short, by receiving payment, first from the patients and then making claims on the NHS, Mr Patel was not only making an unwarranted claim on public funds, but he was also putting a number of patients at risk of scrutiny by those entrusted with the important task in our society of ensuring that NHS funds are properly applied."

Turning to Mr Patel's presentation of a cheque to one of these patients, the chairman said that Mr Patel disputed that his behaviour was likely to bring the profession into disrepute. Set in the context of his admissions, the committee found it difficult to place an entirely innocent interpretation on these events. However, it would set that matter aside and come to its determination solely on the basis of the substantial admissions by Mr Patel, resulting in major unwarranted claims on the NHS without regard for the best interests of patients.

In those circumstances, the committee concluded that Mr Patel's misconduct was such as to render him unfit to be on the Register. It had no option but to direct the removal of his name. There would be no action against the company.

Mr Patel has three months in which to appeal against the decision.

Veterinary group holds committee election

The Veterinary Pharmacists Group of the Royal Pharmaceutical Society is looking for members willing to serve on the group committee.

All five elected places on the committee become vacant this year. The group is seeking nominations for election by 18 March.

The current elected members of the committee are Gordon Appelbe, Andrew Cairns, Sarah Cockbill, Phil Jobson and Rob Morris, all of whom are eligible for re-election. Council members Dorothy Drury and Bob Michell also serve on the committee, as do two co-opted members, Michael Jepson and Steven Kayne.

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

Official Notice, p249

Museum helps television series on heroin

The museum of the Royal Pharmaceutical Society has been involved in a series of television programmes about heroin, which were screened on Channel 4 this week under the title "Going cold turkey".

As part of a season looking at addiction, Channel 4 commissioned a series concentrating specifically on heroin, which was criminalised 50 years ago this year. The Society's museum assisted with research for the series and the programmes included footage of opiates in the museum's collection and in the Science Museum's Controlled Drugs collection, which the Society's museum looks after.

Briony Hudson, keeper of the museum collections, said: "Involvement in this series has been an excellent way for the museum to use some of its objects to mark an interesting anniversary. By chance, the new displays that we are planning for the Society's headquarters will include a section that looks at the history of pain relief, so this will provide an additional opportunity for people to see some of these items.

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).

Veterinary Pharmacists Group Committee election 2006

Nominations are invited from members of the Royal Pharmaceutical Society's Veterinary Pharmacists Group for candidates to stand for election to the committee. There are five vacancies for Committee members.

Nominations should be submitted to the secretary of the Veterinary 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. Only members of the Veterinary Pharmacists Group are eligible to nominate or seek nomination for election.

If more candidates are nominated than there are places to fill, an election will be carried out by postal ballot in April 2006. Candidates will be required to submit a statement of policy

amounting to not 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.

Lorraine Fearon
Secretary to the Veterinary 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.

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 is 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

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

Royal Pharmaceutical Society

Symposium: Pharmacovigilance of herbal medicines: current state and future directions

- **Dates:** 26 April (2pm) to 28 April (6pm) 2006
- **Venue:** Royal College of Obstetricians and Gynaecologists, London
- **Content:** Interactions between herbal and conventional medicines; molecular basis of herbal adverse drug reactions (ADRs); detecting and assessing signals of herbal safety concerns; spontaneous reporting of suspected ADRs; herbal-sector-initiated schemes for reporting ADRs; applying pharmacoepidemiological methods to investigating safety of herbal medicines; impact of the traditional herbal medicinal products directive on pharmacovigilance of herbal medicines; communication of herbal safety concerns; nomenclature and classification of herbal medicines; authentication and quality of herbal medicines
- **Aim:** To provide an overview of the state of pharmacovigilance activities for herbal medicines nationally and globally, mainly for those working in medicines regulation, pharmacovigilance, industry and academia
- **Organisers:** Royal Pharmaceutical Society, in conjunction with Academy of Pharmaceutical Sciences, Uppsala Monitoring Centre, International Society of Pharmacovigilance, Gesellschaft für Arzneipflanzenforschung, European Scientific Co-operative on Phytotherapy and University of London School of Pharmacy
- **Fees:** £275 + VAT (including course documentation, reception, refreshments and lunches) for members of associated organisations, academics and government employees, £350 + VAT for non-members and industry employees; an additional late registration fee of £30 + VAT is payable after 31 January 2006
- **Further information:** Lisa Gilbert, Pharmacovigilance 2006 Secretariat, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (fax 020 7572 2506); see also www.rpsgb.org/science

Stress

Are you suffering from stress? Do you need help in coping with it? The Listening Friends Scheme exists to offer free help to pharmacists suffering from stress.

The service is run by a team of volunteer pharmacists, all of whom are mature and experienced in their field of practice. All have been trained in listening skills and many have counselling training and experience. They are also able to direct pharmacists under stress to sources of specialist help where needed.

All you have to do is telephone the scheme's helpline on 020 7572 2442.

DEATHS

Cohen On 18 January, Joyce Cohen, MRPharmS, aged 65, of 7 Dollis Avenue, Finchley, London N3 1UD. Mrs Cohen registered in 1982.

Davies On 21 November 2005, Thelda Non Davies (née Jones), MRPharmS, aged 79, of 3 Glanmor Park Road, Sketty, Swansea SA2 0QG. Mrs Davies registered in 1950.

Donaldson On 12 January, Alison Elliot Donaldson (née MacHaffie), MRPharmS, aged 59, of 21 Lynn Drive, Eaglesham, Glasgow G76 0JJ. Mrs Donaldson registered in 1969.

Downing On 17 February, Beatrice Downing, of 14 Coryton Close, Dawlish, Devon EX7 9DT. Mrs Downing registered in 1925 and retired from the Register in 2002.

Head On 31 January, John Edward Head, MRPharmS, aged 73, of Regency House, 3 Union Terrace, Barnstaple, Devon EX32 9AB. Mr Head registered in 1957.

Hopkins In May 2005, Mary Eirwen Hopkins (née Dyer), FRPharmS, aged 89, of Dolgoy, 2 High Street, Glanamman, Ammanford, Dyfed SA18 1DX. Mrs Hopkins registered in 1939.

Lowes On 16 February, Barry Lowes, MRPharmS, aged 68, of 6 Hardwick Court,

Hartlepool, Cleveland TS26 0AZ. Mr Lowes registered in 1960.

Middleton On 6 November 2005, Derek Edward Middleton, MRPharmS, of Great Oak, 49 Harmer Green Lane, Welwyn, Hertfordshire AL6 0AP. Mr Middleton registered in 1955.

Richards Recently, William Anthony Richards, MRPharmS, aged 58, of 6A Bethesda Road, Y Tymble, Llanelli, Dyfed SA14 6HY. Mr Richards registered in 1973.

Tomlinson On 26 December 2005, Henry David Tomlinson, MRPharmS, aged 64, of 314 Heysham Road, Morecambe, Lancashire LA3 2AZ. Mr Tomlinson registered in 1964.

DIARY

Headquarters meetings

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

Thursday 2 March

Joint Formulary Committee
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 27 February

Bristol "Dermatology: principles and practice — at your fingertips" by Tim Mitchell (dermatology GP

specialist). BAWA Leisure Centre, Southmead Road, Filton, Bristol. 7.30 for 8pm.

Bury and Rochdale "Pharmacy support staff education and development" by Alison Simpson (North West lead for pharmacy support training and development). Village Hotel, Waterfold Business Park, Rochdale Road, Bury (off M66 at Junction 2). 7.30 for 8pm.

South Lincolnshire "Top tips for continuing professional development made easier" by Diane King (local CPD facilitator, Royal Pharmaceutical Society). Marriott Hotel, Grantham. Buffet 7.30pm, meeting 8pm.

Tuesday 28 February

Harrow and Hillingdon "Heart of the matter" by Michael Feher (consultant physician in diabetes, clinical pharmacology and general internal medicine, Chelsea and Westminster Hospital). Cumberland Hotel, Harrow. Buffet 7.30pm, meeting 8pm.

Wednesday 1 March

Mid Glamorgan East Annual Christmas meal. Cinnamon Tree, Upper Boat, Treforest. 7.30 for 8pm.

Thursday 2 March

Hounslow "Public health: where do we fit in?" by Sharon Daye (acting public health director, Hounslow Primary Care Trust). Education Centre, West Middlesex University Hospital, Isleworth. 7.30pm for 8pm.

Huddersfield "The Huddersfield University MPharm course submission: an update". Lecture Theatre, Huddersfield Royal Infirmary, Lindley. Refreshments 7.30pm, meeting 8pm.

Ipswich "Parkinson's disease" by Tim Lockington (consultant physician, Ipswich Hospital). Seminar Room 2, Postgraduate Centre, Ipswich Hospital. Buffet 7.30pm, meeting 8pm.

Monday 6 March

Derby "How to carry out an effective clinical audit" by Cath Oxley (education and training pharmacist). Landau Forte College. Buffet 7.30pm, meeting 8pm.

East Kent "Council supports continuing professional development" by Gerald Alexander (Vice-President of the Royal Pharmaceutical Society). Howfield Hotel, Canterbury. Buffet 7.30pm, meeting 8pm.

Hertford "Practical first aid and cardiopulmonary resuscitation" by Karen Darling (paramedic). GlaxoSmithKline, Stevenage. 7.30 for 8pm.

Stockport "Shipman and Controlled Drugs" by David Young (professional standards inspector, Royal Pharmaceutical Society). Lecture Theatre B, Postgraduate Centre, Pinewood House, Stepping Hill Hospital. 7.15 for 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.

Deaths

Downing Beatrice, widow of Cyril, pharmacist, passed away peacefully aged 104 on 17 February. Much loved by her children Jim, Eleanor and Graeme and their families and many friends. Funeral Friday 10 March, 3pm, St Paul's Church, Devon Square, Newton Abbot.



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 in pharmaceutics 020 7572 2302; fax 020 7572 2499; e-mail pharmaceutics@rpsgb.org

Benevolent fund

Financial help for pharmacists and their dependants and information about convalescence 01327 264739 or 01323 890135

Pharmacists' health support programme

Confidential help and support for pharmacists who experience problems with alcohol and other drugs of addiction 01327 264531

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