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Royal  
Pharmaceutical  
Society  
of Great Britain

## Society publishes guidance on changes in management of CDs

The Royal Pharmaceutical Society has published detailed guidance for pharmacists on impending changes in the governance of Controlled Drugs arising from the recommendations of the Shipman Inquiry.

The changes, summarised in a news item in last week's *Pharmaceutical Journal* (p307), are expected to come into force over the course of the year. They include both changes to primary legislation and amendments to the Misuse of Drugs Regulations 2001 and will affect the monitoring and inspection of CDs and their prescribing, record keeping and destruction.

The Society's guidance document, "Changes in the management of CDs affecting pharmacists", describes the expected changes in detail, answers a number of questions, highlights where to go for further information and advice, and outlines changes that are to be expected in the future.

The changes will apply in England, Scotland and Wales. However, because the three countries may make different arrangements for meeting the new requirements, the guidance concentrates on the changes that will occur in England, subject to regulatory approval.

For Wales and Scotland, the detail of and timetable for the implementation of the changes is yet to be agreed. The Society will provide updated guidance for these countries as systems develop and when further information is available.

Commenting on the new guidance, the Society's head of quality improvement, Heidi Wright, said: "The Shipman Inquiry concluded that there were shortcomings in the systems used for the safe management of CDs. Some of the changes in legislation required to take these recommendations forward have been made. However, there are many still to come. This guidance has been specifically designed to support pharmacists by setting out what changes are anticipated and when they are expected to take place."

The guidance is available to download as a nine-page PDF file from the Society's website ([www.rpsgb.org](http://www.rpsgb.org)). A version is also published as a four-page pull-out in this issue of *The Journal* (pp355–358). Copies can also be requested by contacting the Society's quality improvement section (tel 020 7572 2208; e-mail [qualityimprovement@rpsgb.org](mailto:qualityimprovement@rpsgb.org)). The website version is expected to be updated as various changes come into force.

The Society's Welsh Executive is producing an amended version of the guidance that tracks the developments in Wales. This will soon be available on the Welsh Executive briefing page of the Society's website or from the Welsh Executive office (tel 02920 412800; e-mail [wales@rpsgb.org](mailto:wales@rpsgb.org)).

Guidance for pharmacists in Scotland is being developed by the Society's Scottish Department and will be made available on the Scottish Department section of the Society's website in due course.

This week

### ■ Changes in CD management

The Society has published detailed guidance on impending changes in the legislation relating to the governance of Controlled Drugs in England. Further guidance will be published for pharmacists in Scotland and Wales in due course (p365). The guidance appears as a four-page pull-out this week (pp355–358).

## Society welcomes support from MPs for independent prescribing by pharmacists

The Royal Pharmaceutical Society has welcomed the fact that 114 cross-party members of Parliament have now backed an early day motion (EDM) supporting the Government's announcement on independent prescribing powers for pharmacists and nurses.

The motion has been signed by 65 Labour MPs, 30 Conservative MPs, 17 Liberal Democrat MPs, and two others.

Because the motion has attracted more than 100 MP signatories, it will now be specifically brought to the attention of the Secretary of State for Health, Patricia Hewitt, through the "red box" used by civil servants for important ministerial information.

The motion was tabled by Laura Moffatt (Lab, Crawley) on 13 February.

An EDM is a motion tabled for debate "on an early day" but for which no actual date has been fixed. MPs use them to put on record their opinion on a subject and canvass support from fellow members.

The Society's President, Hemant Patel said: "This is encouraging news and shows that MPs from all of the major political parties are firmly backing independent prescribing by pharmacists and nurses. Since 1995, when the Pharmacy in a New Age consultation was completed, the Society has consistently underlined how pharmacists' skills and experience will benefit patients through independent prescribing.

"The Society is working with the Government to develop training and working protocols to ensure the utmost levels of patient safety and the end result will mean faster access to medicines for patients, a reduction on work pressures for busy GPs and an important opportunity for pharmacists to provide new services. I am sure that pharmacists will be exploring possibilities of prescribing at local level."

## BPSA seeks to update its constitution

The British Pharmaceutical Students' Association is proposing to adopt an amended version of its constitution at its annual conference, to be held in Bradford from 6 to 15 April.

The proposed changes have little practical effect but are designed to bring the constitution into line with the modernisation of the Royal Pharmaceutical Society.

The BPSA is the official student section of the Society, established under its Byelaws (which are in the process of being replaced with new Regulations).

The proposal for a new constitution follows a review by a working group drawn

from the BPSA executive and the Society's staff. This group was part of a wider review by the Society of its relationship with the student body.

A proposed amendment to the BPSA constitution must meet the approval of at least two-thirds of those present and voting at the association's annual conference. It must then be ratified by the Society's Council before coming into force on a date agreed by the Council and the BPSA executive.

The proposed new constitution can be viewed at the "About us" section of the BPSA website ([www.bpsa.com](http://www.bpsa.com)).

**Official Notice p367**

# Pharmacist escapes striking-off by agreeing to retire

A South Wales pharmacist who admitted failing to provide a patient with the best possible health care and failing to adhere to accepted standards of professional conduct has escaped being removed from the Register of Pharmaceutical Chemists. Following the receipt of a written undertaking by the pharmacist never to practise again, the Statutory Committee restricted its censure to a reprimand.

At its meeting on 21 February, the Statutory Committee examined a complaint by the Council of the Royal Pharmaceutical Society about John Brian Price (registration number 54597), of Cowbridge, South Glamorgan. The Council alleged that misconduct such as to render Mr Price unfit to have his name on the Register of Pharmaceutical Chemists may have been demonstrated by:

- His failure to provide the best possible health care to a patient (contrary to Key Responsibility 1 of the Code of Ethics and Standards)
- His failure to adhere to accepted standards of professional conduct and engagement in behaviour likely to undermine public confidence in the profession (contrary to Key Responsibility 3 of the Code of Ethics and Standards)
- His use of a SCENAR (“self-controlled energy neuro adaptive regulation”) device despite having no training or accreditation in the use of complementary therapies for the treatment of facial infections (contrary to Part 3 of Service

Specification 12 (c) of the Code of Ethics and Standards).

Mr Price was not present at the inquiry. The committee was told that he had admitted the first two allegations but not the third.

## Cold sore

The committee heard that on 12 June 2004, Mr Price was working as a locum pharmacist in Hirwaun, Aberdare. A teenage girl, accompanied by her mother, entered the pharmacy to seek treatment for a sore above her upper lip. Mr Price allegedly failed to recognise the early stages of a cold sore. He treated the patient by applying the SCENAR device, causing pain to the patient, and using WCS dusting powder (a homoeopathic preparation). He failed to explain the treatment options or the nature and purpose of the SCENAR device before starting the treatment.

The patient returned twice in the next three days at Mr Price's request and was again treated with the same device, despite there being no improvement in her condition. At no time did Mr Price recommend conventional treatment or refer the patient to a doctor. By 16 June 2004 the patient's cheeks were oedematous, with lymphoedema beneath the eyes and she had an obvious infected lesion, which the following day tested positive for *Staphylococcus aureus*.

The committee also heard that Mr Price had cleaned the SCENAR device between uses only with surgical spirit when in the circumstances it required sterilising with specialist equipment.

Giving the committee's determination, the chairman, Lord Fraser of Carmyllie, QC, said that Mr Price did not deny any of the substance of the Council's complaint and he had admitted the first two allegations. The committee would make no finding on the third allegation because it had heard no evidence and did not regard it as being of great significance.

So far as the first two allegations were concerned, the committee found Mr Price guilty of such misconduct as to render him unfit to be on the Register. However, the committee understood that Mr Price had now retired — after 46 years in practice — and was willing to give a written undertaking that he would not practise again. “We will require that written undertaking and if, as promised, it is forthcoming, we shall restrict our censure to that of a reprimand,” the chairman said.

The committee then adjourned the inquiry for a month to allow the required undertaking to be agreed between Mr Price's legal representatives and the Society.

When the inquiry reopened on 20 March, the chairman said that the committee had now received a letter from Mr Price in which he undertook to retire forthwith. He would not seek to be readmitted to the Register and understood that if he did the matter would be automatically referred to the Statutory Committee.

“Given that undertaking,” the chairman said, “we will conclude this case, as we indicated at the time, by restricting the censure to that of a reprimand.”

# Admonition for making unauthorised supply to methadone addict

A pharmacist who was intimidated by a methadone addict into supplying an additional unprescribed quantity of methadone mixture has been admonished by the Statutory Committee.

On 22 February, the committee inquired into the case of Hassan Pyarali Mohammedali Merali (registration number 69675), who was a director, shareholder and superintendent pharmacist of a company that owned a pharmacy in Portsmouth.

The inquiry arose from a complaint by the Council of the Royal Pharmaceutical Society, which alleged that a supply of methadone mixture made without the authority of a prescription may demonstrate such misconduct as to render Mr Merali unfit to have his name on the Register of Pharmaceutical Chemists.

The committee heard that in December 2004, Mr Merali had received a prescription for methadone mixture 1mg/1ml. Adjusted to allow for bank holidays, the prescription called for the supply of 70ml on 21

December, 235ml on 23 December and 150ml on 30 December.

The Council alleged that, on 30 December 2004, in addition to the prescription 150ml methadone mixture, Mr Merali supplied a further 35ml, for which no prescription had been written, for the addict to consume in his presence. He endorsed the prescription to the effect that 150ml had been supplied on that date. He also made two entries in the pharmacy's Controlled Drugs register recording both the 150ml supply and the 35ml supply.

At a subsequent interview with one of the Society's inspectors, Mr Merali had admitted supplying 35ml methadone mixture without the authority of a prescription.

## Confusing prescription

Giving the committee's determination, the chairman, Lord Fraser of Carmyllie, QC, said that the prescription had been far from clear, as the inspector had acknowledged. It had confused not only Mr Merali but also a

locum pharmacist. It appeared that the patient was on a reducing methadone dose and should have taken 35ml for five days from 23 December followed by 30ml a day. This was clear from a subsequent prescription in January, which reduced the dose further to 25ml a day and then 20ml a day.

The chairman said: “If an addict is put on a reducing programme, the point of reduction should be far more clearly set out than is the case here. It would appear that the problem has already been addressed, but we nevertheless emphasise that the point of reduction should always be clearly set out, not just to avoid any confusion in the pharmacist's mind but to limit the addict's range of behaviour and argument in seeking to bully the pharmacist.”

Although the committee had sympathy for Mr Merali, he had acknowledged making a mistake classed as an act of serious professional misconduct. “No pharmacist,” said the chairman, “experienced or otherwise, should ever dispense without the authority of

a prescription. This, on his own admission, Mr Merali did, and we consider his actions amount to such misconduct as to render him unfit to be on the Register.”

However, the committee had concluded that Mr Merali should not be removed from the Register because of a number of important mitigating factors. The first was that Mr Merali had had an exemplary career as a pharmacist for nearly 30 years. Secondly, the inquiry had arisen from a single isolated incident in this long career. Thirdly, Mr Merali had notable references for his work in the community in Portsmouth.

A fourth factor was aggression on the part of the addict. This aggression, which was wholly unacceptable, had been directed at two elderly ladies rather than at Mr Merali himself. “It was this last feature that appeared particularly to have influenced Mr Merali,” said the chairman. “Had the aggression been addressed solely to him, he told us he would have been better placed to resist it.

“Such aggression is quite unacceptable and the counsel of perfection we acknowledge as the only counsel we can offer would be to say to Mr Merali that what he should have done was to contact the police.

“So long as society expects community pharmacists to deal with drug addicts in their pharmacies, they should not be exposed to such aggression. However, having said that, as we have indicated previously, we would not ordinarily regard intimidation, or failure to resist intimidation or threats, as a mitigating feature.

“Nevertheless, we do so here. Mr Merali was concerned not for his own personal safety, but that of elderly patients.”

Mr Merali had also been frank and straightforward in making contact with the Society, the chairman said, and he had taken steps to prevent any repetition of such an incident.

“In these exceptional circumstances, we restrict our sanction on him to that of an admonition, but we must repeat: pharmacists across the country faced with the gross conduct from addicts should not surrender to them, and if they do, we may not always be able to take, in other circumstances, a sympathetic line.”

## Law and ethics bulletin

### Telephoned requests for emergency prescription supplies

Pharmacists are reminded that when an emergency supply is requested over the telephone by a doctor (or a supplementary prescriber, district nurse/health visitor prescriber or extended formulary nurse prescriber), sufficient checks must be made to establish that the prescriber is genuine and has the appropriate qualifications and authority to make the request.

The Royal Pharmaceutical Society has been made aware of several cases in which a person posing as a doctor has telephoned pharmacies asking for an emergency supply to be made. The items requested were either of high cost or substances liable to misuse. The pharmacy was given an assurance that an NHS prescription would be sent to the pharmacy, by post. A “patient” would then collect the drugs, but no prescription would follow.

Pharmacists should be wary of requests made for such items or requests for large quantities, particularly from unfamiliar prescribers.

Qualifications should be confirmed by contacting the prescriber’s relevant governing body.

A doctor’s registration number can be checked with the General Medical Council (tel 0845 357 3456 [includes an automated service for information returned by fax]; website [www.gmc-uk.org](http://www.gmc-uk.org)). A nurse’s prescribing status can be confirmed by contacting the Nursing and Midwifery Council (tel 020 7637 7181; website [www.nmc-uk.org](http://www.nmc-uk.org)) or by telephoning the local primary care organisation.

When an unfamiliar prescriber, such as a doctor from a deputising doctor service, makes a request for an emergency supply, the details taken down should include a telephone number. The prescriber’s telephone number should then be obtained from a telephone directory or from directory inquiries, and this number should be contacted to ensure that the request is genuine. Further checks may be necessary.

### Provision of home delivery services for prescription medicines

Pharmacists providing a delivery service must comply with Service Specifications 8 of the Royal Pharmaceutical Society’s Code of Ethics. In addition to the requirements of the Code of Ethics, pharmacists are advised to consult the Society’s Fact Sheet 7, “Prescription collection, home delivery and repeat medication services”, for further good practice guidance. The fact sheet can be found on the Legal and Ethical Advisory Service page of the Society’s website ([www.rpsgb.org](http://www.rpsgb.org)).

Pharmacists engaging in a home delivery service should ensure that

dispensed medicines are not posted through letterboxes or left unattended in porches or on doorsteps. A signature to indicate safe receipt of the medicines by the patient or carer should be obtained wherever possible.

In the event that a patient is not at home at the time of delivery, systems should be in place to inform the patient that a delivery attempt was made. Pharmacists should consider the use of postcards, including the name of the pharmacy and a contact number, for delivery personnel use in these circumstances.

## Restoration application “premature” for man who stole from pharmacy employers

A Worcestershire man who has twice appeared in court for stealing from pharmacy employers has been told by the Statutory Committee that his application for restoration to the Register of Pharmaceutical Chemists is premature.

Hearing an application for the restoration of John Colin Hodges (former registration number 61745) at its meeting on 23 February, the committee was reminded that it had reprimanded Mr Hodges in 1984 after his conviction for two offences of theft and

one of conspiracy to defraud (*PJ*, 26 May 26 1984, p644).

At that inquiry, Mr Hodges had pledged never again “to be dishonest or to drift into dishonesty” but in 2003 the committee had ordered a further inquiry after Mr Hodges had pleaded guilty and been given a conditional discharge for stealing prescription-only medicines from a pharmacy in which he had been employed as a locum (*PJ*, 8 November 2003, p660). He had stolen the medicines for use in a pharmacy owned by his pharmacist wife. On

that occasion the committee ordered the removal of Mr Hodges from the Register.

Giving the committee’s determination, the chairman, Lord Fraser of Carmyllie, QC, said that the application for restoration was premature. He added: “If Mr Hodges wishes to renew his application for restoration at an appropriate time, we would expect further references and would also want a written undertaking from him that, if restored, he would work only in the Village Pharmacy owned by his wife and not elsewhere.”

## OFFICIAL NOTICES

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

### BPSA constitution

The British Pharmaceutical Students' Association is proposing to adopt an amended version of its constitution at its annual conference in April.

The constitution was reviewed by a constitution working group which included members of the BPSA executive and Royal Pharmaceutical Society staff. This group was part of a wider review by the Society of its relationship with BPSA and was designed to gather information and to scope any issues in the area of the BPSA constitution and the Society's Byelaws and their interaction.

The new constitution can be viewed at [www.bpsa.com](http://www.bpsa.com) under the About Us section.

### Erasure from the Register on the direction of the Statutory Committee

The name of the following person was erased from the Register of Pharmaceutical Chemists on 14 March 2006 following the direction of the Statutory Committee at its meeting on 14 December 2005: **Harwinder Singh Doal** (registration number 3000717), of Birmingham.

### Ann Lewis

Secretary and Registrar

## DEATHS

**Davies** On 3 November 2005, Emlyn Davies, MRPharmS, aged 90, of 14 Vishwell Road, Pencisely, Cardiff CF5 1GE. Mr Davies registered in 1936.

## TRIBUTES

**Watson** In a tribute to the late Dorothy Emily Watson (*PJ*, 18 March, p333), ELIZABETH McMANUS and BRUCE JACKSON write: We were saddened to hear of Dorothy Watson's death following a short illness borne with her usual good spirits. We both have fond memories of working with Dorothy in the 1970s and early

'80s at the then York District Hospital when it first opened, bringing together staff from the City and County hospitals. This was at a time when hospital pharmacy practice was changing rapidly and, under Dorothy's leadership and encouragement, the hospital was at the forefront of the development of activities such as both the clinical and central intravenous additive services at a time when both were in their infancy throughout Britain, but are now taken for granted.

Although modest about her own abilities, she nevertheless enabled the department to move forward in a way that was advanced for its time. She cared deeply about all her staff, and took a particular and personal interest in their training and well being. A large number of pharmacists and technicians will look back and remember their time in York as one where, in Dorothy, they were provided with an example of the highest professional and ethical standards.

We also well remember the other more homely touches such as home-made cakes she would bring for tea on people's birthdays. As was said at her eulogy, she was a gentle spirit, remembered with great fondness by all her staff.

## DIARY

### Headquarters meetings

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

#### Monday 27 March

Veterinary Pharmacist Group 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](http://www.pjonline.com/diary))

#### Monday 27 March

**Bury and Rochdale** "National Patient Safety Agency and patient safety" by Linda Matthew (patient safety manager, Greater Manchester National Patient Safety Agency). Village Hotel, Waterfold Business Park, Rochdale Road, Bury. (off M66 at Junction 2). 7.30 for 8pm.

**North Hampshire** "New schools of pharmacy" by Bill Dawson (branch secretary) and "Continuing professional development update" by Sue Carter (CPD facilitator, Royal Pharmaceutical Society). Wheatshaf, North Waltham. 7.30 for 8pm.

#### Tuesday 28 March

**Bristol** "Breast cancer: new developments in drug treatment" by Jeremy Braybrooke (consultant medical oncologist, Bristol Haematology and Oncology Centre, United Bristol Healthcare Trust). BAWA, Southmead Road, Filton, Bristol. 7.30 for 8pm.

**Clwyd** "Dyspepsia: a therapeutic update". Rossett Hall Hotel, Chester Road, Rossett Nr Wrexham. Buffet 7.15pm, meeting 7.45pm.

#### Harrow and Hillingdon

"Parkinson's disease" by David Williams (National Hospital for Neurology and Neurosurgery). Cumberland Hotel, Central Harrow. Buffet 7.30pm, meeting 8pm.

#### Wednesday 29 March

**Liverpool** "Inflammatory bowel disease: new and future treatments" by Keith Leiper (consultant gastroenterologist, Royal Liverpool and Broadgreen University Hospitals NHS Trust). Liverpool Medical Institution, 114 Mount Pleasant. Buffet 7.30pm, meeting 8pm.

#### South East Metropolitan

"Authentication at the point of dispensing: dispensing error reduction and fraud/counterfeit detection" by John Lawes (Aegate Ltd). Clarendon Hotel, Montpelier Row, London SE3. Buffet 7.30pm, meeting 8pm.

#### Thursday 30 March

**Bro Myrddin** "Symptoms of stress" by Julie North (British Association for Counselling and Psychotherapy). Ivy Bush Royal Hotel, Carmarthen. 6.30pm, followed by hot buffet.

**Epsom** "New and emerging treatments for diabetes" by Steve Hyer (Epsom and St Helier University Hospitals NHS Trust). Bradbury Postgraduate Medical Centre, 2nd Floor, Epsom General Hospital, Dorking Road, Epsom. Buffet 7.15pm, meeting 8pm.

**Halifax** "Update on statins" by Huw Griffiths (consultant pathologist, Huddersfield Royal Infirmary). Learning and Development Centre, Calderdale Royal Hospital, Halifax. Buffet 7.30pm, meeting 8pm.

#### Monday 3 April

**Derby** "Medication use reviews" by Chris Smith (community pharmacist), followed by discussion of motions for branch representatives' meeting. Landau Forte College, Fox Street, Derby. 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](http://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](mailto:info@rpsis.com)

#### Welsh Executive

Headquarters of the Society's Welsh Executive 029 2041 2800; fax 029 2041 2810; e-mail [wales@rpsgb.org](mailto:wales@rpsgb.org)

#### Information centre

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

#### Pharmacists' advisory service

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

#### Pharmaceutics information

Information, advice and problem-solving in pharmaceutics 020 7572 2302; fax 020 7572 2499; e-mail [pharmaceutics@rpsgb.org](mailto: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](mailto:custserv@turpin-distribution.com); website [www.pharmpress.com](http://www.pharmpress.com)