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Royal  
Pharmaceutical  
Society  
of Great Britain

# Planning a response to the review of health profession regulation

The Vice-President of the Royal Pharmaceutical Society, **Gerald Alexander**, who chaired this week's Council meeting in the absence of the President, explains how the Society intends to respond to the recommendations of the two recent reports on the regulation of health care professions

At its August meeting, the Council had its first opportunity to discuss the key messages arising from the two recent reports on the future of health professional regulation. Further opportunities will follow at a strategic review day in September and at the October meeting of the Council. By then, we hope to have framed the Council's responses to both sets of recommendations, which have far-reaching implications for the public, all health professions and their regulatory bodies and for the Society in particular.

We shall, of course, consider all the issues and implications and, by our responses, demonstrate professional leadership. As leaders of the profession, it is our duty to explain that we have the ideas and solutions that will satisfy the Government's requirements and ensure that pharmacy has the robust and effective frameworks needed to take it into the future.

The Society was an active member of the group advising the review of non-medical professional regulation chaired by Andrew Foster. We shared the work that we had done to modernise the Society in its role as a regulatory body in line with best practice. We have been proactive in identifying gaps in public protection that require new powers and are pleased that the long-awaited Pharmacy and Pharmacy Technicians Order [under Section 60 of the Health Act 1999] will go forward. Our contribution to both reviews helped stimulate and clarify thinking on the principles of modern regulation.

The Society has led the field in ensuring the highest standard of regulation. Good regulation is integral to any health profession as it is to the public. It is the bedrock on which the public's trust is based. For the vast majority of health professionals who are competent, caring



**Gerald Alexander: Society has led the field in health profession regulation**

and delivering a high standard of service, sound regulation is empowering.

The Society's integrated roles are established through its 2004 Royal Charter, which provides the authority for the Society to fulfil all its current roles within one organisation. The granting of this Charter was effectively an acknowledgement by the Government that the Society's roles were indeed compatible and acceptable. The Foster review agrees that these roles combine to the good of the public but raises questions about perceptions of tension between them.

We have always believed that our integrated roles enable us to support the progress

of the profession in ways that meet the real needs of patients and fulfil the aspirations of our profession. Our functions — which span education, registration, research, policy and practice development, ethics and fitness to practise, maintaining membership networks, publishing, supporting science, and informing and involving the public and patients — are strengths that keep the profession patient-focused, dynamic, informed and forward-looking.

We shall endeavour to ensure that there will be absolute clarity how our integrated roles work and strengthen, not detract from, the public interest by being vested in the Society. We intend to scrutinise how we deliver these roles and ensure that we remove any possibility of misconstruction of our purpose and direction of travel.

The outcomes from these two reports will be far reaching and significant and, I am sure, challenging. The profession can rest assured that the Council's energy will be focused on arriving at clear analysis and sense of purpose, bringing forward workable solutions for the future of the profession, the Society and the public.

This week

## Health profession regulation

The Society's Vice-President has set out the Council's plans for responding to the two recent reports on the regulation of health care professions (p173).

## Significant event audit

The Society has issued guidance on the concept of significant event audit, a procedure that should help community pharmacists to implement the risk management requirements of the new pharmacy contracts in England and Wales (p174).

## Amendments to new MEP

The first monthly list of amendments to the 30th edition of 'Medicines, ethics and practice: a guide for pharmacists and pharmacy technicians' is published this week (p178).

## Gift marks 100th birthday of former member of the Society's Council

The Royal Pharmaceutical Society has sent congratulations and a gift of French brandy to a former Council member who has reached his 100th birthday after continuous membership of the Society for 78 years.

Frank Yeomans lives in Birmingham, where he was born on 14 June 1906. He qualified as a pharmacist in July 1928 and gained experience in pharmacy management before acquiring his own business in the city.

He became involved in local pharmacy politics and in 1937 the Birmingham Pharmaceutical Association adopted him as a candidate for the Council election in the hope that he could fill a vacancy caused by the retirement of the Council's only member from the Midlands. He was successful in the election but he was to remain on the Council for only 16 months. He resigned in October 1938 when he was offered and accepted an appointment in South Africa.

In a recent letter thanking the Society for its gift and its good wishes, Mr Yeomans said that he had enjoyed a wide experience of life but that membership of the Council had been one of the highlights.

The Society's registration section has confirmed that Mr Yeomans is the oldest person on the Society's Register. The next oldest is a 97-year-old woman pharmacist who was born on 6 August 1908.

# Guide to significant event audit

This guidance has been prepared by **Stephen Ashmore** and **Tracy Johnson**, Leicestershire Primary Care Audit Group, supported by the Society's Practice and Quality Improvement Directorate, to help pharmacists implement risk management requirements of the new pharmacy contract in England and Wales

Under section 2.3 of essential service 8, the new contract for NHS pharmaceutical services in England and Wales expects each community pharmacist to implement a range of risk management techniques and establish systems to ensure that patient safety is maintained and significant events are reviewed to minimise their recurrence.

## Brief history of significant event audit

Significant event audit (SEA) is not a new concept. Its origins stem from the 1939–45 war, when the US Air Force employed the concept to review why some bombing raids were more effective than others. Since the war, SEA has been used widely by the aviation industry, which views it as an excellent way of reviewing untoward incidents and maintaining passenger safety.

Within the NHS, SEA is a relatively new phenomenon. Of course, for many years health care professionals have regularly reviewed incidents and learnt from the outcomes to improve patient care, but few have done so in a systematic and structured format.

In recent times, momentum for establishing SEA has gathered pace, particularly within primary care organisations. Mike Pringle's occasional paper on significant audit to the Royal College of General Practitioners in 1995 helped establish the concept and the Department of Health's publication of "An organisation with a memory" in 2000 highlighted the need for the NHS to learn from previous mistakes. This document undoubtedly raised the profile of SEA.

The expectation for health care professionals to familiarise themselves with SEA is now greater than ever. The publication of the GP contract in 2004 highlighted its value and, to meet contractual requirements, all GP practices must review 12 significant events every three years. The National Patient Safety Agency increasingly promotes SEA audit as an invaluable risk management technique.

## What is significant event audit?

Across the NHS, various terminology is used for SEA and the concept can also be represented by other terms, such as significant untoward incidents.

Professor Pringle established a useful definition of SEA in 1995, when he defined it as "a process in which individual episodes are analysed, in a systematic and detailed way to ascertain what can be learnt about the overall quality of care, and to indicate changes that might lead to improvements".

In basic terms, SEA involves getting the members of a team together to discuss an event that has occurred. It essentially amounts

## Panel 1: Elements of the new pharmacy contract that SEA will help meet

- 2.3.4 Analysis of critical incidents by the whole pharmacy team to inform individual and organisational learning. Proactive consideration and prevention of potential risks.
- 2.3.5 Pharmacists should be competent in risk management, including the application of root cause analysis.
- 2.3.6 Pharmacists should be able to demonstrate evidence of recording, reporting, monitoring, analysing and learning from patient safety incidents.
- 2.1.5 A complaints system should be in place. The pharmacy should review complaints received and, as well as taking appropriate action on individual complaints, consider more general changes which could improve service provision.

to performing a case study/review. The usual process is that details of what has happened are presented to the wider group by the team member or members involved in the event. The group then asks questions and discusses how the situation was dealt with. Finally, actions are agreed (if necessary), a brief written summary of the event is recorded and a date is fixed for reviewing actions.

Pharmacists who have taken part in clinical audit projects will note that there is a great deal of common ground when comparing clinical audit with SEA. Both approaches involve selection of a topic or event for further examination, both involve collection and analysis of information, both involve learning and implementing changes and both aim to improve patient care. Further, both should be carried out systematically, brief reports should be written and the success of each process will depend on trust, communication and good teamwork.

Panel 1 sets out some elements of the community pharmacy contract that SEA will help meet.

## A step-by-step guide to SEA

SEA can be carried out in many ways. Traditionally, it has been suggested that health care teams should undertake monthly or quarterly meetings dedicated to reviewing significant events that have occurred. However, given the heavy workload and competing priorities of teams, many have found that the most convenient way to carry

out SEA is to set it as an agenda item within a wider team meeting and review one event per meeting. Alternately, some teams choose to hold "emergency" SEA meetings that take place immediately after a significant event has occurred. Whichever process is adopted, it is important to select a method that suits the circumstances and enables as many members of the pharmacy team as possible to be involved.

A range of techniques can be used to establish SEA within a pharmacy. One way of getting started involves the following six steps.

**Step 1: Recording** The first stage of setting up SEA involves establishing a reporting mechanism by which staff members can record details of significant events in the workplace. The reporting process should be simple and straightforward and all team members should be aware of how to record events.

Most health care teams use a simple paper form which incorporates a number of sections to be completed (eg, who completed the form, date and time of the event, details of where the event occurred, who was present, a brief factual summary of what happened and details of any action taken at the time). Some teams categorise events depending on their perceived severity and importance (eg, urgent/non-urgent).

In terms of what should be recorded, there is no definitive list of significant events. It is widely agreed that if a member of staff believes that something significant has occurred then it should be considered for review using the SEA process.

Panel 2 includes lists of significant events that are often examined by various groups of NHS professionals.

Irrespective of which events are recorded, it is advisable that documentation is completed as quickly as possible after the event while the details are fresh in the minds of those involved.

Although human nature tends to focus on problems and negative events, it is also valuable to look at why certain situations have resulted in positive outcomes.

**Step 2: Discussing the event** As mentioned previously, SEA meetings can be held in various formats. Irrespective of the format chosen, each event should start with team members involved in the event giving a brief summary of what took place. If more than one person was involved, each should be encouraged to give his or her perspective. But however the information is reported to the group, it should be done in a clear and accurate format. Once full details of the event have been given, other members present at the meeting should be in-

## Panel 2: Examples of significant events commonly reviewed by health care professionals

<b>Community pharmacists</b>	<b>GPs</b>	<b>Optometrists</b>
Prescribing errors	Sudden patient death	Equipment failure
Drug reactions not noted	Patient visit not carried out	Incorrect medicine
Needle stick injuries	Referral letter not sent	Out-of-date contact lenses
Patient unwell on premises	Prescribing error	Incorrect prescription for lenses
Wrong medicine in monitored dosage system box	Breach of confidentiality	Infection to patient
Breach of confidentiality	Computer failure	Patient falling, eg, trip hazards
Shoplifting	Non-arrival of booked ambulance	Lost documentation
Abusive patient	Misdiagnosis	Breach of confidentiality
Incorrect patient information	Patient immunised repeatedly	Letter to wrong patient, eg, similar name
Spotting interactions ( <i>positive outcome</i> )	Excellent care of terminal case ( <i>positive outcome</i> )	Opportunistic screening ( <i>positive outcome</i> )

## Panel 3: What is root cause analysis?

The National Patient Safety Agency defines root cause analysis (RCA) as “a retrospective review of a patient safety incident undertaken in order to identify what, how, and why it happened. The analysis is then used to identify areas for change, recommendations and sustainable solutions, to help minimise the recurrence of the incident type in the future. This approach is equally applicable to complaints and claims”.

Root cause analysis is a more sophisticated technique than SEA and pharmacists should consider its use for reviewing major failures.

vited to ask any questions that they think are necessary. This will help clarify precisely what has taken place.

At this point, SEA theory suggests that those involved in reviewing significant events should employ Pendleton's Rules, ie, before any judgements are made, the team should first look at positive outcomes resulting from the event. Whether or not Pendleton's Rules are adopted, the next step in the process is to discuss the event more fully, with a view to agreeing possible outcomes.

**Step 3: Agreeing outcomes** Professor Pringle has suggested classifying each event discussed into one of four outcomes — congratulations, immediate action, further work called for, or no action. It is perhaps best to clarify these with use of an example for each:

- **Congratulations** may be necessary in a case where a patient visits a pharmacy complaining of thirst and opportunistic screening indicates that the patient has diabetes.
- **Immediate action** would be required in the case of a patient complaint stating that they could overhear a medicines use review being carried out on another patient. The pharmacy would be expected to make sure immediately that the area used for MURs preserves patient confidentiality.
- **Further work called for** may be the outcome if a number of patients return monitored dosage system boxes because of errors. The errors would need to be resolved immediately, but the pharmacy may want to carry out further work (eg, a clinical audit) to see if the problem is more widespread.
- **No action** would be required if a patient had collapsed on the premises and the review of the case satisfied the pharmacy team that all necessary medical assistance had been given.

The system devised by Professor Pringle is well regarded, but pharmacy teams may wish to categorise significant events in their own way. If the outcome of a SEA meeting is that follow-up work must be done, it is vital that the team is clear who will do it, what needs to be done and what the time scales are.

**Step 4. Documenting the meeting** To make SEA more systematic, each event should be documented. Traditionally teams have kept minutes of SEA meetings, but it is increasingly popular for teams to enter information on each event onto an individual template (usually a paper form). A basic template would include: date event was reviewed; members present; brief details of the event; summary of discussions; agreed outcomes; date for review.

**Step 5: Sharing learning** Once the event has been discussed, it is crucial that the learning is shared. Some team members may not be able to attend meetings because of other commitments, part-time work, etc. Therefore, all team members should be given copies of the documentation and/or be briefed on the discussion and outcomes.

In some cases, pharmacists may think that it would be useful to inform other organisations of what has taken place, to share learning across the wider health care community. Pharmacies may feel reluctant to share “negative” events, but primary care trusts should be eager to support pharmacists who report events that may prevent similar problems for other pharmacists.

**Step 6: Revisiting previous events** It is recommended that all significant events are revisited at least annually. Certainly where events have led to immediate action or further work being carried out, it is worth revisiting them to check that actions have been implemented and changes in practice are still being observed.

### Benefits of undertaking SEA

A number of research studies have looked at the value of SEA and many have suggested that regular SEA has a beneficial impact on both clinical care and practice administration. Overall, if done well, it is likely that significant event audit will result in improved patient safety, improved team working, a more open and trusting culture among staff and the identification of staff training needs

SEA is also an interesting and challenging activity that many staff find enjoyable. To quote one practice manager identified through a survey of GP practices that undertake regular SEA: “Meetings have benefited the running of

the practice. They have initiated improvements in quality and patient care. They have improved relationships between staff and increased awareness of other people's roles”.

### Problems that may emerge from SEA

If SEA is not well managed, its introduction may lead to more problems than solutions. By its nature it can involve staff members acknowledging personal mistakes and errors. SEA must be carried out sensitively and staff need to feel supported during the process. A strong and trusted chairman is vital to making SEA work effectively. Simple problems that often occur relate to the logistical side of holding meetings and involving all team members.

Research has also shown that some SEA meetings may leave staff in an emotional state and feeling unfit for work (eg, if the sudden death of a well-known and liked patient was discussed during a daytime meeting).

### Conclusion

The new contract has brought fresh challenges to community pharmacies and many are struggling to get to grips with the various aspects of clinical governance. Community pharmacists would benefit from learning more about SEA. It is quicker and more relevant to pharmacists than clinical audit and is much easier to implement and undertake than root cause analysis (see Panel 3). SEA also lends itself to the way that pharmacists operate because the process is similar to the way in which near misses are recorded and reviewed. Further, if pharmacists adopt a sensible and appropriate approach to SEA, by looking at perhaps four to six cases each year, the work will not be onerous. Moreover, if PCTs help pharmacists review SEAs, this will have a beneficial effect on understanding why problems often occur and it is to be hoped, improve patient safety across the health care community.

### Useful resources

- Stead J, Sweeney G. Significant event audit: a focus for clinical government. Chichester: Kingsham Press; 2001.
- National Patient Safety Agency website. [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
- NPSA Saferhealthcare website. [www.saferhealthcare.org.uk/ih](http://www.saferhealthcare.org.uk/ih)
- University of Exeter SEA web pages. [www.projects.ex.ac.uk/sigevent](http://www.projects.ex.ac.uk/sigevent)

## Society representatives attend Buckingham Palace garden party

Representatives of the Royal Pharmaceutical Society attended a garden party at Buckingham Palace on 18 July at the invitation of the Queen.

The group included Council members Graham Phillips and Ray Jobling. Mr Phillips, proprietor of a Hertfordshire-based pharmacy group, has been an elected pharmacist member of Council since 2004. He was accompanied to the palace by his wife Kathryn. Mr Jobling was appointed a lay member of Council in 2005. He is a lecturer at the



On the Society's roof terrace before setting off for the garden party, left to right, Graham and Kathryn Phillips, Rob and Helen Darracott and Ray and Ann Jobling

University of Cambridge and chairs the university's Health Services Committee. He is also national chairman of the Psoriasis Association. He was accompanied by his wife Ann.

Also in the group was Rob Darracott, the Society's director of corporate and strategic development since 2003. Mr Darracott was accompanied by his wife Helen, a former head of professional standards at the Society and now director of legal and regulatory affairs at the Proprietary Association of Great Britain.

## Admonition for pharmacist who dispensed unsigned prescriptions

A Wolverhampton community pharmacist who dispensed prescription-only medicines against prescription forms that were awaiting the prescriber's signature has been admonished by the Statutory Committee. The committee decided that three further allegations of misconduct had not been proved. No action was taken against a s gations.

On 28 June, the Statutory Committee enquired into the case of James Dyan Laurence (registration number 84262) and his wife Julia Ruth Harrison (registration number 85697), who jointly owned a pharmacy in Wolverhampton. The inquiry had arisen from a complaint by the Council of the Royal Pharmaceutical Society, which alleged that misconduct rendering Mr Laurence and Ms Harrison unfit to have their names on the Register of Pharmaceutical Chemists may have been demonstrated, individually or cumulatively, by: a failure to have in place a suitable system for the delivery of medicines other than on the pharmacy premises; a failure to contact and/or apologise to a person who received a delivery of methadone not intended for her; the supply of prescription-only medicines (POMs) without the authority of valid prescriptions; and having a system in place which permitted the supply of POMs to patients in circumstances where the prescriptions had not been signed by the time of supply.

The committee heard that Mr Lawrence and Ms Harrison were joint owners of Brooklands Pharmacy, Wolverhampton. On 25 May 2004, a locum pharmacist prepared a prescription for methadone mixture for a regular patient and labelled it with the address given in the patient medication record (PMR), although the prescription bore a new address. When the patient failed to collect her methadone, it was placed in the Controlled Drugs safe for safe custody. On the following day, a driver employed by the pharmacy attempted to deliver the methadone by posting it through the letterbox of the patient's old address. When the new occupant found the methadone she took it for safe-keeping to a

different pharmacy, which contacted Brooklands Pharmacy about the error.

The committee also heard that on 17 June 2004, during a visit to the pharmacy to investigate the matters described above, a Society inspector found 13 unsigned prescription forms, each endorsed to show that they had been dispensed on 4 June 2004. She also noted a further 24 unsigned forms, each of which had placed on it the medicines called for on the form, duly labelled for the patient named on the form.

When interviewed on 9 September 2004, Mr Laurence said that he had personally collected from the surgery the 13 prescriptions dispensed on 4 June 2004. The request to dispense against unsigned forms had come from reception staff at the doctor's surgery.

When Ms Harrison was interviewed, she explained that the prescriptions dispensed on 4 June 2004 had still not been taken to be signed by 17 June 2004 because neither driver had been at work, one having had a fractured skull and the other being on honeymoon.

Giving the committee's determination, the chairman of the Statutory Committee, Lord Fraser of Carmyllie, QC, said that, in essence, the complaint fell into four parts — the delivery of methadone to a wrong address, the failure to apologise, the supply of POMs without a valid prescription and making up prescriptions against unsigned forms. The committee believed that Ms Harrison should carry no responsibility for any of the four incidents and in her case it had come to the simple conclusion that no further action should be taken.

Going through the four complaints against Mr Laurence, the chairman said that the starting point was the locum's mistake in labelling with the wrong address. Mr Laurence was not to be criticised for a failure to update the PMR, since he had not yet received any prescription bearing the new address. It was a mystery how the methadone got into the delivery box, but the bag was not marked to indicate that it contained a Controlled Drug. The driver had admitted putting the medicine

through the letterbox despite having read and signed a "Prescription collection and delivery protocol" that concluded by saying: "If there is no reply from a particular address leave a card and return the medication to the pharmacy."

The next matter was the failure to apologise to the woman who had received the methadone. It might have been a common courtesy to call on her to thank her for returning the methadone but, in the circumstances, the committee did not see there was any professional duty to apologise.

Mr Laurence had admitted that on 4 June 2004 he dispensed and supplied a number of medicines against prescription forms that were not signed. Although 13 were listed in the notice of inquiry, the committee would restrict the number to 12 because, although the allegation referred to POMs, one of the prescriptions was for aspirin, which cannot properly be described as a POM.

Finally, there were the further 24 unsigned prescriptions for which the medicines had been prepared. It was contended that the medicines would not have left the premises with the prescriptions unsigned. "It is possibly not a best system to have in a pharmacy but we cannot see that there was any professional error and the law was not breached, although that might have happened shortly afterwards.

"Accordingly, we find only the third of the four complaints was misconduct by Mr Laurence. He is an experienced pharmacist who well appreciated that he should not supply without a validly signed prescription, even if he did so in the best interests of the patient or if requested to do so by surgery staff.

"In our view, it is such misconduct as to render him unfit to be on the Register. I should observe that we have read his very good references. He is clearly a responsible citizen and a responsible pharmacist and we would not want to direct the removal of his name. . . . The view of the committee is that Mr Laurence's conduct warrants no more than an admonition."

# Pharmacist reprimanded over erroneous prescription endorsements

A Sheffield-based pharmacist who submitted erroneously endorsed prescriptions to the Prescribing Pricing Authority for payment has been reprimanded by the Statutory Committee.

Giving the committee's determination, the chairman, Lord Fraser of Carmyllie, QC, criticised the NHS Counter Fraud and Security Management Service for its delay in reporting the matter to the Royal Pharmaceutical Society. He said that the committee was becoming increasingly worried about delays.

On 25 May, the committee considered a complaint from the Council of the Society about Ruxana Munshi (registration number 82341). The Council alleged that misconduct such as to render Ms Munshi unfit to have her name on the Register of Pharmaceutical Chemists may have been demonstrated individually or cumulatively by:

- The erroneous certification of prescription forms by Ms Munshi and/or her employees between about 30 September 2002 and 6 March 2003
- The submission of such erroneously certificated prescription forms to the PPA for payment, resulting in an overpayment of £440.20
- The additional erroneous certification of prescription forms by her and/or her employees in the two-year period of overpayment agreed with a representative of the NHS Counter Fraud and Security Management Service pharmaceutical fraud team
- The submission of such additional erroneously certificated prescription forms to the PPA for payment, resulting in an overpayment of about £4,300
- Her failure to ensure that staff had the requisite knowledge, skills and fitness to perform work delegated to them

## Sole proprietor

The committee heard that between 1 March 1991 and 17 March 2003 Ms Munshi had been sole proprietor of Abbeydale Pharmacy at 338 Abbeydale Road, Sheffield. Since 1 March 2003 she had been sole proprietor of Sharrow Pharmacy at 15 Wostensholme Road, Sheffield. The Council alleged that, between about 30 September 2002 and 6 March 2003, she or her staff had completed certificates on the reverse of 54 prescription forms erroneously claiming exemption from payment of prescription fees. Each certificate signed in this way contained a declaration, including "I declare that the information I have given on this form is correct" and "I confirm proper entitlement to exemption", even though the patients concerned were not exempt from payment and had paid the required prescription fee.

The prescriptions had subsequently been submitted to the PPA for payment, as a result of which the PPA paid Ms Munshi approxi-

mately £440.20 to which she was not entitled.

On 5 May 2004, at a meeting with an officer of the NHS Counter Fraud and Security Management Service pharmaceutical fraud team, Ms Munshi had accepted that procedures had not been in place to ensure the correct completion of prescription forms and the collection of patient fees, had accepted that mistakes had been made resulting in an overpayment made to her account, had estimated that the degree of overpayment was in the region of £10,000, had been unable to say how long the errors and overpayments had been going on, and had agreed to repay the PPA the sum of £4,800 based on the counter fraud team officer's suggestion that a reasonable assumption for the length of time the overpayments had been made might be two years with overpayments running at the rate of approximately £200 per month.

On 6 May 2004, Ms Munshi had sent a cheque payable to the PPA for the agreed sum of £4,800.

It was further alleged that, at interview with one of the Society's inspectors on 26 January 2005, Ms Munshi had admitted that the backs of the prescription forms in question had been filled in either by her or by her staff, that her staff had received no training on prescription handling, and that, because no record had been made of prescription fees received from patients, she had assumed when completing the details on the prescription that the patient had in each case been exempt.

## Determination

Giving the committee's determination on 25 May, the chairman, Lord Fraser of Carmyllie, QC, said: "I can indicate immediately that we will be restricting the case against Ms Munshi to the first, second and fifth of the bullet points in the summary on behalf of the Society, omitting bullet points 3 and 4.

"However, what remains in our view amounts to such serious misconduct as to render her unfit to be on the Register. As I have already indicated, there is a measure of artificiality in that unless we come to a view that her misconduct surmounts that hurdle, it is only then that the other options that are open to us beyond a direction to remove are lost.

"So what I would indicate now is that we are giving no direction for the removal of Ms Munshi's name from the Register and will restrict our censure to that of a reprimand. . . . That is all I propose to say at the present time and, as I have indicated before earlier on, I am not best impressed with some of the actions, not by the Society, but others who have acted in this case, and I would like to reflect on that a bit further. We will accordingly adjourn now and I hope to deliver that final full determination in June."

Giving the committee's final determination on 29 June, the chairman confirmed that

the committee would restrict its censure to that of a reprimand and would not direct Ms Munshi's removal from the Register.

He continued: "Essentially we were influenced by two factors. First, the complaint against her was more than three years old before the case reached us. That is stretching tolerance and comes perilously close to a breach of the European Convention on Human Rights.

## Delay

"The delay is not the fault of the Royal Pharmaceutical Society, which appears to me to have acted with all due expedition, once made aware of the complaint, but I must record that the Statutory Committee is becoming increasingly worried about delays.

"The Society is not yet to be concerned that it is to blame. Delays occur earlier when it still remains in ignorance of any problem. Too often what comes before us reveals that, having taken its time, the counter fraud team of the Prescription Prescribing Authority is advised by the Crown Prosecution Service that it is doubted whether a fraudulent intent can be established, and the matter only at that stage is passed to the luckless Society. In our view, that will not do.

"I was relieved to hear from the Secretary and Registrar to the Society that there is now in place a concordat or agreement that the Society should be advised, more or less as soon as the counter fraud team set out on a serious investigation. I hope that I have got that right, but if I have not I strongly urge the Society to come to such a concordat, and I urge the counter fraud team to observe it. Otherwise they will suffer the risk that we will unceremoniously dump the complaint as being too elderly.

"The second point is a related one. North of the border we are well trained in alternative pleading. I know that is not an unknown forensic skill this side of the border, but it does not appear to me to be much practised by the Society. The case against Ms Munshi was that she had 'completed forms erroneously claiming exemption'. I have no idea whether the Society had evidence to support a case of fraudulent intent but, as no alternative was offered, I, as the legally qualified chairman, had to advise my colleagues that we could only approach the case on the basis of an erroneous submission.

"For obvious reasons, I make no comment on this case, as I simply do not know, but we might welcome a greater boldness on the part of the Society if it were felt that the evidence might justify an alternative of fraudulent intent. As it is, I have had to rule out any attempt . . . to sneak the complaint higher up the order from 'erroneous' to 'fraudulent'. I do not believe that we can go outside the four corners of the notice of inquiry. If the Society uses the word 'erroneous', that is the highest point at which we will pitch it."

## MEP: First amendments to new 30th edition

In the first issue of each month, *The Journal* updates the guidance on the legal status of medicines published in 'Medicines, ethics and practice: a guide for pharmacists and pharmacy technicians'.

Set out below is the first list of amendments to the new 30th edition of the guide, published at the end of July. A product's legal status can be obtained by consulting first the amendment list and then the guide.

The abbreviations used in the list are explained in the key to annotations in the body of the guide (p33).

### Human medicines

Abilify tablets entry should read: Abilify preparations POM  
 Acomplia tablets POM  
 Clairette 2000/35 POM  
 Clenil Modulite inhaler POM

Detrunorm XL capsules POM  
 DulcoEase capsules GSL  
 Exubera insulin POM  
 Nexavar tablets POM  
 Prialt solution for infusion POM  
 Sutent capsules POM  
 Tysabri solution for infusion POM

## The Diary

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

## 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)).

### Statutory Committee decisions

Set out below are the outcomes of inquiries heard before the Statutory Committee of the Royal Pharmaceutical Society of Great Britain on Monday 24 July, Tuesday 25 July, Wednesday 26 July and Thursday 27 July 2006.

- Following the inquiry into a complaint by the Council of the Society against **Richard Gregory Woodroffe** (registration number 68919), **Margaret Mary Rita Gorman** (registration number 67793) and **Alan Woodcock Ltd** (company identification number 1001329), the committee resolved to take no further action against Mrs Gorman or the company. In relation to Mr Woodroffe, the committee found proved the Council's allegation that a dispensing error involving the supply of 100 Celance 1mg tablets against a prescription for 200 Pergolide 50µg tablets amounted to misconduct. Accordingly, the committee resolved to issue Mr Woodroffe with a reprimand.
- The inquiry into a complaint

by the Council of the Society against **Bijal Vithalbhaj Patel** (registration number 84459) and **Greenoaks Pharmacy Ltd** (company identification number 1003087) was adjourned to be resumed at a later date.

**David Gomez**  
 Secretary to the Statutory Committee

## LIBRARY ADDITIONS

The following are among recent additions to the Royal Pharmaceutical Society's library in London. Books available for loan can be borrowed by members and by preregistration trainees and pharmacy students who have registered with the library. The loan period is 28 days. A loan may be renewed if the item is not required by another user. Details of all titles added to the library since 1991 can be found in the library's searchable online catalogue of publications ([olib.rpsgb.org.uk](http://olib.rpsgb.org.uk))

- Essential Spanish for pharmacists. Kisch GR. Washington DC: American Pharmaceutical Association; 2005.
- Gerry's real world guide to pharmacokinetics and other things. Woerlee GM. Leicester: Matador; 2005.
- Handled with care? Managing medication for residents of care homes and children's homes a follow-up study. London: Commission for Social Care Inspection; 2006.
- Health and safety at work essentials. Duncan Mary, Cahill F. 4th ed. London: Lawpack; 2005.
- Intravenous medications: a handbook for nurses and allied health professionals. Gahart BL, Nazareno AR. 22nd ed. St Louis: Mosby; 2006.

## DEATHS

**Caine** On 5 July, Ronald Caine, MRPharmS, aged 71, of 3 The Courtyard, Tower Farm, Cockburnspath, Berwickshire TD13 5YU. Mr Caine registered in 1961.

**Milnes** On 17 July, Clifford Gordon Milnes, MRPharmS, aged 93, of Dunollie Nursing Home, 31 Filey Road, Scarborough, North

Yorkshire YO11 2TP. Mr Milnes registered in 1934.

**Paul** On 4 July, Frederick George Paul, MRPharmS, aged 72, of 19 Marlowe Way, Colchester, Essex CO3 4JP. Mr Paul registered in 1968.

**Turner** On 2 June, Kenneth Turner, MRPharmS, aged 82, of Silverdene, Long Lane, Farndon, Newark, Nottinghamshire NG24 4SU. Mr Turner registered in 1949.



## 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](mailto: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 [techinfo@rpsgb.org](mailto: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](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)