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Royal
Pharmaceutical
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of Great Britain

How the Society intends to secure sustainable outcome post Foster

The President of the Royal Pharmaceutical Society, **Hemant Patel**, outlines the Society's responses to the Foster and Donaldson reviews of the regulation of the health care professions

The Royal Pharmaceutical Society has now submitted its response on the two reports on the future of health professional regulation — “Good doctors, safer patients (Donaldson review) and “The regulation of non-medical professionals” (“Foster review”). These two reports will have far-reaching implications for how health professionals, including pharmacists and pharmacy technicians, are regulated in the future, and the Council has devoted a great deal of time to formulating its response. We discussed the key messages at our August and October meetings, scheduled a special thinking day in September and devoted much of our planned review time in November to the specific professional leadership challenge thrown down to the Society around Foster by the governments' chief pharmaceutical officers at the British Pharmaceutical Conference.

In formulating its response the Society wanted to involve the membership as fully as possible. The Society invited stakeholders' and members' views directly through *The Journal*, via the website and approached more than 80 pharmacy groups and organisations. Comments were received from members of the Society's special interest groups, individual members, Council members and branch representatives, which all served to inform the development of the response.

The Society, through Ann Lewis, the Secretary and Registrar, was an active member of the group that advised Andrew Foster, NHS England's former director of workforce. Ms Lewis shared much of the work we have done to modernise the Society's regulatory role in line with best practice, and detailed the unique nature of some of the Society's activities, including the role of the inspectorate. We were, therefore, pleased to note that the direction of travel for health care regulation identified in both reports would, in many respects, bring other regulators into line with the Society. I include in this progress on making the adjudication processes more independent — the Society's Statutory Committee has, of course, been independent of the Council since 1954 — while the Society moved to the civil standard of proof



The President: members will be consulted and their approval sought

(operated to a sliding scale) some time ago. Elsewhere, our submission reflects the evidence-based arguments on the wide range of issues considered in the Foster report that we provided throughout its development.

We have, however, issued one note of caution against any further “medical exceptionalism” and have argued that a consistent approach between the medical and non-medical professions should be pursued in moving forward.

Readers will not be surprised to learn, however, that much of the Council's time and energy in considering the reports have been devoted to two key questions, one of which was posed to the Society specifically. In considering how we might “clarify” the separation (to use the words in the Foster review) of the Society's regulatory and professional functions, the position we have reached is that clearly there is a perception that our current configuration contains within it the potential for conflict of interest. In the Fifth Report of the Shipman Inquiry, Dame Janet Smith laid firmly at the door of the General Medical Council the charge that its proposals for the periodic revalidation of doctors had been watered down by medical interests. This charge led specifically to the establishment of the Donaldson review (with Foster immediately following), so it is how we got here.

This week

- **Response to Foster review**
The President outlines the Society's response to the Foster and Donaldson reviews (this page).
- **Modified release morphine**
New guidance has been issued relating to the prescribing of modified release morphine preparations (p620).

However, we are acutely aware as a Council of how complex an organisation the Society is. In particular, our current internal structure, which gives effect to the integrated professional and regulatory roles, was implemented along the lines of the “modern regulator” as defined in the Kennedy Report of the inquiry into the Bristol paediatric cardiac surgery unit. The Council has, therefore, agreed that while the profession's development needs to be supported by robust regulation in the interests of public protection, the Society also has to be equally clear about how the profession's development needs are met as we fulfil our remit. That remit was recently renewed with the granting at the end of 2004 of the new Supplemental Charter, to lead, develop and promote (as well as regulate) the profession.

This specific challenge — that of developing real professional leadership — was the one issued to us in Manchester, and I intend to ensure that we respond effectively to create an organisation of which we can all be proud, one that captures the best of our profession in developing its vision for the future, and one that truly supports every member of the profession in delivering health care for the public.

So, in presenting our response to the two reviews, we have explicitly recognised the need to clarify these two roles, but given the complexity of the organisation, the Council has also recognised that this might not be a simple task, and we will, therefore, be going back to government after our December meeting with a proposal for how we make progress on this over the next couple of months.

What we are clear on for now, however, in terms of the second key question, is that regulation does require oversight by a structure that commands the confidence of the profession, but which also has embedded within it a lay majority in order for the public interest to be seen to be served, and for the public to have confidence in the outcome. That this structure would be the Council is something I am uncomfortable with so, in our response, we have accepted the notion of a lay major-

ity for a regulatory oversight body, but in so doing have reserved our position on the Council itself.

The Council has also spent some time looking at other bodies, in health and outside it, that have faced similar challenges and which have developed a range of responses,

including new organisational structures and establishing new bodies, as examples of how we might respond to this particular challenge. Again, we will make definitive decisions about how we take this forward next month.

Any solution must be able to command the demonstrable confidence of the profes-

sion as a whole — the Society was created by members for members. The Council's priority now is to secure a workable and sustainable outcome for the future for the profession. And members can rest assured that we will involve them in that process, and seek their endorsement of the outcome.

Candidates announced for the Society's 2006 elections to the three national pharmacy boards

Following the close of nominations on 3 November, and subsequent validation of those nominations, the Royal Pharmaceutical Society has now announced the names of the candidates in the national pharmacy boards elections.

English Pharmacy Board

The English Pharmacy Board has places for six pharmacists elected in unreserved places, one pharmacist elected in each of five sectors (community, hospital, industry, academia and primary care/public health) and one pharmacy technician.

Pharmacist candidates may choose to stand for an unreserved place, or for a place reserved to a particular sector of practice, or for both. If a candidate is elected to a sector place, then any votes received by that candidate in the election for unreserved pharmacist places shall be void. The candidates are:

Community sector Paul Bennett, Sultan "Sid" Dajani, Richard Daniszewski, Jagjiwan Khela, Cathryn Leask, Christopher Morris and Umakant Patel.

Primary care/public health sector Karen Acott, George "Andrew" Evans, Kathryn Featherstone, Nazma Jabbar, Alaster Rutherford, Beth Taylor and Gail Thomas.

Hospital and industry sectors Only one nomination has been received in the hospital sector, and one in the industry sector. Therefore, in accordance with the "Election scheme for members of national pharmacy boards" (Article 18[1]), the following candidates have been declared elected: hospital sector, David Miller; industry sector, Stephen Wicks.

Academia sector In the academia sector, no nominations have been received. In such a case the board has power to co-opt a member. This will be a matter on the agenda of the first English Pharmacy Board meeting.

Unreserved pharmacist places Paul Bennett, John Carr, Brian Curwain, Sultan "Sid" Dajani, Richard Daniszewski, Dorothy Drury, Davan Eustace, George "Andrew" Evans, Kathryn Featherstone, Lesley Gilpin, Simon Hill, Jagjiwan Khela, Cathryn Leask,

Christopher Morris, Umakant Patel, Beth Taylor and Gail Thomas.

Pharmacy technician place Stephen P. Acres and Rachael Lemon.

Scottish Pharmacy Board

The Scottish Pharmacy Board has places for 12 elected pharmacists. The candidates are: Ewan Black, Christine Bond, Mark Bone, David Dalglish, George Downie, Alistair Jack, Howard McNulty, Sandra Melville, Francis Owens, Rose Marie Parr, Eileen Peebles, Derek Stewart, Charles Tait, William Templeton and Angela Timoney.

Welsh Pharmacy Board

The Welsh Pharmacy Board has places for 11 elected pharmacists and one pharmacy technician. The candidates are:

Pharmacist places Alan Crabbe, Keith Davies, Mair Davies, Marc Donovan, Jodine Evans, Richard Evans, Stefan Fex, Robert Gartside, Diana Heath, Carwyn Jones, Peter Jones, Rowena McArtney, David Morgan, Phillip Parry, Alan Screen, David Temple, C. Hugh Thomas and Tim Williams.

Pharmacy technician place Steven Maddern and Fiona Price.

Further information

Further information about all the candidates will be provided in a booklet that is to be sent out with the election papers on 8 December. *The Journal* will also publish more details about the candidates soon.

Practice Committee issues new guidance on prescribing of modified release morphine

The Royal Pharmaceutical Society's Practice Committee no longer recommends brand-name prescribing of modified-release morphine preparations and fentanyl patches. This represents a change in the committee's previously held position, which has come about as a result of information received from the British National Formulary.

The committee has heard from the BNF that there is no compelling evidence to show that switching between brands of modified-release morphine preparations with the same release profile affects pain control. Also, there is no evidence of a difference in the rate of delivery between brands of fentanyl patches when used in accordance with the product licence.

However, in the case of modified-release oral morphine preparations, the BNF states

that dosage requirements should be reviewed if the brand is changed.

The Practice Committee has agreed some "good practice" points that it commends to the profession:

- Pharmacists should take steps to prevent unintentional changes of the brand supplied to patients.
- If the brand of strong modified-release morphine preparations needs to be changed then the pharmacist should ensure that the patient and the patient's carers understand and accept the need for change.
- Pharmacists should adhere to local prescribing policies on the use of long-acting modified-release morphine preparations.

- There are important differences between matrix patches and reservoir patches. Reservoir patches of fentanyl should never be cut to deliver a smaller dose because this disrupts the controlled-release mechanism. The practice of cutting fentanyl matrix patches falls outside the product licence and pharmacists should be aware that the summary of product characteristics for a brand of matrix patch states: "Durogesic DTrans patches should not be cut. No data are available on cut or divided patches."

General enquiries relating to this guidance should be directed at Robert Clayton, in the Society's practice and quality improvement directorate, (tel 020 7572 2207, e-mail practice@rpsgb.org).

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).

Statutory Committee inquiries

The Statutory Committee will meet at the Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1, at 9.30am on Monday 20, Tuesday 21, Wednesday 22 and Thursday 23 November 2006 to hear the following inquiries:

1. The new inquiry into a complaint by the Council of the Society against **Neil Hutchinson** (registration number 79982) and **Carol Janette Hutchinson** (registration number 79981) which alleges that, in relation to Mr Hutchinson, a number of dispensing errors; the supply of a Controlled Drug, namely 30 × Concerta X tablets, against a prescription for 14 such tablets; a failure to comply with the labelling regulations; a breach of Regulation 19 of the Misuse of Drugs Regulations 2001 relating to record-keeping; a failure to supply a patient with his medicines and the pharmacy's failure to deal with the subsequent complaint appropriately; the supply of medicines to a patient without reference to a prescription or a copy prescription and without checking with the prescriber; an over-supply of Candesartan tablets and a failure to label this supply accurately; a failure to keep a verifiable audit trail of the supply of prescription-only medicines; the supply of medicines to a patient by reference only to previously incorrectly supplied medicines and the labelling from an old monitored dosage system pack; a failure to act in the best interests of a patient; a failure to deal with a patient's mother in a professional and courteous manner; a failure as superintendent pharmacist to have in place a system to identify each pharmacist responsible for a particular supply; a failure to heed the advice of the Society; a failure to have in place adequate

procedures for dispensing in monitored dosage systems; the pharmacy's inadequate procedures for dealing with errors and complaints; an unacceptably dirty and untidy pharmacy; a failure to assess or remove date-expired chemicals and/or medicines; the presence in the pharmacy of returned medicines; the presence at the pharmacy of patient returned medicines, including prescription only medicines, (a) on a stairway to which customers had access, (b) in the stockroom and (c) in the office; and, the dispensing of oiwings without reference to the relevant prescription, may amount to misconduct. In relation to Mrs Hutchinson, the Society's Council alleges that: the supply of a Controlled Drug, namely 30 × Concerta X tablets, against a prescription for 14 such tablets; a breach of Regulation 19 of the Misuse of Drugs Regulations 2001 relating to record-keeping; the pharmacy's failure to deal appropriately with a complaint; a failure of the pharmacy to keep a verifiable audit trail of the supply of prescription-only medicines; the failure of the pharmacy to have in place a system to identify each pharmacist responsible for a particular supply; a failure to heed the advice of the Society; the supply of medicines to a patient using only previously incorrect medicines and labelling from an old monitored dosage system pack; the pharmacy's failure to have in place adequate procedures governing dispensing in monitored dosage systems; the pharmacy's inadequate procedures for dealing with errors and complaints; an unacceptably dirty and untidy pharmacy; a failure to assess or remove date-expired chemicals and/or medicines; the presence at the pharmacy of patient returned medicines, including prescription only medicines, (a) on a stairway to which customers had access, (b) in the stockroom and (c) in the office; and, a failure to record maximum and minimum refrigerator temperatures daily, may amount to misconduct.

2. The new inquiry into a complaint by the Council of the Society against **Clare Susannah Hatherley** (registration number 1071510) which alleges misconduct.

3. The Committee will resume the inquiry into a complaint by the Council of the Society against **Korush Jalali Farahani** (registration number 1067185) which alleges that the theft of a number of codeine phosphate tablets from a pharmacy while working as a locum pharmacist, the possession of 14 Kapake capsules which had not been prescribed for him, and the consumption of codeine phosphate tablets and Kapake capsules while working as a locum pharmacist, may amount to misconduct. The Committee will also consider a conviction for the theft of 40 × 30mg codeine phosphate tablets and 14 × 10mg zolpidem tartrate tablets of a value unknown belonging to Superdrug Plc, contrary to Sections 1(1) and 7 of the Theft Act 1968.

4. The Committee will deliver the determination of the inquiry into a complaint by the Council of the Society against **Bijal Vithalbhay Patel** (registration number 84459) and **Greenoaks Pharmacy Ltd** (identification number 1003087) which alleged that the submission of wrong claims to the Prescription Pricing Authority resulting in an overpayment to the company of £16,509.67; the operation of a system involving the alteration of endorsements on prescriptions by a superintendent pharmacist who was not the dispensing pharmacist and without consultation with the dispensing pharmacist; a lack of professional knowledge in relation to prescribing for and dispensing of the contraceptive pill; the failure to keep knowledge up-to-date in relation to endorsements and the Drug Tariff; the incorrect instruction by the superintendent pharmacist to a dispensing pharmacist employed by the company in respect of dispensing against prescriptions for the contraceptive pill; and the dishonest and/or erroneous completion and/or submission of untrue declarations contained in applications for inclusion on the primary care trust's list, individually or cumulatively, may have amounted to misconduct.

David Gomez
Secretary to the Statutory Committee

TRIBUTES

Watson In a tribute to the late Gertrude Mary Watson (*PJ*, 11 November, p591), **BETTY JACKSON** writes: I first met Gee Watson in 1946 when I spent a short time in the pharmacy department at Nottingham. Gee showed me great kindness and soon had me joining a small group that walked round the lake in front of the Trent building every day. She also introduced me to the beauties of the Derbyshire Peak District, and we formed a close friendship, which has lasted over 60 years.

Gee obtained her pharmacy degree following a course at the pharmacy school in Birmingham, as an external London student — no mean achievement in those days because most pharmacy students opted to take the Pharmaceutical Society's qualifying examinations. There followed an apprenticeship in community pharmacy in Birmingham and, after a brief spell in the pharmaceutical industry, she was appointed lecturer in pharmaceutics in the pharmacy department at Nottingham, where she taught pharmacy practice, including the forensic aspects.

Early in 1949, in collaboration with Estelle Feeny who, at that time, was senior assistant pharmacist at Croydon Hospital, she produced a new and fully revised edition of Bentley's 'Aids to dispensing' to include the dispensing of antibiotics and other new drugs that had been introduced into the 1948 edition of the British Pharmacopoeia. This updating gave new life to a popular student handbook and it was reprinted later in the same year.

Gee will be remembered by her students not only for her teaching skills, which were exceptional, but also for the visits to the Lake District that she organised to take place in the Easter vacations. Although the visits were discontinued after five years, the camaraderie they generated left a lasting impression on students who had been involved — so much so that, years later, in 1982, a group of them returned to the Lake District for a reunion to which, of course, Gee was invited. This proved to be a resounding success and has now become an annual event.

After her retirement in 1972, Gee continued to take an active interest in the development of the Nottingham University campus and was proud of all that has been achieved. She maintained contact with her former colleagues and attended open lectures and exhibitions. She had abundant

energy and was always eager to expand her horizons. She was a keen gardener, a competent needlewoman, and she regularly attended French conversation classes. As a life member of the National Trust she gave talks to local groups, illustrated with transparencies, some of which she had taken herself. She was an inveterate letter-writer, and a long, newsy letter from her, in her characteristic, clear handwriting, was always a joy to receive.

With advancing years, Gee's health started to deteriorate, but she kept her independence and stayed in her own home for as long as possible. Fortunately, her final illness was relatively short and she passed away peacefully in a nursing home. During her long and useful life she never wavered from the high principles and standards which she had set for herself. She will be remembered with gratitude and affection by all who knew her.

DIARY

Headquarters meetings

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

Monday 20 November

Statutory Committee 9.30am
Resource Management Committee 10am

Tuesday 21 November

Statutory Committee 9.30am

Wednesday 22 November

Statutory Committee 9.30am
Education Committee 10am

Thursday 23 November

Statutory 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 20 November

Bromley "Dermatology" by Barend Delpert (GP, Swanley). Frognal Postgraduate Medical Centre, Queen Mary's Hospital, Sidcup. Buffet 7pm, meeting 8pm.
Stockport "Practice research: an introduction" by Mary Tully (Manchester University). Lecture Theatre B, Pinewood House, Stepping Hill Hospital. 7.15 for 8pm.

Tuesday 21 November

Bath "Palliative care" by Anne Edwards (palliative care

pharmacist). Room 6 West 1.2. University of Bath, Claverton Down. 7.30 for 8pm.

Chelmsford "Practical aspects of dealing with substance misusers" by Anna Fittell (nurse prescriber at Changes drug and alcohol team). Anglia Ruskin University, Room SAW005, Rivermead Campus. 7.30 for 8pm.

Cheltenham and Gloucester "Cosmetic aspects of health care" by Guy Sterne (consultant cosmetic surgeon). Postgraduate Room, Winfield Hospital, Gloucester. Buffet (bookings to cheltglosbranch@hotmail.co.uk) 7pm, meeting 8pm.

Reading "Podiatry" by Diane Birkenshaw (chief podiatrist). Education Centre, Royal Berkshire Hospital, 7.30pm for 8pm.

Plymouth "Pharmacological management of drug dependence" by Graham Parsons (primary care trust adviser). Postgraduate Education Centre, Derriford Hospital. Buffet 7.30pm, meeting 8pm

South Staffordshire "Terminal care". Lichfield Cathedral Study Centre, Lichfield. 7 for 7.30pm.

Wednesday 22 November

Solihull "Pharmacy 20:20 — a vision for the future" by David

Pruce (director of practice and quality improvement, Royal Pharmaceutical Society). SIMTR Conference Centre, BUPA Parkway Hospital, Solihull. Buffet 7pm, meeting 7.45pm.

Thursday 23 November

Bradford "Is there ever a time for extemporaneous dispensing?" by Andrew Lowey (research pharmacist, Leeds Teaching Hospitals). Best Western Guide Post Hotel, Common Road, Low Moor. 7.30 for 8pm.

Glasgow and West of Scotland

"Playing God? The ups and downs of balancing unlimited demand and limited resources" by Alan Rodger (medical director, Beatson Oncology Centre). SIBS 101, University of Strathclyde, Taylor Street, Glasgow. 7.30 for 8pm.

Lincoln "The medical consequences of alcohol abuse" by Glenn Spencer (consultant gastroenterologist). Postgraduate Medical Centre, Lincoln County Hospital. Hot supper 7.30pm, meeting 8pm.

Slough "Respiratory update" by Richard Russell (respiratory physician, Wexham Park Hospital). John Lister Postgraduate Centre, (Entrance 4) Wexham Park Hospital. Buffet 7.15pm, meeting 8pm.

South Cheshire "Unwanted travel souvenirs: imported infections" by Nick Beeching (consultant in infectious diseases, School of Tropical Medicine, Liverpool). Fourways Hotel, Delamere. 7.30 for 8pm.

Friday 24 November

Clwyd Meeting cancelled.

Sunday 26 November

Reading Social at Newbury Races Winter Festival. Newbury Race Course (meet at the right hand side grandstand entrance nearest the saddling boxes). 11am.

Monday 27 November

Bury and Rochdale "Update on hormone replacement therapy and osteoporosis" by Robert Hallworth (specialist pharmaceutical adviser, Stockport Primary Care Trust). Village Hotel, Rochdale Road, Bury. 7.30 for 8pm.

Halifax "Medicines management from the prescribing support unit" by Sue Faulding (senior pharmaceutical adviser, prescribing support unit). Learning and Development Centre, Calderdale Royal Hospital, Halifax. Buffet 7.30pm, meeting 8pm.

Tuesday 28 November

Ayrshire Visit to GSK plant at Irvine. 7pm.

Bristol "Benign prostatic hyperplasia and prostate cancer" by Tim Whittlestone (consultant urologist, Bristol Royal Infirmary). BAWA, Southmead Road, Filton. 7.30 for 8pm.

Croydon "Current affairs — Pharmacy 20:20" by Douglas Simpson (member of the Royal Pharmaceutical Society's Council). Postgraduate Medical Centre, Mayday Hospital. Buffet. 8pm.

Harrow and Hillingdon "Asthma". Cumberland Hotel, Harrow. Buffet 7.30pm, meeting 8pm.

Wednesday 29 November

Crawley, Horsham and Reigate "Medicine use reviews in practice" by Niall Murray. Postgraduate Medical Centre, Crawley Hospital. 7.30 for 8pm.

West Metropolitan "Local management of pandemic flu" by Chris Corfield. Irish Centre, Blacks Road, Hammersmith, London. Buffet 7pm, meeting 8pm.

Thursday 30 November

Buckinghamshire "Sexually transmitted infections: everything you needed to know but were afraid to ask". Herons Lodge Guide Centre, Bradwell Road, Loughton, Milton Keynes. Buffet 7pm, meeting 7.30pm.



Royal Pharmaceutical Society of Great Britain

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Correction

In the lists of candidates for election to the Royal Pharmaceutical Society's national pharmacy boards (p620), Lindsey Gilpin was wrongly described as Lesley Gilpin and Stefan Fec was wrongly described as Stefan Fex.