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## Council to commission review of Society's future structure

The Council of the Royal Pharmaceutical Society, after a long debate (see p750), has decided to commission an independent review of the Society's structure, organisation and functions with the aim of producing a structure that will clarify the separation of the Society's regulatory and professional functions, possibly by splitting the Society in two.

The Council's decision was made in the light of the Government-commissioned reviews of regulation of health care professions — the Foster review of "The regulation of non-medical health care professions" and the Donaldson review of the regulation of the medical profession, "Good doctors, safer patients". The Council had before it a document setting out the factors that might influence any decision on the Society's future structure.

In its formal response to the Foster report, the Society had argued that the report presented no evidence that the Society's integrated professional and regulatory roles had had a detrimental affect on public safety, the standards achieved by the pharmacy profession or the quality of pharmacy services. However, the Council had also had to take note of the opinions of chief pharmaceutical officers for Scotland, Bill Scott, and for England, Keith Ridge, who seemed to be advocating the splitting of the Society to put clear sky between regulation and professional leadership (*PJ*, 9 September, p313).

After considering all relevant factors, the consensus of Council members during its debate was that the integrated role, despite its success, was no longer viable within the current political climate. The Council therefore made two decisions. The first was to support the request in the Foster review for a "clarification of the separation of regulatory and professional functions". The second was to support an independent review of the Society's structure, organisation and functions in order to make recommendations for a satisfactory solution to the Foster review's request for clarification.

The Council further agreed that the independent review should:

- Consider the principles of separation of functions
- Consult widely, and in particular, with members of the profession

- Consider the options and models
- Consider the implications, including: efficient and economical linkages; membership and registration links; legal, human resource and financial matters; benefits, risks and costs
- Propose a way forward

The Council also agreed to set up a steering group for the independent review of the Society. On behalf of the Council, the steering group would:

- Ensure that the independent review was going forward within timescale and that there were no barriers to timeliness
- Receive and instruct legal advice on the human resources implications and legal advice specific to the duties and responsibilities of Council and Council members
- Report back to the Council as appropriate

The steering group would be established under the Council's standard operating procedures for working groups. It would be asked to report on progress at the March 2007 Council meeting. The group would continue in existence until the independent review is completed.

During discussion it was agreed that the steering group should consist of the President, the Vice-President and the Treasurer plus two lay members of Council.

The President asked Council members to submit names of lay members to join the group. All names would be considered because of different people's different expertise. The aim would be to create a balanced team.

Rob Darracott, the Society's director of corporate and strategic development, drew attention to an example of how a review might be conducted. A review conducted on behalf of the Royal Institute of Chartered Surveyors had been a clear two-stage process. During the initial evidence-gathering stage, the reviewer, Sir Brian Carlsberg, had consulted widely with members as well as with specific groups, specific people and other stakeholders. Then in the important post-decision implementation phase, the members had been brought together to understand what the outcome of the consultation meant.

### This week

- **Society's future structure**  
After a long debate, the Society's Council has decided to commission an independent review of the Society's structure, organisation and functions with the aim of producing a structure that will clarify the separation of the Society's regulatory and professional functions (p749 and p750).
- **Dispensing errors**  
Dispensing and labelling errors should be decriminalised to make it easier to treat them as learning opportunities, the Council has decided (p753).
- **Support staff advisory group**  
The Society is seeking members for its new support staff advisory group (p754).

### December Council meeting

The Council of the Royal Pharmaceutical Society met in London on 5 and 6 December 2006. News about various matters raised at the meeting appears on this page and the following four pages. Further reports will appear next week. These reports will be supplemented in due course by a verbatim transcript of the meeting's open sessions published on the Society's website along with relevant agendas, supporting papers and minutes.

**Attendance** Those present at the meeting were the President (Hemant Patel), the Vice-President (Gerald Alexander), the Treasurer (John Jolley), Seema Agha, Martin Astbury, Jonathan Buisson, David Carter, Brian Curwain, Sultan Dajani, Stephen Denyer, Dorothy Drury, Phillida Entwistle, Davan Eustace, John Gentle, Andrew Gush, John Hanlon, Sylvia Hikins, Corinne Hunt, Lorna Jacobs, Ray Jobling, Alan Kershaw, Lesley Morgan, Graham Phillips, Colin Ranshaw, Marcia Saunders, Michael Schofield, Douglas Simpson, David Thomson, Stephen Wells and the Secretary and Registrar (Ann Lewis). Also present were the chairman of the Society's Scottish Executive (Rose Marie Parr) and the chairman of the Welsh Executive (Peter Jones).

**Apologies** An apology for absence was received from Bob Michell.

**Guests** Present by invitation were the following representatives of the Society's branches and regions: Alastair Buxton (Buckinghamshire branch), David Evans (chairman, Anglia region) and David Stanton (Halifax branch).

# Council members praise Society's integrated role but accept need to consider a clearer separation

The decision made at the **December Council meeting** to commission a review of the Royal Pharmaceutical Society's dual role of representation and regulation (see p749) followed a long debate during which Council members expressed confidence in the Society's ability to manage its dual role but accepted that external pressures dictated a greater, if not complete, separation of the roles.

Opening the debate, Jonathan Buisson said that the Council was on the verge of a momentous decision about the future of the Society. It was probably the most important decision the current Council would have to make and the second most important decision since the Society's founders met in the Crown and Anchor in 1841. There was a range of options. At one end of the spectrum was keeping the Society exactly as it was; at the far end was setting up two completely separate independent bodies with no links between them.

Mr Buisson said that he welcomed the idea of an independent review before the Council made its decision. The review would help it decide how far along the spectrum it had to go to meet the recommendation of the Foster Review that the Society should "clarify the separation of its roles".

He added that the Council had a duty to the Society and all its members, whether practising or non-practising, and whether or not their work was related to the NHS. The Society was not a pharmacy delivery agency for the NHS. That did not mean that it could not help members who worked in, for or around the NHS, but there were also plenty of other members who looked to it for support and who had nothing to do with the NHS.

## A professional body run by pharmacists

Douglas Simpson pointed out that it was recorded in the minutes that Council policy was "support for a regulatory board with a lay majority". The minutes also recorded that "the professional body must be run by pharmacists" — and it had been agreed earlier in the Council meeting that "run" meant "governed".

Mr Simpson said: "A regulatory board with supremacy over a professional board is unacceptable. The integrated role and professional self-regulation are both dead ducks and there is no point in seeking to resurrect them. It is clear that there must be blue water between the regulatory and the professional; that is a given. I think that is the Government's position, no matter what structure we propose. That is the end of the integrated role, it seems to me.

"Self-regulation post-Kennedy was a move to professional regulation with public

participation. Post-Foster and Donaldson, it will be public regulation with professional participation. So professional self-regulation is also gone."

Mr Simpson added that the two-board model — as approved by the special general meeting in 2002 — did not seem viable. It had made no progress then because it had lacked support from the Council of the day and the Department of Health. The chief pharmacist at the time (Jim Smith) had said that the Council could not abrogate its responsibilities for regulation (*PJ*, 3 August 2002, p158). The Government would only accept a two-board model today if the regulatory side was dominant, which was not acceptable to the Council.

"Pharmacists need a professional representative body that democratically represents their views," he continued. "They have had one since 1841 and they continue to need one today. I believe that a body developing educational standards in the same way as a royal college could be part of the functions of the Society in the future. In the light of the Council decisions already made on the composition of a regulatory board and the supremacy of that board being unacceptable, and the official line on supremacy that I have indicated already, it does seem to me to require the existence of two bodies in the future."

The Society should continue as a professional body, said Mr Simpson, and a separate regulatory board should be set up. This would fit best with Foster's desire for a Northern Ireland-GB merger. The Pharmaceutical Society of Northern Ireland could also continue as a representative body with its regulatory side becoming part of a new UK regulatory board.

Because Foster had called for a further review in 2011, the Council needed to make a decision that would stand the test of time. Any review that was set up should be a "how to" review, not a "what do we do now" review, because open-ended reviews could come up with answers that were not acceptable to anybody.

## Two legal entities with shared facilities

Perhaps the solution would be two legal entities, independently managed but sharing some facilities and with staff continuing in the same pension fund. But whatever was decided it would have to be confirmed by the membership.

On the Society's assets, Mr Simpson said that the Society had owned valuable property since its foundation but it had only officially become a statutory regulator in the 1930s. Other Society property was owned by the Benevolent Fund, which did not have a

regulatory role. Publications such as *The Pharmaceutical Journal* and Martindale were extremely valuable properties. Again, they could not possibly be regarded as regulatory property. The Society's valuable museum collections could not possibly be said to have been assembled in any way as part of a regulatory function. Those matters needed to be borne in mind when the Council came to consider the assets of the Society.

David Carter said that he shared Mr Simpson's views. There was a clear steer from the Government to separate the regulatory and professional functions. If he had to vote today, he would vote in favour of beginning the separation process. However, the Charter required the membership, not the Council, to take the decision. Therefore, to give the members the chance to take an informed view and fully understand all the options and pitfalls, an independent review had to be commissioned, but it should be a quick review with a publicity campaign to go with it.

## Danger of oversimplification

Stephen Denyer said that Council members were in danger of oversimplifying what they read and the messages they believed they were receiving. It was important to test what separation of function could mean. There was strength in having a regulatory organisation informed by professional understanding and leadership; there was strength in a professional organisation being advised, supported and weighted by the presence of regulation.

The President said that he would like to hear the views of all other pharmacist members of Council first, followed by the pharmacy technicians and lay members.

The Vice-President said that ministerial opinions and decisions made it clear that a Society in which the regulatory authority was subservient to a professional authority was unacceptable. It was also clear that a model in which the two roles sat level or equal was unlikely to succeed. The two roles had to be separated for the public benefit and for the benefit of pharmacy — although that was not to say that they could not exist alongside each other in separate bodies. His personal belief was that there should be two organisations working closely together — one a professional body in the form of the Society and one a regulatory pharmacy council that could also cover Northern Ireland.

He added that the Council needed to make a decision on the way forward and the review should follow that decision.

Brian Curwain said that much detail had to be sorted out. A review was essential. It

needed to be by someone independent and it needed to be as quick but thorough, because the decision had to be right. The Council also needed to reaffirm publicly its desire to continue to work with the Government. To close any doors would be unhelpful. He was happy to end with two separate organisations, but the Society needed to be clear about how it was to be done before making a public statement about exactly what would happen.

### Review will point to medical model

Martin Astbury expressed the view that both the public and the profession were best served by the integrated role. But it had become apparent that the present model was no longer acceptable. He believed the review would almost certainly point in the direction of the medical model.

Sid Dajani said that he endorsed the medical model. He did not need a review to tell him what was needed. "The only people who want a review," he suggested, "are people who want to waste time, procrastinate and hope things will change for the better. The truth is that it won't change. We have had so much direction, so much future progression on the Government's side. They want a 'one size fits all' for all regulatory bodies. They do not want to see how well we have done in the past. They want us to fit into a nice little pigeonhole, and unfortunately the Society has never worked like that."

Dorothy Drury said that, because the regulatory function had to be supreme, there could not be true leadership for pharmacists in a dual-role body. She saw no problem with pharmacists paying fees to two bodies.

Davan Eustace said that, like Mr Astbury, she had long been wedded to the integrated role. It had taken a long time to reach a decision, but she now believed that separation along the lines of the medical college model was the best way to go. It was important to have a strong leadership body as well as a strong regulatory body and the only way to achieve this was along these lines.

John Gentle said that the Government wanted the Society to split but it did not want to be responsible. It wanted the Society to make the decision. Bearing that in mind, it seemed that it would allow the Society some leeway. The conditions were now right for the Society to get the best deal for the profession and the public. The decision should be taken now and the review should be about how to do it, not whether to do it.

Mr Gentle added that he too had always believed that the integrated route was the best way to go, but there was no longer any point. What the Council now had to aim for was the best it could get away with, not the best.

Andrew Gush agreed that the Council needed to show leadership and make an immediate decision about where it wanted to be, followed by a review to show how to get there. He wanted the Society to be a separate,

independent, professional organisation with no regulatory function. Although having a strong regulator with a lay majority was in the public interest, it was also important for pharmacy to have a strong representative body, independently governed to guide it through times of great professional change, to challenge the regulator and to drive the profession forward.

Graham Phillips said he concurred with the points made by others. The simple truth was that the profession was over-regulated and under-represented. That was not in its interest. More significantly, it was not in the public interest.

He added that pharmacists were now petrified of their professional body because the regulatory agenda had overwhelmed the professional agenda, in terms of strategy and resources. To continue with an integrated fudge would only make matters worse. A clear separation was inevitable, even though the requirements of the profession and the Government were aligned in many ways. The Council should show leadership and make a decision. Continuing uncertainly was unfair for the profession and for the Society's staff.

If one looked at the responses to the consultation on the draft Section 60 order, every pharmacy body apart from the Society had argued for a split. There was no feeling in the profession that the integrated role should be maintained.

Mr Phillips added that he was in favour of a review. The Council needed to decide not whether to have a review but what the review should be about.

### The good should not be thrown away

Colin Ranshaw said that the Society's current integrated role was not perfect but it had worked. There had been an independent Statutory Committee not accountable to the Council for almost 60 years. There had to be some good in that, and it should not be thrown away. He did not want to be told what direction the review should take. He wanted all the information in front of him to assess what direction to take, accepting that the current situation was not acceptable to the Government.

One concern was whether the Government would regulate industrial pharmacists, academic pharmacists and others not working directly with patients. Did they need to be regulated? At the moment, the Society had power to regulate them and take appropriate sanctions if they did not perform to a set level of practice.

He also did not know where education sat. The regulatory body would only be concerned with the NHS side of education. Where would that leave the education of Qualified Persons, for example?

He did not know the answers, but hoped that the review would bring them forward. A review was needed to give the debate to the membership. The review should not be directed down one single tunnel.

Stephen Wells said that he still believed that the integrated role was fit for purpose but now strongly believed that the way forward was to form two separate bodies. He saw the Society becoming the professional leadership body, but it also had a duty to ensure that a strong regulator was formed to work alongside it. Working closely together would lead to a healthy tension between the two, which would drive forward innovation. An independent review was essential to show that this was the true way forward and to consider the interests of all the parties involved — the public, the members and the Society's staff.

### Council must show leadership

The Treasurer said that the most important factor was for the Council to show leadership and reach a decision. Matters should not be delayed any longer. The Society had had a clear direction from the chief pharmaceutical officers and it would be negligent to disregard that view. He believed that a review should only be undertaken after the Council had made the principal strategic decision as to what direction the Society should take. It did not have time on its side to delay the decision.

Rose Marie Parr and Peter Jones both believed it was important to give members around Britain a chance to contribute to the debate.

The President replied that the Council would not make a final decision until after consultation with all the members. He then asked the two pharmacy technician members of Council for their views.

Corinne Hunt said that, while listening to the debate, her views had swung between integration and separation. On the strength of that alone, she believed there should be a completely independent review about which way to go, with a follow-on from that to how it should be done.

Lesley Morgan said that the Council needed to know the implications of different possible directions of travel. "Until we have got all those facts, I do not think we can make our decision or guide our members, because you can be sure that when we go out to consultation, members will ask us the nitty-gritty. If we cannot answer those questions, that is where we lack leadership."

The President then asked lay members to give their views.

Michael Schofield said that some separation was clearly needed. The Government wanted it and the profession now appeared to be taking that view. But there was also a need for good linkage between regulation and representation and pursuit of professional interests. If the Society could produce a practical working model, the Government would take it seriously. In a sense, it would have done the Government's work for it. But if it could not do so, and the question of regulation was left to the Government, then one could not tell what the outcome might be. It might be a general pharmaceutical

council, but there were other ways of regulating the profession. There was already the Health Professions Council which, to anyone taking a simplistic view, would appear to be a possible option.

Professor Schofield added that the Society's trump card was cost, because any model that had close linkages (and maybe shared accommodation and shared facilities) would be cheaper than any other. And that mattered in Whitehall.

He warned that it would take time. It was a marathon, not a sprint, and to cover the first 100 yards of a marathon in 10 seconds was not a good idea. He added that the General Medical Council had asked Niall Dixon from the King's Fund to undertake a review. It had helped the GMC get a better deal out of Donaldson than it thought possible. That was one of the things a sensible review could achieve.

Concluding, Professor Schofield said: "I have tremendous sympathy and support for those who want to see a separation. It is how to achieve it and I think we should take it in a measured way, because I think that will keep our options open until we are quite sure what it is we want to go for."

### Independence of review is important

Marcia Saunders said that for her the independence of the review was most important. It should be about how to clarify the two main areas of function. The Council was in danger of pushing the Society into crisis if it made a snap decision. There were huge risks — financial, legal and human resources. The Council had to be seen to be acting reasonably, and the way to act reasonably was to commission a genuinely independent inquiry. She agreed with those who had spoken about keeping the options open. Council members also had a fiduciary responsibility for sound stewardship, and should get legal advice on their own personal responsibilities. The Council should not destabilise the Society and do things like float off a regulator if that had a profound effect on its financial viability.

So, to show that the Council was acting reasonably, a properly independent review should look at all the options. The big question was how to clarify the separation of functions between the professional and regulatory responsibilities.

Commenting on Ms Saunders's reference to Council members' fiduciary responsibilities, Rob Darracott, director of corporate and strategic development, said that the Society had already sought advice on the matter. There could be implications in relation to Council members' fiduciary responsibility to the Council whichever route was taken.

Alan Kershaw said that that information spoke clearly to the need for a properly independent review. He went on to say that it was unsubtle to talk about just two roles. He saw three strands — regulation, leadership and representation. It was also unsubtle to talk

about a "royal college model" as if there was only one such model, because the royal colleges were not all the same. And he was also a little alarmed about the apparent enthusiasm for the medical model: "Let us not get all starry-eyed about it, because we are all quite happy to bash it from time to time when it does things badly, as it does."

Commenting on Mr Phillips's reference to the views of other pharmacy bodies, Mr Kershaw warned that some of them may have their own motives for wishing to see the Society split in two.

Mr Kershaw added that he would not decide which model he favoured until he had seen the arguments properly considered. There was nothing to lose from a truly independent review and a great deal to gain.

### Integrates model serves public well

Ray Jobling said that he was one of those who believed that the integrated role model had served the public interest well in pharmacy. But the external environment had changed, and in the shifting social climate there had to be a separation.

Regulation had to continue as a partnership between professionals and lay people, but it was now clear that in future it would be led by the latter. He believed there would be a lay chairman and a clear lay majority, with all the regulators appointed rather than elected. That was one thing a review should discuss.

Professional leadership benefited from informed lay involvement, but the professional leadership body, if it were a separate body, would be chaired by a professional and have a predominating professional majority. Furthermore, there was more to professional leadership than simply representing the interests of the profession in a narrow sense. There was a public interest here too, which pharmacy recognised but which needed to be written more clearly.

It was the medical profession that had led pharmacy into this mess, which it did not deserve, but now the medical profession had pointed the way. The review should be thorough but not needlessly long. The membership was waiting for it and the public, in so far as it was aware of it, was waiting for it. Certainly the Government was waiting for it. But the membership issue had to have priority, and the membership did not yet have the issues and the options put properly before it.

Lorna Jacobs said that instigating a review would not delay a decision for more than a few months but it would ensure that the decision was well founded. Council members clearly had a number of ideas and their experience and wisdom needed to be fed into the review. The review would also allow an opportunity to clarify the legal and financial complexities to find the most sustainable structure that was in line with the Society's vision and the constraints of the current political environment.

Sylvia Hikins recommended standing back, taking the heat out of the situation and

looking in a cool, rationale way at the future pathway for the Society. A review was an important step. She hoped all Council members would keep an open mind, even though they might have inclinations and leanings. "Let us have an independent person whom we can all respect, who is respected out there by the membership, to look at the different ways of separating the roles, because that is the issue."

John Hanlon said that the Government would make the final decision. The Society could only help to influence it. But one immediate decision for the Council was to seek independent advice on the human resources and legal issues.

Another necessary decision was to set up a small review group to oversee the review process, because a 30-strong Council would not be able to manage it.

Phyllida Entwistle said that it would not be abrogating leadership to proceed with caution and to obtain as much evidence as possible via a review before making recommendations to the membership. The review should find out what the risks were and how they might be managed.

She added that, if separation was inevitable, she wanted to know why. Her gut feeling was that it is inevitable, but the Council should proceed with caution. The Society would not be able to go back if it makes the wrong decision.

### Decision should be evidence-based

Seema Agha said that the words "split" and "separate" had not helped the debate. She had sympathy for pharmacists because she, too, was a regulated professional and knew how difficult the decision was but, as a lay member, she wanted to act with caution. Her advice as a lawyer was that the decision should be evidence-based and take account of the risks and the conflicts. Whatever decision was to be delivered, it had to be acceptable to the membership and the public and be robust.

She wanted an open-minded review that would clarify the issues. "What are the risks? What are the options? How do we achieve the clarity of the separation, if that is a recommendation of the models? What costs are involved? What has not worked elsewhere? What lessons are to be learnt? I want the review to be timely and evidence based."

Closing the debate, the President agreed with the consensus that the current model was not sustainable. Even if it were, the Government would want a lay majority on the Council, which would not be acceptable to the Council or the profession. So the Council had to consider either an internal separation of roles or an external separation.

His personal feeling was that, subject to a review, by 2009 the main role of the Society should be to provide professional leadership and to support pharmacists in their education, practice and standards setting. In addition, it had to ensure there was an excellent Benevolent Fund.

# Council seeks decriminalisation of dispensing errors

Dispensing and labelling errors should be decriminalised to make it easier to treat them as learning opportunities, the Council of the Royal Pharmaceutical Society has decided on the recommendation of its Infringements Committee.

At the **December Council meeting**, the Council agreed to start the process of seeking a change to legislation to decriminalise such errors. Because the process will take time to effect, the Council also agreed that, in the meantime, it would revise the current criteria to prevent referral to the Statutory Committee of matters that do not bring a pharmacist's fitness to practise into question.

The Council had before it a discussion paper prepared jointly by the Fitness to Practise and Legal Affairs Directorate and the Practice and Quality Improvement Directorate. The paper pointed out that pharmacists commit a criminal offence each time they make a dispensing error or labelling error. If such an error is reported to the Society, the pharmacist is informed that it may lead to their removal from the Register or the imposition of some other sanction by the Statutory Committee — although in practice it is more likely to lead to no further action by the committee.

The impact of all this on the pharmacist can be devastating and, as a result, there is serious under-reporting of errors and near misses. This precludes the opportunity to use these incidents as learning opportunities to reduce the number of errors in the interest of patient safety. This is in conflict with the Society's key role of public protection.

The paper said that the Society has a duty under the Medicines Act to enforce various provision of the Act, and the Infringements Committee has a statutory duty under its Procedure Rules to consider all alleged infringements brought to its attention. It refers to the Statutory Committee only those cases in which there is a real prospect of establishing misconduct which would render the person concerned unfit to remain on the Register.

During 2006 the committee has been unable to keep pace with the number of new cases being received and it has agreed extra sittings in 2007 to help clear the backlog. Yet research has shown that only a small fraction of dispensing errors are reported to the Society. Reasons for this under-reporting include fear of being disciplined and loss of self-esteem. The researchers found a "prevailing blame culture in which incidents were routinely covered-up, preventing any opportu-

nity for organisational learning". The blame culture appeared to lead to pharmacists being reluctant even to report incidents to the National Patient Safety Agency, where such referrals are anonymised.

The paper said that this was a problem for the Society because one of its key roles was protection of the public. Initiatives to improve patient safety stressed the need to obtain comprehensive information on adverse events so that it can be used as a source of learning and to prevent recurrences. But thousands of such learning opportunities were lost locally each month, thereby precluding the realisation of widely applicable solutions.

The paper said that the Infringements Committee recommendations would alleviate the situation in the short term while at the same time enable a longer term and more comprehensive solution to a long-standing problem. These steps were necessary to encourage open reporting by pharmacists of all errors and near-misses, so that the necessary learning can take place in the interests of patient safety, and to enable the Society to take a more risk-based approach to complaints by distinguishing those errors that should properly call the pharmacist's registration into question from those that do not.

## Council objects to Society having to notify employers about fitness-to-practise referrals

The President of the Royal Pharmaceutical Society is to write to the Department of Health expressing the Council's objection to the Government's failure to accept a recommendation that the Society's Investigating Committee should have discretion as to whether the referral of an allegation to a fitness-to-practise committee should be reported to the pharmacist's employer.

In its response to the consultation on the draft Pharmacists and Pharmacy Technicians Order under Section 60 of the Health Act 1999, the Council had expressed concern about a requirement that any allegation referred to a fitness-to-practise committee should be notified to ministers and to the employer of the person concerned (where the employer was known). The Council believed that such a provision could harm, for example, someone applying to a commissioning body to provide pharmacy services, should they be the subject of an allegation that was later found to be unproven.

Such considerations were particularly relevant in pharmacy, the Council had said, because exposure to commercial competition was greater than in some other health professions and a false allegation might be made with the aim of securing a competitive advantage. The Council believed that the Investigating

Committee should be able to decide in each case whether to make such notifications.

At the **December Council meeting**, Mr Hanlon pointed out that the Government had failed to accept the Council's recommendation. He said that it was his belief that the decision had the potential to cause grave injustice and he wanted to put on record his dissent and opposition.

Mr Astbury and Mr Dajani asked for their dissent to be recorded too. The President then put the matter to a vote, and the Council agreed to endorse Mr Hanlon's view.

Mr Phillips said that the decision was significant, particularly when the matter had been raised by a lay member of Council. He hoped a letter would be sent to the Department notifying it of the strength of feeling.

The Council then agreed that the President should write to express its opinion.

The Secretary and Registrar pointed out that it was too late to amend the draft Order because it had already been laid in Parliament. She suggested that the best course of action was to write to the Department now and then take it up again when there were further Orders, which there would be. But, because of the Department's approach to harmonising the regulation of health professions, success was not likely.

### Council in brief

#### Retiring Council members

The Council noted at the **December Council meeting** that the elected members of Council due to retire in 2007 are Mr Alexander, Mr Dajani, Mrs Eustace, Mr Gentle, Mrs Hunt, Mr Jolley and Mr Wells. Under the Society's regulations, Mr Dajani is not eligible to serve a further term of office immediately. The appointed Council members due to retire in 2007 are Mrs Jacobs, Mr Kershaw and Professor Schofield. Professor Schofield is not eligible to serve a further term of office immediately. The process of appointing three members to serve from 2007 to 2010 will start in the near future.

#### New Council members

Newly elected or reappointed members of the Royal Pharmaceutical Society's Council in 2007 will take office on Saturday 19 May, the Council agreed at the **December Council meeting**. That date was chosen because it is the publication date of the issue of *The Pharmaceutical Journal* that will include the Official Notice giving the names of those elected.

## Support staff advisory group members sought

Following the Council's decision in October to establish a support staff advisory group (*PJ*, 21 October, p494), the Royal Pharmaceutical Society is now seeking nominations to serve on the group.

The 13-strong group, to be established in early 2007, will include pharmacists, technicians, employers and experts in vocational training. Initially the term of office will be one year, subject to review.

Information about the required competencies of group members is available from Janet Flint, Head of Support Staff Regulation,

Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2410, e-mail janet.flint@rpsgb).

Those wishing to serve on the group are requested to provide details of their current position, a brief career history and a statement outlining their areas of expertise in relation to the required competencies. The closing date for nominations, which should be addressed to Janet Flint at the above address, is 15 January 2007. Short-listed candidates will be interviewed by a panel at the Society's headquarters on Wednesday 31 January 2007.

## Dispensing of CD instalments due on holidays

As *The Journal* went to press, the Royal Pharmaceutical Society was awaiting clarification from the Home Office in relation to wording that may be added to Controlled Drug instalment prescriptions to allow instalments due on days when the pharmacy is closed (eg, Sundays and bank holidays) to be dispensed on the day immediately before the closure. Once received, the information will

be placed on the Society's website ([www.rpsgb.org](http://www.rpsgb.org)) to provide pharmacists with advice in time for the Christmas and New Year holidays. It will be posted as a Law and Ethics Bulletin on the Legal and Ethical Advisory Service section ([www.rpsgb.org/informationresources/advisoryservices](http://www.rpsgb.org/informationresources/advisoryservices)). It will also appear in the 23/30 December issue of *The Pharmaceutical Journal*.

## New museum displays at Society's HQ

The Royal Pharmaceutical Society's museum has been able to display more items from its collections as a result of the refurbishment of the Society's basement area to create a new conference suite (*PJ*, 4 November, p557).

The new displays are in three showcases integrated into the conference suite foyer, where they can be studied by conference participants and other visitors to the building.

Two of the cases show a selection of items from the museum's caricature collection and a range of pieces from the Society's silver collection. The third case contains an assortment of "mystery" objects for visitors to puzzle over. They include items of dispensing equipment, gadgets that have been used

and developed by pharmacists to complete specific tasks and some infrequently seen medicinal ingredients and dosage forms.

The new displays can be seen during the guided tours offered by museum staff at 2pm and 4pm on Tuesday afternoons. Tour places can be booked by contacting the museum



At an open evening on 27 November to launch the new displays, guests puzzle over the "mystery" objects



Guests at the open evening examine items from the museum's caricature collection

office (tel 020 7572 2210; e-mail [museum@rpsgb.org](mailto:museum@rpsgb.org)).

(No appointment is needed to visit the six museum showcases installed earlier this year in the Society's reception area. These displays can normally be viewed from Monday to Friday between 9am and 5pm.)

## Five receive research awards totalling £50K

The grant of five pharmacy practice research awards for 2006 with a total value of £50,000 has been announced by the Pharmacy Practice Research Trust — the independent body established by the Royal Pharmaceutical Society in 1999 to promote practice research.

The awards are intended to enable the recipients to develop their skills as pharmacy researchers and to equip them to undertake specialist research in the field of pharmacy practice.

Gianpiero Celino, director of Webstar Health, will receive a £35,000 Sir Hugh Linstead fellowship, which he will use to support a project on patient-centred outcomes from medicines use review (MUR), based at Keele University.

James Desborough, of the school of chemical sciences and pharmacy, University of East Anglia, will receive a £5,000 Sir Hugh Linstead fellowship to conduct a pilot of a randomised control trial for a study of the effect of MURs on patients' self-reported adherence.

Tabassum Jafri, of the engineering design centre, Cambridge University Engineering Department, will receive a Galen award of £6,000 towards a study on improving medication safety.

Adam Mackridge, of the school of pharmacy and chemistry, Liverpool John Moores University, will receive a Galen award of £2,000 to undertake qualitative research methodology training.

Jasmin Widmann, of the school of pharmacy and pharmaceutical sciences, University of Manchester, will receive a Galen award of £2,000 to undertake qualitative research methodology training to support her in her PhD on the perceptions of adolescent and adult kidney transplant patients towards the risks and benefits of drug therapy.

The Linstead fellowships, made annually to a total value of £40,000, are funded by a grant from the Leverhulme Trade Charities Trust. The Galen awards, made annually to a total value of £10,000, are funded from a bequest by the late Rowland Henry Williams.

Details of the application process for the 2007 Practice Research Awards will be announced in January 2007.

## New address and contact details for Welsh Executive

The Royal Pharmaceutical Society's Welsh Executive has moved to a new address and has new telephone and fax numbers.

The office is now at Unit 2, Ashtree Court, Woodsy Close, Cardiff Gate Business Park, Cardiff CF23 8RW. The telephone number is now 029 2073 0310 and the fax number is 029 2073 0311.

## DEATHS

**Agnew** On 26 October, Edward Agnew, MRPharmS, aged 89, of 15 Birtwhistle Street, Gatehouse of Fleet, Castle Douglas, Kirkcudbrightshire DG7 2JJ. Mr Agnew registered in 1949.

**Aveson** On 4 October, Brian Thomas Aveson, MRPharmS, aged 70, of 21 Ladybower Court, North Road, Glossop, Derbyshire SK13 7AQ. Mr Aveson registered in 1959.

**Brooks** On 16 October, Margaret Mary Brooks, MRPharmS, aged 70, of Five Gates, 7 Milton Road, Walsford, Wimborne, Dorset BH21 1NY. Miss Brooks registered in 1959.

**Davies** On 4 December, David ("Dai") James Geler Davies, FRPharmS, aged 69, of Dynevor, Bathampton Lane, Bathampton, Bath BA2 6TL. Professor Davies registered in 1961. In 1964, having obtained BSc, MSc and PhD degrees from the University of Manchester, he became a lecturer in the department of pharmacy at Bristol College of Science and Technology, which was soon to be transformed into Bath University.

He was promoted to senior lecturer in 1971 and reader in 1981. In the same year he was designated a fellow of the Royal Pharmaceutical Society for distinction in the science of pharmacy. His main research interests were the effects of ionising, ultraviolet and visible radiation on cellular integrity and the formulation of sterile products to improve drug delivery to specific sites in the body. He was appointed to a personal chair in 1991 and became head of school in 1992. A restructuring of Bath University saw him appointed dean of a new faculty of science in 1997. He took early retirement in 2001. (Tribute, p756)

**Iles** John George Iles, whose death was announced briefly two weeks ago (*PJ*, 2 December, p676), was awarded a BSc degree in physics by the University of London in 1952 before going on to gain a pharmaceutical chemist diploma in 1956. He was for many years a proprietor community pharmacist in North London, where he served on the Camden and Islington Local Pharmaceutical Committee and was for two years chairman of the London Pharmaceutical Group (of four LPCs). He also served on the Camden and Islington Family Health Services Authority and the North East Thames Regional Pharmaceutical Committee. As

Royal Pharmaceutical Society and Academy of Pharmaceutical Sciences

## Residential course: Stability testing of pharmaceuticals

- **Date:** Monday 19 February (noon) to Wednesday 21 February 2007 (1.30pm).
- **Venue:** Moller Centre, Cambridge.
- **Content:** Chemical and physical aspects of drug substance and product stability; development pharmaceuticals and stability testing; rational design of stability testing methods; selection and validation of stability-indicating analytical methods; stability testing of biotechnology products; product packaging and stability testing; UK and European regulatory perspective; international aspects of stability testing for product registration; characterising materials with respect to physical stability, and practical aspects of finished product testing. Workshop sessions will use practical examples to illustrate essential steps in developing stability testing protocols.
- **Aim:** To provide a programme of value to those involved in stability testing of pharmaceuticals and related products,

including formulation scientists, analysts, those involved in regulatory affairs and recent graduates working in an R&D environment, including workers in related fields such as foods and cosmetics.

- **Course fee:** Members of the Society or APS £1,692; others £1,72.50. An early bird fee of £1,639.13 applies if payment is made by 22 December. Fees include VAT, two nights' accommodation, meals and refreshments, course documentation and a CD-ROM with relevant reference sources.
- **Further information:** Julie Churchill, Science Programme Manager, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2261; fax 020 7572 2506; e-mail science@rpsgb.org). The course brochure can be downloaded from the "Events and meetings" page of the Society's website ([www.rpsgb.org/worldofpharmacy](http://www.rpsgb.org/worldofpharmacy)).

Royal Pharmaceutical Society and Swedish Academy of Pharmaceutical Sciences

## Residential course: Pharmacokinetic–pharmacodynamic data analysis

- **Dates:** Sunday 20 May (5pm) to Thursday 24 May.
- **Venue:** Madingley Hall, Cambridge.
- **Content:** An advanced workshop providing an interface between the computer analysis of pharmacokinetic (PK) and pharmacodynamic (PD) data and physiological concepts. Based on the background and concepts provided by the course lecturers, delegates will apply this information to the WinNonlin modelling package. The course includes access to the computer package to undertake hands-on exercises on real-life case studies and availability of course tutors to help in problem solving.
- **Delegates:** Advanced level research scientists in the pharmaceutical industry, academia, regulatory agencies and contract research firms with at least three years' experience in PK/PD analyses and modelling; participants who have attended the earlier introductory workshop;

researchers with a working knowledge of WinNonlin who wish to learn about its advanced features.

- **Course team:** Johann Gabrielsson (senior principal scientist, AstraZeneca R&D Mölndal) and Anders Hall (drug metabolism and pharmacokinetics team manager and discovery project leader, AstraZeneca R&D Lund).
- **Course fee:** Members of the organising bodies and the Academy of Pharmaceutical Sciences of Great Britain £1,840 + VAT, non-members £1,900 + VAT. Includes four nights' accommodation, meals and course documentation.
- **Further information:** Julie Churchill, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN. Tel 020 7572 2261; fax 020 7572 2506; e-mail science@rpsgb.org. A course brochure and booking form can be downloaded from the "Events and meetings" page of the Society's website ([www.rpsgb.org/worldofpharmacy](http://www.rpsgb.org/worldofpharmacy)).

well as serving on the Council of the Pharmaceutical Society for three years, he was a former secretary and chairman of the Society's North Metropolitan branch and a former chairman and regional communications officer of the Society's Anglia aegion. He also chaired the transport committee for the British Pharmaceutical Conference in London in 1983. He was designated a fellow of the Society in 1982 for distinction in the profession of pharmacy.

**Jennings** On 3 November, Paul Jennings, aged 56, of 2 Bida Lane, Congleton, Cheshire CW12 3LJ. Mr Jennings registered in 1976.

**Kendall** On 17 September, Alan Thompson Kendall, aged 86, of 23 Coverdale Road, Fairfield, Stockton-on-Tees TS19 7EA. Mr Kendall registered in 1941 and retired from the Register in 2004. He was a former community pharmacist in Bradford and Stockton-on-Tees.

**Parkinson** On 2 December, William Roland Parkinson, FRPharmS, aged 84, of 141 Norris Road, Sale, Cheshire M33 3GS. Mr Parkinson registered in 1944. He worked for more than 30 years in research and development for ICI Pharmaceuticals (now part of AstraZeneca).

**Powell** On 8 November, Trevor Storey Emery Powell, FRPharmS, age 81, of Fairways, 6 Wraylands Drive, Reigate, Surrey RH2 0LG. Mr Powell registered in 1953. He spent his career in the flavour and fragrance industry, initially with Stafford Allen & Sons Ltd and then with Bush Boake Allen.

**Procter** On 2 December, Michael Anthony Procter, MRPharmS, aged 75, of Tinkers, Grove Hill, Hellingly, Hailsham, East Sussex BN27 4HF. Mr Procter registered in 1957. He was the proprietor of a pharmacy business in Eastbourne for 40 years.

**Roebuck** On 25 November, Nicola Anne Roebuck,

MRPharmS, aged 54, of 168 Lockwoodscar, Newsome, Huddersfield, West Yorkshire HD4 6EA. Mrs Roebuck registered in 1974. (Tribute, Column 3.)

**Seal** On 16 November, Joy Seal, MRPharmS, aged 75, of 13 Finney Drive, Chorlton-cum-Hardy, Manchester M21 9DR. Mrs Seal registered in 1957.

**Smith** On 14 November, Horace Henry Smith, MRPharmS, aged 92, of 3 Sumner Close, Damescourt, Llandaff, Cardiff CF5 2TA. Mr Smith registered in 1946 and retired from the register in 1999.

**Vaudrey** On 22 September, Margaret Vaudrey, MRPharmS, aged 68, of 54 Church Street, Ilkeston, Derbyshire DE7 8QG. Mrs Vaudrey registered in 1960.

**Wilson** On 31 March, William John ("Ian") Wilson, FRPharmS, aged 76, of Broomhill, Wingham, Canterbury, Kent CT3 1DB. Mr Wilson registered in 1951. He joined the UK sales force of

Pfizer (UK) Ltd in 1954 and eventually retired from the company in 1990 after several years as chairman and managing director.

**Wood** On 23 November, Lorraine Pamela Wood, MRPharmS, aged 51, of 5 Canon Drive, Bowdon, Altrincham, Cheshire WA14 3FD. Mrs Wood registered in 1996.

**Wright** On 13 June, David Wilkie Scott Wright, MRPharmS, aged 72, of 81 Lodge Road, Writtle, Chelmsford, Essex CM1 3HZ. Mr Wright registered in 1958. He was a former director of Macarthy's Pharmaceuticals Ltd and managing director of its principal pharmaceutical distribution subsidiary, Macarthy's Ltd, retiring in 1986.

## Society's Christmas and New Year closures

**London** The London headquarters of the Royal Pharmaceutical Society will close for the Christmas holiday at 4pm on Friday 22 December and reopen at 9am on Thursday 28 December. It will close for the New Year holiday at 4pm on Friday 29 December and reopen at 9am on Tuesday 2 January 2007.

The library at the London headquarters will be closed between noon and 2.30pm on 15 December. It will suspend its Thursday late opening from 21 December and will close for the Christmas holiday at 3.30pm on Friday 22 December. The library will open from 9am to 5pm on Thursday 28 December and from 9am to 3.30pm on Friday 29 December. It will reopen as normal from Tuesday 2 January 2007, except that the usual Thursday late opening (10am to 7pm) will not be restored until 11 January 2007.

**Edinburgh** The House of the Society's Scottish Department in Edinburgh will close at 4pm on Friday 22 December and reopen at 9am on Wednesday 3 January 2007.

**Cardiff** The Society's Welsh Executive office in Cardiff will close at 5pm on Friday 22 December and reopen at 9am on Tuesday 2 January 2007.

## TRIBUTES

**Davies** In a tribute to the late David James Geler Davies (see p755), REX TYRRELL and STEVE MOSS (department of pharmacy and pharmacology, University of Bath) write: David Davies was one of the pioneers responsible for developing a research culture at the University of Bath, which grew year on year and eventually resulted in Bath becoming one of the leading research universities in the UK. Appropriately, David was to become its first dean of science in 1997.

However, David's professional life could have taken a very different course. While still an undergraduate pharmacy student he auditioned and was accepted for the D'Oyle Carte Opera Company. The dilemma presented was resolved by his father who insisted that he complete his degree. Fate soon led him to Alan Tallentyre's radiation biology research laboratory in the University of Manchester as a PhD student and the dream of opera stardom was replaced by the excitement of a barely more predictable career in science. He did, however, maintain a lifelong interest and activity in opera and took many lead roles as a baritone in Bath.

As a scientist and pharmacist, David dedicated his entire professional career to the University of Bath. While the University was moving from Bristol to Bath, David took a year working at the Argonne National Research Laboratory in Chicago with Herb Kubitschek, an inspirational biophysicist who had been part of Fermi's group working on the Manhattan project.

On his return to Bath he established one of the first postgraduate groups in the university and focused on the damaging effect of ultraviolet light on cells. In parallel with his research on cell biology David, with his colleague Brian Meakin, established a pharmaceutical research group working initially on ophthalmic medicines and later on solid dosage forms and aerosols. The group expanded and became the Centre for Drug Formulation Science, an early example of what would be known as a spin-off company within the university. It eventually outgrew the university and became the nucleus of Vectura, which is currently one of the UK's successful pharmaceutical development companies.

The facts surrounding David's career are well-recorded. However, less easily defined is the major influence of his unique personality on people. During the week since his death, his colleagues at the university have received a stream of phone calls and correspondence from past students, postgraduates and colleagues expressing their memories and recollections of David as a mentor and a friend. Running through their collective thoughts there has been the theme of a man who was always there when needed to offer support and advice and to whom they felt indebted for helping them achieve their goals.

David's heritage to his profession is a network of scientists that have inherited his inspiration.

**Roebuck** In a tribute to the late Nicola Anne Roebuck (see Column 1), GILLIAN HAWKSWORTH writes: Nicola was a special drug information pharmacist. Up-to-date, reliable information was always available along with friendly advice and where necessary a good sense of humour.

She was a source of constant support, not only to her immediate hospital colleagues but to the many community pharmacists who, as I

did, who turned to her for help during busy surgeries in order to be able to deliver a high standard of immediate patient care.

Nicola had been ill for some time but it was still a terrible shock to hear the sad news of her untimely death. Those who knew her, through her work with the Society's Huddersfield branch and as a past chairman of the Yorkshire regional committee, or as a preregistration tutor or in one of her other roles involving clinical teaching, will know how truly professional and helpful she was and why she was held in such high regard by her colleagues in the Yorkshire region and beyond.

Nicola will be missed by all those who regarded her role with the utmost importance and especially by those who, like me, regarded her as a friend and relied on her wise counsel.

## DIARY

### Headquarters meetings

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

**Monday 18 December**  
Science Committee. 12.30pm.



## Royal Pharmaceutical Society of Great Britain

### London headquarters

Switchboard 020 7735 9141; direct dialling, see 'Medicines, ethics and practice'; fax 020 7735 7629; e-mail enquiries@rpsgb.org; website www.rpsgb.org

### Scottish Department

Headquarters of the Society in Scotland (including library and information service) 0131 556 4386 (see also 'MEP' guide); fax 0131 558 8850; e-mail info@rpsis.com

### Welsh Executive

Headquarters of the Society's Welsh Executive 029 2073 0310; fax 029 2073 0311; e-mail wales@rpsgb.org

### Information centre

Book loans and information Library (loans, photocopies) 020 7572 2300; e-mail library@rpsgb.org Information pharmacists, 020 7572 2302; fax 020 7572 2499; e-mail techinfo@rpsgb.org

### Pharmacists' advisory service

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

### Pharmaceutics information

Information, advice and problem-solving in pharmaceutics 020 7572 2302; fax 020 7572 2499; e-mail pharmaceutics@rpsgb.org

### Benevolent fund

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

### Pharmacists' health support programme

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

### Listening friends scheme

Help from pharmacists trained in dealing with stress 020 7572 2442

### Pharmaceutical press

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